

***Regional Collaboration Among
HIV/AIDS Community-Based Organisations
Working With Men Who Have Sex With Men
In The Mekong Sub-Region***

A Proposed Framework for Action



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Executive summary

This document is the result of a consultation undertaken with HIV/AIDS organisations working with men who have sex with men (MSM) in four Mekong sub-region (MSR) countries (Thailand, Laos, Vietnam and Cambodia). This consultation was funded by AusAID via the Australian Federation of AIDS Organisations and was undertaken in November 2008 by ACON and the Rainbow Sky Association of Thailand (RSAT).

The consultation's primary aim was to develop a framework for south-to-south collaboration to occur among MSM community-based organisations in the MSR.

Consultation meetings were held with MSM community-based organisations, government representatives, members of MSM Technical Working Groups, donors, UN system representatives and other non-government organisation representatives in Laos, Vietnam and Cambodia.

A number of key observations have been made regarding the current state of MSM related work in the MSR. MSM have mobilised against the emerging HIV/AIDS epidemic in the Mekong sub-region. However increased action is needed to further develop existing programs and initiate new program approaches. Significant scope exists to share learning from well established programs for MSM in the MSR. Existing MSM organisations represent the most immediate and most feasible pathway for delivering HIV prevention to large numbers of MSM. A significant gap exists in south-to-south linkages between MSM organisations in the Mekong sub-region.

The consultation identified five community-based organisations in the MSR willing to participate in a sub-regional program: RSAT, Lao Youth Action for AIDS Programme (LYAP), Green Pine Self Help Group (Hanoi) and two Cambodian organisations – Men's Health Cambodia (MHC) and Men's Health Social Services (MHSS).

Capacity building needs were identified in each organisation. In LYAP, initiating new peer education strategies is a priority issue. For Green Pine Self Help Group, volunteer management and program management issues are key. Organisational administration issues were an immediate concern for Men's Health Cambodia. Men's Health Social Services are especially interested in increasing skills in social marketing and/or behaviour change communications strategies. However, all the organisations identified a need for increased skills in new approaches to working with MSM, in providing health promotion in an online context and in developing stronger skills in managing relationships with government

and media. All the organisations have strong records in providing at least particular types of programs. A common statement was that a strong desire exists to build on existing successes and take their organisation's work to 'the next level'.

A south-to-south framework that can be used for program design has been developed. This framework involves five MSM community-based organisations in the MSR working together on a three year series of bilateral staff exchanges linked to the development and implementation of health promotion projects, and the staging of annual multilateral meetings for sharing on progress and capacity building workshops on key issues.

This community to community approach is markedly different from the common means of providing capacity building and technical assistance to CBOs in the Asia/Pacific region. Much of this is normally provided through mechanisms that undermine the development of equal and long term partnerships. A community to community approach that value the existing capacity within MSM CBOs will build the independence and strength of the community response to HIV/AIDS in the MSR, provide capacity building based on practical experience in the field and develop ongoing relationships between comparable organisations in the MSR.

Background

In 2008, AusAID funded the Australian Federation of AIDS Organisations (AFAO) to conduct a consultation with MSM organisations in Laos, Vietnam and Cambodia. This consultation was undertaken by ACON (a member of AFAO based in the Australian state of New South Wales) and the Rainbow Sky Association of Thailand (RSAT).

This report is intended to document the consultation process and results as a record for those involved in the consultation as well as provide donors and program designers with a reference tool to guide program development and resource allocation for MSM in the Mekong sub-region (MSR).

The consultation was intended to investigate ways that MSM organisations in the MSR could be supported to engage in mutual bilateral and multilateral relationships. Primarily the consultation was to lead to the development of a framework for south-to-south collaborations to occur in the MSR.

More specifically, the objectives of the consultation were that:

- A framework promoting south to south collaboration and skills/knowledge transfer between RSAT and Mekong MSM organisations has been developed
- HIV and AIDS capacity building needs amongst key MSM organisations in Mekong are identified
- Information on Mekong MSM organisations' capacity building needs has been disseminated amongst the wider HIV sector, donor agencies and domestic governments for use in program development
- Understanding of issues facing Mekong MSM communities has been increased

The consultations were organised and undertaken by:

- Stephen Scott, International Projects Manager, ACON
- Danai Linjongrat, Office Director, RSAT
- Rapeepun Jommaroeng, HIV Focal Point, UNESCO; Program and Technical Advisor, RSAT
- Robert Sutherland, Capacity Development Officer – MSM, UNAIDS (Robert is an ACON staff member who was located in the UNAIDS Asia Pacific Regional Support Team on a twelve month assignment funded by AusAID's Australian Youth Ambassadors for Development Program and ACON from March 2008 to February 2009. His participation in the consultation was supported by UNAIDS.)

What is ACON?

ACON began in 1985 as a key part of the Sydney gay and lesbian community's mobilisation to the HIV/AIDS epidemic emerging at that time. Over its history ACON has evolved into a broad gay, lesbian, bisexual and transgender (GLBT) health organisation that continues to provide HIV prevention programs and services for HIV positive people along with a range of other health promotion programs for the GLBT community, sex workers and people living with HIV/AIDS.

What is the Rainbow Sky Association of Thailand (RSAT)?

RSAT began in 2001 and is the leading organisation in Thailand working with people of sexual diversity. RSAT has a strong focus on HIV prevention with MSM and transgender and also works on a range of health and human rights issues relating to sexual diversity. RSAT is the primary organisation undertaking community-based health promotion activities with MSM in Thailand and continues to develop their programs and services to respond to the emerging epidemic there.

The ACON-RSAT relationship

ACON and RSAT commenced working together in 2006 through a series of staff exchanges funded by the Australian Government Department of Foreign Affairs and Trade's Australia-Thailand Institute. These exchanges aimed to increase RSAT's capacity in a range of organisational management areas and HIV programs with MSM as well as to improve ACON's work with Thai MSM in Sydney. Since this time, the relationship between the two organisations has grown in several ways. ACON and RSAT prepared a poster for the 2008 World AIDS Conference on their collaboration. They have moved to collaborating together on joint projects including a combined social marketing campaign promoting condom use among MSM in Thailand and Thai MSM living in Sydney. This campaign has been a key aspect of the assignment of the ACON staff member placement with UNAIDS Asia Pacific (referred to above).

