



European Gay Health Seminar

East-West exchanges on HIV prevention and support
with Men who have Sex with Men

Paris, France - Thursday - Friday, June 28th - 29th, 2007

Seminar Report



Contents:

Preface: We need greater local mobilisation on HIV prevention and support with MSM!.....	3
Overview.....	4
Summary of the presentations.....	6
I. Opening session: words of welcome from the organisers and from elected officials	6
II. What is the situation now? The epidemiological context and NGO perspectives.	9
III. So, how do we improve the situation? A little bit of theory illustrated by examples.	14
IV. Surveying behaviours: the role played by NGOs	16
V. Reaching MSM via the Internet: innovative approaches.....	17
VI. Involving MSM living with HIV at all levels: concrete examples	19
VII. The link with LGBT organisations.....	22
Conclusions and recommendations from the three workshops.	23
A preliminary synthesis: we need to keep working together to improve the health of MSM !.....	27
 Annex 1: Report of the evaluation forms	 28
1. Methodology	28
2. Results of the "multiple choice" questions:	28
3. Responses to the "open questions":.....	29
 Annex 2: Final agenda of the seminar	 31
 Annex 3: Contact information	 33
Co-organisers and members of the Seminar Preparation Team:.....	33
Additional Speakers:	33
Other Participants	34
 Acronyms used in this document:	 35

Preface: We need greater local mobilisation on HIV prevention and support with MSM!

The French NGO AIDES is very proud to have hosted and co-organised, notably in partnership with AIDS ACTION EUROPE and the LaSky Project by PSI in Russia, the first pan-European seminar dedicated to exchanging and promoting good practices on HIV prevention and support with men who have sex with men (MSM).

This seminar brought together 45 delegates from 21 different countries representing 30 organisations, primarily local NGOs active in HIV prevention and support with men who have sex with men.

As conveyed by the presentations summarised in this report, locally mobilised NGOs play an essential and multifaceted role in the frontline of the responses to the HIV epidemic. With MSM communities, this includes:

- Working with social and behavioural researchers, to document precisely the specific risks faced by men who have sex with men.
- Informing about HIV and other sexually transmitted infections as well as promoting the use of condoms and water-based lubricants in targeted and tailored ways that reach in priority the people most at risk.
- Enabling the mobilisation of people who are most vulnerable with regards to the epidemic, including especially gay men living with HIV.
- Experimenting always with innovative approaches. This includes, for instance, projects that reach very large numbers of users of gay forums on the Internet.

Our comprehensive knowledge about the situation faced by MSM with regards to HIV and sexually transmitted infection (STI) makes us, as civil society actors, perfectly legitimate and most pertinent partners in the design and implementation of national and international policies on HIV/AIDS. Thankfully, this role is already fully acknowledged in many countries, for instance via our active involvement in many governmental committees on HIV, in several of the "Country Co-ordinating Mechanisms" (for countries benefiting from grants from the Global Fund to Fight AIDS, TB and Malaria), or even in the Civil Society Forum and the Think Tank on HIV/AIDS in Europe set up since 2005 by the European Commission.

But several countries obviously still need to make progress: it's alarming to see that even in 2007 - more than 25 years after the beginning of the epidemic – there are still governments in Europe that do not make specific references in their HIV/AIDS national policies to the need for focused action with men who have sex with men, one of the groups that is well known to be vulnerable with regards to HIV infection.

Finally, we at AIDES remain most eager to maintain close relations with fellow NGOs across Europe, especially so that we can borrow good ideas that already have been successfully implemented elsewhere! In 2008, we will, for instance, start in France gay-friendly rapid testing services that will complement the French national network for HIV testing and counselling, to hopefully achieve earlier detection of new HIV infections. We know that such NGO-managed testing services have been successfully ongoing – sometimes for many years – in several European countries: it is vital to share such experiences across our national borders!

Vincent PELLETIER, AIDES General Director

Overview

Why this seminar?

In most European Union (EU) countries, "men who have sex with men (MSM) remain the group at highest risk of contracting HIV"¹. In Western Europe, a third of new HIV infections diagnosed in 2005 and 2006 concern MSM (EuroHIV reports).

In Eastern Europe, the number of reported HIV diagnoses among MSM is overall lower than in Western Europe, but as described by the ECDC, "homosexual behaviour, although no longer illegal, remains highly stigmatised and hidden, and the lack of evidence to indicate increased HIV transmission among MSM could indicate social vulnerability of MSM in the region rather than the true epidemiological picture²." In other words, we have good reasons to believe that many MSM do not dare to speak about their homosexual practices when they get tested for HIV: the reported data about HIV diagnoses in many countries are little likely therefore to reflect the actual scope of the HIV epidemic among MSM. Overall, several studies such as the ones presented during our seminar by Dr Likatavičius, Medical Epidemiologist at the European Centre for the Epidemiological Monitoring of AIDS, reveal a high rate of sexual risk behaviours among MSM in several Central and Eastern European countries: this stresses the urgent need for focused action on prevention and support with MSM.

While among Western European countries there is some degree of dialogue and exchanges between the actors of the responses to HIV among MSM³, much less so far has been done to address the issue and exchange best practices on the scale of the European continent (i.e. from Portugal to Russia).

The seminar preparation team

This event was the 4th seminar organised as part of the project "*European Partners in Action on AIDS*" that is co-ordinated by AIDS ACTION EUROPE, the pan-European NGO partnership on HIV and AIDS. It was hosted by the French NGO AIDES in Paris, France, on June 28-29, 2007, and was co-organised in partnership with delegates from the organisations Social AIDS Committee (SKA) in Poland, ŠKUC-MAGNUS in Slovenia, and the PSI/LaSky Project in Russia who participated in the seminar preparation team (that met in Paris on April 26, 2007).



Criteria for participants

As clearly specified in the "Registration and Scholarship" application form that was disseminated along with the announcement for the seminar in March 2007, we encouraged participation explicitly from "NGO members who work at the grassroots level on HIV prevention, support, and advocacy with men who have sex with men".

The seminar preparation team found itself with the challenging task of identifying the beneficiaries of the scholarships and choosing the participants (as we received 99 completed candidacies for a total of 17 scholarships and a maximum total of 50 participants). We had to strictly limit the total number of participants because (1) we wanted to be sure this seminar to remained a safe and comfortable space to enable direct exchanges in between the participants and the speakers and (2) we also had to take into account the logistical aspect of enabling full simultaneous interpretation services in between three languages (French, Russian, and English).

The main criteria upon which this selection was made were: (1) concrete perspectives for the participant to use and share the information learned back home, (2) whether the participant proposed to make a pertinent presentation, and (3) the need to achieve some degree of geographical balance between the countries of the applicants.

As a result, a total of 45 participants were present (including the members of the preparation team and not including some of the speakers, journalists and other attendees who only stayed for the concluding "open" session of the seminar). The vast majority represented civil society organisations (HIV/AIDS and/or LGBT NGOs as well as national and international networks of People Living with HIV).

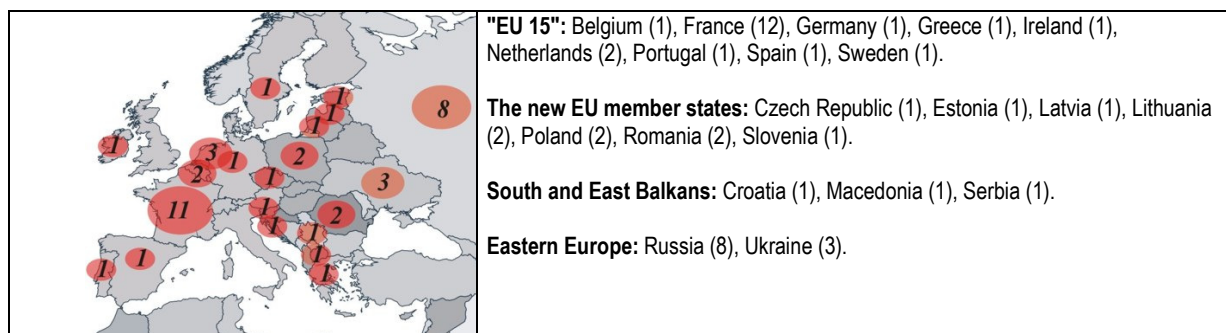
¹ ECDC Technical Report. HIV INFECTION IN EUROPE: 25 YEARS INTO THE PANDEMIC. Background paper prepared for the conference "Responsibility and Partnership: Together Against HIV/AIDS" Bremen, 12–13 March 2007.

² Ibid.

³ Recent events include the 2004 Expert Meeting "Addressing the Rise in HIV and Sexually Transmitted Infection Rates among MSM in Western Europe" which took place in the Netherlands in October 2004 that was organised by AIDS FONDS and SCHORER. The report is available on: http://www.schorer.nl/bestanden/Report_EEM.pdf and the 2005 International conference on Gay Health in Paris in November 2005 (link: <http://santegaie2005.thewarning.info/eng/home.html>)

Countries of origin of the 45 participants

The participants represented a total of 30 different organisations from 21 different countries from across the European continent as detailed in the map below. Most unfortunately, we could not afford to grant scholarships to applicants from Central Asia (even though we had received several very pertinent applications from this region) as it became clear during the selection process that the cost of their participation would not be covered as part of the grant provided by the European Commission.



The visa challenge...

We take note that securing visas for the participants from outside the EU was extremely challenging. AIDES is used to organising such international events and therefore we made sure that participants were given ample time to contact the French consulate in their respective countries. Nevertheless, up until the last minute, we had to repeatedly contact each consulate to make sure that the visas would be processed and issued on time. The situation proved most challenging for 6 of the participants from Russia as the French Consulate in Moscow was re-organising its services, which presumably was causing additional delays. Thankfully, the Head of the Cabinet of the French Minister for Foreign Affairs accepted to personally intervene specifically to support the visas being issued to the Russian delegates.

Definition of the objectives of the seminar:

The preparation team also defined the objectives and agenda for this seminar as follows:

(1) To share good practices and lessons learned that are likely to improve the quality of the work we do.

(2) To identify shared recommendations to improve the situation faced by MSM with regards to both HIV and gay health in our wide European region, especially in Central and Eastern Europe.

We acknowledge that the topic of "Gay Health" is broad and for this seminar, we chose to focus on the specific challenges directly related to the HIV epidemic.

The topics covered included:

- The current epidemiological situation regarding HIV among MSM in the European region
- The need for the mobilisation of MSM living with HIV/AIDS in prevention/support/advocacy
- The role played by local NGOs as partners in implementing behavioural research among MSM
- Examples of successful projects that can be implemented in other countries (such as Internet-based projects).
- The main theoretical frameworks of our interventions (behavioural and/or community-based approaches)

The multilingual challenge!

We managed to provide professional simultaneous interpretation services between English, French and Russian for the two days of the seminar. This was in itself a costly investment for sure – and we were obliged to take into account the languages spoken by the participants when organising the 3 workshops. Close to half of the participants (notably Russian speakers from Russia, Ukraine and the Baltic states and several of the French participants) would not have been able to participate without this interpretation service.

This report was written and compiled by Sandra ESSID and Arnaud WASSON-SIMON (in part on the basis of summaries written by the speakers) and was reviewed by the co-organizers of the seminar.

Summary of the presentations

The PowerPoint presentations are available on the website www.aidsactioneurope.org and on the following link:
<http://www.integration-projects.org/euromshiv/>

I. Opening session: words of welcome from the organisers and from elected officials

AIDS Action Europe & the Clearinghouse

Martine DE SCHUTTER, AIDS Action Europe, Co-ordinator Western Office

Contact: westernoffice@aidSACTIONeurope.org

Mission, Members & Governance

AIDS Action Europe is a pan-European partnership of NGOs that works towards a more effective response to the HIV and AIDS epidemics. AIDS Action Europe addresses the needs of communities affected by HIV by effectively linking and mobilising NGOs across Europe and advocating their concerns. We currently have over 200 members and partners in 45 countries in the wider European and Central Asian region. The Secretariat consists of a western office in Amsterdam, the Netherlands, and an eastern office in Vilnius, Lithuania. The Steering Committee consists of 12 members from member organisations.

Activities

The western office focuses mostly on European advocacy and implementation of the project European Partners in Action on AIDS. The Eastern office focuses on implementation of the project Community-based advocacy and networking to scale-up HIV prevention in an era of expanded treatment.

