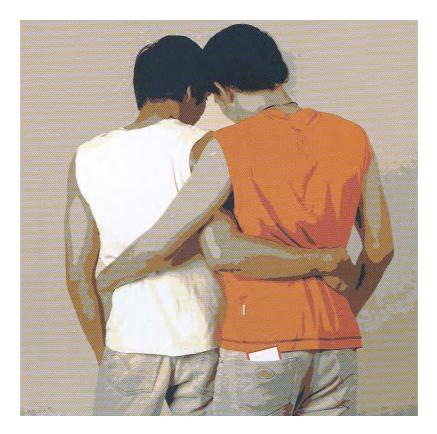
# Yunnan Province MSM Technical Framework Planning Workshop

# **Workshop Report**



Camilla Hotel, Kunming Nov. 3-5, 2006









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#### **Executive Summary**

The Yunnan MSM Strategic Framework Planning Conference was held in Kunming from November 3-5, 2006. The meeting, the first step in process to strengthen coordination and cooperation between MSM community groups, NGOs and government offices conducting HIV prevention and care interventions, was hosted by the Colorful Sky and Spring Rain MSM Workgroups with financial support from USAID and technical support from Family Health International, TREAT Asia and the International HIV/AIDS Alliance. In total, roughly 50 representatives from the MSM community, NGOs and local- and provincial-level government offices attended the conference. This conference was held in keeping with regional goals for strategizing MSM interventions in the Greater Mekong Sub-region, as identified by USAID in August 2005. Similar coordination processes are currently taking place in Vietnam, Cambodia, Thailand, Laos and Myanmar as part of a regional effort to better understand and control the spread of HIV among MSM.

During the three-day conference, participants heard presentations from local and regional experts regarding HIV/STI prevalence and risk behaviors among MSM in Yunnan specifically and Southeast Asia in general. Most significantly, data presented from Thailand showed an increase in HIV prevalence among MSM in Bangkok from 17.3 % in 2003 to 28.3% two years later, while data generated through the A<sup>2</sup> Project showed the potential for a similar outcome in Yunnan Province. In addition, each of the represented MSM community organizations made a presentation documenting their HIV prevention work to date and the challenges and needs encountered. The theme that developed throughout the presentations was a need for more support (financial, policy, technical) from governments at the provincial and local levels.

Based on the data presented, participants engaged in a process of identifying key problems and priority strategies for implementing HIV prevention among MSM in Yunnan, and the strategies selected were organized into a framework which is intended as an advocacy and project planning tool for policymakers and project implementers. The intervention strategies and framework were taken from the Minimum Package of Services for MSM as defined by USAID, which is also being used by other countries in the Greater Mekong Sub-region. The draft framework produced during this conference will be further refined and ratified by the MSM technical working group.

In order to continue carrying out the process of coordination and information/resource sharing initiated through this conference, the participants agreed to the formation of a province-wide technical working group to meet regularly for the purposes of sharing progress reports and new information and to advocate to governments at all levels for greater support to MSM interventions. Each of the organizations present agreed to participate in the TWG, and it is hoped that in the future other organizations also will agree to participate. A date has been set for the first meeting of this group, with the goals of determining an organizational structure and further refining the strategic framework.

Finally, two MSM community members were elected by their peers to serve as the coordinators for the various MSM community groups in Yunnan. These coordinators will be responsible for maintaining regular contact with each of the community groups, to share information and resource needs, and act as the link between the Yunnan MSM community and the Purple Sky Network of MSM interventions in the GMS.

By the end of the meeting, participants said they had gained a new understanding of both the importance of HIV prevention for the MSM community and of the needs and challenges of the existing community workgroups. Those MSM representatives present expressed a new sense of commitment to working in a cooperative manner to prevent HIV, and many of the government representatives pledged to report back to their organizations the new information they have learned, and advocate for greater government attention to this community.

#### Introduction

The Yunnan MSM Strategic Framework Planning Conference was held in Kunming from November 3-5, 2006. Hosted by the Colorful Sky and Spring Rain MSM Workgroups and financed by Family Health International with funds from USAID, the International HIV/AIDS Alliance and TREAT Asia/amfAR, this conference grew out of a series of meetings at the regional level intended to strengthen coordination, cooperation and quality of HIV interventions targeting MSM communities in the Greater Mekong Subregion (GMS). It was the first such meeting in Yunnan Province, and was attended by roughly 50 representatives of MSM community groups, non-governmental organizations (NGOs) and government offices (GOs).

The goals of this three-day workshop were to:

1) Disseminate up-to-date information regarding MSM communities and HIV in Yunnan Province and throughout Southeast Asia;

2) Report on progress made and obstacles encountered in HIV interventions currently being implemented in MSM communities around Yunnan;

3) Draft a strategic framework identifying priority activities for implementing HIV prevention among MSM in Yunnan;

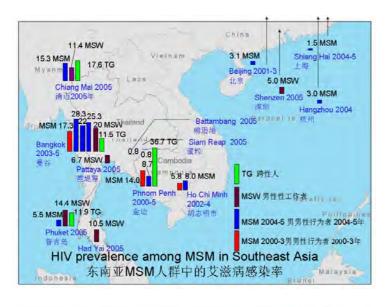
4) Select a community representative responsible for furthering coordination between the various interventions;

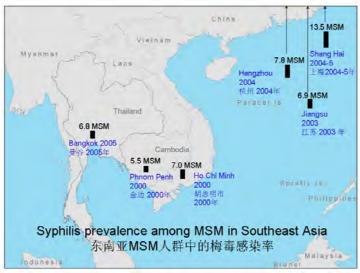
5) Establish a technical working group made up of GO, NGO and grassroots organizations for the purpose of continuing the coordination and strengthening process beyond the close of this conference.

