

The Gay/MSM Challenges Satellite at the Kobe ICAAP:

Challenges in developing gay-MSM HIV prevention programs in complex environments

Friday, July 1, 2005. 9.30 am - 12.30 pm

International Conference Center, Kobe, Room C-403, Floor 4F

Satellite Report



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NOTE FOR READERS

This is a report on the Gay/MSM Challenges Satellite held at the 7th International Congress on AIDS in Asia and the Pacific (ICAAP) held in Kobe, Japan in July 2005. It is intended to be used both as a reference for those who attended the conference, as well as a report for those who could not attend. The report was compiled and edited by Andy Quan, International Policy Officer of AFAO (aquan@afao.org.au)



The Australian Federation of AIDS Organisations: www.afao.org.au

Satellite Program

Australian Federation of AIDS Organisations (AFAO)
Family Health International (FHI)
OCCUR

PROGRAM

The Gay/MSM Challenges Satellite at the Kobe ICAAP:

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Friday, July 1, 2005. 9.30 am - 12.30 pm
International Conference Center, Kobe
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Chairs: Don Baxter, Masao Kashiwazaki
Facilitator: Mark Bebbington
Minutes/ Reporting: Andy Quan

<u>Time</u>	<u>Agenda Item</u>	<u>Facilitator/Speaker</u>
930 – 945	Opening: Welcome and Review of Goals (Don) Welcome (Masao)	<ul style="list-style-type: none">• Don Baxter• Masao Kashiwazaki
945 - 1030	Presentations: (15 minutes each) <ul style="list-style-type: none">• Chi Heng Foundation's MSM Work in China - Experiences & Challenges – Steven Gu• Gay-MSM Advocacy and Projects in Vietnam – Nguyen Van Trung• Challenges for gay-MSM programs in Japan – Hiromi Hatogai	<ul style="list-style-type: none">• Steven Gu• Nguyen Van Trung/Le Cao Dung• Hiromi Hatogai
1030- 1045	Break	
1045 - 1115	Presentations continued: <ul style="list-style-type: none">• Epidemiological and Behavioural overview of Asian Gay-MSM data – FHI• Gay-MSM challenges in a turbulent political environment (Nepal) – Sunil Pant	<ul style="list-style-type: none">• Steve Wignall (FHI)• Sunil Pant
1115 – 1215	Small Group discussions	<ul style="list-style-type: none">• Mark Bebbington, Facilitator
1215 – 1230	Closing words and Where to next?	<ul style="list-style-type: none">• Don Baxter
1230	End of Satellite	



Background Information

Purpose:

The aim of this satellite meeting, taking place before the Kobe ICAAP, was to provide a forum for those working on HIV prevention and advocacy programs for gay men and men who have sex with men (MSM) in Asian countries to share experiences and lessons learned.

While there are challenges everywhere in developing gay/MSM programs, the primary focus of this satellite was those Asian countries which do not have a strong tradition of non-government organisations and/or who operate in an environment that discourages or is hostile towards community-based organisations and to same sex behaviour.

Context:

Epidemiological studies and reports show that the rates of HIV prevalence among gay men and other men who have sex with men in different Asian cities range from 3% to 17%, with increasing rates reported over the last six months. Research studies routinely report that 20% - 50% of men who have sex with men in many Asian cities also have sex with women. This population is at high risk of HIV infection but also may serve as a bridge to the general population.

However, the issue of HIV/AIDS prevention and advocacy for gay men and other men who have sex with men is often avoided or ignored; there are few opportunities for those who work in this area to meet and participate in sustained, free-flowing discussion and debate on strategy and program development.

Groups and individuals from non-Asian countries were welcome to join the Satellite but were asked to play a listening and supportive role so as to ensure that the Asian participants had the space and opportunity to fully discuss the issues that they believed were most pertinent to them.

Format:

The program was designed as follows:

- Welcome and Review of Goals
- Case Studies and Presentations from China, Vietnam, Japan and Nepal
- Epidemiological and Behavioural overview of Asian Gay-MSM data
- Small Group Discussion
- Wrap-up

The emphasis was to be on sharing experiences, discussion and debate. We also hoped the satellite would promote development of informal networks which will continue through the Conference and beyond.

Sponsors:

The Satellite was co-sponsored by the Australian Federation of AIDS Organisations (AFAO), OCCUR (Japan) and the Asia & Pacific Department of Family Health International. Some individual participants of the satellite were sponsored by FHI and by AusAID, the Australian Agency for International Development.

Expected Attendees:

- HIV educators, program developers and researchers involved in addressing HIV infections in gay communities, whether through initiating, developing or implementing programs
- Gay community leaders
- Policy-makers involved in HIV prevention and advocacy programs for gay men

Summary

While the organizers received 70 pre-registrations for the Satellite, over three hundred people showed up. The room was packed to capacity for the program which included welcoming words from the co-organisers, and presentations from China, Vietnam, Japan, and Nepal as well as an overview of HIV infections from sex between men in the region. The participants then divided into small group discussions before the end of the satellite session.

Below, the report includes opening words, summaries of the presentations, summaries of the small group discussions, closing words, the program and the participant list. The PowerPoint presentations are available at www.afao.org.au under "International Reports".

AFAO Media Release on Satellite and other Gay/MSM issues -

6 July 2005

Asian gay communities confront HIV: but is support too little and too late?