The HIV epidemic among MSM in the Mekong sub-region

There is some variance between the HIV epidemics among MSM in Mekong countries. However, all these epidemics appear to already be at high and/or rising levels in many urban centres.

In Bangkok, a steep rise in HIV infections among MSM has been noted in recent years. Thailand's first cross-sectional survey of MSM in 2003 found HIV prevalence of 17.3% with a similar survey in 2005 finding HIV prevalence of 28.5%¹. A 2006 survey found high levels of behaviour that would present risks for HIV transmission, low levels of HIV testing and false beliefs about HIV transmission among Bangkok MSM². Outside Bangkok, the same 2005 survey referred to above found HIV prevalence in MSM at 16.9% in Chiang Mai and 20.0% in Phuket. In 2007, a third HIV prevalence and behavioural survey was conducted among MSM in Bangkok, Chiang Mai and Phuket. It found an HIV prevalence of 30.7% among MSM in Bangkok, 16.9% in Chiang Mai and 20.0% in Phuket³. Rates of unprotected anal intercourse range between 20% and 37% of MSM surveyed in Thailand⁴.

Data on HIV prevalence and behaviour has not yet been collected as thoroughly among MSM elsewhere in the Mekong. However initial research has revealed a troubling picture. A 2007 survey found 5.6% prevalence among MSM in Vientiane, many times higher than the prevalence in the general population of Laos, with very low rates of ever having had an HIV test and consistently using condoms with regular and casual partners⁵.

HIV prevalence among MSM in Vietnam has only been measured once – in Ho Chi Minh City in 2004 where 8% prevalence was found⁶. Low rates of condom use and low levels of accurate knowledge about HIV/AIDS were also found.

¹ Van Griensvan, F. et al. 2005 'Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand' *AIDS* 19:521-6

² Mansergh, G. et al. 2006 'Inconsistent condom use with steady and casual partners and associated factors among sexually active men who have sex with men in Bangkok, Thailand' *AIDS and Behaviour* 10:743-751

³ Van Griensven F, Chemnasiri T, Varangrat A, et al. Trends in HIV prevalence, estimated incidence and risk behavior among men who have sex with men in Bangkok, Thailand, 2003 to 2007 (in press)

⁴ De Lind Van Wijngaarden, J. et al. 2008 'HIV and associated risk behaviours among MSM in the Asia and Pacific region: implications for policy and programming' UNAIDS

⁵ Sheridan, S. et al. 2009 'HIV prevalence and risk behaviour among men who have sex with men in Vientiane Capital, Lao People's Democratic Republic' *AIDS* 23:409-414

⁶ Colby, D.J. et al. 2004 'Men who have sex with men and HIV in Vietnam: a review' *AIDS Education and Prevention* 16:45-54

In Cambodia, a 2004 survey revealed 8.7% HIV prevalence among Phnom Penh MSM. The same survey also found that a high proportion of MSM had never been tested for HIV⁷.

These data indicate that HIV epidemics among MSM in the Mekong have passed their early phases and become well established. Despite this, gaps in accurate knowledge, insufficient levels of condom use and inadequate HIV testing practices suggest there is much to be done to prevent these epidemics from expanding further. MSM in Mekong countries need further support to work with their communities to minimise the impact that HIV/AIDS will continue to have.

Nonetheless, there have been a number of MSM organisations established and working for some time on a range of activities in these countries. It is clear that significantly greater support for these activities is required in order to respond adequately to the current and emerging epidemiological situation.

This point is becoming better recognised by policy makers and other stakeholders in the region. A 2006 survey of the coverage of HIV interventions in 15 Asia-Pacific countries estimated that targeted prevention programs reached less than 8% of MSM⁸. This is far short of the 80% coverage that projective modelling states is needed for effective results⁹.

⁷ Neal, J.J. et al. 2007 'HIV, sexually transmitted infections and related risk behavior among Cambodian men who have sex with men.' Abstract presented at the 8th International Congress on AIDS in Asia and the Pacific, Colombo, Sri Lanka, August 19-23 [#1469]

⁸ UNAIDS 2007 *Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific*.

⁹ Commission on AIDS in Asia 2008 *Redefining AIDS in Asia: crafting an effective response*

Consultation overview and summaries

Significant preparatory research and discussion with key informants via email, phone and other means was undertaken by ACON and RSAT prior to the consultation. This included identification of, and liaison with, key stakeholders in each focus country across the community, national government, UN system and non-government sectors. The objective of this preparation was to primarily identify appropriate MSM organisations for consultation as well as to identify additional individuals and stakeholders that should be included in the consultations.

Due to the limited time and financial resources for this consultation, it was necessary to prioritise time with MSM community organisations. Representatives of MSM Technical Working Groups, government, UNAIDS and other stakeholders were also important priorities. However, it was not possible to meet with every conceivable stakeholder in each location. Consequently, the consultation did not attempt to undertake a comprehensive review of all MSM-related programs, services and issues in each country, but focused instead on the stated aims of this project: to develop a south-to-south framework of collaboration between Mekong MSM community-based organisations and to identify related capacity building needs.

Of primary concern for the consultation were the following organisations:

Laos:	Lao Youth Action for AIDS Programme (LYAP)
Vietnam:	Green Pine Self Help Group (Hanoi)
	Nguyen Friendship Society (Ho Chi Minh City)
	Blue Sky Club (Ho Chi Minh City)
Cambodia:	Men's Health Social Services
	Men's Health Cambodia

Although limited by time and resources, this consultation has been thorough, involving all of the key CBOs undertaking HIV-related work with MSM in the Mekong and many key government and non-government stakeholders in each country including representatives of the MSM Technical Working Groups in each country.