### Day One

While Yunnan Province has been proactive in taking measures to control the spread of HIV among IDUs and FSW, for years little attention has been paid to the problem of sexual transmission in the MSM community. In 2004 (the last year for which data is available) only 0.7% of all available HIV prevention funds in the province were allocated for this population. MSM are not included as a specific group in provincial AIDS control plans, nor are they covered by the provincial HIV surveillance system. Two of the most frequently cited reasons for this lack of attention are the difficulty in making contact with MSM and the lack of data on which to make resource-allocation and programming decisions. A major goal of this conference was, therefore, to provide government officials with access to the MSM community and with the most recent data available to demonstrate the need for a proactive response to HIV vulnerability among MSM in Yunnan.

#### MSM and HIV in Southeast Asia





FHI/Asia Pacific Office Senior Technical Officer Philippe Girault made a presentation on the spread of HIV/STIs among MSM communities across Southeast Asia and in mainland China. He particularly noted the high prevalence among MSM in Bangkok, which jumped from 17.3% to 28.3% in just two years, as a warning sign to other countries. While acknowledging the lack of data on the MSM community in China, Mr. Girault pointed to trends in other SEA countries, the high cross-border mobility of MSM, and high STI prevalence rates (13.5% of MSM in Shanghai positive for syphilis) as indicators of a developing problem. He also presented data generated through the Integrated Analysis and Advocacy (A<sup>2</sup>) Project which projected that within the next 15years MSM could account for the greatest proportion of new HIV infections in Yunnan Province. Girault also noted that across the region positive action is being taken, including the organization of a regional network of MSM interventions and the inclusion of MSM in most national action plans. He argued that an epidemic on the scale of that seen among MSM in Thailand is still avoidable in other countries including China, but that it will require ongoing monitoring and interventions.

### **Risks and Relationships**

Ms. Wang Hong, project officer for the International HIV/AIDS Alliance, made a presentation on the results of participatory community assessments (PCA) carried out by MSM community members in Kunming, Yunnan Province and Chengdu, Sichuan Province. In that presentation she described the process of carrying out a PCA and presented some of the results of a PCA conducted by the Chengdu MSM group (Chengdu Tongle Health Consultantion and Service Center) in 2004. The overall findings of that PCA included:

1) Characteristics of the MSM community in Chengdu

- a) loose social network among MSM;
- b) the large number of MSM;
- c) the MSM's pressure from the family in terms of marriage;
- 2) MSM vulnerability to HIV
  - a) poor awareness on HIV&AIDS prevention;
  - b) multiple sexual partners;
  - c) poor awareness of safe sexual behaviors;
- 3) MSM community needs
  - a) more financial support;
  - b) more institutional capacity building;
  - c) clear policies supporting community groups to implement intervention activities;

Afterwards, FHI consultant Matt Avery reported on the results of a formative research carried out among Kunming MSM in the Spring of 2006 to determine community attitudes regarding health, risk and relationships. Nearly 100 MSM participated in either in-depth interviews or small group discussions, the results of which indicated that, despite high levels of HIV-related knowledge, members of the MSM community continue to engage in high-risk behaviors while failing to perceive their own risk of infection. This appears to be the result of value-based assumptions regarding the kinds of people at risk of HIV infection as well as misconceptions regarding the efficacy of certain preventative measures. These value-based assumptions also give rise to highly negative views toward people who are HIV positive.

The study also noted that Chinese MSM had concerns and aspirations beyond merely their MSM behaviors, including the wish to marry and have children in keeping with Chinese tradition, and that these concerns and aspirations played a major role in shaping their behaviors. Mr. Avery recommended that for behavior change interventions targeting MSM to be effective, they need to move beyond addressing basic information about HIV transmission. Specifically, he argued that BCC interventions should:

- 1) address the community values giving rise to risk behaviors
- 2) treat MSM as Chinese men, not merely as gay men

3) be coordinated and reinforced by community groups and stakeholders province-wide

### Workgroup Updates

In total, six MSM community groups participated in this conference: Spring Rain MSM Workgroup (Kunming), Colorful Sky MSM Workgroup (Kunming), Yunnan *Tongzhi* Net (Kunming), Yunnan Red Plateau (Kunming), Good Friends MSM Workgroup (Dali City), Brothers Care MSM Workgroup (Honghe Prefecture). Each group presented on their experience in implementing a specific HIV prevention intervention for MSM communities. A brief description of these activities follows.

### Care and Support for HIV-Positive MSM

### Red Plateau Health Education and Counseling Service Development Center



The Red Plateau workgroup was formed in response to the perception that HIVpositive MSM lack access to medicine and psychosocial support, legal rights, information regarding treatment and health maintenance and because medical personnel have inadequate an understanding of the special issues and needs of this group. The group was only re-

cently formed, but they hope to promote the provision of timely, high-quality treatment for HIV-positive MSM through policy advocacy, provision of information and cooperation with medical services. Their specific objectives are to:

- 1) Provide information for positive MSM through a treatment education project
- 2) Eliminate depression and learn self protection, care for PLWHA
- 3) Strengthen psychosocial support and counseling for positive MSM
- 4) Strengthen staff members' skills at helping positive MSM
- 5) Communication with medical staff to increase their understanding of positive MSM
- 6) Establish a self-managed community group for positive MSM

Since being established, the Red Plateau Workgroup has been working with HIV-positive MSM to gain a better understanding of their situation and needs, and has received technical support from a number of organizations. They continue to encounter challenges, most significantly in that members of their target group encounter discrimination both as MSM *and* as PLWHA, that because of this discrimination they are often unwilling to expose their identities , and that their unwillingness to expose their identities makes it difficult for them to access treatment information and services.

