



**FINAL REPORT
OF THE GAP (GAY AIDS PREVENTION) NETWORK
1999-2000**

Agreement N. S12.84016 05F03 (99CVVF4-008-0)



EUROPEAN COMMISSION. Programme of Community Action on the Prevention of AIDS and certain other communicable diseases

Neither the European Commission nor any person acting on his behalf is liable for any use made of the following information

**FINAL REPORT
OF THE GAP (GAY AIDS PREVENTION) NETWORK
1999-2000**

Technical Report

With the financial support of the
DGV of the EUROPEAN COMMISSION

Written by

Co-ordinator of the Project
Alberto Martín-Pérez

Manager of the Project
Luisa García Berrocal

GAP Network
Fuencarral 37.
28004 Madrid
SPAIN

Tel. (34) 91 522 45 17

Fax. (34) 91 524 02 00

Info@mindthegap.org

www.mindthegap.org

INDEX

1. LIST OF PARTICIPANTS	4
2. NOTE ON THE PARTNERS' LIST	5
3. DEVELOPMENT, PROGRESS AND IMPACT OF THE PROJECT, INCLUDING METHODOLOGY	9
Phase 1. April 99 – July 99	
1. Networking	9
2. New insight on the objectives	9
3. The skillbuilding dimension of GAP	11
4. Preparation of the GAP Antwerp meeting	11
5. The relevant four fields during the first phase	12
6. Other relevant topics related to GAP during the first phase.	13
Phase 2. July 99 – January 00	16
1. Meeting the political goals at the Amsterdam Conference	16
2. Planning of the year 2000.	17
3. The relevant four fields during the second phase	17
Phase 3. February 00 – July 00	19
1. The relevant four fields during the third phase	19
2. The abstract goals of GAP	20
3. Other reports from the Amsterdam Conference	21
4. Planning the future of GAP	22
5. Sexual Health definitions	23
6. Multi-ethnic thinking workshop	23
7. Defining themes for future skill-building sessions	26
Phase 4. July 00 – December 00	28
1. Facing the change of the Health European Programme	28
2. The merge CERIS-GAP	28
3. Hot news on prevention at the VIIth GAP meeting in Madrid	29
4. Finalisation of a strategy for the future of GAP	30
5. Some ideas on the evaluation of projects and interventions	31
The web site and the Newsletter	32
1. Implementation of the "Mind the GAP web site during the years 1999 and 2000.	32
2. Creation, distribution and development of the Newsletter "Mind the GAP"	34
The projects presented at the "catwalks"	37
4. SHORT DESCRIPTION OF RESULTS	40
5. ASSESSMENT OF THE ACTIVITY	41
6. PLAN OF DISSEMINATION OF RESULTS	43
7. FINAL CONCLUSION	44
8. SUMMARY OF THE PROJECT	46
9. FINANCES OF THE PROJECT.	
1. Introduction.	48
2. Final statement of incomes and expenditure.	

10. 1. LIST OF PARTICIPATING ORGANIZATIONS

PARTNERS

State name : BELGIUM
Organisation name : Ex Aequo
Address : Rue de Tervaete, 89. B-1040- Brussels
Status in the project : Partner
Telephone number : 32-2-736 28 61
Fax number : 32-2-733 96 17
E-mail code : info@exaequo.be// thierry.martin@chello.be
Web site: www.exaequo.be
Contact person : Thierry Martin

State name: BELGIUM
Organisation name : Aidsteam Vlaanderen
Address : Kipdorvest 48a, B-2000- Antwerpen
Status in the project : Partner
Telephone number : 32-3-238 68 68
Fax number :
E-mail code : info@aidsteam.be
Web site: www.aidsteam.be
Contact person : Chris Lambrechts

State name : DENMARK
Organisation name : Stop AIDS Kampagnen.
Address : P.O. Box 190, DK-1006 Copenhagen
Status in the project : Partner
Telephone number : 45-33-112 911
Fax number : 45-33- 111 955
E-mail code: haff@stopaids.dk steen@stopaids.dk
Contact person : Jakob Haff / Jakob Steen Olsen

State name: GERMANY
Organization name: CHECK UP
Address: Xantener Str. 3b, D-50733 Köln (M. Gradinger's address)
Status in the project: Partner
Telephone number: 49 221 20 203 60
Fax number: 49 221 20 203 38
E-mail code: cute@netcologne.de
Website: www.checkup-koeln.de
Contact person: Matthias Gradinger

State name: GREECE
Organisation name: Synthesis
Address: Kalymnou 8, 11251, Athens
Status in the Project: Partner
Telephone number: 00 30 186 19 348
Fax number: 00 30 186 19 348
Email code: noel@hol.gr synthesis@hiv.gr
Website: www.hiv.gr
Contact person: Leo Kalovyrrnas

State name : IRELAND
Organisation name : Gay HIV Strategies
Address : Fumbally Court, Fumbally Lane, Dublin 8
Status in the project : Partner
Telephone number : 353-1-473 05 99
Fax number : 353-1-473 05 97
E-mail code : ghs@nexus.ie
Web site : <http://www.iol.ie/nexus/>
Contact person : Brian Sheehan

State name: ITALY
Organization name: Arci Gay
Address : Piazza di Porta Saragozza 2, I-40123- Bologna
Status in the project : Partner
Telephone number : 39-0-51-644 62 52 or 39-0-51-649 12 50
Fax number : 39-0-51-644 69 02 or 39-0-51-649 12 50
E-mail code : pietrantoni@katamail.com lruiu@tin.it
Web site: www.gay.it/infoaids/index.html.
Contact person : Luca Pietrantonì. Luca Ruiu.

State name : LUXEMBOURG
Organisation name : Aidsberodung- Croix Rouge
Address : 94 bd Patton, L-2316 Luxembourg
Status in the project : Partner
Telephone number : 352-40 62 51
Fax number : 352-406 255
E-mail code : aidsberodung@croix-rouge.lu
Contact person : Thomas Forsbach / Sascha Hoffman / Claude Neu (99)

State name : PORTUGAL
Organisation name : Associação ILGA-Portugal
Address : Rua de São Lázaro 88, P-1150 -333 Lisboa
Status in the project : Partner
Telephone number : 351-1-887 39 18
Fax number : 351-1-887 39 22
E-mail code : ilga-portugal@ilga.org maj@math.ist.utl.pt
Web site: www.ilga-portugal.org
Contact person : Manuel C. Morais/ José Manuel Fernandes/ Nuno Martins (99)

State name : SPAIN
Organisation name : stopsida
Address : Finlandia, 45, 3er piso E-08014 Barcelona
Status in the project : Partner
Telephone number : 34-3-298 05 88
Fax number : 34-3-298 05 89
E-mail code : stopsida@stopsida.org
Web site: www.stopsida.org / www.cgl.pangea.org
Contact person : Kati Zaragoza

state name : SPAIN
Organization name : COGAM (Colectivo de Lesbianas y Gays de Madrid)
Address : Fuencarral 37, S-28004-Madrid
Status in the project : Co-ordinator
Telephone number : 34-91-522 45 17
Fax number : 34-91-524 02 00
E-mail code : cogam@ctv.es / miaow@argen.net (Alberto's)
Website : www.cogam.org
Contact person : Fernando Villaamil (manager), Alberto Martín-Pérez (Co-ordinator) Luisa García (manager 99/00)