A framework to guide discussions in each locality was developed and used to ensure that information collated was consistent. Separate discussion guides were used for MSM organisations and other stakeholders such as UN organisations, international NGOs and other local NGOs. These discussion guides can be found in Appendix A.

Consultations were held in four countries: Thailand, Laos, Vietnam and Cambodia between the 12th and 28th of November 2008. The summaries below focus mainly on the key CBOs working on MSM issues that participated in the consultation. They are not a detailed account of

discussions with every stakeholder or organisation met with. A chronological schedule of all the meetings held through the consultation can be found in Appendix B.

Laos

Lao Youth Action for AIDS Programme (LYAP)

Summary of MSM work: LYAP is the primary HIV/AIDS community organisation working with MSM in Laos and has significant program coverage across the country. LYAP's MSM work to date has focused on a well developed peer education and outreach project that has effectively engaged significant numbers of MSM volunteers in urban and rural areas. The project includes well developed volunteer training and support mechanisms. LYAP also conducts a range of other advocacy, prevention and care and support activities that may include but are not specifically related to MSM. The scope for producing IEC materials is limited in Laos due to the complicated processes of seeking government approval for the distribution of printed or visual materials. This is particularly the case for materials relating to MSM issues.

Capacity building needs identified: With the operation of LYAP's peer education and outreach project established, the organisation is interested in building on this. These possibilities could include introducing more complex forms of peer education to this project such as structured workshops or group programs. Increased skills in managing these aspects of program delivery are needed. More generally, LYAP staff expressed interest in finding new ways to provide new programs for MSM that use different approaches to those they are currently doing, including through the internet. Liaison with government and media was also highlighted as an area that would benefit from improved capacity.

Potential for collaboration: The systems used to train and support volunteers within LYAP's peer education and outreach project are valuable for sharing with other CBOs in the MSR. Many organisations have comparable programs and these programs represent an important foundation for work with MSM. LYAP's program is particularly well developed and appears to be one of the larger (in terms of volunteers) and more long running programs of its kind. LYAP was very enthusiastic about being part of a sub-regional collaborative project with other CBOs.

Vietnam

Green Pine Self Help Group

Summary of MSM work: Green Pine is a Hanoi-based, volunteer-run, peer-based MSM organisation. It has been established since 2007 and is linked with a larger longstanding HIV service, the Hanoi STI/HIV/AIDS Care Centre which primarily provides HIV palliative care. Green Pine conducts a range of activities including peer-based outreach, condom and lubricant distribution and community development activities.

Capacity building needs identified: Green Pine have undertaken some reasonably strong and creative programs. However, improving the quality of these programs through staff and volunteer training and professional development activities is an important need. Organisational development especially regarding volunteer management in the context of peer education and outreach programs is of equal priority. As a new organisation, greater exposure to the breadth of approaches to HIV among MSM would also be beneficial. Skills development for effectively working with government is also a key issue in Vietnam.

Potential for collaboration: Being relatively new, Green Pine has not been very well linked with MSM organisations in the MSR. However, they are very eager for this to occur and to learn more about HIV programs for MSM.

Nguyen Friendship Society

Summary of MSM work: Nguyen Friendship Society is a longstanding network of MSM based in Ho Chi Minh City but when possible, also conducts outreach to MSM in other parts of Vietnam. Nguyen Friendship Society has remained extremely informal – in fact, they have spurned organisational development in favour of maintaining low costs (condoms and lubricant are effectively their only organisational cost), essentially no administration time, little need to negotiate with government authorities and few obligations to donors, partners or other stakeholders.

Capacity building needs identified: Nguyen Friendship Society has made a strategic decision to not extend beyond its current operations and to remain an informal volunteer network.

Potential for collaboration: For these reasons, Nguyen Friendship Society is not especially interested in regional collaboration or capacity development and has rejected such approaches previously.

Blue Sky Club

Summary of MSM work: Although preliminary research had indicated that Blue Sky Club was an MSM CBO (in the Vietnam context), it became clear that it is in fact a Family Health International (FHI) Project linked to an FHI-run VCT/STI clinic in Ho Chi Minh City. It operates on an outreach model designed to increase MSM presentations at the clinic.

Capacity building needs identified: Because of the highly focused nature of the Blue Sky Club and the fact that it is not an MSM CBO, it was not possible to easily identify capacity building needs that could be addressed through any program arising from this consultation.

Potential for collaboration: Blue Sky Club is quite different to the other CBOs who have been involved in this consultation and is therefore not an appropriate collaborating partner in terms of the objectives of this consultation.

Cambodia

Men's Health Social Services

Summary of MSM work: MHSS is a large MSM community organisation with more than seventy paid staff in several locations across Cambodia. Their main activity historically has been peer-based outreach, however they have recently commenced a new community-development activity (M-Style) in partnership with Men's Health Cambodia (see below). Aimed at a different 'class' of MSM to traditional outreach, this program is remaking the organisations' drop-in centres into multi-purpose community centres and is supported by sophisticated social marketing and membership of the M-Style club.

Capacity building needs identified: MHSS felt there were other areas where they would like to improve their capacity, particularly social marketing/behaviour change communication as this is a new area of work where they have limited experience. Internet use among MSM is an emerging concern. Maintenance of relationships with government and media is also an area that would benefit from additional training.

Potential for collaboration: MHSS have substantial organisational capacity and experience in key program areas but most significantly are involved in interesting new community development initiatives such as the M-Style club. Contributing what is learnt from this and similar projects would be of benefit to comparable organisations in the MSR. MHSS are eager to be part of regional collaboration to facilitate sharing of information between CBOs.

Men's Health Cambodia

Summary of MSM work: MHC is a large organisation by regional standards with around 40 staff and is the oldest MSM CBO in Cambodia. MHC has a wide range of activities in many different areas of Cambodia including some rural areas, as well as being involved in the M-Style program described above. These activities take different approaches to HIV prevention in some cases and are funded by several different donors.

Capacity building needs identified: A key issue for MHC is an organisational change process they are commencing which will aim to streamline the numerous contracts they have with different donors so that less administration time is required. Issues of organisational administration systems appear to be of immediate significance. However, they are also interested in exploring new approaches to working with MSM that they have not attempted before. Improvement of skills for negotiating with government and media is also an issue.