Gay communities across Asia are rapidly trying to mobilise against HIV—but with minimal resources and flaccid government support. The International Conference on AIDS in Asia and the Pacific (ICAAP) over last weekend in Kobe, Japan, allowed an assessment of where we are at across the Asia Pacific region. Don Baxter, Executive Director of the Australian Federation of AIDS Organisations (AFAO), provides this overview.

"The energy emerging was extraordinarily heartening", said Don Baxter, AFAO's Executive Director. "The Gay-MSM Satellite workshop had 70 registrations beforehand but 300 people turned up! Other gay-MSM sessions in the Conference were also well-attended".

The half-day Satellite titled "*Challenges in establishing and implementing gay-MSM prevention programs in complex environments*" was organised by AFAO and its co-partners: OCCUR Japanese Gay and Lesbian Association, and Family Health International.

Speakers from Vietnam, China, Japan and Nepal spoke about the challenges they face. The audience, primarily gay men from 17 Asian countries, then broke into small group discussions—all-too-brief for the range of issues facing us all. In many of these countries, for instance, community organisations cannot even be legally established without government sponsorship and close oversight. In Vietnam, any meeting of more than 5 people requires a government permit.

Sunil Pant from Nepal's Blue Diamond Society gave an electrifying presentation on doing gay community work in the midst of a civil war. Graphic slides of Nepalese gay men regularly bashed by the Nepalese security forces and police devastated the audience.

Disturbingly, the latest regional statistics of HIV prevalence presented at the Satellite show prevalence rates in many Asian gay communities approaching or already past the "take-off rate" of 2% for a major epidemic within the gay community. Bangkok is already beyond 17%—approaching that of inner Sydney. Vietnam's Ho Chi Minh City appears to be 8%; most major Chinese cities are reporting 1%–3%.

But the exciting and innovative prevention programs reported are in their early stages: often operating largely voluntarily and in some cases only semi-legally.

“The eagerness, energy—and bravery—of many of the guys at the workshop was admirable”, said Baxter. “If governments and international donors can make funds available immediately—and quite modest amounts can go a long way at this stage—then many cities will be able to avoid devastating epidemics in their gay communities”, he said.

The outlook is not all bleak. Baxter had seen similar energy and commitment in Beijing the previous weekend at a national gay and lesbian health, HIV and human rights.

AFAO and the Levi Strauss Foundation co-funded the three-day workshop bringing together over 70 gay and lesbian activists from most of China’s major cities. One-day sessions were held on HIV treatments, gay websites (China has more than 300) and lesbian health and activism. Two days were then spent on considering establishing a national organisation to represent the Chinese Tongzhi (gay and lesbian) communities. The meeting decided to institute a nation-wide consultation process to build support for the national organisation proposal.

“With the Chinese government rapidly changing its approach to the HIV epidemic AFAO was pleased to assist our Tongzhi brothers and sisters moving to a position where they can influence the central government to adopt the best possible policies”, Baxter said. “This is a novel development for China—and another illustration of how HIV changes the way governments need to operate”, he said.

As an indication of the changes underway the Chinese government brought Chengdu gay HIV activist Wang Xiao Dung to Kobe for the ICAAP Conference China Forum, along with a sex worker and an injecting drug user. The China Forum was led by Chinese Vice-Minister for Health, Wang Longde; Wang Xiao Dung and his other community colleagues provided extensive input and discussion with Vice-Minister Wang Longde before a large international (Chinese-speaking) audience. Such a move would have been unimaginable only 12 months ago, Baxter said.

Many other Asian governments however, are moving culpably slowly, not least the Japanese government, hosts of the ICAAP Conference. Many ICAAP participants were shocked to learn of the Japanese government’s abject failure to fund any comprehensive HIV program in the gay community—yet that community is where 60% of the new infections are occurring; a fact the Japanese government consistently fails to mention, including in the Opening Plenary speech. Even UNAIDS Regional Director, Prasada Rao, felt it necessary to publicly criticise the host government.

Surprisingly, the Thai government has similarly failed to act as yet on the appallingly high rate of 17% sero-prevalence in Bangkok, even though it has known about it for 2 years. On the other hand, Baxter said it appears Vietnam is now moving rapidly to allow the establishment of HIV community organisations

In another promising development, announced at the Kobe ICAAP, the Naz Foundation in India appears to have successfully negotiated funding for a major regional conference in 2006 aimed at providing a forum for key gay-MSM HIV activists to influence political decision-makers and donor agencies towards a comprehensive and vigorous program in gay-MSM communities. Planning is in its early stages.

Baxter also noted that the Queer Sexualities Research Conference for lesbian and gay researchers in Bangkok following the ICAAP would provide an opportunity to keep the momentum seen at the Kobe ICAAP to keep developing.

“Asian gay communities need programs developed on the basis of good social research”, Baxter said. “The Sexualities Conference comes just at the right time to identify and encourage Asian researchers and to build support for what is still considered controversial work in many Asian universities”, he said.