State name : SWEDEN
Organisation name : RFSL
Address : P.O. Box 350, SE-10126 Stockholm
Status in the project : Partner
Telephone number : 46-8-736 02 11
Fax number : 46-8- 304 730
E-mail code : staffan.hallin@rfsl.se
Web site : www.rfsl.se
Contact person : Staffan Hallin

State name : SWITZERLAND
Organisation name : Aids-Hilfe Schweiz
Address : Konradstrasse 20. 8005 Zürich
Status in the Project : self-funded partner
Telephone number : 01 447 11 11
Fax number : 01 447 11 12
E-mail address : markus.sulzer@aids.ch

State name : THE NETHERLANDS
Organization name : Schorerstichting
Address : P.O. Box: 15830, NL-1001- NH Amsterdam
Status in the project : Partner
Telephone number : 31-20-57 39 444
Fax number : 31-20 664 60 69
E-mail code : jandirk@sadschorer.nl
Website : www.schorer.nl www.kinkysex.nl
Contact person : Jandirk Veenstra

State name : UNITED KINGDOM
Organization name : THTL (Terrence Higgins Trust/Lighthouse)
Address : 52-54 Grays Inn Road, UK-London-WC1X-8JU
Status in the project : Partner (Website + Newsletter)
Telephone number : 44 20 7831 0330 (reception)/ 20 7816 46 42 (Will's)
Fax number : 44 20 7816 4563
E-mail code : will.nutland@tht.org.uk // sunil.patel@tht.org.uk
Web site : www.tht.org.uk
Contact person : Will Nutland / Sunil Patel / Colin Dixon (99/00)

OBSERVERS

State Name: AUSTRIA
Organisation name: Aids Hilfe Wien
Address: Mariahilfer Gürtel 4
Status in the Project: Partner
Telephone number: 43 1 595371192
Fax number: 43 1 595371117
Email code: wien@aidshilfe.or.at
Contact person: Michael Leitner

State name : AUSTRIA
Organisation name : HOSI- Wien
Address : Novaragasse 40, A-1020 Wien
Status in the project : Observer
Telephone number : 43-1-216 66 04
Fax number : 43-1-545 13 10
E-mail code : kurt.krickler@hosiwien.at
Contact person : Kurt Krickler

State name : International Organization
Organization name : UNAIDS, WHO Regional Office for Europe
Address : Scherfigsvej 8, D-2100 Copenhagen
Status in the project : Observer
Telephone number : 45-39-171 557
Fax number : 45-39 171 875
E-mail code : hom@who.dk
Contact person : Henning Mikkelsen

State name : SPAIN. National Health Ministry
Organization name : Plan Nacional sobre el SIDA, Secretaría
Address : Ministerio de Sanidad y Consumo, Paseo del Prado 18-20, E-28071- Madrid
Status in the project : Observer
Telephone number : 34-1-596 12 19/ 596 12 12
Fax number : 34-1-596 15 49
E-mail code : inoguer@msc.es
Contact person : Isabel Noguer

State name: United Kingdom
Organisation name Candem & Islington CHS NHS Trust
Address Health Promotion Services, St. Pancras Hospital, 4 St. Pancras Way, UK-London –NW1-0PE
Telephone number 44 20 7530 3926
Email code marc.maguire@CICHS-TR.NTHAMES.NHS.UK
Contact Person Marc Maguire

2.- NOTE ON THE PARTNERS LIST

In the original list of partners submitted to the European Commission in 1998 with the proposal for this project there was a French organisation, *AIDES Ile de France*, which is no longer taking part in this Network. In the Interim Report of this project we have explained in further detail the difficulties we were having with *AIDES Ile de France*; but also with the *French National Federation AIDES* and the local *AIDES Provence* which was supposed to replace *AIDES Ile de France*. During the whole stage period the position of the three mentioned agencies has been rather confusing. The GAP Network has tried several strategies and the issue of the involvement of France has been tackled at almost every meeting.

Our continuous efforts to get France involved in our Network didn't get a real fruit. We were told by *AIDES Provence* that, though they wanted to participate they were not going to attend any of the three meetings scheduled in the year 2000. The GAP Network steering committee considered the replacement of AIDES, specially because there were other countries willing to come in, like Greece. Finally we decided we should keep the door open to France in case they decided to attend any of the meetings in the end, which hasn't happened.

During the Conference *Towards Better Practise* which was held last February in Amsterdam, we met a Greek organisation willing to represent Greece within GAP, the recently born *Synthesis*. A representative of *Synthesis* has been attending our meetings in Barcelona and Madrid and we are extremely satisfied with their enthusiasm and the effort they have put in during the meetings.

The goals of *Synthesis* are "twofold: one is to produce relevant information both for Hiv+ and HIV- gay men (health management for the first, prevention information and messages that could transform knowledge into practise for the latter). Secondly to advocate; we want to raise awareness about the social stigma and marginalisation imposed on HIV+ people".

In the meantime the MSM Prevention services of the *Swiss AIDS Hilfe* knew about the GAP Network thanks to the *Mind the GAP* website. They showed a great interest in taking part in the Network; in words of his representative at our Barcelona meeting "our epidemiological facts are not that different of those countries who are members of the European Union. There is an increased need of collaboration when AIDS respects no frontiers". The Swiss AIDS Hilfe has funded their own participation in the Network (during phase two and three, year 2000), attending our meetings in Barcelona and Madrid.

Concerning the contact persons, there were changes on the list also: Nuno Martins (ILGA Portugal), George Svèd (RFSL), and Claude Neu (Aidsberodung CR) left their representative role in the GAP Network for different reasons. Manuel Morais (ILGA Portugal), Staffan Hallin (RFSL) and Carles Font /Thomas Forsbach (Aidsberodung CR in Barcelona / Madrid) are now representatives of their organisations at GAP.

The GAP Network has achieved after three years the constitution of the first lasting Network of 15 organisations working on HIV prevention and Health Promotion targeting gay men from 13 European countries. If the plans of enlargement of the Network go on as expected, after the merge with the EC funded CERIS Project, the Network resulting will contain the fifteen countries of the European Union. Besides Switzerland, other countries (Georgia, Latvia) have expressed their interest in taking part in our Network in future phases.

The partner agencies of the GAP Network are benefiting from the existence of the Network. The levels of international collaboration have increased. The sharing of expertise, methods, materials and research is improving the prevention work that it is being done for MSM throughout Europe. These improvements are more visible in those areas where the prevention work targeting gay men finds constraints due to political, socioeconomical or religious reasons.

3.- DEVELOPMENT, PROGRESS AND IMPACT OF THE PROJECT, INCLUDING METHODOLOGY.

PHASE 1. APRIL THE 1ST 99 – JULY THE 31ST 99.

THE PLANIFICATION OF A NEW PHASE OF THE GAP NETWORK

During this phase the steering committee had a key role. In December 98, at the last GAP meeting in Madrid it had been decided that this committee would be constituted by COGAM (Madrid), SAD (Amsterdam), Aidsteam (Antwerp), THT (London) and Ex Aequo (Brussels).

Two meetings took place in this phase. The first one is attended by the Steering Committee (London, June 99). The second one is a general Network meeting and it was held in Antwerp in July 99. Also, before this phase started, another extraordinary meeting took place in Amsterdam (March 00)

The steering committee settled a concrete planning and a concise strategy for 1999 and 2000. The reviewed topics were the following:

1.- Networking.

