Digital Culture & Education & Education
Volume 4, Issue 1
2012

The HIVe

Prevention is a Solution!

Local languages, global exchange: Digital networking, communication and collaboration for the health and human rights of men who have sex with men

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Abstract

Gay men and other men who have sex with men (MSM) are at significantly greater risk for HIV than the general population in many low- and middle-income countries. In most parts of the world, civil society organisations are at the front lines of the fight against HIV among MSM, often with little or no support from local governments. Despite their central role in addressing this public health crisis, many of these organisations lack crucial information, funding, and connections with high-level partners that are essential to an effective response. To respond to these challenges, the Global Forum on MSM & HIV (MSMGF) has developed MSMGF.org, an online platform designed to strengthen the civil society response to HIV among MSM by increasing grassroots access to timely research, reports and opportunities, while simultaneously building networks among community members and key decision-makers. Using a unique translation system to offer full access in Arabic, Chinese, English, French, Portuguese, Russian, and Spanish, this innovative platform now has more than 3,000 members from over 140 countries. Evaluation results indicate that MSMGF.org has enhanced local advocacy efforts and programmes to provide HIV prevention, care, and treatment for MSM in low- and middle-income countries. We argue that this platform represents a powerful approach to advocacy and capacity building, leveraging networked and digital communication and collaboration to provide civil society organisations with rapid access to valuable knowledge, resources and support to improve the health and human rights of MSM, particularly in hostile contexts.

Keywords: access, capacity building, civil society, communication, collaboration, digital, information exchange, HIV, MSM, online, networking

The HIV epidemic among MSM and the role of civil society

Since the beginning of the HIV epidemic, gay men and other men who have sex with men (MSM) have been among the most affected populations worldwide. A recent collection of data on HIV epidemics among MSM around the world reveals a striking global trend:
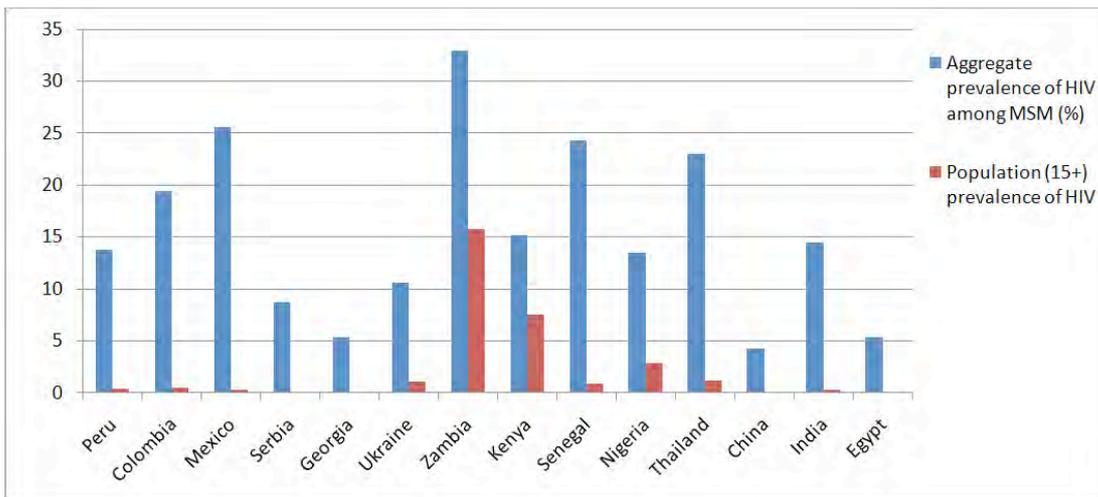
Figure 1: HIV Prevalence rates for MSM and general population, selected countries (World Bank, 2011).

Despite the clear need for resources to address HIV among MSM, investment is severely lacking. A 2008 analysis of self-reported financing data from UN member nations showed that only 1.2% of all HIV prevention funding was targeted toward MSM (Saavedra, 2008). The dearth of financial support is compounded by a widespread lack of political will to address the epidemic among MSM. According to a report released by the International HIV/AIDS Alliance in mid-2011, only one fourth of the 132 government-generated country reports reviewed by the Alliance contained recent data related to HIV among MSM (International HIV/AIDS Alliance, 2011).

Beyond ignoring MSM, many governments actively persecute them. Nearly 80 countries around the world have laws that criminalise same-sex sexual acts between consenting adults (Bruce-Jones & Itaborahy, 2011). Laws against homosexuality drive MSM underground, making it difficult for service providers to reach them with HIV prevention, treatment and care (Ayala, 2010). Even in countries where homosexuality is not explicitly criminalised, pervasive discrimination, stigma and violence continue to have a devastating impact on the ability of MSM to access life-saving services (Arreola, 2010).

All of these factors have helped to complicate the landscape of HIV prevention, treatment and care for MSM around the world today. It is estimated that HIV prevention services reach only 9% of MSM globally (Global HIV Prevention Working Group, 2007).

In the vacuum created by government indifference and hostility, community members have stepped forward and taken matters into their own hands. In many countries, the local response to HIV among MSM is driven by non-government organisations (NGOs) and community-based organisations (CBOs). Often staffed by MSM themselves, these organisations are leading efforts to make a difference within their own communities (Cáceres, 2002; Radix, 2006; USAID, 2008; Xinhua, 2010).

NGOs and CBOs are often well-positioned to provide a number of health system functions, including service provision, capacity building, information exchange, representation of community interests in policy, and enforcement of transparency and public accountability (World Health Organization, 2001; amfAR, 2010). Health services provided by MSM-led NGOs and CBOs can be especially valuable in environments with high levels of homophobia, as many MSM will refuse to seek HIV testing and medical care in clinical settings due to past experiences of stigma and discrimination from healthcare providers (Peryshkina, 2010; Arreola, 2010).