Advocacy

Advocacy takes place primarily through the following structures:

- European HIV/AIDS Civil Society Forum. This informal advisory body of the European Commission is chaired by AIDS Action Europe and EATG.
- European HIV/AIDS Think Tank. AIDS Action Europe has 3 seats on this informal advisory body consisting of member state representatives.
- EU Presidency meetings.

European Partners in Action on AIDS (EPAA)

The Gay Health Seminar is part of a series of European good practice seminars. These are primary activities of the EPAA project that receives core funding from the European Commission. AIDES organised the seminar as a partner in the project. The project objective is to strengthen knowledge, capacities, discussion and exchanges among AIDS-related NGOs in Western and Eastern Europe in order to encourage concerted action and the acceleration of innovation in their approaches in the fight against AIDS and HIV.

The complete series of seminars:

- Working with the media (Antwerp, September 2006)
- Monitoring & evaluation (Amsterdam, November 2006)
- Legislative and judicial systems (London, April 2007)
- Gay men's health (Paris, June 2007)
- Voluntary testing & counselling (Bucharest, Spring 2008)
- Fundraising (2008)
- 1 topic to be decided in connection with the AIDS Action Europe members' meeting (tentatively October 2008)

Information Clearinghouse www.hivaidsclearinghouse.eu

Another core activity of the EPAA project is the development of a European Information Clearinghouse on HIV/AIDS, an online resource that facilitates the exchange of lessons learned and good practices in Europe.

For more information on AIDS Action Europe, the Clearinghouse, how to become a member and the series of best practice seminars, please visit www.aidsactioneurope.org (available in English and Russian).

Words of welcome from AIDES: integrating research into our prevention strategies.

Vincent PELLETIER, AIDES, General Director (France)

Contact: vpelletier@aides.org

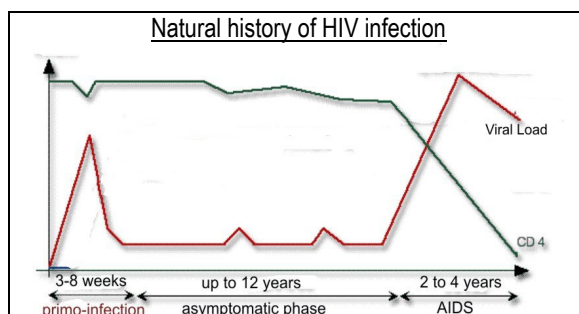
Vincent PELLETIER, on behalf of AIDES president Bruno SPIRE, greeted participants with a militant welcome on behalf of AIDES, the French HIV/AIDS NGO. Mobilised since 1984 on the national level and since 1993 on the international level, AIDES is a community-based NGO that supports people living with HIV/AIDS and vulnerable groups and relays their needs to bring about change and to foster social reforms.

As an introduction to this European Seminar on Gay Health, I'd like to share with you the main issues AIDES has to face in its HIV prevention actions with gay and bisexual men in France.

First, the promotion of condoms and lubricant remains the core of our actions among gay communities in France. AIDES distributes every year – for free – about 1 million male condoms and 500,000 doses of water-based lubricant. Beyond this, AIDES advocates for condoms to be widely available and sold at the lowest price [...].

This being said, as field actors, we have noticed for several years that MSM do not all use condoms systematically. Most of them are very well aware of HIV/AIDS, how it is transmitted, and where they can get condoms. In France it is very easy; condoms are available in pharmacies, supermarkets, newspaper shops, gay bars, gay clubs, and backrooms. We worked a lot to make sure access was cheap and easy. **Yet, many homosexual intercourses are still unprotected...and this statement is not always easy to make [...]. We need therefore more research to understand what is happening today among MSM and to help us develop new and more efficient prevention strategies.**

The topic is wide and my intervention is limited to some minutes thus I would like to present one concrete example of how AIDES is trying to translate recent scientific research related to primo-infection into our prevention strategies:



We know that the viral load varies a lot over time and is very high during the primo-infection, that-is-to-say during 3 to 8 weeks after the contamination. Later on, the viral load decreases significantly. The viral load can peak again if the person gets a sexually transmitted infection, if the person does not benefit from antiretroviral treatment, or if the treatment does not work (or does not work anymore due to resistances).

We have also noticed that the risk of transmission is much higher during the primo-infection stage: people in primo-infection having unprotected sex are far more likely to transmit HIV than people with low viral loads (from 20 to 500 times more likely). A study recently published by Bluma Brenner and colleagues, "HIV-1 Transmission Dynamic in an Urban North American Setting"⁴, reveals that « the majority of new HIV infections arise from untreated persons at early stages of disease ». In other words, the high viral load of HIV during the primo-infection phase appears to play a major role in the dynamic of the HIV epidemic.

What we would like to do now therefore is to promote an access to testing as easy as possible, especially the access to rapid testing services adapted to vulnerable people – such as gay people or people of African origins. We also try to inform, in a focused way, on specific risks related to primo-infection so that people have the reflex to get tested when they have taken a risk.

⁴ Source: Presentation at the 14th Conference on Retroviruses and Opportunistic Infections (CROI) in February 2007 – "HIV-1 Transmission Dynamics in an Urban North American Setting" by Bluma Brenner, M Roger, D Moisi, J P Routy, M Wainberg, and the Quebec PHI Study Group. Link: <http://www.retroconference.org/2007/Abstracts/29728.htm>

Welcome speech: the city of Paris speaks out against homophobia!

Pierre SCHAPIRA, City of Paris, Deputy Mayor in charge of International Affairs (France)
Contact: pierre.schapira@paris.fr

Pierre SCHAPIRA was elected as a European deputy in 2004. Deputy mayor since 2001, he is in charge of International Affairs and relations with fellow French-speaking countries on behalf of the city of Paris. Under his leadership, the city of Paris has become a major supporter of the international fight against HIV/AIDS, especially via a specific programme to fight AIDS in Africa. Mr. SCHAPIRA welcomed therefore the participants to Paris on behalf of mayor Bertrand DELANÖE. He referred to on-going discrimination in many European countries, such as violence endured by the Moscow LGBT community.



Pierre SCHAPIRA, Deputy Mayor of the City of Paris and Member of the European Parliament

The fight against homophobia should not be a matter of left-wing or of right-wing political parties: it should be the fight of all political parties [...]. The banning of the LGBT pride march in Moscow is a scandal. We denounce this ban each year because we can't accept such methods. When the mayors of the four largest European cities – Berlin, London, Moscow and Paris – met in February 2007, our mayor, Bertrand DELANÖE, spoke openly about the need to fight against discriminations and publicly condemned the ban of the LGBT Pride March in Moscow.

Welcome speech: HIV/AIDS is a responsibility for all elected officials!

Jean-Luc ROMERO, Member of the Council of the Paris Region and President of the French NGO Elected Officials against HIV/AIDS (*Elus Locaux contre le sida*, ELCS), Contact: info@elcs.fr

Jean-Luc ROMERO is an elected member of the Regional Council of Ile-de-France and the president of the NGO "Elected Officials against AIDS" which brings together about 13,000 members. He spoke about the usefulness of the work of NGOs and about the relation that links politics and HIV/AIDS.

I'm speaking both as an elected representative and as the president of the ELCS, an organisation whose goal is to inform, to mobilise and to lobby with national and local elected delegates. I'm also speaking as a person who has been living with HIV since 1986[...]. Our motto, in ELCS, is to consider that the lack of public action and the absence of political will directly lead to the further spread of AIDS. The role of a politician is to act on reality. In that sense, the fight for life implied by AIDS clearly belongs to the politicians' responsibilities. Doctors and organisations cannot work alone, political will must be strong and AIDS must remain a priority in the public health of all European countries [...]. The ELCS was founded in order to mobilise and to incite French elected representatives to commit themselves to the fight against HIV/AIDS and to support harm reduction among drug users. For now, 13,000 elected officials have signed our manifesto, which creates a moral obligation to get involved in AIDS prevention and support.



Jean-Luc ROMERO, elected member of the Regional Council of Ile-de-France and president of the NGO "Elected Officials against AIDS"

II. What is the situation now? The epidemiological context and NGO perspectives.

Epidemiological context – MSM and HIV in Europe

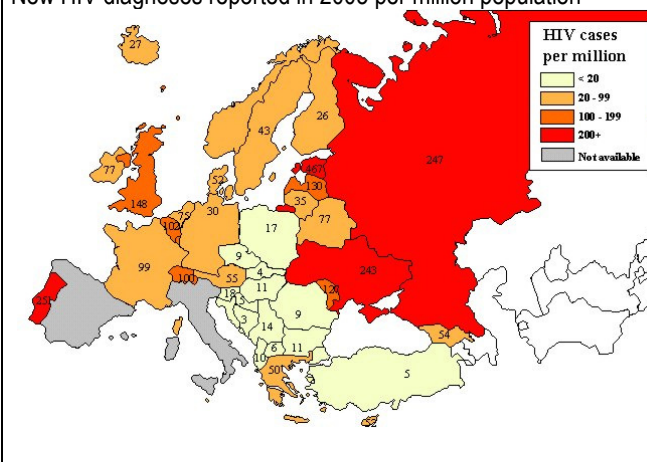
Giedrius LIKATAVIČIUS, EuroHIV, Medical Epidemiologist

Contact: g.likatavicius@invs.sante.fr

Synthesis of the presentation written by Arnaud W. SIMON.

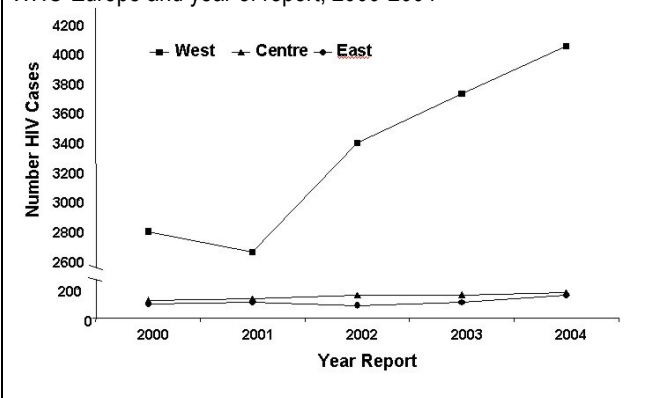
The European Centre for the Epidemiological Monitoring of AIDS (EuroHIV) is a WHO and UNAIDS Collaborating Centre dedicated to the epidemiological surveillance of HIV/AIDS in the European Region (as defined by WHO). This surveillance work is now in the process of being integrated as part of the mission of the recently founded European Centre for Disease Control and Prevention (ECDC) based in Sweden.

New HIV diagnoses reported in 2005 per million population



- There are great differences in the incidence of positive HIV diagnoses among countries of the European region. As detailed on the map on the left, overall, the reported number of new HIV diagnoses tend to be lower in the countries of Central Europe (the region from Poland to Turkey). It is alarmingly high in several Eastern European countries as well as in Portugal.

New diagnoses of HIV among MSM by geographic area of WHO Europe and year of report, 2000-2004



- There is also a far greater number of positive HIV diagnoses that are reported as concerning MSM in Western Europe than in either Central or Eastern Europe.

The question must be asked, however, as to whether MSM are willing to report their sexual practices when they undergo HIV testing. As noted by several participants in the seminar, in several countries in Central and Eastern Europe, there is a "very high suspicion" that MSM preferred not to mention their sexual practices when they did the HIV test...

Prevalence studies:

The results of HIV prevalence studies among MSM in gay community settings seem to confirm that, so far, the prevalence of HIV among MSM remains much higher in Western Europe (with a reported prevalence exceeding ten percent in all studies except one) than in Central and Eastern Europe (with prevalences ranging from zero to 3 percent).