Along the first phase of GAP a problem had been identified: the Network seemed to exist just twice a year during meetings. This seemed to be true for a majority of partners. The strategy during these two years has been to produce e-mail monthly updates, just for GAP partners. The *Mind the GAP* website has tried to play a more active role than in the past by approaching partners. Another key aspect to be promoted was the exchange level between partners.

2.- New insight in the objectives.

In 1998 we submitted to the EC three pilot projects which were not approved for funding. However the three pilot projects reflected priorities for the Network. They were supranational topics that needed more collaboration than local approaches. These topics were

- a) prevention strategies for gay HIV positive men;
- b) collaboration with commercial gay venues; and
- c) strategies for prevention in European gay tourist's destinations.

It was rather clear that we had to look for strategies to deal with these issues even without funding. The Network meetings were an occasion to discuss and propose solutions.

A new objective which was added and in which the steering committee would play an important role was that to *identify new threads for the MSM health.*

The GAP Network objectives in this phase are the following:

1. Implementation of R&D Programme.
2. Monitoring effects of new therapies on prevention.
3. Promote exchange and collaboration.
4. Develop and improve a Clearing House.
5. To Stimulate monitoring research (comparison + collaboration).
6. To attempt to synchronise messages.
7. Linking with other networks (avoid doubling / effects).
8. Identify new priorities after 2000

Some of these objectives were looking rather abstract (especially 2, 5 and 6). The idea of the steering committee was to introduce these objectives alongside the mentioned priority areas identified during our first phase (positive gay men, young gay men, collaboration with gay owners on prevention and gay tourists) The result was the following table. The grey areas relate to actions that can be done within our possibilities.

It should be mentioned that the GAP Network has been working closely with the also EC funded Project CERIS Kit which is developing European prevention strategies targeting young gay men

<i>AIMS</i>	CERIS (YGM)	SEROST.	Comm Dev	TOURISM
Effects of new therapies on prevention	X	+	X	X
Monitoring research	+?	+?	X	X
Clearing House	+	+	+	+
Messages (which/how) Safe/ safer Anal/vaginal condoms Oral sex Unsafe sex	++ STD's (homophobia) testing negotiation of safety	+++ PEP/ reinfection/ safe sex with HIV + men/ STI's/ negotiation/ disclosure/ barebacking	X	++
Exchange	++ high motivation to work together on interventions	++ high motivation to work together on interventions	++ high motivation to work together on interventions	++ high motivation to work together on interventions.
Links	++ AIDS & Youth EuroTAMPEP	++ EATG and others	+? AEAN?	X Minimally stimulate EU: this is an EU problem. Maybe propose a strategy.
Implement.		Collaboration has an impact on interventions. Ongoing contacts		

In this phase we were giving the impression we had so far from the Network. We had some doubts about the possibility of reaching the rather abstracts goals the network had set and were not sure about the effectiveness for the individual members as it was currently running. In fact we thought that the initiatives taken within GAP should be focused on the needs of the members so they would have to be concrete, practical and useful. As a Steering Committee we could handle the bigger more abstract issues before and during the meetings. This would give the network room on the agenda to focus on the direct needs of the members.

The February 2000 Amsterdam Conference organised by Aids Fonds (*Towards Better Practice; European Partnership in HIV/AIDS Research, Policy, prevention and Care*) was an excellent occasion for the Network to interact with scientists and other experts. The Network could formulate recommendations afterwards concerning the more abstracts goals like standardising messages or monitoring research and the effects of new therapies on prevention.

But before this happened, there was more input from the partners on these objectives at the Antwerp GAP meeting in July 1999.

- **Synchronising messages:** Instead of aiming at synchronising messages, our experience says it seems more sensitive to focus *on how to approach potential divergences*.
- **Monitoring effects of new therapies on prevention:** The feared effect doesn't seem to take place. So, it may be useful to gather and compare the available data from various countries. What is the actual effect now? Is it as dramatic as expected? Or not? What is happening? We should also investigate the link with other STDs.
- **Stimulating adequate monitoring research:** Such monitoring happens in very divergent ways in various countries. The aim is to make sure monitoring is aligned more adequately, by, among other ways, communicating between various initiatives and promoting mutual alignment of all these. The GAP Network should promote this process of increasing realignment and co-ordination. The conference "*Towards better practise*" could lend itself as a platform of information and exchange on how to set up monitoring research, for example (presentation by Sigma Research about how to set up similar projects elsewhere).
- **Linking with other networks:** All the major AIDS European networks are already contacted. One reason is to make sure that no work is done twice. Some of us work with gay organisations as such, not necessarily aids prevention organisations. So, we should also include networks such as ILGA, etc.

3.- The skill-building dimension of GAP

We were considering for the first time the possibility of creating the chance to meet more directly with "peers" (i.e. prevention workers or organisations in similar or more advanced circumstances). This would be more useful and more skill-building than our common general meetings. Also the possibility to create training programmes where GAP members could come and learn/work with another organisation for a few days could be explored for proposal in future phases of the Network. This "skill-building dimension" will have a key role in future phases of the Network. But for the next one other skill-building methods more accessible will be implemented. The exchange of human capital would correspond to one of the most lively expectations of the GAP Network partners. Before leaping ahead, though, it is crucial to adequately describe the modalities of such an exchange program.

4.- Preparation of the GAP Antwerp meeting.

The IVth GAP meeting was carefully prepared. We thought we had to promote local discussion before the meetings were taking place. This could only be possible if we distributed working documents beforehand. During these two years the SC has put a lot of effort in the preparation of meetings.

For the first time we included a "catwalk" of local new projects that we have maintained in following meetings. This is a method to show and exchange local projects and materials.

It was also time to clarify what the partners expected from the Network and what the GAP was expecting from its partners. To this end we prepared the document "*Clear agreements make better friends*" presented during this meeting and actually taken as an agreement by GAP partners (attached doc. number 1). It was made clear, however, that a little bit of flexibility needed to be incorporated. Urgent agendas force us sometimes to withdraw from a single query, questionnaire, project or other. There should be space for

such incidental 'resignation'. Also, it was important to learn from our cultural differences and try to change our attitudes and biases – including the language we use. Specifically we should make an effort to work for **our** communities, and **all** the sub-communities within that, as opposed to **my** community.

There would be “parallel sessions” to discuss the topics “prevention for positive gay men”, “prevention for gay tourists” and “collaboration with commercial gay venues”.

We contacted two external expertises to help us during these parallel sessions. Rudi Bleys prepared a study on positive sex, seroestatus and disclosure (attached document n.2), and Karl Hayden prepared a study on community development and models of good practise for the involvement of local gay venues and local health authorities on prevention (attached Document 3). Alberto Martin-Pérez engaged himself to offer an overview on research and projects targeted at gay tourists (attached document n.4). Thierry Martin, co-ordinator of the EC funded CERIS Project would update the GAP partners on the developments of this project and the results of the European Congress which was going to take place in March 99 in Brussels.

5.- The relevant four fields during the first phase.