Despite their strengths, NGOs and CBOs providing HIV-related services to MSM in low- and middle-income countries face a critical lack of published research and financial support to develop and implement interventions for MSM. A 2008 review of the literature on behavioural interventions for MSM showed that all but two of the 58 interventions included were conducted in the United States, United Kingdom, Australia, New Zealand and Canada (Beyrer, 2010). In a recent overview of effective community-led responses to HIV among MSM in the global south, amfAR noted that a lack of adequate resources was a common experience across all organisations featured in the report (amfAR, 2010). Finally, organisers of key national, regional and global meetings often fail to engage civil society appropriately, effectively sidelining these organisations from decision-making processes that determine research agendas, funding levels, programme coverage and the details of policy.

An innovative response: MSMGF.org

To support the work of NGOs and CBOs addressing HIV among MSM, the Global Forum on MSM & HIV (MSMGF) created MSMGF.org: a multilingual online platform designed to overcome the unique obstacles that undermine the community response to HIV among MSM.

MSMGF.org does this by:

- Providing a suite of innovative web-based tools for information exchange and networking
- Offering full open access in seven major world languages
- Seeking regular feedback from grassroots advocates and organisations around the world

By using a digital platform for information exchange and networking, the MSMGF has been able to reach the advocates and organisations leading the response to HIV among MSM in communities around the world with the information and resources they need.

MSMGF.org supports NGOs and CBOs in their efforts to:

- Advocate for increased funding to address HIV among MSM
- Advocate for more and better research on HIV among MSM
- Advocate for a government response to HIV among MSM
- Advocate for decriminalisation of homosexuality
- Access information to develop and implement effective interventions for MSM
- Access key high-level processes that impact the health and human rights of MSM
- Access partners and funders for MSM initiatives

Background

The MSMGF is an expanding network of MSM advocates and organisations working to ensure appropriate coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. The MSMGF is led by a 20-member Steering Committee representing 19 countries across all major world regions and supported by a small Secretariat based in the United States.

When the MSMGF began work on MSMGF.org in 2007, there was no comprehensive global source of information on the health and human rights of MSM.

A number of niche news sites would occasionally carry articles that contained information useful to MSM advocates, but this material was often buried among other stories on less-relevant topics and very difficult to browse. Regional email-based listservs that focused on MSM and HIV provided a more targeted resource, circulating useful articles from news websites as well as reports from meetings and other valuable grey literature. However, most of these listservs were only focused on a single region, precluding interregional exchange. Listservs also lacked archives of past posts organised in a way that would facilitate browsing by topics like "Young MSM" or "Behavioural Interventions." In addition, when opportunities for advocacy and involvement in high-level processes arose, they were often advertised only for a short period of time, with a narrow distribution and details only available in one or two languages.

Despite barriers to knowledge production like stigma, criminalisation and lack of funding, new and important material valuable to MSM advocates and service providers is released every day. It comes from a wide range of sources across the Internet that must be identified and searched daily. In cases where written information does not yet exist on a specific topic, a global network of advocates and experts would allow individuals to communicate directly to share knowledge and collaborate. To the knowledge of the MSMGF staff, there was no online resource designed by, with and for MSM advocates and service providers to share information and opportunities to enhance the efficacy and reach of their work.

MSMGF.org represents the MSMGF's effort to use networking and digital tools to fill this gap.

The development of MSMGF.org

In 2008, the MSMGF launched the first iteration of MSMGF.org - a simple English-language website organised into eight regional sections for easy browsing. The platform was updated daily by MSMGF staff with materials that could be used by grassroots organisations to promote MSM health and human rights.

A list of the new materials uploaded to the platform was sent out in a weekly email newsletter – the MSMGF Eblast – to users who signed up for the MSMGF email list. Subscribers to the Eblast formed the first ranks of what is now a growing group of advocates and organisations that are members of the MSMGF.

In 2010, the MSMGF updated the platform with new tools for information exchange and networking. Most notably, the 2010 update included the addition of six new languages: Arabic, Chinese, French, Portuguese, Russian and Spanish.