HIV prevalence studies among MSM in gay community settings in Europe 2000-2004			
Country	Source of HIV Status	Last year of data	Reported HIV prevalence (N)
WESTERN EUROPE			
Spain (Barcelona)	UAT	2002	18% (328)
UK (London)	UAT	2001	12% (1,314)
UK	SR	2002	12% (2,233)
Denmark	SR	2001	10% (1,160)
France	SR	2004	13% (3,951)
Germany	SR	2003	12% (3,221)
Ireland	SR	2004	5% (303)
Switzerland	SR	2000	11% (734)
CENTRAL EUROPE:			
Czech Republic (Prague)	Referral	2004	0.5% (379)
Slovenia (Ljubljana)	UAT	2004	3% (79)
EASTERN EUROPE:			
Kazakhstan (Karaganda)	Referral	2003	0% (100)
Lithuania	Referral	2004	0% (79)
Moldova (Kishinev)	Referral	2003	2% (118)
Russian Federation (2 cities)	Referral	2003	3% (238)
Russian Federation (St. Petersburg)	SR	2000	1% (296)
SR - self reported, UAT – unlinked anonymous testing			

Late diagnoses

If we look at the proportion of HIV diagnosis among MSM that are considered as being late diagnoses (ie. the person is diagnosed with AIDS at the same time or within 12 months of an HIV diagnosis), we see that this ratio is higher in Central and Eastern Europe than in Western Europe. This can be considered as an indicator of a hidden epidemic among MSM in Central and Eastern Europe.

Proportion of HIV cases among MSM defined as late diagnoses by region, 2000-2003			
Geographic area	No. countries reporting (total)	Total HIV reports among MSM	% late HIV diagnoses
West	15 (23)	13,561	10.9%
Centre	12 (14)	535	24.3%
East	8 (15)	67	31.3%

Risk behaviours

Finally, as synthesised in the following table, the levels of high-risk sexual behaviour among MSM are high throughout Europe. The indicators used in these studies differed widely, however.

Country	Indicator of risk behaviour	Last year of study	% engaging in high risk behaviour
WESTERN EUROPE			
France	UAI (casual)	2004	36%
Germany	sdUAI	2003	30%
Ireland (Dublin)	CU (last)	2000	51%
Spain (Barcelona)	sdUAI	2002	28%
Switzerland	CU (casual)	2004	50%
UK	sdUAI	2002	31%
UK (London)	sdUAI	2001	23%
EASTERN EUROPE			
Moldova (Kishinev)	CU (last)	2003	41%
Kazakhstan (Karaganda)	CU (casual)	2004	49%
Russian Fed. (St. Petersburg)	UAI	2000	38%
Russian Fed. (2 cities)	CU (last)	2003	60%
UAI – unlinked anonymous testing, sd – serodiscordant, CU – condom use			

The consensus of NGOs in Western Europe - Outcomes of the European Expert Meeting: "Addressing the Increases in HIV and Sexually Transmitted Infection (STI) Rates among MSM in Western Europe"

Wim ZUILHOF, Schorer, Senior Officer (Netherlands)

Contact: w.zuilhof@schorenet.nl

In October 2004, the Dutch organisations SCHORER and AIDSFONDS organised an expert meeting on HIV and Sexually Transmitted Infections (STI) among MSM in Western Europe that brought together experts in the fields of prevention, health policies, epidemiology and social science from 12 different countries.

The recommendations from this important meeting include the following:

Treatment optimism

Research on the impact of new treatments on gay men's sexual risk taking gives no conclusive results. Gay men must have access to accurate and balanced information about treatment options and the reality of taking Highly Active Antiretroviral Treatments (HAART). In other words, there is absolutely no need to present treatment information in an overly pessimistic way to try and tackle the hypothetical optimism around treatments, as the link between treatment optimism and unprotected sexual behaviours is only hypothetical.

Risk Reduction

Promoting condom use as the most effective way of preventing infection should still remain at the core of our prevention work, but other risk reduction strategies also need attention. Accurate information on the role of viral load, and specific sexual techniques can make men better able to make effective choices. Careful consideration of methods and settings is needed to decide the appropriate way to reach men with such risk reduction information.

Testing

Knowledge of one's HIV status plays an important part in effective risk reduction strategies and has health benefits for those infected. As with other sexually transmitted infections, early detection and treatment is a priority. Gay men must have clear information about the range of testing options available to them. We need to ensure gay men have access to information and support. Testing should therefore be a key component of any HIV prevention programme. A European checklist of what constitutes good practice could be useful.

Post Exposure Prophylaxis (PEP)

We need to ensure that PEP is accessible and understood by gay men wherever they live. In developing and giving information and communication on PEP the impact on sexual behaviour should be addressed. There may be other ways that PEP can be used to have an impact on the numbers of new infections, e.g. as a pre exposure tool (PREP). Current and future developments on usage of PEP and PREP should be followed carefully. A central website on national and regional policies on PEP, campaigns, resources, strategies and research could be valuable!

Engagement with community venues

Gay venues are a key setting for health promotion work and can be used in a variety of ways, from displaying campaign materials to providing space for testing in the community. We need to further concentrate our efforts on engaging with venues, using legislative frameworks if necessary, even when there appears to be opposition with particular owners. A European wide code of practice for venues would be a useful tool for agencies in developing this area of work.

Use of the Internet

Many gay men also use the Internet for sex. Effective use of the Internet as a setting should be considered when planning health promotion interventions. Gay men appear to find it acceptable to be approached and made aware of health promotion messages through the Internet but we need to ensure their confidentiality is not compromised and that we are not too intrusive. As of today, there is still little knowledge about what works and what doesn't work: the Internet as a setting for prevention work needs more research and discussion.

Targeting

As available financial resources are reduced in several countries, it becomes increasingly important to ensure that interventions are targeted effectively and at those most at need. When planning programmes, the specific needs of different 'sub-populations' of gay men must be met and those most at risk need to be identified. We have moved away therefore from 'one size fits all' programmes and need to engage men from the different communities we work with to ensure our work is appropriate, taking into account, for example, the ethnic origin, the age, the HIV status or the numbers of sexual partners.

Prevention with positive men

Men with HIV are a key audience for prevention messages and have specific information and support needs about sexual health. Such interventions are most effective when a broader range of the health needs of positive men is addressed. The needs of men living with HIV should be recognised and included in all campaigns that target the gay population as a whole or a particular 'sub group' of the gay community. Interventions that support all those working with positive men should be developed to ensure staff in different settings are confident to discuss issues around sexual behaviour with their clients.

Key areas for further research:

The role of "prevention fatigue": is this playing a part in increased risk taking? Is it really the case that men are becoming 'fatigued' with the approaches used by prevention organisations?

To what extent are community 'norms' around sexual behaviour changing?

Is "treatment optimism" more a construct of researchers and is there or not a causal relation with increased risk-taking?

What impacts on behaviour are risk reduction campaigns having? How do different risk reduction strategies interact with one another and... how effective are they?

What are the key determinants that lead men to consider HIV testing?

What are the pros and cons of testing in community venues?

How can the Internet be used more effectively and appropriately in our work?

Follow up

Follow up will be taken on both a Dutch and an international level.

On an international level further collaboration will be sought on the themes mentioned through participating in other European platforms, such as the new pan-European partnership 'Aids Action Europe' and exchange meetings. Since this international meeting in an informal setting was felt as a strong and stimulating "impulse" for comparing and evaluating national policies, a follow up meeting will be considered for 2008.

The report in English of this 2004 Expert Meeting is downloadable here: http://www.schorer.nl/bestanden/Report_EEM.pdf

An Eastern European NGO perspective: the situation of MSM in Russia

Andrey BELOGLAZOV, PSI/Russia, LaSky Programme Director (Russia)

Contact: beloglazov@psirussia.ru

Population Services International (PSI) is an international non-government non-profit organisation implementing social marketing programs in public health.

In Russia, PSI has been active since 1995 and is registered as the Centre for Social Development and Information. Since 1999, in association with non-profit organisations and government agencies of Russia, PSI has engaged in projects aimed at various vulnerable groups, including MSM. The HIV/STI prevention project among MSM started in 2000 and now has the brand name LaSky - Trusting Each Other.

MSM and HIV/AIDS in Russia

Russia has 402,000 officially registered cases of HIV infection.⁵ However, experts put the real number of HIV-positive people in the Russian Federation at 1.6 million.⁶

There are no official statistics on HIV incidence among MSM, both because the Russian Ministry of Health dodges the issues and problems related to MSM, and because the government does not implement necessary prevention programmes. Gays and MSM are excluded from HIV/AIDS national priority programmes. Not a single Russian government agency is ready to support the implementation of assistance and support programmes for gays and MSM.

In Russia, the attitude towards homosexuality is highly unequivocal: society has imposed a tacit ban on even the possibility of open discussion on the subject. Only by 1993, was the law (article 121 of RF Criminal Code) punishing homosexuality with

⁵ According to data of the Federal Research and Methodological Centre for AIDS Prevention and Control of the Russian Public Health and Social Development Ministry as of April 1, 2007

⁶ UNAIDS, 2006.

up to five years in prison abolished. While the law was in force, over 250,000 citizens were sentenced under article 121 of RF Criminal Code.

The high level of homophobia, stigmatisation and discrimination on the part of society turns gays and MSM into “outcasts” and makes them a closed social group, further aggravating the problem of social isolation and vulnerability. Since 2006, attempts by gay activists to hold Gay Pride parades have been suppressed in Moscow at the government level. The events immediately turn into politically-charged ones. Both Pride parades (in 2006 and 2007) ended up in mass arrests and violence and were suppressed by the OMON police, Cossacks, the Orthodox Church and nationalists. Social vulnerability and explicit homophobia in the various Russian regions force many gays and MSM to migrate from their towns into major urban centres. Many of these unwilling migrants then live on the fringes of society and get involved in the sex trade.

The increasing incidence of sexual transmission of HIV and STIs and lack of data on MSM HIV prevalence underscore the acute need for HIV/STI prevention campaigns among MSM and improvement of health services for this marginalised group.

PSI and LaSky

There is no official data on the spread of HIV among MSM. However, behavioural studies conducted by PSI in 9 regions covered by the LaSky project show 1.5% of MSM to be HIV-positive⁷ (the results only concern MSM knowing their HIV status). PSI studies also reveal that STIs are widespread: over 20% of gays and MSM surveyed had had at least one STI in the previous six months. According to a PSI study in the 9 regions where the LaSky project is implemented, only 58% of male sex workers use condoms with their clients.

The data constitutes proof that the projects designed to prevent and treat HIV/STIs among MSM are of high social significance. Currently, the LaSky project exists as a network of integrated organisations and grassroots groups working with gays and MSM in 18 Russian cities. In the summer of 2007, the LaSky project assumed a legal status and was registered as the Centre for Social Support of Communities.

Mission

The mission of LaSky is to help address the spread of STIs and HIV/AIDS among the most vulnerable populations in Russia by implementing programmes designed to enhance public health, provide trustworthy and timely information on the prevention and treatment of socially-significant diseases and promote a tolerant attitude in society towards the social groups subjected to stigmatisation and discrimination.

Goals

1. Develop and strengthen the existing network of non-governmental organisations and grassroots groups in the Russian regions that are implementing programmes to improve the health of gays and MSM, including programmes to prevent HIV/AIDS infection, drug addiction and alcoholism, and other programmes related to healthcare and healthy lifestyles;
2. Implement measures to help gays and MSM change their HIV and STI related risky behaviours to safer modes;
3. Help develop a system of quality medical and social services that is necessary in order for MSM to embrace and maintain safe behaviour as it relates to HIV/AIDS and STIs;
4. Help improve the quality of life for gays and MSM living with HIV;
5. Support and develop programmes to assist handicapped MSM (deaf and hard-of-hearing MSM).

Achievements

Over seven years of programme activities in HIV/AIDS and STI prevention among MSM in Russia, LaSky has gained unique experience in this field and has achieved unprecedented results in Russia.

- Put together a network of 12 regional non-profit organisations and two grassroots groups in the field of HIV/AIDS prevention and treatment for gays and MSM;
- Developed a cadre of experienced staff with a solid knowledge of the target group’s requirements and a good reputation of working in the gay community;

⁷ HIV/AIDS TRaC Study of Risk, Health-seeking Behaviours, and Their Determinants, Among Men Who Have Sex with Men in Nine Regions of the Russian Federation. First Round. LaSky/PSI. 2007

- The project provides the gay community with a comprehensive set of sustainable prevention services, such as outreach work, work with popular opinion leaders, trainings, interactive dialogue measures (M-group), targeted information campaigns and the Internet site www.lasky.ru, all of which are instrumental in attracting new community members and volunteers;
- Established partnerships with government AIDS-centres, STI clinics as well as private medical establishments, which help reduce the incidence of discrimination against gays and MSM by medical specialists;
- Programme activities have reached over 20,000 MSM in 14 Russian regions;
- In two regions, Moscow and St. Petersburg, unique prevention services were organised for deaf gays and MSM. Over 1,000 deaf gays have accessed these services;
- Successfully conducted the branding of the LaSky project. The LaSky brand is well known and popular among representatives of the target group in the regions where the project is active and beyond.