5.1. THE PREVENTION WORK FOR YOUNG GAY MEN. CERIS

The CERIS Congress celebrated in Brussels in March 1999 reached it's goals. The main criticism concerned the lack of young people participating in the Conference. Ex Aequo distributed massively the report of this Congress with the support of the EC. The second phase (CERIS Kit) started in September 99 – with meetings in Madrid, Dublin, Lisbon, Vienna and Brussels – and focused on looking at methods of working with young gay men. These new methods will then be pre-tested, and young gay men will be involved in development of interventions from the very beginning.

5.2. THE PREVENTION WORK TOWARDS POSITIVE GAY MEN.

Rudy Bleys prepared an update on the situation of prevention work targeting positive gay men, and other topics related (serodiscordance, seroselection, etc). This group has gradually moved to the forefront of prevention's agenda and this after AIDS prevention organisations had somewhat neglected them out of fear for stigmatising. New therapeutic perspectives allow them to actually resume their sex lives, but confronts them also with new needs and problems regarding prevention.

The report (attached doc n.2) was the starting point to discuss recommendations for HIV prevention towards HIV + gay men, which was the main goal of the meeting in Antwerp. However, we might consider discussing a pilot project in the future.

The session on the Antwerp meeting was open to relevant observers from gay positive organisations. Two positive gay men were invited (J. S., from London and R. W. from Amsterdam) and provided their highly valuable feedback. We also asked the University of Maastrich to provide a speaker for the meeting, though with no positive answer.

During the meeting the standard points from the Conference “*living with HIV*” held in 1999 at Warwick University, Coventry, UK, were reminded. Prevention actually was a crucial part of this Conference. The discussion can be consulted at the minutes of this meeting and the interim report. During the meeting an inventory of actual interventions which targeted gay positive men in Antwerp, London, Paris and Amsterdam was made.

Conclusions from this meeting:

- Campaigns around *assumptions make* are legitimate only when going both ways, i.e. targeting both positive and the other (negative and/or not-knowing) people.

- Many a positive person's desire for unprotected sex might be intense also because nobody has ever addressed their sexuality once they turned positive. Focus, indeed, has been too exclusively on 'how to stay negative'.
- One should approach disclosure not as a standard, but rather as a tool, that one can adopt or not. Probably, new technologies (such as self-test) will again change discourse and practice alike. Little scientific data is available. R. Bleys' paper sets an agenda here on the level of what needs to be researched.
- Talking exclusively about prevention would be stigmatising, in the sense that it somehow reduces our identities to the HIV dimension. Positive people have other questions and needs, that ought to be addressed as well.
- *Responsibility issue.* What matter is that we inform people on the responsibility issue. You surely cannot 'change' people's positions, however. The prevention organisations should make sure to allow their target audience making 'informed choices'. From that point onwards, we must let go.

The result of this meeting is the "*ten golden rules of prevention for positive gay men*" (see attached doc. 5) A few initial principles of good practice.

5.3.- COLLABORATION WITH GAY COMMERCIAL VENUES

Karl Hayden provided a list of objectives for his report. The SC agreed upon the following: 1) to survey existing commercial based HIV awareness and prevention strategies aimed at gay men in member states of the GAP network with a written questionnaire. 2) to compile a report on the results of the survey for presentation at the GAP Network meeting 3) to establish possible models of good practise for HIV prevention and awareness strategies targeting gay men in the commercial sector based on a survey of the members of the central group of the GAP Network. He was also asked to make sure that the specific needs of those countries with less established gay community resorts were taken into account.

The goal of the meeting in Antwerp, where this topic would be discussed, was mainstreaming the obtained information towards a concrete result. All the information was gathered on two discs and included articles on training of staff of saunas, reaching people by sex workers, etc. During this meeting the needs and projects of countries were identified. These can be consulted at the minutes of this meeting and the interim report of the GAP Network as well as at the mind the gap website.

Conclusions from the meeting:

- Training of staff-members. The main topic is how to work on skills? Sometimes there would be too much training for sauna or bar staff. E.g. Dublin project: first involving the managers of the bars & sauna's. *They should see HIV-prevention as their responsibility.*
- Closing of venues as a form of HIV-prevention? People will go somewhere else... It will be very difficult to reach the people. Plus the London-example can be an empirical proof that criminalising doesn't work. The Köln experience: enforcing regularisation is not the best way to change things.
- Idea: customers who follow a safer-sex-course get a discount...Nobody ever tried it.
- *Identified Problem:* research showed that most risks are taken in a more 'romantic' environment like a bedroom (at home) and not in public place.
- ***Preliminary good practise criteria:***
 - sharing ownership and responsibility : no agreement on that.
 - clear roles for HIV prevention organisations / commercial venues / audience
 - good partnership & co-operation
 - develop a clear strategy
 - interactive working

- value for owner & staff
 - self-sustainment of the projects
 - look for ISO-standards
 - stop morals & ethics : be PROFESSIONAL
- Mutual funding as a principle.
 - building towards self-sustainability.
 - organising own funds.

Next steps to consider: The funding is not possible nor the common development of materials is, at this stage. The Network can play a support role for member states to lobby. Meanwhile the exchange of information and experiences can be organised at the webpage. A list of crossed co-operation on local community development projects (on saunas, bars and others) was made during this meeting

5.4. PREVENTION WORK TARGETING GAY TOURISTS

Alberto Martín-Pérez focused the proposal on possible strategies/actions as well as identifying relevant issues. A possible goal of a future project could be a strategy book on how to fundraise to implement these projects: policy making, action plans, etc.

Another possible action, discussed in this preliminary phase, was the use of a particularly relevant leaflet as a model for a testing action on a concrete tourist destination.

Conclusions from the Antwerp meeting.

- Identification of the problem: people from “richer” countries go to the “poorer” countries, where aids prevention is less developed. Is it possible to find a very cheap, cost-effective way of aids-prevention?
 - It is not just a financial problem. Can one expect local organisations to invest all their volunteers and other resources to guarantee safer sex in their tourist resorts? Or are “home” organisations responsible?
 - Idea: sending well-trained volunteers, who can train local people. This would help them a lot in their work during the rest of the year.
 - There is a requirement for more qualitative and quantitative research (and monitoring) into tourism and sexual behaviour. Three combinations (tourists meeting locals, and tourists meeting tourists, and locals meeting tourists) need to be addressed. This is also perceived to be different according to the location of the “host” city.
 - Campaigns need to be locally specific and culturally appropriate, and this can only be done if there is communication between the agency creating the resource and the destination.
 - It would be best to provide a resource for people before they travel. People won't read such resources whilst on holiday. There could possibly be a back-up resource (eg poster, postcard) to bring the message back to the holiday makers whilst they are in the destination.
 - In creating interventions it is important to address the needs of men with HIV. By doing this we could include information on insurance, medication, legal rights, etc.
- ***What can the Network do for HIV prevention for tourists and locals?***
 1. Include tourism in our existing and forthcoming activities targeted at negative, positive and untested men
 2. Exchange of printed materials (creating an “inspiration pack”). This was sent to all partners (attached document n.6)
 3. Exchange of research and experiences (via the website)
 4. Establish contact with other networks (eg AIDS and Mobility)

5. Creating criteria for HIV prevention materials targeting tourists in native and tourist languages (different for home and host countries)
6. Include the tourist industry in the planning of local programmes. Encourage major gay travel guides to include safer sex information. Agencies will be requested to provide local guide contacts to take this further. Involve gay tour operators and agencies in the distribution of resources
7. Stimulate local gay and tourist media in addressing HIV prevention for gay men
8. Encourage health authorities to include sexual health work for tourists in the local interventions they undertake and fund
9. Include questions relating to tourism and sexual behaviour in local surveys
10. Undertake qualitative research (interviews) with target groups
11. Expand the inventory of existing materials and projects by GAP agencies

6.- Other relevant topics related to GAP discussed in Antwerp (or during the first Phase)

6.1. Ottawa Update – a report of useful information

Both Colin Dixon and Rudi Bleys attended the Ottawa Conference on the Biopsychosocial Aspects of HIV. The results of this conference, focusing primarily on people with HIV were reflected on Rudi Bleys' discussion text on prevention for positive gay men.