Satellite Program Summary:

Welcome

The participants were welcomed to the satellite by co-chairs, Don Baxter from AFAO and Masao Kashiwazaki from OCCUR, on behalf of the co-partners:

- OCCUR
- Family Health International (FHI)
- Australian Federation of AIDS Organisations (AFAO), and
- Funding co-sponsor, AusAID

Don Baxter gave the introduction to the satellite. He welcomed the more than capacity attendance and apologised to those not able to fit into the room, particularly those who had pre-registered. He reviewed the key reasons for the satellite and how it was designed.

MSM & HIV in Asia & Pacific

- HIV infections advancing everywhere
- Newer epidemics
- More long-standing epidemics
- Including in our host nation, Japan

Many challenges

- Government hostility, denial or indifference
- Legal and social barriers
- Emerging communities
- What programs actually work
- Lack of research evidence base
- Resourcing

There were many choices for a theme for the Satellite but it was decided to focus on 'Complex environments'

Limited time – decided to focus on Asian countries with:

- Politically difficult environments – and/or
- No tradition of independent NGOs
- Governments not used to working with NGOs

Purpose of the Workshop

- Opportunity to learn from others
- Assist others learn from your experience
- Stretch your own thinking
- Focus on countries with the most difficult situations
- Develop networks for the rest of ICAAP and beyond

Who is here?

- 17 countries
- Frontline community educators
- Researchers
- HIV prevention program designers
- Some government officials
 - particularly welcome those from Japan
- Staff from international and regional agencies

Participants were asked if they minded if media took photos. They were informed that a list of participants and contact e-mails would be made available. Participants were then asked to identify themselves by country so they could see the countries represented

The Format of the Satellite was described

- Presentations from:
 - China
 - Vietnam
 - Japan
- 15 minute break
 - FHI epidemiology overview
 - Nepal
- Small group discussions for 1 hour with facilitators: it was noted that discussion time was short!
- Short session – Where to from here?
- Lunch / Conclusion

Housekeeping items were described and participants were asked to turn off their mobile phones! The Satellite finished in time for participants to attend the conference-wide Community Forum.

Presentations

Note: The following PowerPoint presentations are available at www.afao.org.au under “international reports” or may be available directly from the presenters. They have been produced here in Word format for ease of reproduction and to create a manageable size of this document.

Presentation – China

- Chi Heng Foundation’s MSM Work in China - Experiences & Challenges – Steven Gu (Chi Heng Foundation, China Cities Program)

CHI HENG FOUNDATION’S MSM WORK IN CHINA - EXPERIENCE & CHALLENGES

BRIEF INTRODUCTION OF CHI HENG

- Founded in 1998
- Officially registered in Hong Kong as an NGO
- Mainland China work focus on MSM work & helping AIDS orphans

AIDS PREVENTION OUTREACH

Training

- Volunteers in each city are well trained by Chi Heng before starting their outreach work at MSM venues.

METHODS OF TRAINING:

- Workshops
- On-the-job training

Training - TRAINING COVERAGE

- AIDS/STD & Safer sex knowledge
- Open-mindedness
 - no moral judgment, no internal discrimination against sex workers, S&M, the elderly, transgender people, the feminine, etc.
- Communication skills
 - How to approach strangers at gay venues
 - How to reduce rejection rate and how to deal with rejecting
 - Strike up a conversation in a natural way
 - No preaching
 - Bring up the safer sex topic as naturally and quickly as possible

- Power of some frequently used tools, such as statistics, and readily prepared questions to impress people and make them think

The presentation included photos of training workshops

EFFECT AND FEEDBACK OF TRAINING

- Skills and knowledge learned from training workshops have played an important factor in volunteers' success of their outreach work
- Positive feedback from gay communities
- Positive feedback from mass media and straight communities and scholars

Major Cities

- Beijing
- Shanghai
- Hong Kong
- Guangzhou
- Dalian
- Shenzhen
- Xi'an
- Wuhan
- Zhengzhou
- Nanjing
- Shenyang

Medium-sized cities:

- Dongguan
- Anshan

KINDS OF MSM VENUES COVERED

- Gay bars
- Gay cruising parks
- Toilets
- Gay bathhouses and saunas
- MSM brothels

The presentation showed different kinds of IEC material produced, and photos of aids prevention outreach work

ROLE OF LOCAL OUTREACH MANAGERS

Chi Heng has a local manager in each project city to coordinate outreach work

- Responsibilities of local manager
 1. Supervise each outreach session
 2. Coordinate problems occurring during work
 3. Report to MSM country manager on a monthly basis
 4. Recruit volunteers on a regular basis
 5. Distribute transportation/meal subsidies to volunteers

Program Targeting MSM Internet Users

- Utilizing the internet for AIDS prevention is a key focus of Chi Heng, which runs projects such as
 - webmasters conference
 - Tongzhi (LGBT) Website Awards
 - on-line survey
 - www.chmsm.org - an online Tongzhi health information resource center

www.chmsm.org - an online Tongzhi health information resource center

- Translate into Chinese the most updated information related to MSM health
- For gay website masters to freely download any information from our web and upload to their websites for their visitors to view

- e-newsletters are sent to Chinese gay website masters on a regular basis containing contents on this website
- Online Q&A with gay-friendly medical experts answering health-related questions from MSM

HIV & STD TESTING

- Chi Heng has worked with Shenzhen CDC on HIV testing among MSM. Mobilizing the existing MSM outreach teams in over 10 cities as a platform, Chi Heng plans to work with other partners and develop a comprehensive VCT program for the MSM populations in the future, including training of MSM counselors.