Throughout the development and implementation of MSMGF.org, the MSMGF Secretariat has continuously sought the guidance of grassroots advocates and organisations working with MSM around the world. Input has been gathered in a number of ways, including user surveys in 2009 and 2012, key informant interviews with MSM leaders from around the world in 2009 and 2012, and the archiving of all emails sent to the Secretariat regarding the website. This ongoing feedback is our primary reference point for improving the design and utility of MSMGF.org, resulting in the current iteration of the website, as shown in Figure 2 below.
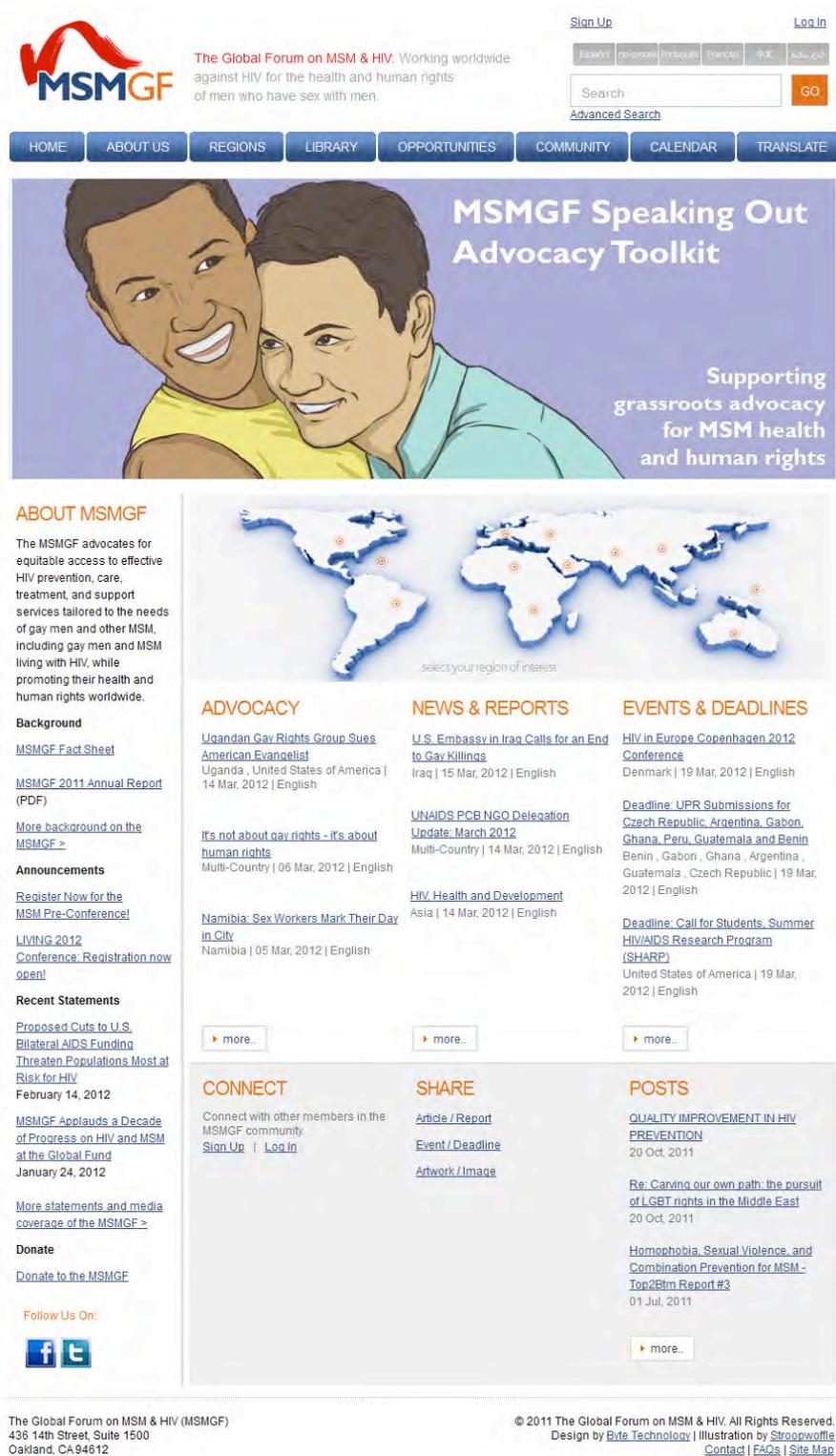
Figure 2: A screenshot of the homepage of MSMGF.org as it exists today, captured on March 15, 2012 (Global Forum on MSM & HIV, 2010).

MSMGF.org today

MSMGF.org today is an improvement on the first iteration in many respects. It has incorporated a number of new features requested by users to make the site more

accessible, user-friendly and effective. The site also features new research and networking tools to enhance support for the development of MSM initiatives.

As of March 15, 2012, the site had 3,182 subscribers from 147 countries. The database has over 4,000 articles on the health and human rights of MSM around the world. Since the new website launched two years ago, new Eblasts have gone out every business day, each one tailored to the unique settings of each user. The new MSMGF social network has been active, with numerous user-initiated communications passing back and forth through the online discussion forums and private messaging systems available on the MSMGF.org platform.

Finding Material: What is useful and where can it be found?

The criteria we use to determine whether or not an article is appropriate for posting are:

    (a) whether an item sheds light on the current status of health and human rights of MSM, and

    (b) whether an item discusses and explains factors that play a role in affecting the health and human rights of MSM.

To collect this information, MSMGF staff analyses hundreds of sources every day. These include regional and global niche news websites and blogs, regional and global listservs, relevant Facebook pages and Twitter accounts, and keyword alert systems like Google Alerts programmed with relevant search terms. This wide net brings in a broad range of useful resources, from journal articles and newspaper stories to capacity building toolkits and meeting reports from grassroots organisations.

When a relevant item is found, it is posted on MSMGF.org, with tags added to identify country, type of information, MSM sub-population, and cross-cutting themes. The tags send the item to the appropriate pages on MSMGF.org. For example, articles concerning Cambodia appear on the Cambodia page. Users are able to cross-reference tags using an advanced search tool to find specific information. If a user is looking for articles on the impact of stigma on access to HIV services in Latin America,the tags "stigma," "access to services" and "Latin America" can be cross-referenced. In addition, MSMGF.org automatically compiles a unique Eblast for each member that includes links to all newly uploaded articles with tags that match their interest areas.