### Promoting VCT in MSM Communities Colorful Sky MSM Workgroup

The Colorful Sky MSM workgroup promotes HIV voluntary counseling and testing (VCT) for members of the MSM community along with conducting peer education, condom distribution and other HIV prevention



activities. During their presentation, the group stressed the need for VCT services to be fully voluntary and confidential, that appropriate partners should be selected for providing counseling and testing services, and that MSM be fully aware of the benefits of receiving an HIV test.

The Colorful Sky Workgroup reported that the largest barriers to promoting VCT for MSM are:

- 1) Lack of access to high-quality VCT services
- 2) Insufficient support for HIV-positive MSM
- 3) Lack of follow-up support
- 4) Unwillingness of MSM to expose their identities

### Providing STI Services for MSM Spring Rain MSM Workgroup

The Spring Rain workgroup reported on their work promoting high-quality STI services targeting the MSM community. In addition to disseminating basic information about STIs and the link to HIV, they also distribute referral cards for a free STI consultation with the local Center for Disease Control (CDC), and have participated in clinical trainings intended to improve doctor-patient communication and to make doctors aware of and more sensitive to the needs and concerns of the MSM community. Their presentation reinforced earlier comments made by FHI/APO Technical Officer Philippe Girault regarding the danger sign of rising STI rates in the MSM community. They especially pointed to high levels of genital wart infection seen in MSM patients reporting to the Spring Rain referral clinic at the Kunming City CDC.

1 syphill	is	(7~12%)
■ 2、gonorrl	hea	( 2%)
■ 3、condyl	oma accuminata	(10~15%)
4、chlamy	dia	(2~4%)
5 gential	herpes	(3~5%)

From January to September 2006, condyloma accuminata (genital warts) was diagnosed through our referral service 18 times, accounting for infection in 20.7% of all referrals. In their presentation, the Spring Rain Workgroup noted several pressing difficulties in providing STI and other services to MSM. including the difficulties in providing services to male sex workers (MSW) and transgenders (TG) because of their high mobility and the tendency of their sexual partners to be unwilling

to use condoms. They also noted that the number of STI referral cards they distributed far outstripped the number of successful referrals, indicating unwillingness on the part of the community to access even free services offered through an MSM-friendly clinic.

### Establishment of an MSM Health Promotion Platform Dali Good Friends MSM Workgroup



The Dali Good Friends Workgroup established a drop-in center (DiC) for the local MSM community in October 2006. The Good Friends Health Club serves as a training base and health promotion platform for HIV prevention interventions – the only one of its kind in all of western Yunnan Province. Services offered through the DiC include counseling, health education and condom/information distribution. The Good Friends Workgroup also operates a hotline counseling service based in the DiC. MSM are also referred through the DiC to VCT and STI services at the Dali #2 People's Hospital.

While the Good Friends Workgroup noted the many benefits of operating a DiC as a platform for health promotion, they also noted a significant drawback in terms of the funding needed to maintain staff and operate such a facility, which come largely from the

meager income generated by the DiC itself. This income is insufficient to support the full range of project activities, and income-generation takes time away from conducting HIV prevention activities. The workgroup also reported that they are in the process of applying for non-profit organization status, but that this status will place an additional financial burden on their project in the form of the large tax payments applied to non-profits.

Peer Education in the MSM Community Honghe Brothers Care MSM Workgroup



The Honghe Brothers Care MSM Workgroup carries out peer education activities for MSM in seven communities in Honghe Prefecture (Kaiyuan, Mengzi, Gejiu, Jianshui, Bingbian, Mile and Shibing) reaching roughly 1,700 members of the target group with information regarding condom use, HIV/STI testing and treatment and self-acceptance. Also, through their peer education volunteers, they have been able to help several men access legal aid under rarely enforced laws intended to protect MSM from discrimination.

Peer education for MSM in Honghe, as throughout Yunnan Province, is carried out in popular cruising locations including public parks and squares, toilets, bars and bathhouses, though the available cruising venues in Honghe are neither as varied nor as numerous as those in Kunming, the provincial capital. The Brothers Care Workgroup maintains volunteers in each city in the coverage area who are given trainings in outreach techniques and basic HIV/STI information and supplied with condoms and IEC materials. However, during their presentation they noted that a significant difficulty has been reaching portions of the MSM population (married and/or older MSM) who are less accepting of their own identities and unlikely to attend trainings or accept materials from outreach workers. They also noted that, despite their efforts, behavior change for MSM continues to be very difficult because:

- 1) MSM know that unprotected sex is risky but continue to trust their health to luck
- 2) MSM only use condoms if they happen to be available

- 3) MSM have multiple sex partners and are willing to have unprotected sex if they really like the partner
- 4) Most MSM are too afraid of the potential results of an HIV test to accept VCT
- 5) Of those who do accept VCT, many of those who receive positive results refuse treatment for fear of damaging their family's reputation by being exposed as PLWHA

The Honghe Brothers Care Workgroup said that their three greatest needs to carry out effective peer education for MSM were 1) funding to help recruit, train and maintain peer educators; 2) support to develop new methods of information dissemination to reach more MSM with more effective messages; 3) leadership and support from the local Bureau of Health and other government organizations to establish trustworthy, dependable and sensitive testing services for MSM.

### HIV Interventions for Online MSM Yunnan Tongzhi Net

Established in 2001, Yunnan *Tongzhi* Net is the oldest community-based organization implementing HIV prevention activities for MSM in Yunnan Province and, with over 2,000 hits per day, has the largest coverage area and potential influence.