Contact:

Andrey Beloglazov - Programme Director: beloglazov@psirussia.ru

Dimitry Filippau - Senior Programme Officer: dimitry@psirussia.ru

III. So, how do we improve the situation? A little bit of theory illustrated by examples.

The Popular Opinion Leader model: Influencing social norms to increase consistent condom use and HIV/STI testing (example: interventions in gay clubs in Bucharest)

Tudor KOVACS, PSI/Romania, MSM Programme Manager and Trainer (Romania)

Contact: tkovacs@psi.ro

Short summary of a "Popular Opinion Leader" on Sexual Health Intervention among Men who have Sex with Men (MSM) frequenting two gay clubs in Bucharest, Romania

There has been relatively little attention given to the community of men who have sex with men (MSM) in Romania, particularly in the field of sexual health. Interventions addressed to MSM are hindered by the difficult situation of the LGBT (lesbian, gay, bisexual, transgender) minority in Romania, which is subject to social stigma, discrimination and lack of social support. Although there are no representative HIV prevalence studies with this group, anecdotal evidence points to the seriousness of the situation.

PSI/Romania started its MSM programme in summer 2004, with funding for one year from the Elton John AIDS Foundation, which aimed at increasing the level of STI/HIV related knowledge and the personal perception of risk of exposure to STIs/HIV. The activities sponsored by this grant were comprised of condom and printed materials distribution in parks, IPC sessions with MSM recruited by local co-ordinators in gay venues and during outreach, and Internet activities (outreach in chat rooms and websites). The sessions were primarily based on edutainment and employed the use of interactive games in order to present factual information about HIV/STI symptoms and transmissions, as well as to list various barriers to safer sexual behaviours.

As PSI Romania felt the need to address more complex determinants of unsafe behaviours, it implemented a one-year pilot HIV prevention intervention that built on the successful Popular Opinion Leader model developed by J. Kelly (Kelly et al, 1990, 1991, 1997). The intervention targeted MSM who frequent two gay clubs in Bucharest and aimed at increasing consistent condom use and HIV/STI testing by influencing the respective social norms within this group. The model is based on the diffusion of innovation theory (Rogers, 1983) and it focuses on identifying, recruiting and training the popular and socially active people (the informal opinion leaders) of all the social networks in the two clubs. The leaders then introduce the sexual health messages to their friends through their usual conversations and model healthy sexual behaviours, which results in the messages being diffused throughout the whole target community.

In order to measure the impact of the intervention, PSI Romania conducted a series of quantitative research studies, in a pre, mid-term and post intervention design. Despite some positive trends at the mid-term evaluation, the third follow-up survey showed no significant impact on the targeted risk behaviours or perceptions. An in-depth literature review and an intervention

process analysis led to some useful conclusions about the complexity of this type of intervention and the relevant factors which influence its impact in the target community.

Some of the most important aspects to consider when looking at the overall programme implementation are:

- The theoretical model at the basis of the project has to be chosen to provide for maximum health impact. The theory of social diffusion of innovation might not have been the appropriate model in a context where the baseline values of the targeted behaviours were already relatively high.
- The first successful POL projects as implemented by Kelly et al (1991, 1992) came at a time of full-blown public health crisis, which created a palpable need for action and programmes and a high level of awareness of the urgency of the situation. This is not applicable to Romania where the HIV prevalence among MSM is generally unknown and the few HIV positive are not out, but rather keep their sero-status hidden or separate themselves from the community
- Cultural differences between the US and Romania may account for differences in which people converse with each other on sexual topics within one's social network. Actually, the initial findings from qualitative research about sexual behaviours and sex-related conversations among friends with MSM in Bucharest and Brasov seem to indicate that, the less cohesive the gay scene is and the weaker the social networks are, the less MSM are likely to have natural informal conversations with their peers about their sexual life, which is a major premise at the basis of the classical POL model.
- The evaluation research should be designed in such a way as to ensure the possibility of clear segmentation between people exposed to the programme and people not exposed. For this project, the exposure proxy, the number of safer sex and testing conversations was not a very exact one.
- The programme should target those people who have not yet adopted the desirable behaviours.
- One major accomplishment of this pilot project was the social impact that it had, through the trained POLs. Attending the trainings leads towards a "buzz", a collective energy that can be channelled into a more structured response to complement the health messages of the intervention *per se*. The vast majority of the POLs reported in a post-training evaluation activity that they felt empowered and would like to see the programme continuing and involving them in its activities. A future intervention should take advantage of the enthusiasm and the positive energy from the POLs that the programme created, as this is a very important drive for a community level response to the HIV crisis.

Community-based approaches - individuals and community play a central role in improving and preserving health (example: the AIDES national convention for Gay Men living with HIV)

Richard STRANZ, AIDES, Training Co-ordinator (France)

Contact: rstranz@aides.org

Richard STRANZ is gay, British born and a resident of France since 1988. He has been involved with the association AIDES since 1989. He started out in Grenoble as a volunteer doing telephone counselling and soon became involved in training future volunteers. In 1992 he joined the staff working on needle exchange, and was instrumental in recruiting members of the drug using community to the team and setting up the GAG (*Groupe d'Action Gay*) to work with the gay community in Grenoble. He trained social and healthcare workers on HIV for 3 years before moving from Lyon to Paris in 1998 where he co-ordinated the prevention programmes in the western suburbs. Since 2005 he has been at the head office of AIDES and is now responsible for the volunteers' training programmes.

His presentation was based on a working example of the community approach to health: The "Estates General" of HIV Positive gay men held in Paris in November 2006. The name of this meeting "Estates General" is a direct reference to the French revolution: the "Etats Généraux" in 1789 were meetings bringing together specific segments of French society that led to the production of specific requests (and which eventually led to the king of France being overthrown...). Richard went on to highlight the way that these "Estates General" also exemplified community health programmes.

It was a bottom-up process that permitted over 50 recommendations to come out of the discussions involving the 300 hundred participants. The agenda and workshops had been set by local and regional discussions that guaranteed the subjects dealt with were the ones Hiv+ gay men wanted to talk about. The 4 main workshops were: Desire, getting off, and sex; Health, well-being, protection; Living together; Work and society. Some of the recommendations were highlighted showing a wide range of health preoccupations that stepped out of the medical approach to health. These included making

the gay scene more acceptant of people living with HIV, creating spaces where it would be possible to talk freely about sex and training health professionals in gay speak.

Aspects of the community approach were brought to the fore through this: empowering the people to express and take on board their needs, having a holistic approach to health, and being directed at changing society rather than solely individual lifestyles. Some of the limits or difficulties of the community approach (time needed, continuous process, challenge to the establishment and power order and complexity of the response) were also evident from this example.

He finished his presentation with a Martin Luther King type of call:

*"I have a dream that one day we will base our work **more** on how people tell us they fuck, make love and have sex, and in what conditions and context and **less** on how we want them to behave sexually. I have a dream that one day we will start to think about HIV and AIDS as being part of our, of my community for years to come. I have a dream that one day, (at least in the gay communities of our continent) HIV+ and HIV- gay men will be able to sit down together and talk and share the warmth, closeness and solidarity of their common community."*

IV. Surveying behaviours: the role played by NGOs

Behavioural survey among MSM in the Czech Republic

Ivo PROCHAZKA, Czech AIDS Help Society, President (Czech Republic)

Contact: ivo.prochazka@seznam.cz

The prevalence of HIV is low in the Czech Republic and the majority of the reported cases of HIV contaminations concern men who have sex with men.

The objective of this behavioural survey that was completed in 2006 was to estimate knowledge, attitudes and behaviours related to HIV among MSM in the Czech Republic. A total of 774 respondents have been recruited mostly via the Internet.

The main results include:

- 79% self identified as being homosexual or gay, 17% as bisexual and 3% as heterosexual.
- 37% reported they did not know their HIV status (62% reported they were HIV negative and only 4 respondents stated they were HIV positive).
- 54% reported to have had unprotected anal intercourse (UAI) over the past year (once: 36%, between twice and five times: 16%, more than five times: 3%). UAI was more common among the less educated, people in a stable relation, and respondents living in bigger cities.
- 52% have done the HIV test (33% within the past year). A higher rate of testing was linked with older age (with the exception of respondents over 40), university education, homosexual identity, being in a partnership, living in a bigger city, and a higher number of sexual partners.

Conclusions and recommendations:

- The number of sexual partners seems to be lower among MSM in the Czech Republic when compared with similar studies implemented in Western Europe or in the USA but the frequency of UAI is higher. Overall, one fifth of MSM have high-risk behaviour (UAI with several partners).
- Partnerships cannot be considered to be a sufficient barrier of HIV transmission. They are related to risky behaviours and strict faithfulness is relatively rare.
- HIV testing among MSM has increased over the past years but has not yet reached the level seen in Western European countries.
- The number of HIV transmissions among MSM has increased by 20 to 30 percent in each of the previous two years, which demonstrates the limitation of current HIV prevention policies.

Our main recommendations would be (1) to continue and to develop preventive efforts within the gay community, especially to increase the level of individual perception of risk and to promote healthy lifestyles as a social norm (2) To improve the offer

for gay-friendly HIV voluntary testing and counselling sites, especially in rural areas (3) to challenge the perception that UAI within stable and "faithful" partnerships is actually safe.

Behavioural Surveillance among MSM in Serbia

Daniel MESCOVIC, Safe Pulse of Youth, President (Serbia)
Contact: roki@sbb.co.yu

Daniel MESCOVIC presented the preliminary results of an ongoing research endeavour in Serbia. There is a need for baseline measurements of key behavioural and sero-prevalence indicators for the MSM population in Serbia, including associations between risk behaviours and some characteristics of populations.

The analysis of the data reported by the Voluntary Confidential Counselling and Testing Centres in Serbia shows an alarming trend: in 2003, 5 out of the 156 MSM who got tested were positive (3,2%). This trend increased in 2004 with 24 positive results out of the 277 MSM who got tested (8,7%). Also, in 2005, MSM represented 42% of all positive diagnoses for HIV in 2005 (38 out of 90).

As part of the ongoing survey, a total of 412 respondents have been reached in five towns in Serbia (Belgrade, Novi Sad, Nis, Kragujevac, Sabac). The following table summarises the main finding regarding sexual behaviour and condom use:

Town	No. of people surveyed	No. of people having had anal sexual intercourse in the previous 6 months	No. of people having always used a condom in the previous six months (out of those defined in the 3rd column)	No. of people having used a condom in the last sexual intercourse (out of those defined in the 3rd column)
Belgrade	197	162 (82.2%)	110 (67.9%)	128 (79.2%)
Nis	77	61 (79.2%)	38 (62.3%)	38 (62.3%)
Novi Sad	46	32 (69.6%)	16 (50.0%)	25 (78.1%)
Kragujevac	36	31 (86.1%)	14 (45.2%)	17 (54.8%)
Sabac	56	48 (85.7%)	10 (20.8%)	21 (43.8%)
Total	412	334 (81.1%)	189 (56.6%)	229 (68.6%)

V. Reaching MSM via the Internet: innovative approaches

Internet forums for gay men have become extremely popular, notably to get in touch with potential sexual partners. Such forums have therefore become a strategic place to provide targeted information on HIV prevention and sexual health. The following initiatives implemented in the Netherlands and in Slovenia describe concretely how such outreach work online can be done.

Reaching MSM who meet sexual partners through Internet chat sites

Pjer VRIENS, Municipal Public Health Service Rotterdam-Rijnmond, Intervention Developer (Netherlands)
Contact: vriensp@ggd.rotterdam.nl

A theory-based, tailored, interactive intervention directed at MSM who meet sexual partners through Internet chat sites: Effective for MSM who practice UAI with casual partners by Harterink P, Hospers H, Vriens P, Kok G, De Zwart O.