Potential for collaboration: As a successful and longstanding organisation, MHC would have much to contribute to other MSM CBOs. MHC was very interested in being part of a program that would link Mekong MSM CBOs together.

National MSM Network

Summary of MSM work: The National MSM Network is relatively new but has been funded under the National AIDS Strategy and is housed in a building along with many other HIV-related population-specific networks in Cambodia. Although not a CBO in the same sense as the other organisations involved in this consultation, the National MSM Network will likely play an important role in the future in bringing together the extensive work on HIV and MSM taking place in Cambodia.

Capacity building needs identified: It is likely that the National MSM Network will become an important feature of the MSM landscape in Cambodia in the future however focused organisational capacity building is needed. This includes administrative aspects of different models of network management as well as greater orientation to the range of possibilities available for MSM programs and the HIV/AIDS field in general.

Potential for collaboration: The National MSM Network is not an appropriate candidate for collaborating within the terms of this consultation. However, potential capacity development opportunities should be investigated and developed separately.

Thailand

Rainbow Sky Association of Thailand (RSAT)

Summary of MSM work: RSAT is a leading MSM CBO in the Asia-Pacific region. Since their establishment in 2001 they have undertaken a wide range of programs including outreach, advocacy, development of IEC materials, peer education, community development and many other activities. They play a key role in the response to HIV among MSM throughout Thailand and are also internationally focused with strong relationships with many comparable organisations in other countries.

Capacity building needs identified: RSAT are well placed to increase their role in supporting other Mekong MSM CBOs but require additional human resources capacity to undertake this in a well planned and systematic way. Continued technical support from other CBOs is necessary and RSAT has developed a strong relationship with ACON and AFAO.

Potential for collaboration: With significant program experience and well developed relationships with MSM CBOs like themselves, RSAT could play an important facilitation and support role in developing the capacity of MSM CBOs in the MSR.

Purple Sky Network (PSN)

Summary of MSM work: The PSN is a Treat Asia-based Project that brings together government and donor representatives, international NGOs and a number of other interested parties, with MSM organisations and projects conducted by or receiving funding through Family Health International, Population Services International and Pact. The PSN's activities involve annual meetings that aim to build capacity and share information as well as regional advocacy on MSM issues. The membership spans Thailand, Laos, Cambodia and Vietnam as well as Myanmar and the two southern Chinese provinces Yunnan and Guaxi.

Capacity building needs identified: The nature of consultations with the PSN did not relate to capacity building needs and instead focused mainly on information sharing.

Potential for collaboration: The PSN offered for its coordinator to sit on any steering committee formed from a program arising from this consultation. This would be useful in the interests of continued coordination, sharing of program information and avoidance of duplication.

Key issues identified

MSM have mobilised against the emerging HIV/AIDS epidemic in the Mekong sub-region. However increased action is needed to further develop existing programs and initiate new program approaches.

Mekong MSM organisations are conducting well organised and high quality programs. However, in some cases (particularly Laos and Cambodia), there is a sense that the longevity of existing programs needs to be built upon with new approaches. Continuing to run only the same programs – however well they might be conducted – is not seen as an appropriate path forward, particularly given that especially peer-based outreach programs have now been running in some countries for up to five years or longer. Furthermore, the expansion of the HIV epidemic among MSM requires new approaches in addition to (and while continuing to develop) those already being implemented. MSM organisations are cursorily aware of other approaches or of the potential to further develop existing approaches, but are not certain of how to increase this awareness and take it into practice. While strengthening peer-based education and outreach programs would be useful, developing capacity to undertake new approaches such as through internet-based strategies and social marketing is also needed. Additionally, continued organisational and administrative functioning in order to better manage the expansion of programs that is needed is also of key priority.

Significant scope exists to share learning from well established programs for MSM in the MSR.

MSM CBOs in the Mekong have substantial capacity in particular program areas and have maintained stable organisations over time. As stated above, LYAP has developed a strong peer education program while MHSS and MHC are undertaking innovative community development work. All the organisations consulted (as well as RSAT) have successfully managed a range of programs since their inception. As a result, they have become highly skilled in specific areas of historical expertise for their organisations. Making this practical expertise strategically and structurally available to be shared between CBOs would enhance the capacity of all the CBOs involved in such an initiative. MSM organisations are eager to support each other to initiate new and/or improved responses in their local areas.

The consultation identified four organisations (apart from RSAT in Thailand) who are willing to participate in a regional south-to-south capacity building program. These organisations are:

Laos:	Lao Youth Action for AIDS Programme (LYAP)
Vietnam:	Green Pine Self Help Group (Hanoi)
Cambodia:	Men's Health Social Services Men's Health Cambodia

This consultation identified a number of strengths in these CBOs that can be brought together into a south-to-south framework. Strengths were identified in each partner CBO for skills/knowledge transfer to other Mekong MSM CBOs. The key strengths identified are that:

- LYAP (Laos) has well developed peer education training and support systems; and
- MHSS and MHC (Cambodia) are conducting innovative community development programs and developed large multi-project organisations.
- Green Pine Self Help Group (Vietnam) is a relatively new organisation so does not yet have a strong record of programming although they have effectively managed several outreach and community development programs.

In addition to this, specific needs were identified in each CBO which have been identified as:

- The need to further develop LYAP's (Laos) peer education / outreach program with a particular emphasis on the provision of structured workshops, group programs and other more sophisticated forms of peer education;
- The need to increase skills in social marketing / behaviour change communication skills with MHSS and MHC (Cambodia);
- Organisational and program development with an emphasis on volunteer management and peer education in the case of Green Pine Self Help Group (Vietnam).

The above priorities are all areas of longstanding expertise for RSAT (Thailand). Additionally, the experience of the Laos, Cambodian and Thai CBOs in the areas nominated by the Green Pine Self Help Group will be able to be shared through this model.