In addition to providing links and contact information for other MSM community groups, Yunnan *Tongzhi* Net regularly uses its influence to disseminate HIV/STI prevention information and to promote safe sex and healthy lifestyles. They also use their years of experience and reputation among on-line MSM to attract more men both to access information online about protecting themselves and to become more involved in other non-Internet based activities. They noted that this will be especially important given the growing trend of MSM moving away from traditional cruising venues like parks and bathhouses toward the anonymity of on-line cruising. Yunnan *Tongzhi* Net has already partnered on several occasions with other MSM community groups to spread HIV prevention information to these otherwise unreachable men.

In addition, it was noted that, as GOs, NGOs and community groups work to achieve a greater degree of coordination and information sharing, Yunnan *Tongzhi* Net can serve as an important platform to enable communication between the various stakeholders, and to quickly get messages and information out to all the various groups as well as the community at large.

### **Evening Activity**

Conference participants visited the Spring Rain DiC, supported by the Kunming Institute for Health Education and FHI. During the evening they were able to observe and participate in an "edutainment" show organized jointly by the Spring Rain and Colorful Sky workgroups which included minority song-and-dance performances as well as dramatic performances and audience-participation knowledge competitions intended to disseminate health promotion and HIV prevention messages. The show also showcased the close cooperation between the two MSM community groups in implementing HIV prevention activities.

### Day Two

As the information presented during Day One clearly indicates, important work is already taking place in many communities in Yunnan Province to prevent and control the spread of HIV among MSM. As many different organizations pointed out, there remains a great deal of work still to do, and many challenges to overcome; these challenges will be much more successfully met if all stakeholders, including community-based organizations, NGOs and government offices work together to share information and resources in a coordinated response to HIV. By and large, this has not been the case in Yunnan Province. For reasons at once political and personal, MSM interventions have remained at best fragmented, and at worst have competed with one another in terms of available resources and coverage areas. The goal of Day Two was, therefore, to promote the concept of an intervention response that was both more coordinated and more strategic, and to solicit opinions from all stakeholders on what shape that response should take.

### Introduction to the Purple Sky Network Facilitator Siam Arayawongchai, TREAT Asia/amfAR

The Purple Sky Network grew out of a series of meetings held by USAID-RDM, USCDC-GAP and FHI in Bangkok between February 2005 and August 2006 with the goal of strategizing and coordinating MSM interventions in the Greater Mekong Sub-region, including Vietnam, Laos, Cambodia, Thailand, Burma and China (Yunnan and Guangxi provinces). One recommendation arising from those meetings was the creation of a regional network of MSM interventions, with a secretariat in Bangkok, to coordinate the sharing of information and resources between countries. A



working group was created in each country, charged with selecting a coordinator for incountry MSM interventions to maintain contact with the network, and TREAT Asia/amfAR was selected to serve as the secretariat. At a meeting of country working groups held in Bangkok in August 2006 the name Purple Sky Network was selected by popular vote.

The goal of the Purple Sky Network, and of TREAT Asia in their role as the regional coordinating secretariat (RCS), is to enhance and strengthen the capacity of the regional and in-country MSM working groups in developing and advocating for appropriate and effective programs, services and policies for reducing HIV and STI transmission among MSM in the Greater Mekong Sub-region. The specific responsibilities of the RCS are listed below:

- Operation & Administrative Support
  - Establish mission and principles of the RCS
  - Recruit a program coordinator
  - Set up and manage day-to-day operations
  - Create policies, procedures and monitoring systems for the RCS
- Technical Support
  - Facilitate, establish and strengthen in-country working groups
  - Develop a working group structure
  - Facilitate development of regional and country work plans with the RCB and WGs
  - Monitor progress
  - Coordinate regular Regional Coordination Board meetings
- Network Development and Maintenance Support
  - Maintain regular contact with working groups
  - Guide, support and encourage full participation
  - Develop effective communication mechanisms
  - Improve information sharing among the network
  - Organize regular meetings; 1 regional and 4 in-country annually

Since its inception, successes of the Purple Sky Network have included the creation of MSM working groups including GOs and NGOs in all GMS countries, many opportunities to share information, and the inclusion of MSM as a specific target group in the action plans of every country in the sub-region with the exception of China. However, challenges remain in terms of a lack of data regarding MSM and HIV, lack of government buy-in and insufficient engagement from community groups and NGOs, as well as the differing political climates in each country.

The lessons learned thus far through the Purple Sky Network are that:

- 1) The regional approach is helpful for working with stigmatized populations
- 2) Donor, government and non-government participation is important

3) Data is important but interventions should not be put off because there isn't "enough" data

- 4) Coordination and facilitation are necessary and important components
- 5) A structured response is necessary for action

### Introduction to the Regional MSM Technical Framework Facilitator Philippe Girault, FHI/APO

Based on information discussed to this point, it can be reasonably concluded that, due to a shortage of resources, there are too many interventions with little agreement on core activities and the lack of a long-term strategic vision. In addition:

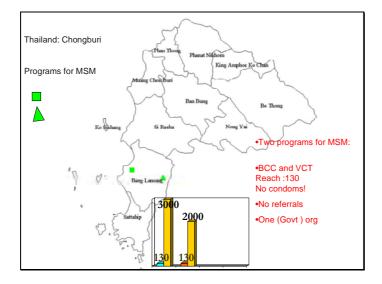
1) Programs for MSM in Yunnan and across the region remain limited despite evidence of increased HIV prevalence;

2) Risky behavior remains high while intervention coverage remains low;

3) Links between prevention, testing and care, support and treatment programs are weak or non-existent;

4) There are no comprehensive regional or national strategies to address these shortcomings; and

5) The political will to create such strategies is lacking.



An illustration of this problem is the situation in Chonburi, Thailand, where previously only two MSM interventions existed to cover the entire province. A single government organization provided BCC and VCT for MSM with no referral to other services and no condoms to distribute. These interventions were only able to reach a small percentage of the overall MSM community, and could not have been expected to have any appreciable impact on reducing population risk.