Background

Almost half of Dutch MSM use the Internet for chatting and dating. Current Internet interventions for HIV prevention are seldom linked to popular commercial chat sites, hardly ever make use of interactivity and are rarely theory based. We

therefore developed and evaluated a theory-based tailored interactive intervention that was linked directly to Chatboy, the most popular Dutch gay chat site.

Methods

Using the Intervention Mapping protocol, we developed the intervention 'GAY CRUISE', tailoring it to age and sexual experience and focusing on psychosocial determinants. Participants registered with their e-mail address through Chatboy and were randomised to the intervention group or control group. Virtual agents guided participants through the intervention, giving personalised feedback. Follow-up was at three months.

Results

The intervention group contained 2,886 respondents; the control group had 2,731. Response at follow-up was high: 39% (intervention group) and 44% (control group). The mean age was 33 years, 14% was of mixed or non-Dutch ethnicity, and 49% had a steady partner. 57% had met casual sex partners online in the previous three months. Of those, 66% had anal sex in that period, of whom 64% used condoms consistently. A comparison of the intervention group with the control group in the full sample shows no significant effects on condom use with casual sex partners. However, the intervention was effective for men who had been having unprotected anal intercourse (UAI) with casual partners at pre-test. The level of UAI at post-test was significantly lower in the intervention group than in the control group (45% versus 55%, respectively; $p < 0.05$). 93% of the participants indicated they would appreciate having a tool within the chat programme that could indicate their wish to have safer sex.

Conclusions

Interactive tailored interventions linked to chat sites can be an effective instrument in HIV prevention for MSM who practice UAI with casual partners.

HIV prevention and health support in chat rooms: the example of Gayromeo

Miran ŠOLINC, ŠKUC-MAGNUS, Project Leader (Slovenia)

Contact: miran.solinc@amis.net

For virtual prevention we created a virtual role model for MSM with a nickname, which translated from Slovenian means "Healthy adviser". Gayromeo (www.gayromeo.com) is very popular among MSM and is the main way of dating in Slovenia. Gayromeo has more than 400 000 members from all over Europe, among them about 2000 from Slovenia and the number is increasing. This is our biggest target group. In the project's (adviser's) profile he has attractive pics, he has data about responsible and healthy lifestyle, a lot of useful information and pictures about HIV and other STIs, thus promoting sexual health, testing and regular check ups.

This initiative was very well accepted among members from Slovenia. Our "online avatar" has many visitors reading his profile, sending him questions and also many dating offers (which he kindly declines!). All questions are answered and are related to testing for the first time, specific details about HIV transmission, troubles, and where free condoms, lubricant and similar items can be found, so it is very interactive. He also receives a lot of approval about his work. All relevant questions are saved and so documented for later evaluation. He is regularly present online and we follow common quality standards of virtual prevention as defined by the managers of the Gayromeo website:

CONFIDENTIALITY - to guarantee the privacy of prevention and the protection of personal data.

RELIABILITY - regular presence with an individual profile or project profile.

COMPETENCE – Qualifications - Training on Prevention - Peer work - Peers for Peers.

Gayromeo also cares for the health of its members through health support, information and promotion of knowledge on HIV and other STIs and safe sex with virtual awards, like "dark angel".

We decided on virtual prevention because MSM are hard to reach in Slovenia: there are few or no gay bars and clubs, many MSM are in the closet, but are present on the Internet with personal profiles trying to find a partner, friends or a date. In general, knowledge on sexual health is poor or consciously ignored and we wish to improve it with this kind of interactive virtual prevention.

ŠKUC-Magnus is a Slovenian gay group active in the field of HIV/AIDS prevention, positive prevention and support for MSM. Founded in 1984, Magnus is in fact older than the state of Slovenia (the state got its independency in 1991). Thanks to 22 years of prevention activities and campaigns (following quality standards of confidentiality, reliability and competence) we

have contributed to a prevalence rate in Slovenia that is still relatively low today.

The following is an overview of our other activities and initiatives in which we are involved:

1. **GALfon**; info and help line operating on a daily basis from 19-22:00. The majority of calls cover questions on HIV/AIDS and safer sex. Advisors are also promoting free and confidential HIV testing for MSM.
2. **Self support group of HIV+ gay men**; regular meetings with discussions, sports activities and Internet forum (with nicknames) to share experience and give advice.
3. **Film education programme**; yearly gay and lesbian film festival since 1984 (one of the oldest in Europe) where we show movies with stories related to AIDS.
4. **Peers for peers**; distribution of free safe sex kits at gay venues. We are setting up a network of key safe sex promoters in every town around the country, recruiting them in Internet chat rooms.
5. **Networking**; on both the national and EU level, sharing experiences and ideas, learning from/collaborating with bigger NGOs (AIDES, Aids Hilfe, GayRomeo) and representing NGOs in the EU Civil Society Forum.
6. **Practical training of volunteers**; through self learning on the Internet, hosting workshops, and attending seminars organised by AIDS Action Europe or others, we develop our competencies.
7. **Research**; participation in Bordernet research of mobility and risk behaviour among MSM and yearly saliva testing in a gay club for more than 10 years.
8. **Gayromeo.com**; virtual prevention with a virtual role model for MSM, promoting sexual health, testing and regular check ups. This initiative has been very well accepted among members from Slovenia.
9. **Campaigns**; adds on the web, in magazines (free gay press) and print material about safe sex, STIs, testing, etc. Our last production is an HIV manual tailor-made for MSM.

Apart from the above, we have just succeeded in getting free vaccinations against hepatitis B for gay men by pressuring authorities.

Future challenges

MSM in Slovenia are difficult to reach. There are not a lot of gay bars and clubs and many gay men are still in the closet. Hidden homophobia is present even if it is slightly decreasing. There is a big stigma about HIV+ MSM. Registration of same sex partnerships is possible, but with limited rights. Our challenge for the future is to improve the quality of gay life and gay health with better infrastructure, to raise respect for the human rights and equality of gay men and those infected with HIV. Also, in line with the Dublin declaration on HIV/AIDS in Europe and Central Asia that our governments agreed upon in February 2004, we aim to go from activism to professionalism, with – hopefully - regular and sustainable funding and creating synergy between all involved in reaching a common goal to stop the epidemic.

VI. Involving MSM living with HIV at all levels: concrete examples

Enhancing the quality of life of HIV positive MSM in Ukraine

Petro POLYANTSEV, All Ukrainian Network of People living with HIV, Co-ordinator of the MSM Programmes (Ukraine)
Contact: polyantsev@network.org.ua

Petro Polyantsev is a young activist known nationally for his involvement in the fight against HIV/AIDS. Revolted by the lack of a support network for HIV positive people, he became, in early 2007, the co-ordinator of a project aimed at improving the quality of life HIV+ MSM.

Background

Ukraine had 103,110 officially registered cases of HIV infection in November 2006. On the national scale, there are fewer cases in the western part of the country. Of a population of 30,000 MSM, about 3 to 15 % are infected.

Ukraine received funds from the Global Fund at the end of 2006, helping to cover the needs of 5815 individuals.

In Ukraine, most infected people are intravenous drug users (IDUs) and, thus, HIV+ MSM tend to be forgotten in the national programmes. Hopefully, the Elton John Foundation decided to fund a project meant to enhance the quality of life for MSM for three years (2007 to 2009). The goal of this project is to give HIV+ MSM access to treatment.

Activities

The MSM programmes of the Ukrainian Network of PLWHA aim at ensuring access to HAART and other services for HIV+ MSM.

The organisation has established 4 main objectives:

- Provision of necessary services for MSM in 8 regions of Ukraine;
- Increase of knowledge of HIV/AIDS issues among HIV positive MSM and MSM;
- Network capacity building for advocacy and provision of care and support for HIV positive MSM;
- Advocacy of rights and interests of HIV positive MSM in Ukraine.

In 2007, the project is being run in 4 cities: Odessa, Kriviy Rig, Lviv, Ivano-Frankivsk. Many activities have been implemented, including:

- Medical, social and psychological support of HAART for the HIV positive;
- Provision of access to pre and post test counselling and HIV testing;
- Provision of peer to peer counselling for HIV+ MSM and their families and involvement in self support groups;
- Setting up regional phone hot lines on HIV/AIDS issues;
- Conducting informational and educational events for prevention of HIV and STIs;
- Increase in the level of knowledge and skills of a healthy life style among MSM through training and seminars;
- Co-operation with medical institutions and other government and public organisations working in the HIV/AIDS field and with MSM;
- Lobbying the interests and advocating the rights of HIV+ MSM on local and regional levels.

The project managers hope they will be able to reach about 650 HIV+ MSM by the end of 2007, as well as to create a web-portal giving all necessary information on HIV/AIDS, treatment, healthy life style, and services provided by the network's regional projects and other NGOs.

Hindrances

Among the remaining obstacles to effective support for HIV+ MSM, the organisation underlines:

- Lack of prevention programmes for MSM and male commercial sex workers (CSW) (prevention projects for MSM are being implemented in only 5 cities in Ukraine), therefore, the majority of MSM don't possess enough knowledge, skills and motivation for safe sexual behaviour and HIV testing;
- Absence of medications for treatment of opportunistic infections in AIDS Centres, which leads to high mortality rates among HIV+ MSM;
- Lack of support services for HIV+ MSM in medical and social services institutions, etc;
- The majority of HIV+ MSM are not aware of the availability of antiretroviral (ARV) therapy;
- Homophobia and discrimination;
- Lack of free or cheap STI testing and treatment services (anonymous and confidential).

Mobilising MSM and HIV positive MSM in Poland

Michał MINAŁTO, SKA, SIEC PLUS and the Campaign Against Homophobia, Project leader (Poland)

Contact: michal.minalto@skaid.org

Michał Minalto – political scientist, lawyer, former international relations specialist for the Polish HIV/AIDS agency, presently advocacy officer for the Social AIDS Committee (SKA), volunteer for the Polish Network of People Living With HIV/AIDS “SIEC PLUS”, Campaign Against Homophobia (KPH), journalist for LGBT on-line media homiki.pl.

LGBT people in Poland – some history and current political challenges

Poland was one of the European countries to decriminalise same-sex relations early – in the middle of the 1930s. This is also when a gay and lesbian scene started in major cities. All that movement had to be suspended for more than 50 years, however, during the 2nd World War and the communist times. The “sovietised” society was not familiarised with homosexuality, despite the appearance of new challenges such as HIV/AIDS, which came to Poland in 1985. After the fall of

communism, LGBT, gay and MSM issues, also in relation to health, were not considered controversial. What is more, a homophobic high official for health had to leave after giving a speech stigmatising gay men in the context of AIDS.

The current political challenges started in the early 2000s with the increasing visibility of the gay movement and the maturation of populist, anti-European and conservative parties. For many of them, “counteracting” homosexuality is one of the key issues on the agenda. Their actions range from serious threats (drafts of acts criminalising the presence of homosexual people in some aspects of social life) to ridiculous statements (the recent “affair”: the children’s ombudsperson was investigating if Teletubbies were homosexual or not).

On the other hand, the gay movement in Poland is still weak with few NGOs gathering a limited number of activists and receiving little support. Despite this, MSM and LGBT health is one of their points of interest.

In 2006, two NGOs – Campaign Against Homophobia and Lambda Warsaw – published a common report on the quality of life of MSM/gay/lesbian/bisexual/transsexual and transgender people, with also a focus on health issues. According to this study, 23% of LGBT people suffered serious discriminations accessing health services [...].

The report can be downloaded in English:

http://www.kampania.org.pl/cms/data/upimages/report_homophobia_Poland_2007_EN.pdf

HIV/STI facts

Poland, with its 10900 HIV+ diagnoses since 1985, remains a low prevalence country (0,007%). According to 2001-2005 reports, 14% of new diagnoses were associated with male-to-male sexual activity. On the other hand, there can be seen a clear renewal of STIs, which, along with new cases of HIV, remain totally unclassified because of a weak reporting system. This presents a major threat for the construction of preventive messages. The large mobility of Polish citizens, noted after EU accession in 2004, is also a challenge to health, especially HIV issues.

With a satisfactory antiretroviral therapy (ART) situation (except for intravenous drug-users (IDUs)), Poland is also a country of nonexistent prevention with very limited budget and no promotion of condoms. Only one national campaign – in 2005, included condoms as an individual choice for protecting oneself from HIV (the campaign was based on the 1980s US campaign “ABC”).