Structure of MSMGF.org

The site is primarily organised into nine regional sections: Asia, Caribbean, Central Europe, Eastern Europe & Central Asia, Latin America, Middle East & North Africa, Oceania, Sub-Saharan Africa, and finally Western Europe, Northern Europe & North America. Each regional section includes profile pages for each country in that region, as well as a secondary navigation bar to browse regional information by topic (See Figure 3).
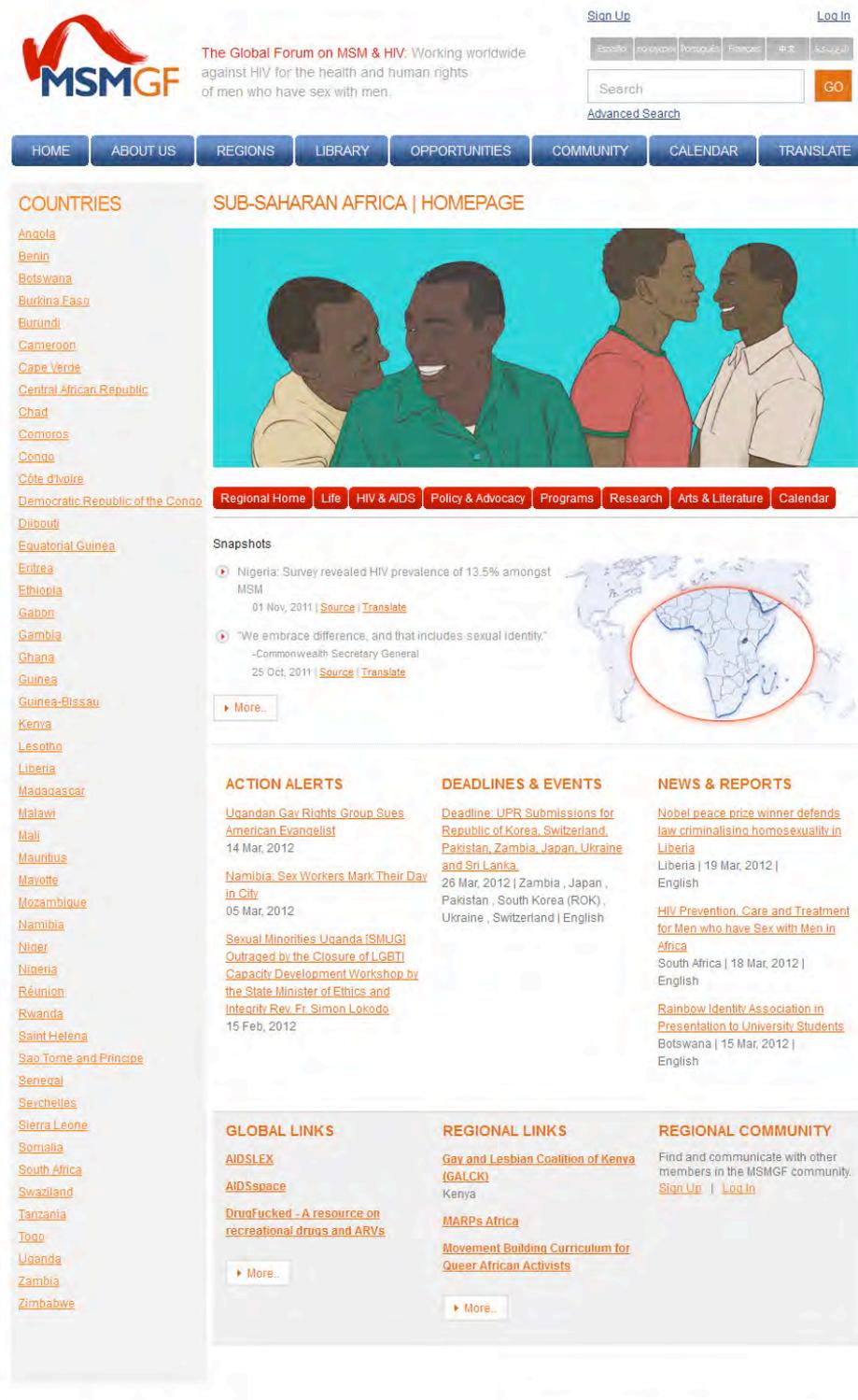
Figure 3: A screenshot of the homepage of the Sub-Saharan Africa regional section, captured March 19, 2012 (Global Forum on MSM & HIV, 2010).

Country profile pages feature all information available on MSMGF.org concerning a particular country. All individuals and organisations based in that country that are members of MSMGF.org are also listed on country profile pages (See Figure 4).

Figure 4: A screenshot of the Indonesia country page, captured March 19, 2012 (Global Forum on MSM & HIV, 2010).

Information Exchange

In addition to a structure designed to facilitate easy browsing, MSMGF.org has several additional tools for information exchange built in. A selected list of the tools is presented below:

TOOL	DESCRIPTION	BENEFIT	RECENT EXAMPLES
Statistics Archive	A searchable archive of statistics, each one with tags indicating country and subject matter.	Allows users to find hard data on specific topics quickly, aiding the development of policy documents and grant proposals. Users can search for data on specific topics like "HIV Risk" or "Sex Work," quickly review a list of available statistics, and be linked back to the original source of the information.	● Lesotho: Only 3.7% of MSM surveyed knew water-based lubricants are most appropriate to use with condoms ● Hong Kong: 49.5% of male sex workers had unprotected anal intercourse with clients in the last six months
Opportunities Board	A list of current opportunities for jobs and funding, as well as other opportunities like survey consultations for United Nations agencies. Organised by region and deadline.	Facilitates access to available funding and opportunities for MSM programmes, as well as involvement in high-level decision-making processes, by listing them in all one place and regularly circulating announcements through the Eblast.	● Deadline: Request for Proposals, amfAR MSM Initiative Community Awards: Eastern Europe and Central Asia ● Deadline: UPR submissions for Czech Republic, Argentina, Gabon, Ghana, Peru, Guatemala and Benin
Calendar	A listing of events and opportunities pertaining to the health and human rights of MSM.	Keeps users informed of upcoming dates and deadlines, helping to increase involvement in activities that can support MSM health and human rights.	● March 15: Rectal Microbicide Research Update Teleconference ● March 19: HIV in Europe Copenhagen 2012 Conference
Eblast	An email newsletter featuring all new materials, events and deadlines uploaded to MSMGF.org, tailored to each user's desired frequency and focus topics.	Helps ensure users are aware of the latest information and opportunities to enhance their work with MSM.	An example of the Daily Eblast from February 28, 2012 is presented in Figure 5.