SERVICE FOR MSM WITH HIV

- As the population of MSM with HIV increases and as part of comprehensive VCT program, the unique needs of MSM with HIV in psychological counseling and treatment should be addressed. Chi Heng currently runs a telephone hotline staffed by MSM and PWHA, and is forming an informal network of MSM with HIV.
 - ▶ MSM HIV Hotline: 020-8833 3364

OTHER MSM PROJECTS

In addition to AIDS-related projects, Chi Heng also engages in projects related to tongzhi (Chinese gay) community building, public education and anti-Discrimination. What we have been working on include

- Tongzhi Legal Aid Network and Hotline – www.tongzhilegalaid.net Hotline: 010-8692 5648
- Sponsoring and co-organizing an accredited course on homosexuality at Fudan University in Shanghai
- Media Awards/Watch on Tongzhi Coverage
- Sponsorship of the World Tongzhi Conferences and the Hong Kong Lesbian and Gay Film Festival
- Chinese PFLAG website/organization: www.pflagchina.org, hotline: 86-135 2449 0869
- Fudan University Gay Class
 - Sponsored and co-organized by Chi Heng
 - The class, although open to Fudan students only to get credits, attracts audience from across the city. Even people travel from out of Shanghai to sit in the class.
 - *The presentation included photos of the university gay class.*

COMING SOON

- Journalist education on gay issues
- Police education on gay issues
- Work with police to crack down on gay harassments
- MSM mental health promotion
- HIV/STD VCT among MSM

CHALLENGES

- Volunteers dealing with possible sexual harassment at some gay venues
- Difficulty to get a NGO registered in China
- Too many venues to cover in certain cities, but lack of human resources
- Motivating volunteers as much as possible
- We have come to realize that we should try our best to cultivate and utilize each individual volunteer's talents as much as possible. This way, volunteers feel happier and more valuable, which leads to their long-term commitment.
- Dilemma between law and reality during outreach especially when targeting particular groups such as male sex workers
- Possible harassment from police
- Convincing gay business owners to support our outreach work on premises
- Lack of funding for more training and subsidies

Thank You
Kobe, Japan, July 2005

For sharing contact:
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Presentations – Vietnam

[Note: Two speakers shared the Vietnam presentation: Le Cao Dong and Nguyen Van Trung]

1.

Implementing MSM programs in Vietnam: experience working with a government agency

Le Cao Dung
HCMC Provincial AIDS Committee

Context of MSM in Vietnam

- Government of Vietnam does not formally recognize MSM as population with high risk
- MSM receive little attention in programming and service delivery
- Lack of programs and organizations experienced in working with MSM
- MSM face stigma and discrimination
- But, data show high HIV prevalence rate: 8% in HCMC (NIHE, 2004)

Challenges in implementing MSM programs

- Defining MSM populations
- Size estimation
- Reaching MSM
- Advocacy for policy makers and program managers and donors
- Consensus and support of local authorities and community people
- Negative messages from mass media

MSM intervention in HCMC

- Partnership: HCMC PAC, Binh Thanh DHC, FHI
- Goal: To reduce HIV/STI transmission among MSM and their partners
- Strategies:
 - BCC program using peer-driven interventions
 - Creation of a supportive environment for behavior change and reduction of stigma and discrimination
 - Improvement of availability and promotion of condom and lube use
 - Increase of access to ‘MSM-friendly’ services

Advantages vs. Disadvantages

Advantages

- Legal endorsement for the intervention (e.g., outreach, club)
- Linkages and networks with many programs and services available
- Opportunities for capacity building and experience sharing for project staff with other groups

Disadvantages

- Sensitive issue for the government to formally accept MSM
- Prioritization for MSM interventions
- Stigmatizing attitudes of many public service providers for MSM

Strategies addressing the challenges

- Conducted and disseminated formative research with stakeholders to inform design and implementation of MSM intervention
- Held a series of advocacy meetings with local authorities and people from city to ward level
- Organized community social events
- Developed targeted IEC materials
- Held quarterly meetings with local mass media and invited them to participate in project events

Two photos were shown of events held by the Blue Sky Club

2.

Gay-MSM Advocacy and Projects in Vietnam – Nguyen Van Trung (Nguyen Friendship Society)

My name is Trung from Vietnam. I work for the Nguyen Friendship Society group in Saigon, Vietnam. Our job is to work on HIV and STD prevention for MSM. There are some government organisation projects for MSM in Saigon, but also freelance groups (non-government groups) that do similar work.

However, for freelance groups, we have problems in working in the region. So, here I am reporting to you what we can and cannot do in Vietnam.