Other topics summarised by Colin Dixon were the new conceptualisation of the epidemic as "*no longer a crisis*", or "*post AIDS response*". The book of Eric Rofes¹ was presented in this Conference. The implication is that prevention efforts must be radically rethought.

Concerning the *barebacking* debate, this concept seems to disseminate less in Europe. At this moment we didn't know how big the issue was, but didn't seem to catch on as easily as in USA. This phenomenon was a clear reaction to one-sided prevention messages in USA. We mustn't use absolutist messages and make sure that there is sufficient nuance and choice.

One of the implications of the Ottawa conference was that we needed to widen our horizon and *shift from Aids prevention to gay men's health in general*. We must ensure good health care for gay people and in fact, in some countries, we have already made a lot of progress in this field already. We should help facilitate gay men to understand how they understand HIV.

In this sense, we're not doing badly at all in GAP compared to the US, for example. But we need to remain prepared to change and adapt all the time. We also need to target HIV positive people –they are asking for it themselves!

6.2. Problems with slow EC Funding

In April 99 a new economical vademecum started to be used by the EC. This meant that the budget approved by the EC in the proposal submitted had to be rewritten. This caused a delay on the first payment of the project. A new agreement had to be signed with the Commission for the 99-00 Project but it didn't happen by this time nor did the EC explain why. Also for several reasons the final 30% of the 98 project hadn't been paid yet. It led the co-ordination ending up without cash, as this organisation was using up its own limited financial resources.

The SC suggested to write a protest letter to the EC regarding this issue (attached document n.7). This letter was signed by all partners and sent to the EC.

¹ ROFES, Eric. *Dry Bones Breathe. Gay Men creating post-AIDS identities and cultures*. 1998. NY. Harrington Park Press.

B.- PHASE 2. AUGUST 99 – JANUARY 2000.

1.- Meeting the political goals at the Amsterdam Conference

The future was not clear for the network after the Antwerp meeting in July 1999 in terms of funding and signature of the agreement. Only after September the 15th the agreement for this project was sent by the EC to be signed. This situation caused financial difficulties for those organisations that had advanced high sums of money that hadn't been reimbursed yet both for 1998 and 1999. Fortunately this balance was definitely closed in the summer of 2000.

The Steering committee concentrated on the preparation of the Amsterdam meeting which was linked to the Conference "*Towards better Practise: European partnership in HIV/AIDS research, policy, prevention and care*". Also a first draft of the agenda for the year 2000 was made.

There was follow up of the three issues discussed at the Antwerp meeting: prevention for gay HIV positive men, community development and prevention targeting gay tourists.

In October there was a CERIS Kit Project meeting in Brussels, attended by three members of GAP Steering Committee members (T. Martin, C. Lambrechts, A. Martin-Pérez) who met for a GAP short co-ordination meeting. This was, then, followed by a new one (of the whole SC) in Madrid –December 99-, also linked to a CERIS Kit meeting.

By now, the general outline for the Conference "*Towards better Practise*" was getting clearer. During one of the sessions of the Conference there would be a workshop on *Intervention Mapping*, by the University of Maastricht that Jandirk Veenstra, also in the organising Committee of the Conference "*Towards better practise*" was recommending to GAP members with not much methodological or professional prevention experience.

We had to make sure by this time that our "abstract" objectives were going to be met at the Conference. We asked members of GAP who attended this Conference to follow and report during the following GAP meeting on these topics.

Standardising and uniformising messages: Filling it in with experts from different countries and different disciplines seems hard, the subject was not that much alive as it seemed. The best thing to do was to prepare a workshop not on solving the differences but how can we deal with these differences, and what can you do to avoid damage. Jandirk Veenstra would try and get this point into the debate list of the Conference.

Monitoring effects of new therapies: this was a theme that was present on the conference anyhow. We decided to follow the presentations and take the topic from there.

Stimulating access to monitoring research: This needed no workshop, researchers seemed very accessible and willing to open up their research for international questions.

Linking with other networks: this would be good to organise during the conference

In December 99 there were not so many abstracts and inscriptions to the Conference as planned. Only one GAP southern country was going. The absent GAP members would miss many important debates for them at the Conference. However it was mandatory to go ahead with the plans.

Also it was a good occasion to make the Network present in the Conference and promote GAP. We designed cards and a flag. We got a stand with a computer for live demonstrations of the "*mind the gap*" website, officially presented at this Conference. All

in all our attendance to the Conference was a success in terms of promotion. We added our "GAP member" status to our identification stickers

We had 1 hour and a half to organise a debate within the Conference in February. We finally decided to organise the debate around "how do you prioritise a target group?". What's taken into account? Epidemiology? Vulnerability? Budget constraints? The debate was not *which* groups. But *how* do you prioritise in the gay community. The structure of this debate was 5 minutes per lecture and discussion. Chris Lambrechts chaired this meeting. Other members of GAP were among the speakers. The debate took place on February the 15th. The somewhat provocative title was '*Prioritising the majority means losing many*'. How to prioritise in gay-HIV-prevention in a more and more ethnically and culturally diverse society

2.- Planning of the year 2000.

Matthias Gradinger was leaving CHECK UP. Joint to the difficulties to meet in Cologne by the end of June because of the Gay Pride events, we thought we should meet somewhere else. After evaluation of different options and with the approval of the EC we chose Barcelona as the best option.

We were confronting the fact of a more and more multicultural European society. Jandirk Veenstra met a colleague working on migrant MSM topics to discuss what our reciprocal needs were. This discussion has taken place along different meetings in the year 2000, but it seemed it was not so much about networks of migrant men getting integrated in GAP but to know what our responsibilities towards them were. This discussion is elaborated at the Barcelona meeting in July 00.

In different discussions a GAP network aim is expressed. GAP should aim to support its members to reach a certain degree or level of quality and quantity over different topics and aspects (will also save local money).

During this phase it is created an update of information related to the Network which is e-mailed every month to GAP partners. This update includes:

- Deadlines
- Good news
- News
- Summaries of reports (from the SC etc)
- Work of teams (i.e. community dev., seroestatus, tourism, etc).

3. The Relevant four fields during the second phase

3.1 PREVENTION TARGETING GAY TOURISTS

Different GAP partners sent materials to create the inspiration pack of materials and resources for gay tourists. (attached document n.6). In November, this pack was finished and distributed among the countries working on this subject in Antwerp. This group would be thinking on good practise criteria to present to the Network in February 00. The "inspiration pack" was sent in January 00 to all GAP partners.