DAILY DIGEST

Your MSMGF.org Digest for 28 Feb, 2012

New Articles and Reports

Asia

Arts & Literature

'LGBT issue should surpass the elite'
India | 26 Feb, 2012 | English

HIV

36% jump in HIV among Mumbai gays in 2 yrs: Study
India | 26 Feb, 2012 | English

Sub-Saharan Africa

Life

Zimbabwean pulls out of Mr Gay World 2012
Zimbabwe | 27 Feb, 2012 | English

Domestic Violence Issues and Botswana's LGBTI Community
Botswana | 22 Feb, 2012 | English

Policy & Advocacy

OPINION: Gay rights in Cameroon
Cameroon | 22 Feb, 2012 | English

Gay rights out of constitution
Zimbabwe | 26 Feb, 2012 | English

Western Europe, Northern Europe & North America

HIV

Oslo Declaration on HIV Criminalisation
Norway | 13 Feb, 2012 | English

Programs & Initiatives

Spain says it will contribute to the global fund
Spain | 23 Feb, 2012 | Spanish

Research

New study highlights condom use in the U.S. among gay and bisexual men ages 18 to 87
United States of America | 27 Feb, 2012 | English

Diagnosing HIV in Men Who Have Sex with Men: An Emergency Department's Experience.
United States of America | 22 Feb, 2012 | English

New Events and Deadlines

Western Europe, Northern Europe & North America

27 Feb, 2013: Deadline: MSM Communities Worker, Hertz AID

Figure 5: Screenshot of an MSMGF Eblast, sent to a member via email on February 28, 2012 (email communication, February 28, 2012).

Global Network Development

In addition to circulating information, MSMGF.org also serves as the connective tissue for the evolving global community of advocates and service providers working for the health and human rights of MSM. The platform features a number of tools to facilitate networking and communication between members around the world. These tools help members to find and connect with potential partners and funders for collaboration and information exchange. A selected list of these tools is presented below:

TOOL	DESCRIPTION	BENEFIT	RECENT EXAMPLES
Social Network	Features searchable profiles of all MSMGF members that choose to be visible. Profiles include a brief biography, as well as details that can be cross-referenced in a search, including location, focus population and expertise.	Helps members find potential consultants, partners and funders to support their work for the health and human rights of MSM. As of March 15, 2012, 291 messages had been sent through the Social Network.	● Helped an international advocacy organisation find community consultants in Eastern Europe for a policy document on HIV among MSM in the region (February 2012) ● Helped a U.S. attorney find human rights consultants for an asylum case regarding a gay man from Malawi (January 2012)
Global Directory	Features searchable profiles of organisations that work for the health and human rights of MSM around the world. Organisation profiles include descriptions of the organisation's work and contact information.	Helps members find organisations that can partner on projects or provide necessary services. Profiles can be browsed by region or type of organisation (NGO, multilateral, clinical care provider, or funder).	● Helped US-based volunteers skilled in HIV services find MSM organisations in Cambodia for volunteer work (March 2012) ● Helped an international implementer find organisations in West Africa for capacity building on MSM issues and outreach (February 2012)
Discussion Forums	Email-based listservs available in each of the MSMGF's target languages. Available to members only, and archived in a password protected section of MSMGF.org.	Allows MSMGF members to communicate with each other directly, sharing information and inquiries with the broader community. Includes translation to allow members from one language group to keep up with dialogues in others.	● "Dominican GLBT Collective Discomfort with the Dominican Republic First Lady" (Spanish, February 2012) ● "Carving our own path: the pursuit of LGBT rights in the Middle East" (English, October 2011)
Survey Panel	A group of MSMGF members that has expressed interest in being involved with research activities, including qualitative assessments and quantitative studies. As of March 15,	Helps increase available knowledge on the health and human rights of MSM, providing a platform for the voices of advocates and community members to reach	● Members of the Survey Panel participated in a study commissioned by the World Health Organization on the prevention and treatment of HIV among MSM and transgender people; survey panel members from 27 different countries provided

	2012, the survey panel had 191 members from 62 countries.	high-level decision makers, influencing policy and funding priorities.	39 in-depth interviews (July 2011).
Volunteer Teams	A group of MSMGF members that have expressed interest in volunteering on MSMGF projects and the projects of MSMGF partners. As of March 15, 2012, the MSMGF Volunteer Teams had 213 members from 63 countries.	Volunteers provide a wide variety of services, including consulting on documents, survey implementation, and volunteer translation.	● As of March 15, 2012, MSMGF volunteers had provided 44 translations of articles on MSMGF.org

Bridging the Lingual Divide

Language barriers pose a major obstacle to the work of MSM advocates and organisations. There is already a dearth of information on HIV among MSM in most countries, and the vast majority of existing information is written in English and rarely translated. Many of our constituents have expressed a desire for the MSMGF.org platform to be available in as many languages as possible.

In order to bridge this gap, we identified seven languages to target for information exchange: Arabic, Chinese, English, French, Portuguese, Russian and Spanish. These languages were selected based on the number of people who speak them worldwide and their spread across different countries. In order to ensure the translation budget was used as optimally as possible, the Secretariat chose to translate the full skeleton of the website and translate only the titles of each new item uploaded. This way, speakers of all seven languages can browse the website entirely in their preferred language. Figure 6 offers an example, showing the English and Chinese versions of the Latin America: Programs & Initiatives page. Note the original language of each of the items listed on this page (indicated beneath each title); this example shows how MSMGF.org can allow English and Chinese speakers to find and access relevant materials that were originally written in French, Portuguese and Spanish.

Although site navigation can be conducted entirely in a user's chosen language, funding restrictions prevent full-text translation of every article posted. Users can click a button to the right of each article to view an automatic Google-translation instantly. If the Google-translation is inadequate or unclear, users can vote for an MSMGF volunteer or staff member to translate the full article. Translation is quickly assigned to a translator and is usually completed within a week. This approach ensures that translation resources are devoted to materials that members have already identified as useful. As of March 15, 2012, MSMGF volunteers and staff had translated 247 articles that received votes from users.