First of all, what freelance groups CAN do:

- Distribute condoms, lubricants and brochures
- Refer MSM to workshops run by government organisations
- Go to the same places as the volunteers for government organisations
- Their members can control when they want to work, meaning any time in their free time, including the night and weekend
- Travel abroad to learn from and meet with other NGOs
- Work faster than government organisations with less bureaucracy and more flexibility
- Work focusing on quality rather than quantity

And now I will tell you what we CANNOT do:

- Do outreach work at times because we do not have a license from the government and are not considered legal
- Ask for assistance from professionals from government agencies to train our members and increase their knowledge
- Connect with government organisations to share skills, experience and knowledge
- Have discussion groups and meetings with all of our members because a permit is needed from the government to have meetings in Vietnam
- Open a bank account unless we have a license from the government
- Run a hotline or drop-in centre to counsel MSM – we have to refer them instead to government programs
- Run a private website – as we have to work quietly and discreetly, we cannot develop our activities, and cannot transfer information and knowledge quickly to MSM.
- Use graphic images and photos in our educational materials – although these pictures would attract MSM to read the information, if the pictures are considered too sexy by the government, we could be arrested for pornography
- Research
- Participate in conferences in Vietnam because only government organisations are invited
- Buy condoms and lubricants at wholesale prices – this limits the amount of supplies that we can afford to buy at high prices.

Thank you for listening and please ask if you have any questions. I will try my best to answer them.

Response to question: Trung believes the Vietnamese government has realized they need to allow and assist a community response to HIV and is reasonably confident they will allow HIV 'freelance' groups to operate legally soon.

Presentation – Japan

Challenges for gay-MSM programs in Japan – Hiromi Hatogai (OCCUR)

Challenges for gay-MSM programs in Japan

OCCUR

Japan Association for the Lesbian and Gay Movement

1. A Society that Challenges Gays and Lesbians

“Mild Discrimination”

- Social recognition of homosexuality still remains low in Japan.
- “Mild discrimination” would lead to a misconception that homosexuality is being accepted in Japan.
- Many gay people are strongly afraid of getting their sexuality known by others. Even when victimized in gay bashing, they feel difficulties in asking anyone around for help.

Challenges of Gays and Lesbians in Japan (No.1)

The Japanese society has actually stigmatized gay people for its convenience and has not acknowledged them as “equal partners” of the society.

- A Japanese “first” AIDS patient
- Incidents of assault and mugging against gay men exist in outdoor cruising areas.
- Some notaries have refused their services for gay and lesbian partners seeking notary documents for cohabitation agreements.

Challenges of Gays and Lesbians in Japan (No.2)

- The general public, normally unaware of their own prejudice, reveal their biases only when gay men and lesbians become visible.
- A human rights protection bill seems not to incorporate sexual orientation issues, which reflects the general ignorance of human right of gay men and women.

Japan is by no means an easy place to live equally with the heterosexual.

2. Challenges that OCCUR Has Faced

Development of Prevention Program and Evaluation Indicators

Challenges in Formulating and Implementing Prevention Program

- Prevention interventions have so far tended to treat gay men as guinea-pigs without sufficient ethical considerations.
 - the difficulty of gay men in raising their voices
 - the insufficient attention of the AIDS research and administration community to human rights of gay men
- Due to absence of evaluations, the values of some pioneering previous community-based interventions were not always appropriately acknowledged.
- Lack of government resources for gay HIV prevention.

OCCUR's Focus

OCCUR launched a risk assessment study, at first, to establish a set of indicators.

- “gay risk factors” to be used: in
 - monitoring and evaluating impacts of the program
 - informing the research community and education and health administration about homosexuality
- Prevention interventions targeting the gay male population require program components different from the ones targeting the heterosexual.
- the program’s effectiveness measured against the established indicators.

Risk Factors

- A graph was shown examining risk factors among interviewees in Sapporo, Tokyo and Matsuyama

Path Analysis

- OCCUR did work analyzing various variables such as poor assertiveness, weakness for attraction and ecstasy and poor intention for behaviour change to derive an analysis of risk behaviour. This work informed the development of a program called “Life Guard”

3. Examples of the Program Components and their Effectiveness

“Life Guard Picture”

- The program “Life Guard” was formulated on the basis of the risk assessment results.
- Photos were shown of a Life Guard event

“Impact Evaluation”

- A graph was shown on self-efficacy and assertion as related to oral and anal sex

Conclusion

- In Japan, the existence of prejudice and discrimination against gays and lesbians is not widely recognized.
- OCCUR made a risk assessment and identified risk factors of gay risk behavior.
- The risk factors served as a backbone scientifically guiding the design and implementation process of the program.
- These factors also enabled us to make a post-evaluation that examines effectiveness of the intervention. This was especially important in Japan.
- This program enabled us to objectively demonstrate CBOs’ capability to formulate and implement effective programs to the administration.

Presentation – Epidemiology

Epidemiology of HIV and STI in MSM in Asia

Challenges in Implementing MSM Interventions in Complex Environments

Steve Wignall

Family Health International

Asia Pacific Department

Acknowledgement

- Tim Brown: East West Center, Hawaii
- Frits van Griensven: CDC/TUC, Bangkok
- Philippe Girault: FHI/APD, Bangkok

Data related to MSM have been collected in some countries in Asia for more than 10 years, but....

MSM remain a long-ignored population!

Male same-sex behaviors common throughout Asia but enormously diverse

- Traditional and modern identities
 - Katoey, Hijras, waria (transgender)
 - Homosexual, gay, MSM, khotis, panthis, Zenana
- Identity vs. behavior
 - Top, bottom, versatile
 - Man, woman, male, female
 - Commercial providers and clients
- Almost endless variety of meeting places (physical and virtual) and associated risks
- Increased visibility, economic clout and political activity

Male-to-Male Sex in Selected Countries in Asia

A slide was shown indicating different surveys indicated self-described homo or bisexual identity, having had more than one male sex partner in a lifetime, ever having sex with a man, anal sex in the past six months, or reported sex with other males. The countries included Thailand, Singapore, Hong Kong, Philippines and India and ranged from 3% to 9.1%.