We received a fax from The Ayuntamiento de Calvia (Mallorca, Spain) asking for a partner for a European project of outreach targeting tourists. The GAP Network stated their interest in being observers of this project. Somehow, after a few calls we didn't happen to know many more details about this project.

By the time, the Health Authorities in Madrid were encouraging COGAM to present a new European proposal to the EC for gay tourism and prevention. They would sign to support the proposal and will help to co-define it.

3.2. PREVENTION TARGETING POSITIVE GAY MEN.

As we mentioned before, in October Rudi Bleys delivered his final text '*Positive Address*', containing an outline for prevention towards gay men with HIV. Also a brief text, listing the '*ten golden rules*' of prevention towards gay men with HIV was distributed to all partners.

3.3. PREVENTION TARGETING YOUNG GAY MEN

Two CERIS meetings took place during this phase: Brussels (October 99) and Madrid (December 99). We brainstormed on the ethical charter proposal presented by Ex Aequo, on the contents for the website we decided we would create, on the possible and cost-effective promotion strategies and discussed over the political impact of the project as well. A Steering Committee was created for CERIS constituted by Brussels, London, Luxembourg and Madrid.

3.4. COOPERATION WITH COMERCIAL GAY VENUES.

During this phase some partners were sending their collaboration projects to the website for exchange.

C.- PHASE 3. JANUARY 2000- JULY 2000.

The beginning of this phase is linked to the Conference "Towards Better Practise", held in Amsterdam and the Vth GAP meeting which took place the day after this Conference. Also, as we've said the VIth GAP meeting would take place in July 7 to 9 in Barcelona instead of Cologne. The VIIth GAP meeting will take place in Madrid from 3 to 5 November.

1. The relevant four fields during the third phase

1.1. PREVENTION TARGETTING GAY TOURISTS

Some good practice recommendations can be seen in the attached report (attached doc. N. 3). Also, Uffe Gartner delivered a paper on good practise on tourism and prevention for gay men (attached document n.8)

We learnt from the Ayuntamiento de Calvia that their European Project was not aiming specifically gay tourism, but general population.

Sweden, Germany, Denmark, UK, Barcelona, Madrid, Greece and Italy might be interested in follow up of a specific project after the recommendations delivered during this meeting. There is evidence that such an issue can not be solved on a local basis.

We decided to include gay tourists as a specific target group for the third stage of the Network. Means could be found in different ways. At the moment, we were searching for possibilities of local funding and ways of private fundraising. It was also clear that this would require collaboration with local organisations in f.i. Gran Canarias, Ibiza, Mykonos and Sitges. These might be contacted by Stopsida, COGAM and Synthesis.

1.2. COMMUNITY DEVELOPMENT AND CO-ORPORATION

There is at least one project using the "good practise criteria" results of the Antwerp meeting: the Cologne MSG project: a quality sign for bars and saunas, offering training to owners, etc (the project is described at the third issue of the Newsletter "Mind the GAP").

It was proposed a review of the activities on community development since Antwerp.

1.3. PREVENTION TARGETTING POSITIVE GAY MEN

After reviewing Rudi's discussion text for Antwerp, he wrote the '*Ten Golden Rules of Prevention towards Gay Men with HIV*'. We adopted this text as a guideline for good practice, and as an actual final result of this priority field.

These 'golden rules' are being taken into account in the GAP agencies' projects. The 'Positive about sex' booklet, produced by the SAD Schorerstichting and the Aidsteam together also departed from these guidelines.

During this phase the SC proposed to review activities on projects towards positive men, so we could demonstrate that more was happening, and that the standards we established are actually used. The proposal was that the group who met in Antwerp could then meet again in Madrid in November, but finally the agenda for this meeting didn't allow it.

1.4. PREVENTION TARGETING YOUNG GAY MEN

The first phase of the CERIS was one of theoretical approach and knowledge of local realities and contexts. During the first meeting of the second phase (Brussels, October 99), the type of campaign is agreed upon (Internet site resource). This was developed more extensively during the second meeting (Madrid, December 99). The Steering Committee prepared a skeleton for the website, to be discussed during the third meeting (Dublin, May 00) and presented to the GAP partners at this point.

A call of attention is made from GAP partners in order to target not only middle class white boys.

After this GAP meeting the CERIS partners met in Dublin in May the 19th-21st. During this meeting we went through a proposal for the contents of the website prepared by Candem & Islington, London and previously discussed within the CERIS steering committee. Most the details referred to the process of its construction were discussed in Dublin. It's here where it is proposed a merge with GAP to CERIS partners. Most partners were clearly in favour, though insisting that the aspects of this merge should be clearly discussed and negotiated. These negotiations have been taking place within both steering committees.

2.- The abstract goals of GAP

Concerning our more abstract objectives, diverse GAP members reported on them after the Conference Towards better Practise.

2.1. LINKING WITH OTHER NETWORKS

- *Expanding up to 15 members.* We met at this Conference a Greek organisation, willing to participate in GAP, The Centre for Inspirational Living – later called Synthesis, who were taking part in the EU funded project '*In from the margins*'. The Austrian, French and Finish partners of CERIS would be good candidates. This is actually what will happen with the merge of CERIS and GAP.
- *Prostitution Network.* We contacted AMOC DHV to establish eventual links.
- *Positive gay men:* we think their interests are being represented well within the network.
- We learn that ILGA Europe was taking part in the European Commission as a consultative member. Some GAP partners are ILGA members also. C. Lambrechts and T. Martin have made appointments with ILGA in order to establish collaborations.

2.2. UNIFORMING MESSAGES

- *Report on oral sex*
The Options Project (1999 USA/CAPS – CDSC) was compared to the 1992 Dutch paper on oral sex. What comes out is that *nothing has really changed*. Messages will probably go on stating that oral sex is a low risk practice, but also that it is advisable to avoid sperm in the mouth.
It would be better to make this information available in a clear and concise manner rather than try to decide what the message should be.
- *Report on testing*
It was acknowledged during the Conference that the benefits of testing were greater than the disadvantages. There is a call for inclusion of positive approaches into the messages, also in view of broader health issues, including HIV.

It is not possible to make messages more uniform unless we agree first which is the objective of prevention (i.e. risk elimination, risk reduction or harm reduction?). This is a difficult issue, since the advice may change from target group to target group -- something to discuss further in the GAP context. This was also highlighted at the Conference: a debate presided by Peter Keogh (Sigma Research, London) focussed on the discussion on these different approaches to primary prevention towards gay men. :

Risk elimination: risk is considered universal, constant and absolute. Behaviour is either risky or risk free. In the Netherlands, gay men were told not to have anal intercourse. There exists a consensus nowadays that risk elimination doesn't work.

Risk reduction: risk is categorised as either high or low risk. People are encouraged to take as few risks as possible. Risk reduction boils down into simple propositions: 'use condoms every time.'

Harm reduction: facilitating to help people make their own choice, give them back their possibilities that we shouldn't have taken away in the first place. It takes into account the reality of daily life, where people take risks all day long -

driving to their work, crossing a busy street, etc... Somebody suggested that harm reduction is in fact health promotion.

Although the panel spoke much in favour of this last approach, some attendants objected that risk reduction may nevertheless be a valid strategy in situations, where access to specific information, counselling and communications skills are often lacking, as with prostitute boys, for example. *A general conclusion wasn't drawn as a result.*

Though we insist that the approach might be not on focusing on solving the differences of messages but how can we deal with these differences, and what can be done to avoid damage and confusion within the audience.