In order to carry out daily translation needs, the MSMGF has contracted translation services from MSM-focused community-based organisations in Lebanon, China, Cameroon, Brazil, Russia and Peru. Organisations were selected based on a reputation for high-quality work with MSM, registration status (an organisation must have a formal bank account to receive funds), and size and stability. We also believe that supporting community-based organisations that are carrying out important work with MSM in their

region is preferable to contracting a large commercial translation agency, providing an additional avenue to support grassroots work for MSM health and human rights.

Figure 6: Screenshots of the Programs & Initiatives page in the Latin America section, English version at left and Chinese version at right (Global Forum on MSM & HIV, 2010).

Impact

The MSMGF has collected a significant amount of data on the use and effectiveness of MSMGF.org since the platform was first launched in 2008.

MSMGF.org: 2008 - 2010
Data concerning the first iteration of the platform, from July 2008 through August 2010, is limited to statistics on members who signed up for the MSMGF Eblast and information collected from those members via online surveys.

The number of subscribers to the MSMGF Eblast during this period is broken down by region in the following table:

MSMGF Subscribers by Region: Iteration 1	
Western Europe, Northern Europe & North America	846
Asia	228
Sub-Saharan Africa	168
Latin America	87
Eastern Europe & Central Asia	64
Caribbean	46
Middle East & North Africa	11
Central Europe	N/A

Table 1: MSMGF Subscribers by Region, Iteration 1 (Global Forum on MSM & HIV, 2008).

In mid-2009, the MSMGF surveyed these members to learn more about who they were and how they used MSMGF.org. Thirty-two users responded to the online survey. The majority of respondents were service providers, activists and researchers, with most respondents working in the NGO/CBO sector. The most common reasons for using the website included reading recent research, learning about social issues facing MSM in a certain region, and finding opportunities for jobs, scholarships, and grants.

In response to the open-ended question, "Which features do you find most useful?", key findings included:

> *"It improves my work in prevention among MSM and provides more scientific info"*
> *-Czech Republic (December 15, 2009)*

> *"We circulate information to inform our health system"*
> *-Belize (November 18, 2009)*

> *"Knowing about latest publications and opportunities in grants"*
> *-Paraguay (November 19, 2009)*

> *"The eblast's deadlines, focus is very relevant to my work. Easy to read/navigate, gives a great overview! My favorite newsletter"*
> *-United States (November 18, 2009)*

> *"The website is the best collection of MSM-related data and news of recent developments"*
> *-Australia (November 18, 2009)*

Many users also provided useful suggestions for improvement:

> *"Perhaps arranging resources, contact organizations, etc, by topic? Or developing a search tool to give the option to search for resources by topic (e.g. harm reduction, migration, etc)"*
> -Netherlands (November 19, 2009)

> *"Having a social networking component would be useful to link with other researchers in area of interest, for example."*
> - United States (November 19, 2009)

> *"Translate it to Kiswahili."*
> - Kenya (November 18, 2009)

The MSMGF Secretariat used this feedback to develop the second iteration of MSMGF.org, with many of the new features included in the second iteration coming directly from user suggestions.

MSMGF.org: 2010 – Present

When the second iteration of MSMGF.org was launched on August 4, 2010, the MSMGF invested in Google Analytics to help track website use and activity. The reports from Google Analytics, as well as membership records from our current and previous website and an online survey conducted in early 2012, represent the bulk of the data we have on the platform in its current form. We present key findings below.

Usage

From August 4, 2010 to March 15, 2012, a period of eighteen months, MSMGF.org received 106,286 visits from 68,974 unique visitors. During this period, the site received a total of 405,278 page views. Looking the rate of visits in the latest month available (February 15 - March 15, 2012), the average number of visits per weekday was 341.6, with an average of 5:23 minutes spent on site.

The regional breakdown of all visits received from August 2010 to March 2012 is shown below:

Visits by Region: Iteration 2	
Western Europe, Northern Europe & North America	48,371
Asia	17,726
Sub-Saharan Africa	11,364
Latin America	10,915
Eastern Europe & Central Asia	5,566
Middle East & North Africa	5,531
Oceania	2,959
Not set	2,689
Caribbean	1,525

Table 2: Total number of visits to MSMGF.org from August 4, 2010 to March 15, 2012, by region (Global Forum on MSM & HIV, 2010).

Examining the breakdown by language, 66% of visits were made in English. Of the MSMGF's six non-English target languages, most visits were in Spanish, followed by Chinese and French.

Members

While one does not have to be a member to browse the resources available on MSMGF.org, membership allows registrants to customise the information they receive in Eblasts and the opportunity to join the MSMGF Social Network. As of March 15, 2012, MSMGF.org had 3,182 members from 147 countries. This number includes those who subscribed before the new website was launched (1,450 members) and those who subscribed since (1,732 new members). Of members from the old website, only the ones that re-subscribed to the new site (222 members) receive customised Eblasts and access to the social network.

While the older website only allowed subscriptions in English, the new site allows subscriptions in the MSMGF's six additional target languages. Of the 1,954 members who subscribed on the new platform, 1,505 (77%) have signed up for services in English and 449 (22%) have signed up for services in languages other than English:

Spanish (132), French (116), Arabic (70), Chinese (49), Russian (41), and Portuguese (36). An additional 5 members signed up in languages that are not included in the MSMGF's seven target languages.

The MSMGF did not begin requiring country information from subscribers until December 2010. However, the regional breakdown of subscribers that signed up after December 2010 is listed in the table below:

MSMGF Subscribers by Region: Iteration 2	
Western Europe, Northern Europe & North America	572
Sub-Saharan Africa	377
Asia	215
Latin America	105
Oceania	69
Caribbean	65
Eastern Europe & Central Asia	55
Middle East & North Africa	27
Central Europe	23

Table 3: MSMGF members by focus region (Global Forum on MSM & HIV, 2010).