For the spread of HIV among MSM communities to be effectively controlled, the following is needed:

- 1) Programs for MSM must be expanded and coverage increased;
- 2) Risk behaviors must be reduced;

3) Links between prevention, testing and care, treatment and support services must be established and strengthened;

4) There must be political will to create and support comprehensive strategies for MSM interventions.

At the same time, MSM intervention planners must be realistic and strategic, selecting achievable activities that make the best use of limited resources while striving to create a minimum package which meets the basic needs of the MSM community.

One goal of the series of strategic coordination meetings held in Bangkok was to create a strategic framework for MSM interventions at the regional level (attached), which would allow intervention planners to achieve just this sort of a strategic vision. Once that framework was drafted, each of the country working groups was charged with adapting the framework to their own local situation. However, the Chinese representatives who were selected to attend the original series of meetings did not represent either the government or community organizations currently active in Yunnan Province, and the framework they created, while insightful, was neither appropriate to the situation in Yunnan nor achievable by the organizations currently implementing HIV prevention at the provincial and local levels. It was thus decided to re-initiate the drafting process in Yunnan, this time with the full participation of government offices and other organizations actually involved in MSM work in the province.

To draft a strategic framework for Yunnan Province, participants in this conference were divided into groups and asked to first identify what to them were the key problems associated with HIV/STI prevention among the MSM community and then to select priority activities from the USAID minimum package of intervention activities in order to best address the problems identified. The resulting framework, compiled from the individual results of each break-out group discussion, is attached to this report. Overall, a consensus emerged in three areas of HIV intervention activities:

#### 1) Policy/Advocacy:

There was a great deal of agreement from all groups regarding the need for more government support for MSM interventions, both in terms of creating supportive policies for recognizing and working with the MSM community, and in terms of financial support for MSM interventions.

#### 2) Strategic Information:

There was overall agreement on the need for more information regarding the MSM community, including behavioral, demographic and epidemiological data for programming support and policy advocacy purposes. Activities selected as particularly important included HIV/STI surveillance and population size estimates.

3) Support:

In all intervention areas, MSM participants particularly stressed the need for more technical support, including program management trainings, sensitization trainings for service providers and psychosocial support for HIV-positive MSM.

While there was overall agreement from conference participants on the importance of the above issues, there was a great deal of discussion over which specific intervention activities should be given highest priority given resource constraints. Participants also discussed who would be responsible for conducting which activities and in what manner. The existing framework remains too broad and too ambitious to be realistic, and in the end a final agreement could not be reached on which activities should be cut and/or amended. It was therefore decided to adopt the framework as a draft version, to be further revised by the technical working group at a later date.

### **Evening Activity**

In the evening, conference participants visited the Colorful Sky offices, where they learned more about the history, management structure and intervention activities being conducted by that group. These offices function on a different concept from the Spring Rain DiC. Rather than functioning as an entertainment venue where health messages are mixed in with other activities, the Colorful Sky offices serve as a training base and a service provision center where people can come for counseling, information and (in the future) VCT services.

### **Day Three**

The first two parts of this conference were dedicated to disseminating up-to-date information regarding the HIV epidemic among MSM and using that information to begin thinking in a strategic and coordinated fashion about possible responses. It was not the intention of the conference organizers to produce a final action plan, specific timetable or defined targets, but to initiate a process through which such an action plan could eventually be produced. The goal of the third day was therefore to establish a body by which the coordinating process can be carried forward beyond this conference, to serve as a forum through which all stakeholders can meet regularly to discuss successes, problems and needs and to share resources and information and advocate for greater attention to and support of MSM interventions.

### The MSM Technical Working Group in Yunnan Facilitator Siam Arayawongchai, TREAT Asia/amfAR

Currently there are MSM working groups operating in every country in the GMS, acting as coordinating bodies to share information and resources, serving as a communication channel between community organizations, NGOs and governments and maintaining links between in-country interventions and the Purple Sky Network and, thus, with MSM interventions across the sub-region. A draft version of a set of roles and responsibilities for such a working group in Yunnan were presented to participants at the conference, and adopted with little comment:

### Yunnan Technical Working Group Roles and Responsibilities

### Goal:

• Promote sharing of information and resources for the purpose of expanding coverage and improving the quality of HIV interventions targeting MSM in Yunnan Province.

### **Technical Working Group Roles:**

- Non-compensatory
- Represent all stakeholders in Yunnan Province to the Purple Sky Network

### **Technical Working Group Responsibilities:**

- 1. Hold regular coordination meetings
- 2. Follow up on the progress of HIV interventions for MSM in Yunnan in a timely manner
- 3. Advocate for HIV interventions targeting MSM with donors, governments and all stakeholders
- 4. Share information and resources with government and non-government organizations, community groups and all stakeholders
- 5. Identify capacity building needs and locate technical resources in order to further develop HIV interventions targeting MSM in Yunnan Province
- 6. Maintain communication with the Purple Sky Network

The only area of this document to generate comment was the provision that participation in such a board be non-compensatory. Some conference participants felt that there should be compensation for time spent attending to TWG business. It was explained that this board is intended to meet at most monthly, and that the non-compensatory provision was originally included to ensure that all participants do so out of a desire to improve HIV interventions for MSM communities, not because they are being paid to do so. It was clarified that TWG members from outside of Kunming who needed to travel to attend meetings would be supported to do so, though the source of such funding remains an open question.

Each of the organizations represented on the third day of the conference agreed to select a representative to the TWG. Family Health International and the International HIV/AIDS Alliance volunteered to issue invitations to other concerned organizations to participate in the TWG. A target date of December 9, 2006 was set for the first TWG meeting, with the goals of further clarifying the roles and responsibilities of this group, selecting an organization to serve as chair, and taking up the draft strategic framework for further consideration. It was also agreed that other NGOs and GOs working with MSM in China

would be informed of the establishment of this group, so that the TWG can serve as a point of contact for outside organizations seeking to learn more about MSM interventions in Yunnan.