Mobilisation of MSM and positive MSM

The regularly run health programmes for MSM are especially focused on HIV and drug addiction prevention. They are implemented – locally – by Lambda Warsaw. In 2006, a MSM HIV prevention campaign was run by the administration with a budget of 1,500 €. SKASTREET, a streetworking programme in Warsaw, works with male sex workers. Similar programmes are run in other major cities of the country. There is still a lack of innovation; for example, there are few online health services available for MSM.

This summer, following an initiative on gay media and some NGOs, a comprehensive MSM health campaign was run, and it received some governmental support: www.sezonnagumy.pl. This is the first national MSM health promotion campaign in Poland.

Nationwide services for positive MSM are run by a major NGO – the Polish Network of People Living With HIV/AIDS “SIEĆ PLUS”. This organisation focuses its actions on improving the quality of life of positive people. It organises annually national meetings of PLWHIV, seminars, “universities”, support groups and also offers care and support in different sectors. The main regular MSM programme is called “Positive Fridays” – this is a comprehensive support group run by positive MSM themselves, accessible to persons from all over the country, focusing on current medical and social issues.

Major expectations and challenges

- There is still a need to counteract the stigmatisation of MSM/LGBT people, especially in health services
- We do need also to work on self-acceptance of MSM and positive MSM to counteract the negative psychological impacts of stigma and discrimination that we have suffered and still suffer!
- We do need innovation in our health and HIV promotion actions dedicated to MSM.
- There is an opportunity to offer to Polish MSM a community based clinic, focused on HIV/STI/drug use prevention and related care. This activity is currently developed by SKA (the Social AIDS Committee) as part of a more

comprehensive HIV-related clinic. Is that a suitable idea for responding to our challenges? Can it be an advocacy tool to fight for a better quality of MSM health services?

VII. The link with LGBT organisations

Presentation of the International Lesbian and Gay Association (ILGA) in Europe and Worldwide

Stephen BARRIS, ILGA World - stephenbarris@ilga.org - www.ilga.org

The International Lesbian and Gay Association is a world-wide network of national and local groups dedicated to achieving equal rights for lesbian, gay, bisexual and transgender (LGBT) people everywhere.

ILGA was created in 1978, first at the European level and since 1984 at the global level with the creation of 6 regional sections, such as ILGA Europe. There are about 150 member organisations in ILGA Europe, which notably organises a yearly conference of its members.

ILGA has a long history of commitment to the response to HIV/AIDS, and we have initiated the creation of several networks worldwide related to HIV. In Europe, ILGA Europe has implemented several projects on HIV/AIDS, notably to support greater mobilisation by local LGBT groups in Eastern Europe. ILGA is also currently involved in the promotion and dissemination of the guidebook on travel restrictions worldwide for people living with HIV, a guide originally produced by the Deutsche AIDS Hilfe⁸.

For the past three years, we have been pleased to see an increase in participation to our European conferences from members from Central and Eastern Europe, notably young activists. This arrival of new members has "shaken" ILGA Europe in very positive ways, with refreshing changes in the board of ILGA Europe, with several members from Central and Eastern Europe.

I encourage you to apply to attend the yearly conferences of ILGA Europe, notably to share your specific recommendations on HIV!

⁸ The 2007 edition of the guide on "Travel and residence regulations for people with HIV and AIDS" is available in English, French, German, Italian and Spanish on the following link:

http://doc.ilga.org/ilga/publications/publications_in_english/other_publications/travel_and_residence_regulations_for_people_with_hiv_and_aids_2007

Conclusions and recommendations from the three workshops.

(summary of the presentations given during the concluding session).

1. Advocacy: What are the advocacy strategies that work at the local and national levels? What suggestions do you have for an efficient dissemination and promotion of the outcomes of this seminar?

Workshop facilitated by Richard Stranz from AIDES.

Conclusions presented by Ciaran McKinney- Gay HIV Strategies, Dublin - ciaranmckinney@glen.ie

In terms of next steps after this seminar – it would make sense to summarise our recommendations in a **policy document**, and to enable – as much as possible – exchanges and dialogues about the content of the document among the participants to this seminar, of course, but also with other interested NGOs and stakeholders. Once finalised, this document could be strategically disseminated at key European and international events.

The issues that need to be addressed include:

- There is an overall need to increase the visibility of gays and bisexuals – and to challenge the stigma and discrimination still faced by gays and bisexuals in society at large, which of course has an impact on our health (notably when the specific health needs of gays and bisexuals are ignored by health and prevention services). There is a specific need also to encourage the visibility of people living with HIV/AIDS, and this includes facing the stigma and discrimination faced by PLWHA even within some gay communities.
- There is obviously a need for greater resources for comprehensive health programmes that include not only good medical services but also psycho-social services, especially for people living with HIV, that take homosexuality into account.
- Sexually transmitted infections in general need to be mentioned (not just HIV/AIDS), with a specific focus on the situation of gay and bisexual men.
- Overall, it would make sense to talk about the promotion of health and well being in general – as opposed to focusing exclusively on "diseases and infections".
- The good practices we can recommend need to be based – as much as possible – on research. We should also call for more research to be implemented.
- We could also identify the specific commitments that already have been made by our governments with regards to HIV/AIDS among MSM.

2 The specific situation in the new EU Member States (the 12 countries that have joined the EU since 2004).

Workshop facilitated by Miran SOLINC.

Conclusions presented by Tudor KOVACS of PSI-Romania (tkovacs@psi.ro) and by Miran SOLINC , ŠKUC-MAGNUS NGO in Slovenia (miran.solinc@amis.net)

A. The main challenges in the new members states

The biggest issues remain stigma and discrimination. In most of these countries, homophobia is still a very serious problem. In such contexts, it's very challenging to implement health and prevention programmes specifically for men who have sex with men.

Another major challenge for local NGOs is that, since joining the EU, international funding has been vastly reduced in the new member states. We are now considered to be members of the "club of rich countries" – and many local NGOs are no longer eligible for funding from many international institutions and foundations...

A specific challenge for local NGOs that still benefit from international funding is that sometimes they are led to implement projects that depend more upon the priorities of the funders than the actual health needs of the local communities. In other words (and in an ideal world...) we should be able to first define locally what the types of interventions that should be implemented are and then secure funding for these interventions.

Other challenges that we have identified include:

- Local NGOs overall remain weak and unsupported.
- There are only very few venues and media for messages for MSM to be transmitted.

- There is an utter lack of support and visibility of HIV+ MSM – and again we often see that there is discrimination of MSM living with HIV even within gay communities.
- There is a clear reluctance to self-identify as MSM when doing the HIV test... the epidemiological data that are reported therefore underestimate the situation among MSM.
- The LGBT movements have so far remained quite small – consequently there is a lack of role models and leaders.
- Private gay businesses (such as gay bars and clubs) often are reluctant to have prevention campaigns in their own venues.
- The MSM population is a very heterogeneous population. This variety must be taken into account in the implementation of prevention services. Notably, we need to make sure we reach all MSM (i.e. not just people who openly self-identify as gays or bisexuals and who can be reached in gay community settings...).
- Healthcare providers remain very little able to be "gay-friendly", notably with regards to counselling.
- HIV prevention campaigns that are implemented remain basically "IEC" (information, education and communication) while we would need more "BCC" (Behaviour Change Communication), i.e. strategies that have fully demonstrated their capacity to lead to sustained changes in behaviours.
- There is a lack of availability of post exposure prophylaxis for MSM and for the general public as a whole (to take as an emergency treatment after a sexual risk has been taken, if a condom breaks during intercourse, etc).
- In addition to epidemiological surveillance, we also need far more in depth behavioural research – to better understand, for instance, the determinants of risk-taking behaviours among MSM.

Some proposed solutions:

- Community-driven advocacy is essential: we can encourage, facilitate and implement more efficient advocacy campaigns both at the local and at the European level: local NGOs should be more willing to contact directly our elected representatives and decision makers!
- Specifically at the European level, we need to keep reminding our governments of the commitments they made notably in Dublin in February 2004 ("Breaking the barriers – Partnership to fight HIV/AIDS in Europe and Central Asia"), including the clear promise to achieve "universal access to effective, affordable and equitable prevention, treatment and care" for HIV/AIDS in Europe and Central Asia.
- We need to educate medical staff so that they are better able to work with MSM, to talk about homosexuality and therefore to provide more adequate counselling... (gay and gay friendly health professionals can serve as role models).
- More co-operation on the European level on research would be helpful (at least to help standardise research procedures).
- National budgets dedicated to HIV/AIDS prevention and support need to include a specific proportion reserved for work implemented by local NGOs.

Group 3: Russia, Ukraine... and France!

Workshop facilitated by Dimitry FILIPPAU, PSI/Russia

The third work-group focused specifically on the situation in Ukraine, Russia and France (as, for linguistic reasons related to the interpretation services – only Russian and French speakers could participate in this group).

A. Conclusions presented by Andrey BELOGLAZOV – PSI/LaSky Russia beloglazov@psirussia.ru

Exchanging with our Ukrainian and French colleagues enabled us to identify some common issues, and led us to think about possible new orientations for our work in Russia:

- How about developing specific "gay-friendly" health services in Russia?

International organisations have been setting up innovative services, including many patient-friendly services (such as health programmes designed specifically for drug users)... In contrast, the state structures come across as not being patient friendly... We think it could help to develop "gay-friendly" health centres. These centres could take many different forms. They could be community-based, they could involve openly gay and gay-friendly doctors, they could provide specific legal support in addition to health services. Such services already exist in some western European countries.

- The need to address discrimination even within gay communities.

As was reported in other countries such as Poland, we also see in Russia that there is discrimination within the gay community with regards to gay men with HIV. We need to play a role to address this.

- The need to lobby private gay venues.

We were impressed to learn about the work done in France by the "gay business association". Consequently, as defined in the " French charters for gay businesses", condoms and lubricants are made systematically available for free in gay bars and clubs. So far, this has not been possible in Russia: business owners are reluctant to pay for condoms and lubricants for their customers. We started ourselves to distribute free condoms in gay clubs. At least, in St.-Petersburg and in Moscow, we thought it would be a good idea to lobby business owners to make available free condoms and lubricants. In addition to providing condoms ourselves we need to lobby businesses.

- At the international level, it would be useful to keep working together as a network.

B. Conclusions presented by Petro POLYANTSEV, All Ukrainian Network of People living with HIV,
polyantsev@network.org.ua

A few ideas we also talked about include:

- There is a need to vastly develop outreach work and campaigns to promote prevention and testing with MSM. In order for this to happen, we need to make sure that we convey this priority to potential donor agencies, such as the Global Fund, which is currently present in Ukraine.
- There is a clear need to foster tolerance within gay communities and to encourage the mobilisation of HIV positive MSM. Specifically, it would make sense to start a union and association of HIV positive gay men, both at the national level and maybe also at the European level.
- We need to keep working together at the pan-European level, maybe via regular meetings of leaders of gay health services, notably to identify the types of services that need to be implemented in priority and to promote good standards.



Online and out there!

An illustration of the wide variety of initiatives set up across Europe to reach and mobilize MSM on HIV and related health issues.

A preliminary synthesis: we need to keep working together to improve the health of MSM !

The co-organizers (AIDES, AIDS ACTION EUROPE, and the LaSky Programme by PSI in Russia), the members of the preparation team of the seminar, in close link with several of the participants, are jointly committed to produce and to strategically promote and disseminate in 2008 clear recommendations that have been identified as essential to reduce the vulnerability of MSM with regards notably to HIV⁹.

HIV among MSM remains a most pressing public health challenge. In Western Europe, MSM still represent a large proportion of the newly diagnosed cases of HIV. HIV prevalence among MSM in gay community settings often exceeds 10%. In Central and Eastern Europe, the prevalence of HIV among MSM is estimated to be much lower but there remain enormous gaps in our knowledge of the epidemic in several countries, partly because many MSM prefer to not reveal their sexual practices when they take the HIV test, partly because of a lack of adequate research on the risks faced by MSM in many countries. The information that we have however does reveal that the prevalence of risky sexual behaviors is high across the European continent.

In Paris, we shared therefore some of the strategies we have developed to reduce the vulnerability of MSM with regards to HIV/AIDS. These include:

The need to involve - at all levels - MSM living with HIV and MSM most at risk of HIV infection:

Individuals and communities play a central role in improving and preserving health. One of our core added values as local civil society organizations is therefore our capacity to mobilize the people who are most closely affected by the HIV epidemic in a safe, non-judgmental and supportive environment in order to make sure that their needs and aspirations are fully taken into account when designing and implementing health promotion programmes.