2.3. EFFECTS OF NEW THERAPIES ON PREVENTION

The conclusion of an intervention presented at the Conference (Australia) was that most gay men stay sceptical about new treatments, even if the majority is not a high one. In small subsamples of the optimistic persons a connection can be made between their optimism and the sexual practice on risk.

Brussels Universities presented a second interesting study in connection with 7 different European countries, but it was based on questionnaires sent out already in 97 and 98 to a general population and not specifically a gay one. There were differences to note in the awareness of new treatments of higher and lower social parts of population, lower income and education being related to less awareness. The people who were more concerned by HIV risk were more aware of the existence of treatments, but this was not related to a specific age, gender or marital status. 30% of the respondents thought that thanks to the treatments, people were less afraid of becoming infected, and so protected themselves less. But the same ones didn't claim this attitude for themselves. The conclusion was that there are no unlimited hopes, but that the perception of risk might change. Even if awareness is still quite high, less educated groups should be focused on.

2.4. MONITORING RESEARCH

A presentation by CHAPS on the *"making it count"* project concluded that we should not underestimate the prevention effect these surveys have. It is not only research, it also makes MSM reflect on their lives and sexual behaviour. Secondly it is thus important to build up the questionnaire according to this fact. One of the consequences is that multiple-choice questions including false statements should be avoided. If the respondent ticks of one of the wrong options he actually is confirmed in his wrong beliefs and the survey might influence the populations in a negative way. Thirdly they recommend the formula of integrating health promotion and research, facilitating evidence-based interventions.

It is mandatory that research specifies the origins of risky behaviours. Otherwise survey results might be useless.

There are more and more studies concerning MSM. But comparisons remain difficult.

3. Other reports from the Amsterdam Conference

3.1. "Targeting the majority means losing many".

The reason for the debate (abstract attached as document 9) was the fact that we are confronting a multicultural society. How do we –mainly white middle class oriented organisations- include migrants within our programs? After discussion we decided to prepare a workshop on this topic for the Barcelona meeting. The goals for this Workshop were

To make people think of what is multi ethnic working and thinking
To give a clear insight into gay-ethnic/migrant groups in Europe and their specific needs.

To explore co-operation possibilities between GAP and migrant groups
To give people a chance to reflect on the situation in their own countries and think of what they might do as a result of this training.

This training would be done by two external expertises: Cem Arikoler of the SAD Schorerstichting and Jay Haime of IPOTH, Centre for Homosexuality and Ethnicity.

4. Planning the future of GAP

During the Amsterdam meeting, after a short evaluation, the network brainstormed on the future. There seemed to be several possibilities of enlargement for GAP: including all EC countries; expanding towards Middle and Eastern Europe; including migrants, scientists, positive gay men; and last, a qualitative change: from HIV prevention to sexual health promotion including HIV.

The discussion on the information level can be consulted on page 33.

The exchange and skill building dimensions of the Network have gained interest and importance for the GAP partners during 1999 and 2000. In this meeting we were asking for:

- More workshops within GAP meetings.
- Find better quality and professionalism of prevention as a result (training).
- 'Dream-factory' sessions on shared challenges (example: actual risk taking place in private rooms: common and European topics. How to produce and constructs responses to them?).
- Seminars (common forums and specialised themes)
- Multi-ethnic thinking skills.
- Study visits to other partners.
- Consultancy
- Skill building workshops in Eastern Europe.

These aspects are part of our future strategy and have been included within our proposal for the next period.

The merge of the CERIS Project and GAP starts to appear as a coherence solution. This is discussed further during the fourth phase. The CERIS project is currently funded until August 2001. Ex Aequo chose partners who were mostly participating in GAP for CERIS. The finance and what to do with those partners who were taking part in just one of the Networks seemed to be something to discuss at a "crossed" steering committee meeting in Lisbon. The merge would feed the lack of the 3 missing countries in GAP.

In March the 1st, the Interim Report of GAP was sent to the European Commission. It was also delivered to partners.

In April, the 14th, the SC met in Antwerp to prepare the agenda for Barcelona. This agenda was focusing a lot on the future of the Network, the first drafts of the proposal for continuation were elaborated within the steering committee.

By now it seemed there was no clear future for the EC HIV Programme. A proposal was written anyhow. This proposal was sent out to partners for comments. The figures would be worked out later on. In case there were no real call for proposals from the EC we would try to find out funding alternatives. We decided to work on a wider future basis (2/3 years). If the HIV program lasted another year there would be a call for projects late in 2000, though the funding will not be available until summer 2001. Otherwise there would be no new Sexual Health Program until the end of 2001. The question that arises is that of working without EC funds for a year and how (self-finance? Waiting till there were news?).

The proposal elaborated by the SC was modified with the feedback of partners after discussion groups at the Barcelona meeting. Chris Lambrechts suggested the submission of a proposal in September the 15th to ask for an extension of our current agreement for another year and to work thoroughly during 2001 on this proposal and its evaluation criteria. This was accepted, but the new info we got from the EC after this meeting made us wait again until a decision was taken within the European Commission.

This proposal will be sent to the EC in due time. Now we just highlight some differences to the way in which we have been working until now:

Information level:

We wanted an online Newsletter instead a printed one. The interactive dimension had to be reinforced, using long email lists. As far as possible we would promote cyber - chat meetings -camera- on relevant issues. The website should include a database on illustrations (for © free). Also, (and this is something which affects also the other levels), the subject have to broaden from AIDS prevention to Sexual Health Promotion. A definition of what health promotion for MSM is, as well as what is the play of AIDS prevention within this umbrella was discussed in Barcelona.

Exchange level:

Skill-building dimension: the “10 golden rules” or corporation results are actually good examples of how to develop methodology together. The idea would be to organise training courses on successful methodologies to reach concrete goals (intervention mapping, etc.). This skill-building should be in its turn disseminated and adapted to local realities. There was a brainstorming on relevant issues for training at the Barcelona meeting.

Exchanging concepts dimension: study visits, work visits (1 to 1), volunteers exchange are different options discussed and which can be implemented in the future. A “GAP factory” is also proposed (to develop strategy and pilot projects on special issues). *European Material Development Centre.*

Policy level

The GAP Network should play an advocacy role within EC aiming to improve conditions for MSM prevention and health promotion and support development and funding of local work. ILGA is focusing their work on gay rights and they're doing well, but the field of health promotion and stigmatisation of HIV positive MSM needs attention also. Linking with them and with UNAIDS – WHO (actually observers in the Network) will help. The goal of GAP in the policy level will be that of establishing the network as the spokesperson for gay AIDS prevention and health promotion targeting MSM.

5.- Sexual health definitions.

At the Barcelona meeting, and after an introduction by Colin Dixon, small groups gathered to discuss their concepts of sexual health. This was afterwards shared in the big group and discussed. Some academic definitions were criticised. Sexual health promotion was conceived as an umbrella under which HIV prevention has also a relevant place. Somehow the little time scheduled for this wasn't enough to draw manageable definitions, common and useful enough for the Network.