### The MSM Community Coordinator

The final goal of this conference was to select a representative from the MSM community to serve as a focal point for the community, coordinating between the different MSM workgroups and maintaining communication with the Purple Sky Network through the coordinating secretariat in Bangkok in order to share updates from Yunnan with the rest of the MSM community in the GMS and to disseminate information from the network among workgroups locally. The coordinator will also help to organize the activities of the TWG, and will act as representative for the community-at-large in TWG meetings, rather than as a representative of his particular organization.

During the afternoon of the third day, conference participants from the MSM community were allowed to nominate individuals to the position of community coordinator. Once nominations were collected, each nominee was given time to make a brief statement to the conference, and then all non-community participants left the conference room while voting occurred, on the basis of one person one vote. Ballots were then tallied before the entire conference with a non-involved observer from outside Yunnan Province verifying each ballot. In the end, two coordinators were selected to share the responsibilities of the position: Mr. Liu Aiguo of Yunnan *Tongzhi* Net and Mr. Zhao Feng of Spring Rain MSM Workgroup.

### Closing

At the end of the conference, everyone was thanked for their hard work in making the conference possible and in achieving the expected outcomes. They were also reminded that this conference was not an end unto itself but a first step and, for the conference to have been worthwhile, all stakeholders will need to continue to work together to move forward the process of coordinating and strategizing to control and prevent HIV among MSM in Yunnan Province.

### List of Appendixes

- Commonly Used Abbreviations
   Concept Paper
- 3) Conference Agenda
- 4) Conceptual Framework for MSM Interventions in the Greater Mekong Sub-region
- 5) Draft Conceptual Framework for MSM Interventions in Yunnan

## Appendix One Commonly Used Abbreviations

2	
A <sup>2</sup> Project	Integrated Analysis and Advocacy Project
	Acquired Immune Deficiency Syndrome
amfAR	The Foundation for AIDS Research
APO	
	Behavior Change Communication
DiC	
FHI	Family Health International
FSW	
	Greater Mekong Sub-region
	Governmental Organization
HIV	Human Immunodeficiency Virus
IDU	
MSM	Men Who Have Sex with Men
MSW	
	Non-Governmental Organization
	Participatory Community Assessment
PLWHA	People Living With HIV/AIDS
	Regional Coordinating Secretariat
SEA	
	Sexual Transmitted Infection
TG	
TWG	
	Therapeutics Research, Education and AIDS Training in
	Asia
USAID	United States Agency for International Development
	USAID Regional Development Mission Asia
	US Centers for Disease Control and Prevention – Global
	AIDS Program
VCT	Voluntary Counseling and Testing
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## Yunnan Province MSM Technical Framework Planning Workshop Concept Paper

### I. Background

The HIV/AIDS epidemic in Yunnan Province is notable both in that this province has the highest number of reported and estimated cases of HIV infection and because of the comprehensive and proactive response of the provincial and local governments, community groups and international non-governmental organizations to this epidemic. Working in close cooperation, these various sectors have provided both the necessary legal framework and the programming, skills and services to implement HIV/AIDS prevention education and treatment and care services for most-at-risk populations including female sex workers (FSW) and injecting drug users (IDU) in high-prevalence areas across the province. Yunnan Province has been held up across China and in the international community as a model of how various sectors can work together to actively prevent and control the spread of HIV/AIDS.

One area in which the provincial response has, until recently, lagged is in addressing the HIV/AIDS epidemic among Men Who Have Sex With Men (MSM). This most-at-risk population has largely been absent from provincial- and local-level HIV/AIDS prevention frameworks, and only a fraction of available funding has been dedicated to prevention for MSM (0.7% in 2004). There are no reliable figures for either the number of MSM existing in Yunnan Province or for HIV prevalence in this population, but numerous behavioral surveys and other studies have pointed to high levels of risk behavior, including multiple sexual partners, high levels of commercial sex and inconsistent condom use. These factors all contribute to recent projections indicating that, in the next 15 years, male-to-male sex will overtake both heterosexual sex and injecting drug use to become the primary transmission route for new HIV infections in Yunnan Province.

Given the situation, it is imperative that the HIV/AIDS response in the MSM population be strengthened now, while there is still an opportunity to prevent a new explosion of infections. Existing interventions need to be strengthened and activities scaled up to cover critical gaps in population coverage and service areas. This will require the coordination and cooperation of MSM communities across Yunnan Province, as well as the commitment of NGOs and government offices to provide technical skills and a supportive policy environment. Toward this end, the Spring Rain and Colorful Sky MSM Workgroups will host a three-day workshop in Kunming from Nov. 3-5, 2006 to disseminate information regarding the HIV/AIDS epidemic among MSM in Yunnan province, and to draft a framework for responding to the epidemic in a coordinated and strategic manner.

### II. Strategizing Interventions among MSM in the Greater Mekong Sub- Region

Following the identification of MSM as a priority target population for HIV/AIDS prevention in Southeast Asia, the United States Agency for International Development (USAID) in 2005 initiated a process to coordinate and strategize MSM interventions throughout the Greater Mekong Sub-Region (GMS), including Vietnam, Cambodia, Laos, Thailand and China (Yunnan and Guangxi). Over a two-year period, a strategic framework was drafted which identified priority intervention activities for MSM populations and which committed working groups from each of the participating countries to implementing a series of agreed upon strategies according to set indicators. A regional secretariat was also established to promote communication and coordination between the various country-level working groups, and since that time the various participant countries, with the exception of China, have advanced cooperation within their countries and made significant progress toward achieving the goals identified in the regional framework.