Members who subscribed after the new website was launched are also asked to indicate the sector in which they work. The table below indicates the way these members self-identify by sector:

MSMGF Subscribers by Sector	
Community/Non-Government	1316
Research Institution	209
Government	104
Foundations	77
Private	60
Multilateral Organisation	54

Table 4: MSMGF members by sector (Global Forum on MSM & HIV, 2010).

MSMGF.org 2012: Member Experience and Perceptions

In early 2012, the MSMGF Secretariat conducted an online survey to learn more about members' use and experience of MSMGF.org. The survey was open from January 4, 2012 – March 15, 2012, and offered in Chinese, English, French, Portuguese, Russian and Spanish.

A total of 224 members responded across all languages. The charts below show a breakdown of survey participants by region and language:

Survey Respondents by Region	
Sub-Saharan Africa	51
Western Europe, Northern Europe & North America	43
Asia	31
Latin America	30
Eastern Europe & Central Asia	22

Survey Respondents by Language	
English	143
Spanish	32
French	19
Russian	20
Portuguese	2

Caribbean	15		Chinese	8
Central Europe	12			
Global	11			
Middle East & North Africa	6			
Oceania	3			

Table 5: MSMGF 2012 Member Survey respondents by region and language (Global Forum on MSM & HIV, 2012).

The vast majority of survey respondents worked in the CBO/NGO Sector (82%; N=184), followed by less than 1% in other sectors (Research Institutions N=17, Government N=11, Multilaterals N=5, and Foundations N=4). In terms of their work with MSM, most survey respondents identified their primary role as Activist (N=140), followed by Service Provider (N=81), Researcher (N=54), Funder (N=11) and Other (N=11).

When asked, "Where do you get most of your information on MSM health and human rights?", more than 83% (N=188) indicated "Websites via computer," followed by "Email listservs" at 50% (N=113), and "Local grassroots organizations" at 39% (N=89).

Respondents were asked if and how they used different resources on MSMGF.org in their work with MSM. The survey indicated that 71% of respondents use MSMGF.org to advance their in-country advocacy, 72% of respondents use MSMGF.org to advance their international advocacy, 78% of respondents use MSMGF.org to find information on the design and implementation of MSM programmes, and 82% of respondents use MSMGF.org to research issues related to MSM health and human rights.

In order to better understand how non-English speakers were using the platform, a secondary analysis was run that excluded responses from the English-language survey. A total of 81 respondents took the survey in Chinese, French, Portuguese, Russian and Spanish.

Of all non-English respondents, 74% use MSMGF.org to advance their in-country advocacy, 75% use MSMGF.org to advance their international advocacy, 77% use MSMGF.org to access information on MSM that is not available in their language, 82% use MSMGF.org to find information to inform the design and implementation of MSM programmes, and 86% use MSMGF.org to research issues related to MSM health and human rights.

In regard to the various tools available on MSMGF.org, a majority of all respondents indicated that the Eblast was most useful to their work with MSM (65%, N=146), followed by the Opportunities Board (58%, N=130), and the Regional Pages (35%, N=79). The lowest rated items were the Library (17%, N=40), Translation Services (14%, N=32), and the Directory (13%, N=29). It should be noted that when the English-speaking participants were removed, 34% of non-English speaking participants indicated that Translation Services were most useful.

More than 50% of respondents indicated they used MSMGF.org "Frequently" (28%, N=63) or "Often" (27%, N=61) in their work with MSM. Twenty-four percent of respondents indicated they "Sometimes" used MSMGF.org in their work with MSM (N=54), and 4% indicated they "Never" did (N=10).

The survey also offered participants an open text box to write what they found particularly useful about the platform. The most frequent themes found in user responses were: A) an appreciation for the reliability, timeliness and comprehensiveness of the information available on MSMGF.org, and B) an appreciation for the ability to learn about MSM initiatives in other regions to help inform the respondent's local work. A representative sample of comments is listed below:

I often visit the regional pages that are specific to Africa to look for advertisements of upcoming conferences, meetings and also for funding deadlines. This is my surest source of information on funding calls.

- Uganda (February 22, 2012)

I admire the stuff of the MSMGF its gives me inspiration for an advocacy strategy in my country Cameroon where the laws are yet to permits us to advocate for our rights.

- Cameroon (February 23, 2012)

The services are useful in supporting my work on MSM research. Email updates and sessions presentation are indeed vital in facilitating deeper contextual issues on MSM research agenda in Africa.

- Kenya (February 8, 2012)

New ideas and experiences of other organizations to develop and implement programs for MSM in Estonia.

- Estonia (February 29, 2012)

Continue the good work. It is the need of the hour and many organisation looking for these kind of support. I always use this forum to get information.

- India (February 7, 2012)

Respondents were also asked for suggestions on how to improve MSMGF.org and its services. Most respondents requested: A) improved networking, B) increased promotion of the site and its resources, and C) the addition of more languages. A representative sample of comments is listed below:

Connect to all MSM Network around the world and build a platform for communication.

- Cambodia (February 21, 2012)

Would like to see greater collaboration. Promote and support for regional and national MSM networks and organisations.

- Vietnam (February 7, 2012)

I did not know they had such information; these should be promoted more.

- Peru (February 16, 2012)

Local languages such as Hausa/Fulani should be included in the translation languages due to the high number MSMs of these ethnic groups in need of information on sexual health.

- Nigeria (February 21, 2012)

Direct emails from constituents and key informant interviews conducted with prominent MSM leaders and heads of regional MSM networks also reflected the same set of themes. The most prominent theme to emerge from key informant interviews was a strong desire for enhanced networking capacity.