Further, three key issues emerged consistently across the four key organisations as being capacity building priorities:

1. Internet-based programs with MSM;
2. New and emerging methodologies for HIV-related programs with MSM (outside of what is currently being practiced); and
3. Negotiation/representation skills with local authorities and media.

It may be necessary to involve other CBOs ideally from the Asia-Pacific region to work with RSAT and the key CBOs to deliver these workshops. There are a number of appropriate candidates for this around the region including in Australia, Hong Kong, Singapore and elsewhere.

Existing MSM organisations represent the most immediate and most feasible pathway for delivering HIV prevention to large numbers of MSM.

MSM CBOs are essentially the only available conduits to reach large populations of MSM with HIV programs, particularly through locally appropriate, community based approaches. While the staff and volunteers of MSM CBOs are among the most socially visible and self-identifying MSM in their countries, they represent important links into larger networks of MSM that include less visible MSM. Moreover, many of the MSM to whom these CBOs provide programs are highly sexually active (probably more so than many less visible MSM) and are therefore likely to be the MSM who are most at risk of HIV transmission in their countries. Importantly, these MSM are also part of larger sexual networks that include less visible MSM, rather than being part of closed, circular networks. Therefore, working with existing community-based MSM groups is an efficient route to significant populations of MSM and, it is likely, the MSM that are most at risk of HIV transmission. Strengthening these CBOs is likely to result in increased reach to more MSM, including less visible MSM.

It should be noted that social and cultural changes occurring among MSM in the Mekong (including increasing online networking, the development of gay commercial scenes and increasing access to male to male sex through a variety of means) will make the distinction between more open and less visible MSM increasingly irrelevant as more and more MSM access the opportunities available for sex. Moreover, it appears that there are few, if any, immediate alternatives to reaching large numbers of MSM in the Mekong besides developing the CBOs that have emerged from community networks of MSM.

A significant gap exists in south-to-south linkages between MSM organisations in the Mekong sub-region.

There is limited opportunity for local Mekong MSM CBOs to participate in the development of international and sub-regional responses to HIV. Indeed, it appears that despite the increasing focus and growing transnational activity relating to MSM and HIV in the Mekong, MSM CBOs do not seem to have been centrally involved in the determination or development of strategies designed to be support their organisational activities.

Importantly, there are currently no approaches to developing mechanisms of 'south to south' collaboration, information sharing or capacity development for the community response to HIV among MSM in the Mekong. In effect, a regional community-based response to MSM

and HIV, organised at the international level and driven by the community itself does not yet exist in any formal way in the Mekong.

Current structures and activities at the regional level, namely the Purple Sky Network (PSN), have distinct functions besides facilitating communication between CBOs. Rather, the PSN has broader aims with a larger membership and is therefore not structured to enable substantive 'horizontal' communication between CBOs where for example, CBOs could give detailed analysis of their work and make comparisons between their programs. Instead capacity building in the PSN context usually takes the form of general technical assistance through the delivery of workshops in large group meetings. These are not necessarily problems – they simply recognise the specific scope of the PSN and the complex array of stakeholders involved in terms of sectors, countries and languages.

Although it is obviously unnecessary and undesirable to be building a second formal organisation based on a regional network in addition to the PSN, there is room for regional activities that would compliment the PSN's work – a point stated by representatives of the PSN in the consultation. Additional activities of the PSN have included exchanges with government representatives in the greater Mekong area for example, an activity the PSN is uniquely positioned to undertake. However, detailed exchanges between CBOs, facilitated by CBOs themselves, have not yet been conducted in the Mekong.

The most useful capacity building activities provide training and the opportunity to apply new skills.

Capacity building for MSM CBOs is limited without the opportunity to apply new knowledge and skills and learn through practice. Rather than simply the provision of workshops, capacity building activities should include resources to engage in practical program activity so that real improvements are affected in programming and staff skills. MSM CBOs were highly supportive of resources being made available for 'learning by doing' activities so that theoretical learning could be put into practice enabling the conditions of local circumstances to be taken into account and new capacities built in the field over longer periods of time than an initial workshop. In addition to this, opportunities to modify existing programs or attempt new approaches are limited, or may not be undertaken in an atmosphere that promotes learning from trialling methods that may require further alteration. Many MSM programs may not have the flexibility to initiate such activities.

On a related point, the CBOs involved in this consultation believed that donor investment in capacity building among MSM organisations in the

Mekong must move beyond small grants for one-off short term projects or workshops. It is necessary for more sustained commitment to be made to longer term capacity building efforts.

Regional programs must reflect the linguistic diversity of the Mekong sub-region to be accessible and useful.

Any program that realistically intends to support south-to-south collaboration must be resourced with extensive communication costs for interpreters and translations of documents. The Mekong sub-region is linguistically diverse and it is not appropriate to expect MSM CBOs to communicate in English. Indeed in some countries such as Vietnam and Laos, English proficiency is very limited, especially at the community level. As a result, programs that seek to develop community capacity in the Mekong must take this into account.

National boundaries in the Mekong sub-region should not be regarded as barriers to regional cooperation.

Beliefs about potential national/ethnic/cultural tensions between Mekong countries making collaboration between MSM CBOs inappropriate for this region were not supported by the results of this consultation. During the preliminary research and preparation phase of this consultation, some concerns had been raised by stakeholders regarding the national complexity of the sub-region and the potential for resistance to working together due to political tensions arising from national differences. In fact, these types of issues were not raised at all by any MSM consulted through this process (and indeed by no other stakeholders in the formal course of the consultation) and MSM CBOs were warmly supportive of liaising with and learning from their international counterparts, regardless of their nationality.

Proposed framework

A proposed framework, enabling information sharing and capacity development between a number of MSM related CBOs across the Mekong has been developed as a result of the consultation. This framework is intended to promote 'south to south' collaboration in strengthening responses to HIV amongst MSM in the region, with RSAT facilitating the exchange of 'grass roots' program expertise between the CBOs to assist the development of targeted, culturally appropriate, effective and sustainable HIV/AIDS programs.