Reaching MSM on the Internet:

We need to reach MSM wherever they happen to be reachable... and it is now obvious that some websites have now become very popular among MSM (some gay online forums now have several hundreds of thousands of users...). We saw in our seminar both how such interventions can be implemented and the positive impacts they have.

Changing behaviors:

Several organizations across Europe implement social marketing and behavior change strategies in order to increase consistent condom use and testing for HIV by MSM. One such method for instance is the Popular Opinion Leader model in which trusted, well-liked people are recruited and encouraged to endorse safer-sex practices among their friends. Such evidence-based strategies illustrate the crucial need to involve social and behavioral researchers in order to improve the quality of our work, as well as to make sure our interventions match the needs of the local communities we work with.

Changing Europe!

We are most alarmed by the fact that homophobia and intolerance remains today in the agenda of several high-level politicians both in member-states of the enlarged European and in several neighboring countries. In Bucharest, Krakow, Moscow, Riga and several other cities, organizing a peaceful public demonstration in favor of the rights of Lesbian, Gay, Transgender and Bisexual people remains very challenging, due to both violent opposition from local extremist groups and/or outspoken homophobia from public officials. In such oppressive contexts, effectively reaching and mobilizing men who have sex with men to talk about HIV prevention or health becomes extremely difficult... We therefore count on the European Union to be far more assertive in defending and promoting its own founding values: human dignity, liberty, democracy, equality, the rule of law and respect for human rights, including the rights of persons belonging to minorities. This is a matter of human rights... and of public health!

⁹ If you want to contribute to this process, please do not hesitate to contact the members of the Seminar Preparation Team, including Arnaud W. SIMON (aws@aides.org - in English or in French) and Dimitry Fillippov (dimitry@psirussia.ru - in Russian or in English).

Annex 1: Report of the evaluation forms

As detailed below, the majority of participants expressed that they were very satisfied with this seminar, notably because it enabled them to meet fellow colleagues with similar interests from across Europe and to exchange ideas and experiences. Specific praise was given to the logistical organisation of the event, including for the quality of the simultaneous interpretation service that was provided between English, French and Russian.

Some frustration was expressed about the lack of time for open questions and direct exchanges between the participants.

The responses to the last question about how this seminar will affect the work of the participants back home suggest a strong willingness to keep on working together on joint advocacy, to use our European network in order to improve the quality and the scope of HIV prevention and support for MSM back home. Also, the presentation about the Internet based projects seems to have inspired several of the participants to develop similar web-based initiatives back in their home countries.







1. Methodology

Each participant was invited on the afternoon of the second day of the seminar to complete a seminar evaluation form that was made available in the three working languages of the seminar (English, French and Russian). This multilingual form was used for a previous European seminar organised by AIDES and can be downloaded from the following page: <http://www.integration-projects.org/women.html>

This short questionnaire was completed by 36 out of the 45 participants (i.e. not including some of the speakers and other guests who did not stay for the whole duration of the seminar).

2. Results of the "multiple choice" questions:

As summarised in the following table, respondents reported overall that they were very satisfied with the seminar, with a clear positive consensus on the "urgency of the seminar topic", the "performance of the presenters and facilitator" and the quality of the logistical organisation.

GENERAL IMPRESSION (ranking from "Very satisfying" to "not satisfying at all")							
							Void / incomplete
Urgency of the seminar topic	21 58%	11 31%	4 11%	~	~	~	~
Scope, coverage of content and preparation	12 33%	15 42%	4 11%	3 8%	~	~	2 6%
Relevance to practice, chance to implement	9 25%	14 39%	9 25%	4 11%	~	~	~
Presentation form of content	11 31%	17 47%	5 14%	3 8%	~	~	~
Performance of presenters and facilitators	16 45%	12 33%	8 22%	~	~	~	~
Seminar logistics in general	26 72%	7 20%	3 8%	~	~	~	~
Fulfilment of your expectations	11 31%	12 33%	8 22%	4 11%	~	~	1 3%
Your general impression of this seminar	18 50%	10 28%	4 11%	4 11%	~	~	~

Main benefits for this seminar included notably the opportunity to "meet colleagues from other countries" and to "exchange experiences":

MAIN BENEFITS

	Yes	Partly	No	Void
New information	16 45%	18 49%	1 3%	1 3%
New ideas	18 50%	12 33%	5 14%	1 3%
Exchange of experience	26 72%	9 25%	~	1 3%
Meeting colleagues from other countries	29 80%	6 17%	~	1 3%
Getting motivation and support for my work	20 55%	13 36%	2 6%	1 3%

The vast majority of respondents were also satisfied about the logistical aspects related to this seminar:

LOGISTICS

	Very good	Good	Bad	Very bad	Void
Hotel room and services	11 31%	16 45%	1 3%	~	8 21%
Session premises	17 47%	17 47%	~	~	2 6%
Meals	16 44%	17 47%	2 6%	~	1 3%
Conference documents, printed materials	22 61%	12 33%	1 3%	~	1 3%
Assistance for spending free time	11 31%	15 42%	3 7%	~	7 20%
Support from seminar organisers	24 66%	10 28%	~	~	2 6%

3. Responses to the "open questions":

Responses were completed in the three working languages of the seminar: English (15), Russian (14) and French (7). We are specifically thankful to Ms. Tanya Reznichenko for her help in translating the responses in Russian! We take note that a few of the responses were unreadable or otherwise unintelligible. The following synthesis is based upon our best understanding of the responses that have been provided.

1. Which sessions of the seminar were the most useful to you?

- The "parallel workshops" which enabled more direct exchanges between the participants (12)
- The presentation of the Internet-based interventions (8)
- Session "How do we improve the situation?" (7)
- Session "What's the situation now?", (including notably the presentation by Wim Zuilhof!) (6)
- Session on the involvement of MSM living with HIV at all levels (2)

2. What factors helped your learning?

- The quality of the interpretation services and overall logistical organisation (8)
- Quality of presentations and relevance of topics (5)
- Exchanges with the participants (5)

- Time for discussions & questions (2)
- Translatability in local actions (2)
- Open and positive atmosphere (2)

Responses that came up only once include: "Mix of activism and strategy", "Experience from other countries", "Information on research protocols and results", "Diversity of the countries represented".

3. What factors hindered your learning?

- Insufficient time for discussions in general sessions and in the working groups (6)
- Lack of clarity in some of the presentations / off-topic remarks (4)
- Too much information (3)

Responses that came up only once include: "Not many innovative practices", "temperature of the room", "Jet lag", "Language barriers", "too focused on HIV, instead of gay health more broadly", "Actions presented were not concrete enough", "The epidemiological context should have been included in the documents sent before the seminar", "The Russian delegation was not well integrated into the whole group" and "too many presentations".

4. Which sessions of the seminar were the least useful to you?

- Internet based-interventions (3)
- Parallel workshops (3) – too wide, unclear goal
- Session on the involvement of MSM living with HIV at all level (3) – too specific
- Distribution of certificates (2)
- Epidemiological context (2)

Responses that came up only once include: "Session What's the situation now?", "Popular Opinion Leader model", "Helping our interpreters", "behavioural studies".

5. The greatest success of this seminar was...

- Networking & new contacts (11)
- Working in groups, (especially the advocacy group) (6)
- Sharing experiences, including the evidence-based programmes and standardised research (6)
- Good mix of participants (2)

Responses that came up only once include: "Timing", "Strengthening of some ideas", "Talking about a critical issue for Eastern Europe" and "Quality of organisation".

6. Improvements are needed for...

- Group dynamics: ability to discuss and exchange more between the speaker and the audience, facilitation of dialogue, more time for group work... (6)
- Go more in depth on specific issues (in plenary sessions or in the workshops) such as the involvement of MSM in actions, prevention strategies, advocacy tools (6)
- More specific workshops & more focused on transversal issues like community development, health issues for LGBT, stigma and homophobia, etc. (4)
- Find efficient solutions and define stronger conclusions that go beyond the exchange of practices (3)

Responses that came up only once include: "physical lay-out of tables", "stay closer to the main topic: gay health and not only HIV/AIDS", "Build a complete and relevant position paper usable for advocacy at all levels", "Present innovative actions for each country", "entertainment for participants", "Fairer representation of each participating country".

7. Can you give a specific example of how you might use anything you have learned from the seminar in your work?

- Further work on advocacy based upon the outcomes of this European seminar/disseminating our joint recommendations (7)
- To develop Internet interventions & Internet outreach (6)
- Keep contact with the participants and share these contacts with our local partners (3)
- More emphasis on community-based approach (2)
- Inform my colleagues of what I have learned (2)

Responses that came up only once include: "Greater focus on evidence-based programmes", "Look for greater unity in our programmes", "To improve the promotion of HIV testing among MSM".

Annex 2: Final agenda of the seminar

Thursday, 28th June 2007

8:45	REGISTRATION
9:15	<p>INTRODUCTIONS: a few words about France and a few words from the co-organisers</p> <p>5' - Presentation of the members of the seminar preparation team: Andrey, Arnaud, David, Dimitry, Michal, Miran, Richard, Sandra, Vincent.</p> <p>5' - Practical Info by Sandra ESSID, AIDES (France).</p> <p>15' - AIDS Action Europe & the Clearinghouse by Martine DE SCHUTTER, Co-ordinator Western Office, AIDS Action Europe.</p> <p>10' - Helping our interpreters: what words will we need and how do you say "condoms and water-based lubricant" in Russian and in French? by Olivier JABLONSKI, President, WARNING NGO (France).</p> <p>10' - Welcome words by Vincent PELLETIER, General Director, AIDES (France).</p> <p>15' - Welcome speech by Jean-Luc ROMERO. <i>Jean-Luc ROMERO is an elected member of the Council of the Parisian Region and the president of the French NGO ELCS (Elected Officials against AIDS - www.elcs.fr).</i></p> <p>15' - Welcome speech by Pierre SCHAPIRA, Deputy Mayor in charge of International Affairs, City of Paris (France).</p> <p>10' - Presentation of the AGENDA and our objectives by Arnaud WASSON-SIMON, Co-ordinator - Europe and nearby countries, AIDES (France).</p>
10:40	B R E A K
11:15	<p>WHAT IS THE SITUATION NOW? Followed by Q & A</p> <p>15' - Epidemiological context: MSM and HIV in Europe by Giedrius LIKATAVIČIUS, Medical Epidemiologist, EuroHIV, the European Centre for the Epidemiological Monitoring of HIV/AIDS.</p> <p>20' - The consensus of NGOs in Western Europe - Outcomes of the European Expert Meeting: "Addressing the Increases in HIV and Sexually Transmitted Infection (STI) Rates among MSM in Western Europe" by Wim ZUILHOF, Senior Officer, Schorer (Netherlands). (This report in English is downloadable here: http://www.schorer.nl/bestanden/Report_EEM.pdf)</p> <p>20' - An Eastern European NGO perspective: the situation of MSM in Russia by Andrey BELOGLAZOV, LaSky Programme Director, PSI/Russia (Russia).</p>
12:45	L U N C H
14:00	<p>SO, HOW DO WE IMPROVE THE SITUATION? Followed by Q & A A little bit of theory... illustrated by examples!</p> <p>20' - The Popular Opinion Leader model: Influencing social norms to increase consistent condom use and HIV/STI testing (example: interventions in gay clubs in Bucharest) by Tudor KOVACS, MSM Programme Manager and Trainer, PSI/Romania (Romania).</p> <p>20' - Community-based approaches: individuals and community play a central role in improving and preserving health (example: the AIDES national convention for Gay Men living with HIV) by Richard STRANZ, Training Co-ordinator, AIDES (France).</p>
15:00	B R E A K
15:30	<p>SURVEYING BEHAVIOURS Followed by Q & A</p> <p>10' - A mostly Internet-based behavioural survey among MSM in the Czech Republic by Ivo PROCHAZKA, President, Czech AIDS Help Society (Czech Republic).</p> <p>10' - Behavioural surveillance in Serbia by Daniel MESCOVIC, President, Safe Pulse of Youth (Serbia).</p> <p>REACHING MSM VIA THE INTERNET! Followed by Q & A</p>