Recent studies show a picture of extensive behavioral risk and a real HIV epidemic among MSM in Asia

Risk behavior data among MSM

A slide was shown of risk behaviours in Vietnam, Cambodia, Laos, Thailand and China. Rates of unprotected sex with casual male partners ranged from 36% - 100%.

... and where there is risk, HIV follows

HIV prevalence among MSM

A slide was shown of HIV prevalence among MSM ranging from 3.2% in Jakarta Indonesia to 18.8% in Mumbai, India. Data was also included from Pakistan, Nepal, Vietnam, Thailand, Cambodia and China, all showing significant rates of HIV infection.

And what about other STIs?

Few data to help gauge the magnitude of the problem. However, ...

A slide was shown on:

STI Prevention among MSM Transgenders
(Cambodia, 2000 Indonesia, 2002 East Timor, 2003)

It showed rates of infection for gonorrhoea, chlamydia, syphilis, HSV-2 and HIV.

But also in recent studies....

Philippines:

34% of MSM in Metro-Manila and 30% in Baguio tested positive for at least one STI (2004)

Nepal:

19% of MSM and 54% of MSWs in Kathmandu tested positive for at least one STI (2004)

Pakistan:

60% of *hijras* and 36% of MSWs tested positive for current or previous syphilis infection (2004)

Good programs and high coverage can lead to behavior change ... if the environment is favorable!

With high coverage and quality interventions, behaviour did change in Indonesia: participants used condoms and lubricant more often in the last incidence of anal sex according to a study that compared behaviour in 2002 and 2004.

HIV/STI epidemics among MSM are linked to other populations and drive larger scale epidemics in the region ...

A slide was shown with a Venn graph which displayed the interconnections between various populations, for example that 46% of MSM in Central Bangladesh are married, 34% of them visit female sex workers and 1% are injecting drug users. There are also connections with drug users and rickshaw pullers.

Summary

- Extensive behavioral risk and HIV epidemics among MSM in Asia have been documented
- Condom/lube use; selling sex; sex and drugs; males who have sex with women and men - all need special programming
- Better research methods needed in order to be taken seriously
 - MSM need to be included in surveillance systems: currently only in Bangladesh, India, Indonesia and Philippines
 - More surveillance and monitoring is needed in and between countries
 - Methodology for MSM population size estimation needed for programming services and monitoring and evaluating programs
- STI data very limited – needs improvement
- Available data in the region show serious problems that have been ignored in the past. Using this and new information to develop critical programming and action remains the challenge

Presentation – Nepal

Gay-MSM challenges in a turbulent political environment (Nepal) – Sunil Pant (Blue Diamond Society)

Political Instability: Nepal

- There is no democratically elected government at national or district level
- Ceasefires have come and gone
- States of emergency have come and gone
- Civil liberties have been increasingly eroded
- Violence has increased - 12,320 deaths - 60% by security forces
- February 2005: King took over executive powers
- EO April 2005 State of Emergency lifted but many restrictions remain

Impact of the instability

- More and more people are internally displaced and are migrating to India because of the conflict, Internally displaced persons - between 2002-4 - 38,191 - and increasing in the past 6 months
- Human rights are at a very low level: The Maoists have committed many atrocities. However, since the security forces were mobilized, the level of human rights violations is ever increasing
- At present, both Maoists and security forces act with impunity.
- The poor and excluded are the main target of the security forces: *dalits* and *janajati* but also sexual minorities.

The violence against Gay-MSM

- 6th December 2003, Two Metis (Jayabhadur and Nepti) were raped and beaten by Armed Police
- A graphic slide was shown of injuries on their backs

- In 6th August 2004, attempted murder of a Meti after rape: Jaya
- A graphic slide was shown of the injured Meti
- Policemen attacked a group of Metis on the Nepali New Year's Eve 2002
- A graphic slide was shown of injuries
- Outreach educators and Peer educators are attacked by police
- A graphic slide was shown of injuries

International Law

- International Covenant on Civil and Political Rights (ICCPR) - Guarantees the right "without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status"
- In 1994 the Human Rights Committee held that "sexual orientation" was a status protected under the ICCPR from discrimination, with reference to "sex" including "sexual orientation"

Civil Code, Supreme Court and Blue Diamond Society

- Nepal's Civil Code talks about "unnatural sex" under the chapter "Bestiality" (having sex with animal is unnatural) but it doesn't specify what is natural and unnatural sex between humans
- Last July 2004, a private lawyer filed a case against the government in the Supreme Court of Nepal accusing the government of being silent and doing nothing against the openly homosexual activities (i.e. Blue Diamond Society's HIV and human rights program for LGBT) and demanded to issue an order to close down Blue Diamond Society.
- The Supreme Court has asked the Home Ministry why openly homosexual activities shouldn't be banned
- The Home Ministry responded saying there is no law against homosexuality, so it can't ban Blue Diamond Society and its activities.
- The hearing date has been changed three times already (last date was June 24 2005).