With RSAT acting as a central facilitator, the framework is based on the participation of the following organisations:

- Laos: Lao Youth Action for AIDS Programme
- Vietnam: Green Pine Self Help Group
- Cambodia: Men's Health Social Services
- Cambodia: Men's Health Cambodia

The framework is based on the following interlinked components:

1. Bilateral capacity-building staff exchanges linked to community-based health promotion projects

A series of consecutive bilateral staff exchanges between RSAT and each of the four partner CBOs with the following aims:

- To build staff skills in the key capacity development issue specific to each partner CBO.
- To develop and implement a health promotion project conducted by the partner CBOs with RSAT support relating to this capacity development issue.

As stated above (page 15), these specific capacity development issues are related to:

- LYAP: peer education and outreach programs
- MHSS & MHC: social marketing and behaviour change communication
- Green Pine Self Help Group: organisational and program development especially relating to volunteer management and peer education

2. Regular multilateral workshops

A series of multilateral workshops that periodically bring all the CBOs together with the following aims:

- To hold planning and implementation meetings, with a steering group to comprise representatives of each CBO involved as well as any additional invited representatives;

- To exchange experiences and learning gained throughout the health promotion projects;
- To profile and share information regarding successful and/or innovative programs they are already conducting; and
- To undertake skills building workshops on identified capacity development issues that are consistent across all the partner CBOs (with these workshops delivered via external assistance from other comparable CBOs in the Asia-Pacific region).

As noted on page 15, the capacity building needs identified consistently across the CBOs relate to:

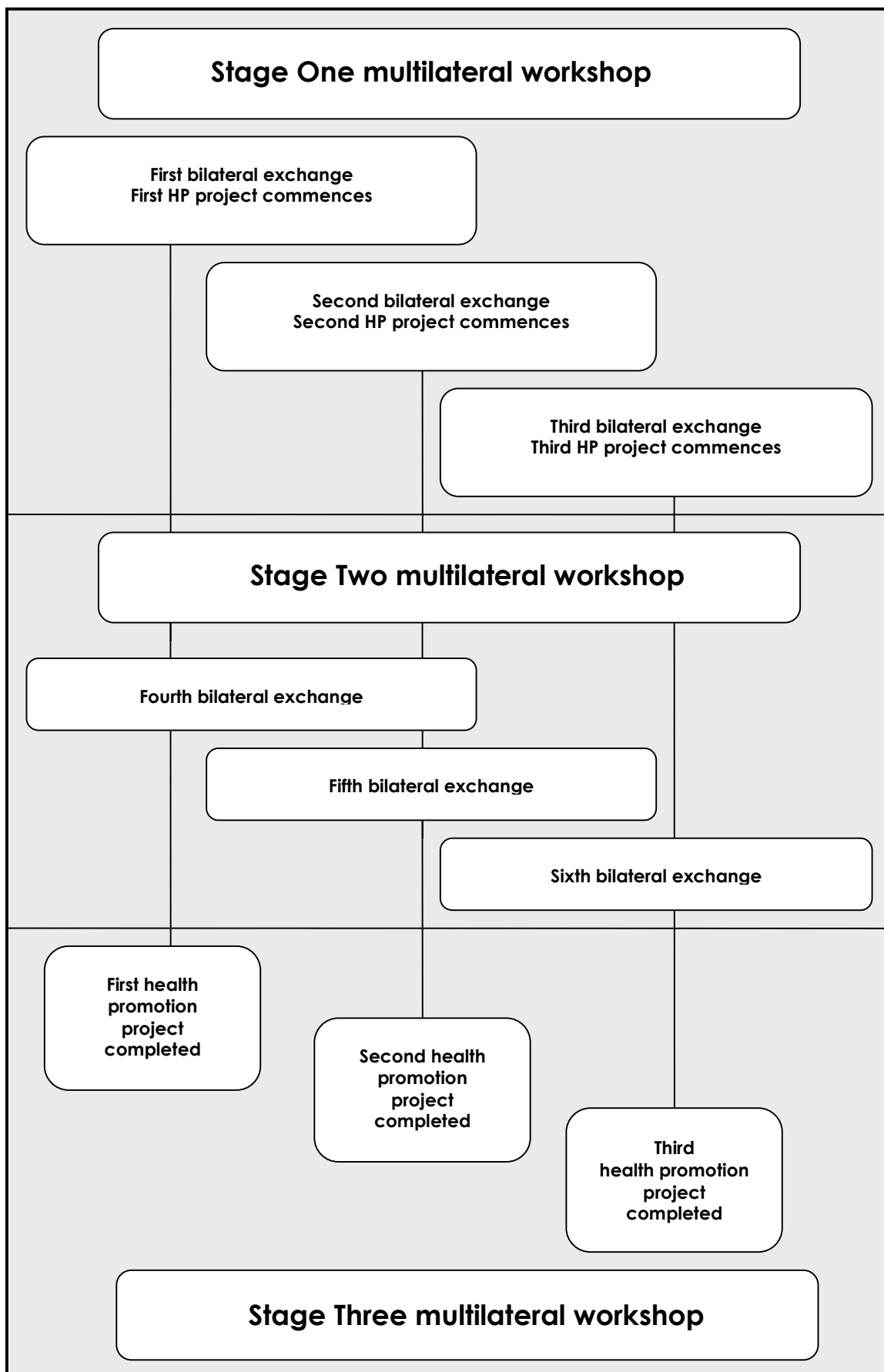
1. Internet-based programs with MSM;
2. New and emerging methodologies for HIV-related programs with MSM (outside of what is currently being practiced); and
3. Negotiation/representation skills with local authorities and media.

The framework can be regarded as consisting of three stages:

Stage 1:	<ul style="list-style-type: none"> • first multilateral workshop • first round of three consecutive staff exchanges with CBOs from Laos, Vietnam and Cambodia visiting RSAT • commencement of one health promotion project at each exchange
Stage 2:	<ul style="list-style-type: none"> • second multilateral workshop • second round of three consecutive staff exchanges with RSAT visiting CBOs in Laos, Vietnam and Cambodia • continuation of work on health promotion projects
Stage 3:	<ul style="list-style-type: none"> • completion of all three health promotion projects • third multilateral workshop

In practice, each stage could comfortably consist of a 12 month period, although shorter or longer periods than this could also be used. It is believed that three 12 month stages (that is, 3 years in total) would provide sufficient time for negotiations between organisations, logistical preparations for exchanges and annual multilateral workshops, and the development, implementation and evaluation of health promotion projects.