China in its entirety is not included in the GMS framework; however, Yunnan and Guangxi provinces are included. Unfortunately, the delegates to the original strategic planning meetings were not representative of either community groups or government agencies in these provinces, and the coordination and planning process was not continued in these provinces as it was in other GMS countries. The overall aim of this workshop is to restart this process within China, so that GOs, NGOs and community groups in Yunnan Province may fully share in the advantages of participation in the regional coordination process.

### **III. MSM Cooperation in Yunnan Province**

At present, there are five MSM community organizations active in Yunnan Province: the Spring Rain MSM Workgroup (Kunming), the Colorful Sky MSM Workgroup (Kunming), Yunnan Tongzhi Net (Kunming); the Honghe Prefecture Brothers Care Group (Honghe); and the Dali Good Friends Group (Dali). A sixth group is currently being established in Kunming. Following the drafting of a regional strategic framework, a meeting of country workgroups was held in Bangkok in August 2006, and was attended by representatives of the five existing MSM groups in Yunnan Province. Through their participation in that meeting the MSM groups were organized into a regional network of MSM interventions, the Purple Sky Network, which will facilitate the sharing of information and coordination of interventions across the GMS. For the Chinese delegates to that meeting, the take-home lesson was the need for greater communication, coordination and cooperation between the various MSM groups in Yunnan, as well as between the MSM community and the NGO and government sectors. The concept of a planning workshop originated from that meeting.

### IV. The Yunnan Province MSM Technical Framework Planning Workshop

This three-day workshop will be hosted by the Spring Rain and Colorful Sky MSM workgroups, and will be supported by Family Health International and The International HIV/AIDS Alliance China country offices, as well as amfAR/TREATAsia in their

capacity as secretariat for the regional MSM coordinating board in Bangkok. Facilitators will include local MSM community representatives and regional MSM community experts, and invited participants will include representatives each of the major MSM community groups in Yunnan province, NGOs involved in HIV/AIDS prevention and care in Yunnan, and government offices involved in drafting or implementing HIV/AIDS prevention and control strategies. Please see the attached list of invitees for more information.

The workshop will be divided into three stages. In Day One, information will be presented detailing the current state of MSM interventions in Southeast Asia and Yunnan Province and the results of recently conducted behavioral studies on Chinese MSM communities will be shared. In Day Two, the strategic framework for MSM interventions in the GMS will be introduced and participants will work in groups to identify priority strategies and set targets for a coordinated MSM response in Yunnan Province. In Day Three, a technical working group will be formed, responsibilities allocated and basic plans laid for future collaboration, to ensure that this framework is proactively implemented in Yunnan Province. Please see the attached agenda for a more detailed list of topics and activities.

During this workshop, the opportunity will also be provided for participants to meet with representatives of interventions and communities across Yunnan Province to share information and experiences, and visits will be arranged to two MSM intervention sites in Kunming.

### **V. Specific Goals**

Below are the specific goals for this workshop:

- To share information between community groups, NGOs and government organizations regarding the state of MSM interventions in Yunnan Province
- To draft a provincial-level strategic framework for MSM interventions, including specific priority strategies and indicators with one year implementation targets
- To form a provincial-level technical working group to track implementation of the strategic framework
- To plan specific next steps in implementing the strategic framework and strengthening coordination between all partners

For this framework to be successful, it will need the input and support of community, NGO and government representatives. Your organization has been invited to participate in this workshop because you have been identified as an important partner in drafting and implementing HIV/AIDS prevention and control strategies for Yunnan Province, and thus your input in creating a provincial framework for MSM interventions is vital to the success of this framework. We very much hope that you or someone from your organization will be available to participate in this workshop, in order to gain and report back new information regarding a population of great important for future HIV/AIDS prevention work in Yunnan and so that you may have a voice in planning future

responses to HIV/AIDS. Please see the attached documents for further information regarding this workshop and feel free to contact us directly if you have any questions.

Appendix Three Conference Agenda

### Day One

Time	Topic	Method	Facilitator
8:30	Registration		
9:00	Welcome		Colorful Sky/Spring Rain
9:10			
9:20	Remarks from Provincial CDC		
9:30	HIV Epidemiology Among MSM in Southeast Asia	Presentation	FHI/APD Technical Officer Philippe Girualt
10.30	Break		
11.00	Behavioral Surveys Among Chinese MSM	Presentation	FHI Consultant Matt Avery AIDS Alliance Project Officer Wang Hong
12.00	Lunch		
2.00	Care and Support for HIV- Positive MSM	Presentation	Yunnan Red Plateau Workgroup
2.20	VCT for MSM Communities	Presentation	Colorful Sky Workgroup
2.40	STI Referral and Treatment for MSM	Presentation	Spring Rain Workgroup
3.00	Break		
3.30	Operating Drop-in Centers for MSM	Presentation	Dali Good Friends Workgroup
3.50	Peer Education for MSM	Presentation	Honghe Brothers Care Workgroup
4.10	Internet Outreach for MSM	Presentation	Yunnan Gay Net
4:30	Conclude		
5:00	Dinner		
8:00	Visit to Spring Rain Drop-in Center		

Day 2					
Time	Topic	Method	Facilitator		
9:00	Review of Day 1				
9:15	Introduction to the Purple Sky Network	Presentation	Siam Arayawongchai, TREATAsia		
9:45	Introduction to the Regional MSM Technical Framework	Presentation	Philippe Girualt		
10:15	Break				
10:30	Identification of Problems and Priorities	Group Discussion	Philippe Girualt		
12:00	Lunch				
2:00	Report Back from Groups	Group Discussion	Philippe Girualt		
3:00	Next Year's Indicators	Group Discussion	Philippe Girualt		
4:00	Break				
4:30	Priority Issues	Plenary Discussion	Siam Arayawongchai		
5:00	Conclude				
5:30	Dinner				
7:00	Visit to Colorful Sky office				