Rape law

- There is no provision of male rape in Nepalese law. Many Metis and gay men who are victims of male rape can't take any legal action. The perpetrators are therefore encouraged to continue attacks on Metis and gay men.

Arbitrary detention

- On August 9 2004, 39 members of Blue Diamond Society were arrested arbitrarily and kept in prison for 13 days without any charge. Later on they were released on bail for the charge of public nuisance

Freedom From Torture?

- Many field staff of BDS are threatened not to conduct HIV/AIDS awareness raising and safer sex education programs. They are also frequently arrested by police for a few hours or overnight and often beaten or blackmailed whenever they were found carrying condoms.
- Metis and gay men have been subjected to harassment, humiliation and verbal abuse by the police, including verbal, physical, and sexual assault, including rape

Violence and AIDS

BDS-CREPHA-SACT-FHI/Nepal: Study of 350 MSM in Kathmandu

- More than 57% of the MSW and 8% MSM have faced some kind of violence in the past 12 months
- More than 37% MSW and 3% MSM were raped and beaten in the last 12 months.
- 5% HIV prevalence amongst MSW and 4% amongst MSM in Kathmandu valley

Towards A Strategy

Opportunities

- Growing public discussion
- There's a hint of recognition of the problem among the security forces and national AIDS programs
- Increasing attention from international organizations: UNAIDS and WHO, Amnesty International, Human Rights Watch, IGLHRC, DFID, Elton John Aids Foundation, Astraea Foundation...
- Support from organizations and networks like: NFI, AFAO, SIADACTION, AP-Rainbow....

Recommendations

Call on States to:

- Recognized homosexuality in a positive manner legally, with legal provision for male rape
- Publicize and promote awareness of rights protection and how to use them
- Create accessible remedies for human rights violations, with mechanisms to address the specific needs of gay-MSM population.
- Ensure legal representation/remedies are economically and practically accessible to all Gay-MSM; and
- Train state officials, particularly the security forces and criminal justice system, in human rights, non-discrimination, sensitivity to gender, minorities, vulnerable groups

Call on civil society to:

- Pressure the National Human Rights Commission and other human rights organization to take Gay-MSM human rights violation cases
- Speak out whenever state officials incite or practice discrimination and abuse
- Seek out other marginalized and stigmatized groups, women groups, minority groups and work to bring their concerns into the mainstream of human rights and other social movements

Small Group Discussions

Participants were asked to divide into groups and

- Make general observations of the presentations.
- From their own experiences, make recommendations for the various countries that presented.

The objective of this exercise was for participants to

- Share experiences from their own country.
- Apply their knowledge to different situations.

Small Group Discussions – Notes

Group 1

Report back by Limin Mao

This group had 13-15 people from countries including Indonesia, Vietnam, Philippines, Taiwan, and New Zealand.

Topics emerged:

- 1) Raise HIV/AIDS awareness among:
 - a. Asian MSM (It is not a 'foreign disease'; If you have sex only with Asian but not with Caucasian men, you can still get HIV infection); and to increase the HIV testing rate among MSM
 - b. Youth (they are not invincible) and conduct sex education in schools
- 2) Protection of human rights should be reinforced at the UN level and monitored by UN across different countries
- 3) Stigma and discrimination: particularly HIV+ MSM, and the need to increase access to ARV treatment for HIV+ MSM
- 4) Health workers and service providers should be properly trained to deal with issues related to HIV/AIDS including confidentiality of HIV testing results and non-judgmental attitudes towards people living with HIV/AIDS
- 5) More attention need to be paid to prisoners who are HIV+ and who were imprisoned because of drug injection
- 6) Condom use with HIV-negative regular partners could be problematic; and ABC (Abstinence, monogamy and condoms) rules don't work among MSM
- 7) NGOs should play an important role in monitoring access to health services and ARV scaling-up
- 8) Religious and secular NGOs/CBOs/FBOs work together?
- 9) Major challenges for community organisations in dealing with:
 - a. MSM who are also IDUs and/or sex workers;
 - b. problems with invisibility (how to estimate the actual size of the target population; and how to encourage 'closeted' people to become more open);
 - c. issues on disclosure of sexual preference and HIV status to close friends and sexual partners; and
 - d. the Western notion of homosexuality is sometimes in conflict with the local context
- 10) Gay epicentres are important in fostering regional and local gay movements; and support should be sought from local gay business sectors ('pink dollar') for local gay community activities
- 11) Governments in some countries don't formally recognise MSM so MSM programs at the grass-root level couldn't be formally identified and supported
- 12) Increased hatred/hostility towards homosexuality once it becomes more visible? Conservative government policies and pressure/scrutiny on local MSM community mobilisation

Group 2

Facilitated by Brad Otto. Report back by Chris Ward.

Observations of presentations

Encouraging:

- Increasingly sophisticated activities by organizers
- Links between movements in different countries are paying off
- Data exist which weren't previously available
- Diversity in populations, but still a lack of tools to describe populations and develop interventions
- More solid evidence becoming available but not generally translated into local languages. This needs to be done.
- Lack of national level surveillance – a lot of studies are small scale and located in one particular place
- Also a need for more information, need to articulate what the response should be
- Legal status came up frequently. Illegality means impunity for police violence. It also means police harass men for carrying condoms. Need to work with home/internal/public order ministries.
- There needs to be information about male-to-male sexual behaviour in general information about HIV risk and transmission
- In South Asia, there can be blindness to male-to-male sex and hence there are not overt expressions of homophobia.