See diagram on the following page.



Rationale for community to community approach

This framework represents a significant departure from the traditional delivery mechanisms of capacity building and technical assistance in HIV/AIDS in Asia. It is rare that community organisations are supported to share their knowledge and experience with comparable organisations in a structured program. However, there are many advantages to this approach.

Firstly, after some years of responding to HIV among MSM in the MSR, CBOs have developed very practical and targeted experience-based knowledge about the challenges and successful features of providing HIV prevention and education to their communities. While it is customary for CBOs to be regarded as lacking in capacity, this framework acknowledges that some capacity has grown among CBOs due to their sustained local efforts. This does not mean that MSM CBOs have no capacity building needs, but rather that the learning they have developed should be shared with comparable organisations.

Secondly, capacity building and technical assistance provided between CBOs is likely to generate sustained, supportive relationships that are adaptable to new activities and future collaborations. This type of collaboration creates opportunities for mutuality, comradery and long term ongoing relationships, thus reducing organisational isolation which is common among CBOs in the HIV/AIDS sector. To date, other providers of capacity building and technical assistance (such as consultants and international NGOs) have been necessarily constrained by short-term contractual arrangements or financial obligations. It is more natural and logical for comparable organisations to maintain links beyond the conclusion of particular activities or between funded activities due to their common interests.

Thirdly, many capacity building and technical assistance activities occur in an asymmetrical power balance that infuses the structural relationships of the HIV and development sectors. CBOs are virtually never on an equal footing with consultants and international NGOs who often have different objectives to CBOs in capacity development activities. Further, these relationships are often further complicated by north-south political and resource differences. Community to community capacity building presents an opportunity for more horizontal and equal relationships, mutual understanding and the pursuit of common interests between organisations.

Moreover, community to community capacity building is vital for the strengthening of a community-based HIV/AIDS response in the Asia/Pacific region. By facilitating international contact between CBOs,

the overall cohesion, independence, power and vigour of communities within the response to HIV/AIDS will be support. These kinds of activities will develop new capacities for providing capacity building and technical assistance among CBOs which will lead to reduced dependency on consultants and international NGOs.

While such approaches have been rare and regarded as unorthodox to date, innovative, community-based programming that strongly values the involvement of CBOs is greatly needed in the regional HIV/AIDS response. It is especially necessary in the context of MSM, given the key role MSM infections will play in many national epidemics over the next decade and the severe lack of investment in and development of leadership capacity among MSM communities in the region.

Sustainability of outcomes

Sustainability issues are addressed in a number of ways in this framework. Firstly, the framework includes the creation of three health promotion projects. This means that in all countries represented in the framework new activities designed to address HIV prevention and education issues among MSM will be implemented during the project and will continue to be available for implementation. The community level benefits of these projects will continue beyond their immediate implementation and the CBOs will benefit by having a range of new strategies that can be drawn upon for programming in the future. Secondly, the framework will create increased capacity in all of the organisations participating through practical training and skill development. These skills will be vital in creating new health promotion activities in the future. Thirdly, by creating a significant opportunity for MSM CBOs to work together in the MSR, sub-regional relationships and coordination will be built. This will have a lasting effect on the capacity to exchange information and learning from activities across the MSR, as well as to organise cooperatively into the future.

Support from ACON

As stated, while RSAT is increasingly playing a leadership role in the MSR, it also needs further support to continue to develop its own capacity. ACON is well placed to provide this technical support due to their existing and ongoing relationship with RSAT and the links formed with the MSM CBOs during the consultation process. Like all the CBOs involved, ACON is a provider of health promotion projects that address HIV among MSM. ACON has more than two decades of experience in this regard and is able to draw on an enormous practical record of design, implementation and evaluation of community-based health promotion for MSM. In recent years, ACON has increasingly been working on capacity development partnerships with other MSM organisations and projects in the Asia-Pacific region including RSAT, the Pacific Sexual Diversity Network and AIDS Concern Hong Kong. This has been made possible through the establishment of a dedicated International Project.

Support from other partners

Purple Sky Network (PSN)

The PSN was involved in the consultation process. There was agreement that this framework does not duplicate the role of the PSN and that programs based on this framework would be complimentary to its activities. To promote coordination and communication, the PSN has offered its coordinator to participate in a steering group for any future program based on this framework.

UNAIDS

In the consultation process, UNAIDS communicated its support for this framework and offered to contribute to in-country logistical support for any future program based on this framework.

Recommendations

Recommendation 1

That this framework be utilised by program planners and donors to support sub-regional cooperation on HIV among MSM in the Mekong sub-region.

Recommendation 2

That a three year pilot program be funded to trial and evaluate this framework in application.

Recommendation 3

That a steering group be formed to oversee this program constituted by representatives of the five CBOs involved in the program.

Recommendation 4

That the MSM Technical Working Groups in each country be liaised with in implementing such a program to ensure in-country coordination and support.

Recommendation 5

That other CBOs in the Asia-Pacific region with practical experience in capacity building areas consistently identified across Mekong CBOs be invited to conduct capacity building workshops at the multilateral workshops (that is focusing on MSM internet programs, new and emerging program methodologies, and negotiation/representation skills with government and media).

Recommendation 6

That Australian organisations such as ACON be involved in the steering group and in a support role to RSAT and the overall program in any program based on this framework.

Recommendation 7

That the Purple Sky Network Coordinator be invited to participate in a steering group for any program based on this framework.

Recommendation 8

That in-country assistance in program implementation be requested from other stakeholders such as UNAIDS as needed.