Connecting and collaborating with digital networking

Men who have sex with men are a marginalised population at risk for HIV and human rights violations in most parts of the world. In many countries, there are only a handful

of advocates and service providers actively working with MSM. With MSM advocates and service providers so geographically dispersed – and sometimes isolated to a particular language group – many local actors are disconnected from vital information, resources, opportunities and support. A networked and digital response presents a viable option for connecting people working on similar issues in different parts of the world for information sharing and collaboration, allowing actors in one region to benefit from advances in another. With limited funding, opportunities, and research available for those working with MSM, efforts must be made to ensure this kind of information is easily accessible to MSM advocates working in all countries. This is especially important because many of these opportunities and resources originate in a very small number of countries and languages.

As a networked and digital intervention, MSMGF.org is designed to connect the individuals and organisations that comprise the vast majority of the HIV response for MSM with the opportunities and resources they need to work most effectively. The MSMGF's 2012 survey of MSMGF.org members suggests that most of these individuals and organisations get their information on MSM health and human rights from web-based sources, primarily websites and email listservs. By offering a platform that combines both website and listserv formats, MSMGF.org utilises the channels that appear to be used most frequently by the advocates and organisations at the forefront of addressing the HIV epidemic among MSM.

Evaluation indicates that user experience with the platform is positive. More than 70% of survey respondents indicated that they used MSMGF.org to advance their advocacy work, design and implement MSM programmes, and research issues related to MSM health and human rights; more than 50% indicated that they use it frequently or often in their work with MSM. With the Eblast, Opportunities Board, and Regional Pages at the top of the list of "Most Useful" features, services focused on information exchange appear to be the most effective tools on the site.

Data indicates that non-English subscribers are using the site to support their work with MSM as well. More than 75% of non-English subscribers indicated that they use the platform to access information that would be otherwise unavailable in their own language, and more than 70% are using the platform to advance in-country and international advocacy, design and implement programmes, and research issues on MSM health and human rights. However, many members have commented that they would like more translations than are currently available on the site at present. This indicates a need for resources to ramp up translation work on the site, helping to bridge the pervasive language barrier.

The 2012 survey also clearly indicates a number of additional areas for improvement. Above all, it appears that users would like more and better opportunities for facilitated networking. With the Directory near the bottom of the list of "Most Useful" features, there is no question that a need exists for effective networking mechanisms. In response to this feedback, the MSMGF is currently retooling the Directory and Social Network sections of the web platform in order to make it easier for users to find potential partners and funders for their work with MSM. Completion of these updates is expected by mid-2012.

Like many interventions, the MSMGF.org web platform requires staff to maintain it. Collecting the information for site updates requires the employment of one part-time employee for 20 hours a week. Making the material available in non-English languages also requires contracting external translators, which constitutes an additional cost. However, the MSMGF feels that the benefits of the intervention are worth these modest costs, considering the reach and impact of the service worldwide.

Conclusion

This paper has reported on the rationale, design, implementation, and formative evaluation of MSMGF.org, an innovative response to the lack of access to knowledge, resources and collaboration among practitioners working on issues concerning MSM. Evaluation of this approach shows that a digital and networked intervention is a valuable tool for supporting the health and human rights work of grassroots organisations. This is especially true for those working with MSM in low- and middle-income countries, where HIV is taking a heavy toll on MSM and infection rates are continuing to climb. Investments in new research, new funding initiatives, and new programme designs for these populations will have limited impact if the organisations working with MSM in these countries cannot gain access to them. Bridging this access gap is how MSMGF.org makes a difference.

The participatory development of a single comprehensive hub of information, resources and partners has proven to be a useful practise for MSM advocates and implementers around the world. Overall the site has shown strong uptake by users, as evidenced by page visits, the expanding number of registered members, and the ways that members use the site. The platform appears to be effective at helping grassroots organisations in low- and middle-income countries overcome many of the obstacles that undermine their work for the health and human rights of MSM. This approach could be effective in work with other marginalised minority populations that are scattered in small groups across distant geographies, including other populations at risk for HIV like sex workers, people who use drugs, and transgender people.

Moving forward, the challenge and the opportunity is to further refine our "virtual village." We aim to go beyond information sharing to create meaningful and relevant opportunities for individuals across a range of identities to interact and collaborate to address HIV, health and human rights among MSM (Walsh & Singh, 2012). Through ongoing research and evaluation with our stakeholders, we will build on MSMGF.org's current contributions to develop critical networking and partnership tools toward improving the health outcomes of MSM.

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Acknowledgements

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Lily May Catanes serves as Operations Associate at the MSMGF. With foundations in international business, leadership and marketing, and a background in instructional design and development for online education and training, she supports the MSMGF in an administrative and logistical capacity for all of its operations, which include project implementation, office management, travel and meeting planning/coordination.

Pato Hebert serves as Senior Education Associate at the MSMGF. Mr. Hebert has been working in HIV prevention since 1994. His focus has been cultural production, programming and information messaging. He leads the HIV prevention foci of the MSMGF while also helping to develop identity and cohesion across our coordinated programmatic and material efforts.

Goldie Negelev serves as Communications Assistant at the MSMGF. Ms.Negelev is responsible for the production of the MSMGF Eblast, as well as maintaining the MSMGF's online database of articles and reports on the health and human rights of MSM around the world.

Dr George Ayala serves as Executive Director of the MSMGF. Dr. Ayala has worked in the nonprofit HIV/AIDS sector managing social service programmes for nearly thirty years. He is the former Director of Education at AIDS Project Los Angeles (APLA), where he oversaw HIV prevention; capacity building assistance; community-based research; print, video, and web-based media programmes for six years. A clinical psychologist by training, Dr. Ayala has also conducted social science and community-based intervention research since 1996. Dr. Ayala worked as a researcher at RTI International and the University of California, in Los Angeles and San Francisco. His research has mainly focused on understanding the mechanisms through which social discrimination impacts health among gay men and other men who have sex with men.