Experiences from other countries

- Example of Brazil – proposed to include information about anal sex whether MSM or sex between men and women. But governments (both Brazil and the USA) are not comfortable with discussions about anal sex
- Example of Mexico – social marketing campaign addressing risks of machismo/taboo against talking about MSM issues
- Issues of identity – top/bottom, long hair/short hair
- Use of the commercial media – we should pay more attention to it. Advertisements in these media. We can underestimate the value of broad population-based campaigns. But these can be difficult to construct in locally meaningful ways.

Group 3

This group had representatives from Laos (Burnet Institute), Cambodia (HIV NGO Alliance, FHI), the Philippines (HIV/AIDS organisations, HAIN)

Nepal presentation

- Strong reactions against violence towards MSM. However, harassment and rape of male sex workers by police occurs in other countries.

Philippines

- They do similar outreach work with some but not the same level of police harassment. The main issue for outreach work is sustaining behaviour change, mobility of sex workers, and the internet as a way to meet partners.
- Self-stigmatization is also a big problem – MSM who do not identify as such cannot be reached by prevention programs.
- An increasing number of NGOs supported by the government to do prevention.
- The National AIDS Council has CBO members who can help promote the recognition of MSM, and the role of CBOs in doing this.

Cambodia

- Male sex workers are mostly on the street, in parks and bars and are not brothel-based

- There is a lot of stigma and discrimination. For transgenders, the government supports the idea of them but their families do not support them and often kick them out of their homes and are violent to them. Gay men have not been recognized until recently.
- The role of local NGOs is not yet recognized.

Group 4

- Issue of concern for MSM is that male-to-male sex is not taken as a serious issue by community people.
- Government bodies and departments should be oriented to MSM issues before starting programs. The program overview should be discussed and shared with community representatives. Feedback and suggestions should be collected and then used to design the program. The program must be suitable and acceptable to the community.
- An enabling environment is necessary for an MSM program

Group 5

Pertinent issues

- MSM have high risk factors for HIV/STI transmission
- Monitoring and Evaluation is weak. There is a lack of research data.
- Government and society deny the issues
- In Nepal, the situation of conflict is becoming worse.
- Human rights violations and violence
- Some progress – scaling up of HIV/AIDS programs with MSM in China, even though it is a closed society. The Vietnamese government has also shown some support for MSM programs.
- In Muslim countries, stigma and discrimination against MSM is greater – it is difficult to introduce such programs and would like to hear more about experiences in Muslim countries on these issues. The internet may be one way to link to other communities.
- Nepal is also a Hindu country – very conservative. But the government targeted MSM, a highly vulnerable group
- Raising self-confidence, self esteem, assertiveness skills and self-efficacy is important, not only to focus on technical issues such as HIV/STI transmission
- Identifying obstacles to work
- Mobilize government staff on gay issues
- Raise awareness among men who have sex with men and women, especially young ones
- Policy and laws for creating enabling environments for behaviour change
- Consider both structural and socio-cultural barriers.
- AIDS is an opportunity to organize MSM communities, although some will not want to identify that they are at risk of infections
- Being gay is not a choice – it is a genetic issue, and this message could be used to lobby religious leaders
- Need to raise awareness among the general population as well as gatekeepers, for example orientation with the police and army, and especially the government.

Closing Words

Don presented the first closing words. He noted all the small groups had vigorous discussions and regretted that we had not been able to build a longer discussion time into the program.

Where to from here

- Participants were encouraged to make use of the contact list that was circulated
- Participants were encouraged to attend Gay-MSM sessions at ICAAP:
 - Saturday 6.30-8 Sex, Stigma & Sin C-403
 - Sunday 2.30-4 Sex ain't sin H-104

- Monday 11-12.30 Not just gay! H-104
- Monday 4.30-6 Men do have sex men H-102
- For posters: use keyword index 'MSM' in the Conference Program Book

Participants were also alerted to

- Greater Mekong Region MSM Workshop in August 2005 in Bangkok
- Proposed IMAAC, India, September 2006

Masao also gave final words

Presenters, Translators, and Co-partners were thanked. A special thank you was given to Masao for his work not only with the satellite but for the ICAAP conference as a whole.

The Satellite session finished at 12:30pm.

Appendix 1: Participant List

Participants of the Gay/MSM Challenges Satellite, Kobe

Alphabetical by first name

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Attended the satellite but no e-mail address given:

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 Ly Chan Sopheak, Cambodia
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 Li Hui, China
 M Ohja, FHI, Nepal
 L.N. Thakar, UNFPA, Nepal

From the co-sponsors: FHI, OCCUR, and AFAO (including speakers and presenters)

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From OCCUR - Up to 15 additional participants attended

About 70 participants and co-sponsors were registered but many more people attended. Not all the people on the list above were able to attend the satellite session, but they pre-registered.

Countries Represented

1. Thailand
2. Laos
3. Indonesia
4. China
5. Japan
6. Cambodia
7. Vietnam
8. Myanmar
9. Singapore
10. the Philippines
11. Nepal
12. India
13. Sri Lanka
14. Taiwan
15. United Kingdom
16. USA
17. Canada
18. Australia
19. Kenya