	<p>15' - Reaching MSM who meet sexual partners through Internet chat sites by Pjer VRIENS, Intervention Developer, Municipal Public Health Service Rotterdam-Rijnmond (Netherlands).</p> <p>10' - HIV prevention and health support in chat rooms: the example of Gayromeo by Miran SOLINC, Project Leader, ŠKUC-MAGNUS (Slovenia).</p>
17:35	Preparing parallel workshops: who wants to go where... and preparing the interpretation support we need accordingly!
17:45	END OF DAY 1

Friday, 29th June 2007

9:00	BEGINNING OF DAY 2			
9:15	<p>PARALLEL WORKSHOPS - Each group is invited to identify:</p> <ul style="list-style-type: none">about two delegates willing to prepare and to present these recommendations during the afternoon open session,the main challenges that we are facing with regards to HIV and related health issues for MSM,the main solutions we want to promote at the European level. <p>(Please take note of the linguistic constraints related to each of the groups)</p> <table><tr><td><p>Group 1: What do we do next? Sharing advocacy strategies that work and preparing the dissemination of the outcomes of the seminar.</p><p><u>French and English</u></p><p>Chair: Richard STRANZ</p></td><td><p>Group 2: The new EU Member States.</p><p>Primarily <u>English</u></p><p>Chair: Miran SOLINC</p></td><td><p>Group 3: The situation in Russia and Ukraine</p><p>Primarily <u>Russian and French</u> Speakers</p><p>Chair: Dimitry FILIPPAU</p></td></tr></table>	<p>Group 1: What do we do next? Sharing advocacy strategies that work and preparing the dissemination of the outcomes of the seminar.</p> <p><u>French and English</u></p> <p>Chair: Richard STRANZ</p>	<p>Group 2: The new EU Member States.</p> <p>Primarily <u>English</u></p> <p>Chair: Miran SOLINC</p>	<p>Group 3: The situation in Russia and Ukraine</p> <p>Primarily <u>Russian and French</u> Speakers</p> <p>Chair: Dimitry FILIPPAU</p>
<p>Group 1: What do we do next? Sharing advocacy strategies that work and preparing the dissemination of the outcomes of the seminar.</p> <p><u>French and English</u></p> <p>Chair: Richard STRANZ</p>	<p>Group 2: The new EU Member States.</p> <p>Primarily <u>English</u></p> <p>Chair: Miran SOLINC</p>	<p>Group 3: The situation in Russia and Ukraine</p> <p>Primarily <u>Russian and French</u> Speakers</p> <p>Chair: Dimitry FILIPPAU</p>		
11:20	B R E A K			
11:45	<p>Back in Plenary</p> <p>INVOLVING MSM LIVING WITH HIV AT ALL LEVELS Followed by Q & A</p> <p>15' - Enhancing the quality of life of HIV positive MSM in Ukraine by Petro POLYANTSEV, Co-ordinator of the MSM Programmes, All Ukrainian Network of People living with HIV (Ukraine).</p> <p>15' - Reaching and Mobilising HIV positive MSM in Poland by Michal MINALTO, Member of SIEC PLUS and the Campaign Against Homophobia (Poland).</p>			
12:45	L U N C H			
14:00	<p>- Preparation of the "Open Session" (see below)</p> <p>- Certificates of participation are given to the participants</p>			
15:00	<p>OPEN SESSION Followed by plenty of Questions & Answers!</p> <p>AIDES invited friends and guests, including French journalists, to come meet and talk with us!</p> <p>- Conclusions from the participants and open discussion:</p> <ol style="list-style-type: none">Advocacy strategies: how to move forward.The situation in the new member states of the EU.Countries neighbouring the EU in Eastern Europe <p>15' – Presentation of ILGA by Stephen BARRIS, from ILGA World</p>			
18:00	<p>Collection of the completed evaluation forms.</p> <p>End of Seminar!</p>			

Annex 3: Contact information

Co-organisers and members of the Seminar Preparation Team:

Organisation	Country	Names and emails	Website
AIDES	France	Vincent COQUELIN coquelin@aidesidf.com Sandra ESSID sessid@aides.org Richard STRANZ rstranz@aides.org David MONVOISIN dmonvoisin@aides.org Arnaud WASSON-SIMON aws@aides.org	www.aides.org
AIDS ACTION EUROPE	Western office: Netherlands Eastern office: Lithuania	Martine de SCHUTTER westernoffice@aidsactioneurope.org	www.aidsactioneurope.org
PSI/LaSky	Russia	Dimitry FILIPPAU dimitry@psirussia.ru Andrey BELOGLAZOV beloglazov@psirussia.ru	www.lasky.ru
SKA (and SIEC PLUS)	Poland	Michał MINALTO michal.minalto@skaid.org	www.skaid.org www.kampania.org.pl
ŠKUC-MAGNUS	Slovenia	Miran SOLINC miran.solinc@amis.net	www.ljudmila.org/sigrd/

Additional Speakers:

Organisation	Country	Names and emails	Website
Warning	France	Olivier JABLONSKI contact@thewarning.info	www.thewarning.info
AIDES	France	Vincent PELLETIER vpetletier@aides.org	www.aides.org
ELCS NGO / Ile-de-France Regional Council	France	Jean-Luc ROMERO info@elcs.fr	www.elcs.fr
City of Paris / European Parliament	France	Pierre SCHAPIRA pierre.schapira@europarl.europa.eu	www.paris.fr
The European Centre for the Epidemiological Monitoring of AIDS (EuroHIV)	-	Giedrius LIKATAVIČIUS g.likatavicius@invs.sante.fr	www.eurohiv.org (Note: the European surveillance of HIV/AIDS is now undertaken by the European Centre for Disease Control and Prevention: www.ecdc.europa.eu)
SCHORER	Netherlands	Wim ZUILHOF w.zuilhof@schorenet.nl	www.schorer.nl
PSI/Romania	Romania	Tudor KOVACS tkovacs@psi.ro	www.psi.ro
Czech AIDS Help Society	Czech Republic	Ivo PROCHAZKA ivo.prochazka@seznam.cz	www.aids-pomoc.cz
SPY - Safe Pulse of Youth	Serbia	Daniel MESKOVIC roki@sbb.co.yu	www.spy.org.yu
Municipal Public Health Service Rotterdam-Rijnmond (MPHS)	Netherlands	Pjer VRIENS vriensp@ggd.rotterdam.nl	
All Ukrainian Network of People Living with HIV	Ukraine	Petro POLYANTSEV polyantsev@network.org.ua	www.gayplus.info www.network.org.ua
ILGA	-	Stephen BARRIS - stephenbarris@ilga.org	www.ilga.org www.ilga-europe.org

Other Participants

Organisation	Country	Names and emails	Website
Sensoa	Belgium	Mark SERGEANT, Mark.Sergeant@Sensoa.be	www.sensoa.be
Iskorak (Sexual and Gender minorities Centre)	Croatia	Hrvoje FUCHEK hrvoje@iskorak.org	www.iskorak.org
Estonian Network of People Living with HIV, NGO	Estonia	Margus RAUDSEPP maku9@hotmail.ee	www.espo.ee
Act-Up Paris	France	Emmanuel CHATEAU emchateau@laposte.net	www.actupparis.org
AIDES	France	Stéphane CALMON scalmon@aides.org Michel SIMON msimon@aides.org Emmanuel TRENADO etrenado@aides.org	www.aides.org
AIDS-Hilfe North-Rhine Westphalia	Germany	Jacek MARJANSKI - 2404020@googlegmail.com	www.ahnrw.de/aidshilfe-nrw/
Synthesis	Greece	Nikos DEDES - ndedes@hol.gr	www.hiv.gr
Gay HIV Strategies	Ireland	Ciaran MCKINNEY - ciaranmckinney@glen.ie	www.glen.ie
AGIHAS (Support Group for People Living with HIV/AIDS)	Latvia	Ivars KOKARS agihass@apollo.lv	www.ltn.lv/~agihass/
Pozityvus Gyvenimas (Positive Life)	Lithuania	Edmundas VAISNORAS magieras@yahoo.com	www.stophiv.lt/
Eastern European & Central Asian Union of PLWH organisations (ECUO) and Positive Life	Lithuania	Jurgis ANDRIUSKA jurgis@stophiv.lt or pozitiv.lt@mail.ru	www.ecuo.org
EGAL	Macedonia	Zoran JORDANOV zjordanovmk@yahoo.com	www.egal.org.mk
Kampania Przeciw Homofobii (Campaign Against Homophobia)	Poland	Dominik PIOTROWSKI info@kampania.org.pl and dominik.piotrowski@gmail.com	www.kampania.org.pl
Abraço	Portugal	Antonio RODRIGUES antonio.rodrigues@abraco.pt	www.abraco.org.pt
Accept	Romania	Bogdan ISTRATE bogdan.mhai@gmail.com or accept@accept-mail.ro	www.accept-romania.ro
The « Siberian Alternative » Centre	Russia	Vladimir AVERIN sibalt@omsknet.ru	http://sibalt.nm.ru
LASKY (PSI-Russia)	Russia	Polina BALYAEVA - aidsaid@mail.tomsknet.ru or tomsk@lasky.ru Anatoly BOYKO - krsk.med@mail.ru or krasnoyarsk@lasky.ru Oxana GUSEVA - vologda@lasky.ru Tatiana KAZANTSEVA - tkazantseva@psirussia.ru Alexander SAVUSHKIN - sasha@psirussia.ru	www.lasky.ru
Grupo de Trabajo Sobre Tratamientos del VIH	Spain	Gonzalo MAZUELA - gmazuela@gtt-vih.org	www.gtt-vih.org
Posithiva Gruppen	Sweden	Anders BJORNUM - pg@posithivagruppern.se	www.posithivagruppern.se
AIDS Foundation East-West	Ukraine	Yury SARANKOV - yury_sarankov@afew.org	www.afew.org
SAAPF (Substance Abuse and AIDS Prevention Foundation)	Ukraine	I. M. renat@saapf.kiev.ua or hotrenmail@hotmail.com	www.testosteron.com.ua

Acronyms used in this document:

AIDS: Acquired immune deficiency syndrome

ART: Antiretroviral therapy

ARV: Antiretroviral

BCC: Behaviour Change Communication, a multi-level tool for promoting and sustaining risk-reducing behaviour change in individuals and communities.

CSW: Commercial sex worker

ECDC: The European Centre for Disease Control and Prevention, a European agency based in Sweden.

EU: European Union

GFATM: the Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV: Human immunodeficiency virus

IDU: Intravenous drug-user

IEC: Information, Education, and Communication (often used to refer to HIV prevention campaigns)

ILGA: the International Lesbian and Gay Association

LGBT: Lesbian, Gay, Bisexual and Transgender

NGO: Non-Governmental Organisation

MSM: Men who have sex with Men, a term used to classify men who engage in sex with other men, regardless of whether they self-identify as homosexual, bisexual, gay, queer, or heterosexual.

PLWHA: People Living with HIV/AIDS





POL: Popular Opinion Leader, an intervention originally designed in the USA based on social theories of peer influence, behavioural standards and social norms.

PSI: Population Service International, an international healthcare NGO based in Washington DC, USA

STI: Sexually Transmitted Infection

UAI: Unprotected Anal Intercourse

THANKS!

 <p>The European Commission</p>	<p>This seminar was partly funded by the Health & Consumer Protection Directorate General of the European Commission as part of the project "European Partners in Action on AIDS" (Agreement Number 2005314) managed by AIDS ACTION EUROPE. The sole responsibility for this report lies with the author and the European Commission is not responsible for any use that may be made of the information contained therein.</p>	
	<p>Additional funding was provided by private individual AIDES donors and by PSI (in link with the LaSky project in Russia).</p> <p>We are most thankful also for the support from the members of the preparation team for the seminar from the NGOs ŠKUC-MAGNUS (Slovenia), the Social AIDS Committee & SIEC PLUS (Poland), and the PSI/LaSky Project (Russia). Thanks also to all the AIDES colleagues, presenters, interpreters (including Olga, Tanya, and Sergiu who agreed to work pro-bono!) and participants who contributed to the success of this seminar.</p>	
<p>The European Gay Health Seminar was endorsed by the Global Forum on MSM and HIV: www.msmandhiv.org</p>		