# Day 3

Time	Topic	Method	Facilitator
9:00	Review of Day 2		
9:15	Forming a Technical Working	Presentation	Siam
	Group		Arayawongchai
10:00	Next Steps	Group	Siam
		Discussion	Arayawongchai
10:30	Break		
10:45	Next Steps	Group	Siam
		Discussion	Arayawongchai
11:45	Conclude		
12:00	Lunch		
2:00	Roles of the MSM Community	Presentation	Siam
	Representative		Arayawongchai
2:30	Nominations	Group	Siam
		Discussion	Arayawongchai

2:45	Remarks from nominees	Presentation	Siam
			Arayawongchai
3:30	Balloting		Siam
			Arayawongchai
5:00	Dinner		
7:00	Social Activity		

Appendix Four

Conceptual Framework for MSM Interventions in the Greater Mekong Sub-region

Goals	Objectives	Implementation Activities	 Policy and Advocacy	Capacity Building	Knowledge Management
Decrease HIV prevalence among MSM in the GMR Mitigate the Impact of HIV/AIDS on MSM PLWHA and their families in the GMR	Prevention Increase correct and consistent condom use among MSM Increase use of appropriate STI services by MSM Increase coverage of prevention services for MSM Care and Support Increase use and coverage of HIV care and support services by MSM PLWHA and their families (HIV) Treatment	<ul> <li>Peer education/ outreach/internet</li> <li>Establish VCT or strengthen linkages to existing VCT</li> <li>Service center</li> <li>STI Treatment services</li> <li>Distribute condoms and lubricant (free and/or CSM)</li> <li>Targeted communication strategies</li> <li>Community mobilization</li> <li>Policy/advocacy</li> <li>Other trainings</li> <li>Sero and behavioral Surveillance</li> <li>STI Surveillance</li> <li>STI Surveillance</li> <li>Prevention for positives</li> <li>Linkages</li> <li>Sensitization of home/community- based health care providers to enable MSM access</li> <li>Policy/advocacy</li> <li>Support groups</li> <li>Counseling services</li> <li>Information and referral</li> <li>OI prophylaxis and treatment providers to enable MSM access</li> <li>Psycho-social support</li> <li>Training</li> <li>Linkages</li> </ul>	<ul> <li>Stigma and discrimination reduction</li> <li>Apply GIPA principles whenever appropriate</li> <li>Mobilize MSM community/opinion leaders</li> <li>Policy/advocacy (regional, national and local leaders)</li> <li>Media training and education</li> <li>Link to legal services and human rights organizations</li> <li>Incorporate MSM in national surveillance</li> <li>Resource allocation</li> <li>Donor mobilization and coordination</li> </ul>	<ul> <li>Development of peer outreach/education and social networks</li> <li>Clinical issues of male sexual health for clinicians</li> <li>Program and business mgmt. trainings (program development, M&amp;E, finance, HR policy, etc.)</li> <li>Desensitization/ culture appropriateness training</li> <li>Regional information exchange (study tours, etc.)</li> <li>Sustainability</li> <li>Planning and costing</li> </ul>	<ul> <li>Monitoring and evaluation systems</li> <li>Size estimation</li> <li>Surveillance at the provincial/local level</li> <li>On-going targeted program mapping</li> <li>Qualitative research (social/political situation, etc.)</li> <li>Evaluate local program effectiveness</li> <li>Analysis of violence, empowerment and impediments to access</li> </ul>
	Increase access to appropriate ART for MSM PLWHA	providers to enable MSM access Treatment literacy Policy/advocacy Adherence support Training Linkages			

### Appendix Five Conceptual Framework for MSM Interventions in the Yunnan Province

Goal	Objective	Implementation Activities	Policy & Advocacy	Capacity Building	Knowledge Management
Reduce HIV prevalence among MSM in the Greater Mekong Sub-region	Prevention Increase correct condom use among MSM Increase use of STI clinical services among MSM Expand coverage of HIV prevention interventions among	<ul> <li>Peer education/outreach/In ternet dissemination</li> <li>Drop-in centers</li> <li>Condom/lubricant distribution and social marketing</li> <li>Policy/advocacy</li> <li>STI surveillance</li> <li>STI treatment</li> </ul>	<ul> <li>Reduction of stigma and discrimination</li> <li>Application of GIPA principle where appropriate</li> <li>Policy/advocacy (local, provincial and national)</li> <li>Training and</li> </ul>	<ul> <li>Build a peer education/outreach network</li> <li>Project/business management training (project development, monitoring and evaluation, finances etc.)</li> <li>Sustainability</li> </ul>	<ul> <li>Monitoring and Evaluation system</li> <li>Population size estimates</li> <li>HIV surveillance at the local, provincial level</li> <li>On-going, targeted project mapping</li> </ul>
Reduce the impact of HIV infection among MSM and their families in the Greater Mekong Sub-region	MSM Care and Support Increase coverage of and access to care and support programs for HIV- positive MSM and their families HIV/AIDS Treatment	<ul> <li>Sensitivity training for home/community- based care providers</li> <li>Policy/advocacy</li> <li>Support groups</li> <li>Information and referral</li> <li>Psychosocial support</li> </ul>	education for news media • Donor mobilization		
	Strengthen access to ART for HIV-positive MSM	<ul> <li>Sensitivity training for medical personnel dealing with HIV- positive MSM</li> <li>Policy/advocacy</li> <li>Adherence support</li> <li>Training for medical personnel</li> </ul>			