Glossary of acronyms

AusAID	Australian Agency for International Development
ACON	AIDS Council of New South Wales
AFAO	Australian Federation of AIDS Organisations
CBO/CBOs	Community based organisation/s
IEC	Information education and communication
LYAP	Lao Youth Action for AIDS Programme
MHC	Men's Health Cambodia
MHSS	Men's Health Social Services
MSM	Men who have sex with men
MSR	Mekong sub-region
PSN	Purple Sky Network
RSAT	Rainbow Sky Association of Thailand
TWG	Technical Working Group
UNAIDS	United Nations Joint Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation

Appendix A: Schedule of consultations

Vientiane

Mr Vieng Akhone Souriyo, Project Director & staff, Lao Youth Action for AIDS Programme

Dr Phengphet Phetvixay, Ministry of Health/Centre for HIV/AIDS/STI, Member of MSM Technical Working Group and PSN Focal Point

Mr Michael Hahn, UNAIDS Country Coordinator and MSM Focal Point

Mr Jan W de Lind van Wijngaarden, UNESCO Regional HIV/AIDS Advisor

A meeting with Dr Pouthone Southalack, Chair of the MSM Technical Working Group was cancelled due to personal circumstances making him unavailable.

Hanoi

Ludo Bok, UNAIDS Social Mobilisation Officer and MSM Focal Point

Mr Nguyen Van Dung, Head, Green Pine Self Help Group

Mr Hans Lambrecht, UNESCO HIV Focal Point

Mr Pham Vu Thien, PSN Focal Point, Consultation of Investment in Health Promotion

Dr Nick Medland, Chair of MSM TWG

Ho Chi Minh City

Mr Nguyen Van Trung, Coordinator, Nguyen Friendship Society

Dr Donn Colby, former Chair of MSM TWG, Harvard Medical School AIDS Initiative in Vietnam (HAIVN)

Mr Nguyen Nhut Tam, Health Educator, Blue Sky Club

Phnom Penh

Mr Leng Monyneath, Coordinator of Cambodia National MSM Network

Mr Mao Kimrun, Executive Director & staff, Men's Health Cambodia

Dr Nou Vannary, PSN Focal Point, Khmer HIV/AIDS NGO Alliance

Mr Kim Haeng, UNESCO HIV Focal Point

Dr Teng Kunthy, Secretary General, National AIDS Authority and Chair, MSM Technical Working Group

Mr Phal Sophat, Executive Director & staff, Men's Health Social Services

A meeting with Mr Tony Lisle, UNAIDS Country Coordinator was cancelled due to the Cambodian visit of UNAIDS Global Head of HIV Prevention.

Bangkok

Mr Jack Arayawongchai, Coordinator, Purple Sky Network

Ms Felicity Young, Director, Health Policy Initiative and Member, Purple Sky Network Regional Technical Board

Mr Phillippe Allen, Minister Counsellor, AusAID Asia Pacific Regional Office

Mr Geoff Manthey, Regional Program Advisor, UNAIDS Regional Support Team Asia Pacific

Appendix B: Background information and discussion guides

MSM Consultation – Laos, Vietnam and Cambodia November 2008

Background information

AusAID has funded the Australian Federation of AIDS Organisations (AFAO) to undertake a consultation with key MSM groups and organisations in Vietnam, Cambodia and Laos. The consultation will be carried out by the Rainbow Sky Association of Thailand (RSAT) and the AIDS Council of New South Wales (ACON) who have a long standing capacity-building partnership. The consultation includes MSM groups and stakeholders in Vientiane, Hanoi, Ho Chi Minh City and Phnom Penh.

The consultation has two main aims:

1. To develop a south-to-south model of skills transfer and knowledge sharing between RSAT and MSM groups in the Mekong. This model will be proposed back to AusAID and other donors for their consideration.
2. To identify capacity building needs of MSM groups regarding the development of long term partnerships with similar groups in other Mekong countries.

The consultation will be undertaken by:

Rapeepun Jommaroeng (Ohm) - Board Advisor, Rainbow Sky Association of Thailand (Ohm also works for UNESCO)

Danai Linjongrat (Meow) – Director, Rainbow Sky Association of Thailand

Robert Sutherland - ACON staff member who is currently placed within the UNAIDS Regional Support Team working on MSM issues; and

Stephen Scott - Manager, International Projects, AIDS Council of NSW (Australia)

The consultation is taking place in mid-November 2008 with a report and proposed model produced by the end of 2008.



This initiative is supported by:



Discussion guide: MSM groups

The following questions are a guide for consultations with MSM groups in the Mekong sub-region. These groups have a strong focus on grassroots service delivery to the MSM community and where possible, have been formed by the actions of the MSM community. Their work may include peer-based outreach, community development and other forms of health promotion.

1. What are the main activities undertaken by your organisation?
2. What is most successful about these activities?
3. What are the current challenges in these activities?
4. Would any of these challenges be addressed by working more closely or in different ways with MSM groups in other countries in the region?
5. How is your organisation currently linked to other MSM groups in the country and the region?
6. How would you like to work on combined activities with other MSM groups in the region?
7. What would be your concerns about working with other MSM groups in the region?

Discussion guide: Stakeholders

The following questions are a guide for consultations with stakeholders in the area of MSM and HIV in the Mekong sub-region. These stakeholders may include government representatives, members of MSM Technical Working Groups, staff of international NGOs, staff of UN agencies and other individuals with an interest in the area.

1. What activities are you aware of that are currently taking place for MSM in your city/country?
2. What are the strongest elements of these activities?
3. What are the greatest challenges in carrying these activities out effectively?
4. What benefits would there be for MSM groups to work on combined activities with other MSM groups in the region?
5. What disadvantages or concerns would there be about MSM groups working together on combined activities?
6. How could these disadvantages or concerns be addressed?
7. How would MSM groups working together on combined activities be received by your organisation and other stakeholders in your country/city?
8. If MSM groups were to work together more closely, how could this be done so that it does not duplicate or interfere with existing activities, relationships and networks?
9. If MSM groups were to work together more closely, how could this be done so that it does not interfere with the usual activities of the MSM organisations involved?
10. What would MSM groups need to participate in such activities in a meaningful way (in terms of resources, training, etc.)?