6. Multi ethnic thinking skills (skill-building session)

This workshop was planned after the debate taking place under *the “Towards better Practise”* Amsterdam Conference. Jay Haime, co-ordinator of the Foundation IPOTH Center, Ethnicity and Homosexuality and Cem Arikoler, from SAD were invited as external expertises.

Training session by Jay Haime

JH introduced the Dutch experience and explained the opportunities of organising prevention for MSM from ethnic minorities in the last years.

One thinks there is a lot of info available for European gay men but, consistently, this info rarely reaches these minorities.

The key topic is the *lack of inter-vision and interaction on the base of mutual respect keeping our own identities intact*.

Other relevant keys were also identified by J. Haime, such as

- Intervisio (regular meetings with mainstream organisations-sharing)
- Interaction
- Empowerment
- Education
- Emancipation
- Support.

A change can surely be made. The suggestions from Jay Haime on how this change should be made follows. This is based on the Dutch experience and reflects a period of ten years (these changes take time)

- To create stronger alliances. Which, he assumes, it's not easy.
- Inter-cultural education. Many organisations think they're open minded when they are, in fact quite closed.
- To use the abilities and the expertise of the other.
- Attention to Priority policies (*"prioritising majority means losing many"*).
- Financial equality. There are quite a number of organisations working without knowledge, staff, resources...

How can an action plan be launched?

- Are we aware of the problems and needs among ethnic minorities in our countries?
- Are we ready and open minded for intercultural working?
- Are we taking any action?
- How does it show in practice and behaviour?

Gay organisations working on prevention for MSM should reflect on these questions.

Training Session by Cem Arikoler.

Migrants and refugees are a reality in every country, even when we do not "see them". If 5% of men have sex with men, this also accounts for the migrant communities. However "sexuality" is a more diffuse concept for these. It is related to having fun with sex. There is no "homosexuality" because there is no "heterosexuality" either. But homosexual activity exists. It is a difficult issue but it is a challenge.

Clues on action plans:

- Making an inventory of ethnic minorities in our countries. This is important to know even if it's only to realise our countries are not "white" any longer.
- Bring a number of general community organisations in order to share and exchange their experiences of working in the field and homosexuality in their communities.
- Develop an intercultural policy and action plan.

This proposal was then followed by a debate of GAP partners:

If community organisations are hostile or consider homosexuality a taboo, then communication is difficult. C. Arikoler answered to this that our organisations are in the position of making health promotion, to make people use condoms and not of making apology of homosexuality or defend gay rights. The key is closing your gay identity when you approach these communities if we want to learn about their cultures and health habits.

To the question whether non gay organisations should be developing this work also. C. Arikoler stated that we are talking about specific MSM prevention. Another method would be "lobbying" general prevention organisations to include within their agendas the migrant MSM. In a similar way, when we approach young populations we ask them about their understanding of being homosexual and which messages are effective for them (i.e. not assuming that the only way to be gay is our way). A similar thing has to be done while approaching migrant populations.

But, on the other hand, if we are working under the umbrella of sexual health, we might also be talking about self-esteem, acceptance of homosexuality and so. But what does one do when the population is multicultural and when it is not likely that peer educators will talk about homosexuality to their peers? Once again, homosexual has different meanings. Acceptance of your homosexuality does not imply you call yourself gay.

Intercultural means for instance that we "integrate" the topic in a leaflet, and not "separately".

How to set an action plan

- Making an inventory of homosexualities in specific groups (what does it mean? How do they live their sexuality?)
- Making an indication of the gay scene. Does it reflect society? Are there specific scenes?
- Develop alliances and coalitions with community organisations.
- Bring in an order what is the preventive behaviour of gay of ethnic minorities,
- Try to learn which preventive media are working for them.
- Try to make a report about language, ethnical awareness among other topics (for instance "safe love" instead of safe sex in the example from IPOTH)
- The example of the leaflet: sex as something that exists but which nobody talks about. A Turkish leaflet is different from a leaflet in Turkish. Use of basic figures to draw sexual practises instead of more explicit pictures, use of the Turkish flag etc are elements to make Turkish MSM "hey! this is specific information for me".

Some aspects that have to be considered are:

- Language
- Cultural aspects
- Priorities
- Discrimination
- Confidentiality
- Knowledge.
- Understanding of what means to be a migrant without victimising.

This session was followed by a short exercise on small groups: one person played the role of a migrant while the rest are health-promoters. The idea is to get information from the target group: what are their beliefs, culture, assumptions, role models, needs, etc. The group has to find out with the proper questions what the target group's needs are without being judgmental or trying to impose your own culture, identities, etc.

With the answers we get we have to reconstruct their messages with preventive intention. There are three groups of relevant questions for this:

1. Cultural information
2. Homosexuality
3. Health (AIDS/STI)

It was acknowledged that it would be a good idea to take back the issue in the future and see how are we using these methods in our local work. These abilities have to be included within our usual methods and, at the same time, HIV has to be included within the agendas of the organisations that are currently working with migrant people.

The involvement of a gay migrant organisation in GAP is discussed again. But instead agreeing on this, we engage ourselves to put forward the issue within our agenda and we distribute the idea within our own countries. This is followed by a new discussion on representativity in GAP. Is GAP a platform of representation of local gays or a Network of Health Promoters and HIV workers? For some, integration of a migrant group would be a mean to demonstrate we take it seriously. For others we are not representative of any gay realities. We are not here to represent everyone but to work for a better sexual health for everyone.

The conclusion and usefulness of the workshop is:

The workshop can be implemented locally

The new experiences on this issue are exchanged in GAP meetings.

GAP could be involved with other agencies that are working with ethnic minorities.

We are not here to represent anyone but to work for every MSM.

7. Defining themes for future skill-building sessions

A brainstorming was made in Barcelona in order to propose themes for future skill-building sessions. The complete list can be consulted (attached document n.10). What follows is just a development of those which were more voted:

7.1 Including the needs of gay men on the agenda of general gay organisations.

CONCRETE QUESTIONS: How to build strategies?; How to build alliances?; How to devise methods?

WHAT DO WE WANT TO LEARN? Knowledge of effective approaches to a range of possible partners to use

METHODS? Use of members experiences and other successful and unsuccessful projects. Other projects that are barrier breaker. Presentations by external expertises.

7.2. Sexual health Promotion.

CONCRETE QUESTIONS. Concept of sexual health for gay men

WHAT DO WE WANT TO LEARN?. Case studies about projects. Connection of sexual health – HIV prevention skills

METHODS?. Viewing topics of Gay Aids Prevention from the sexual health perspective. Experts on conception and gay special needs.

7.3. Easy campaign evaluation.

QUESTION. How to make successful and cheap campaigns? How to measure the response?

WHAT DO WE WANT TO LEARN?. Cost-effective evaluation methods.

METHODS?. Experts and professional agencies.

7.4. Cyber Prevention

QUESTION. How to get local useful and popular websites?

WHAT DO WE WANT TO LEARN?. Outreach work in chat rooms. Who uses chat rooms?. How do gay men conceive their use of internet? Ethics of working on the net. How do we approach unsafe sex fantasies in Internet? What is the impact of Internet on gay sex lives?.

METHODS?. Sharing experiences within the GAP network. Experts on the media.

7.5. Co-operation with commercial venues.

QUESTION. How to settle effective co-operation strategies.

WHAT DO WE WANT TO LEARN? What are the criteria to select commercial venues? How to approach owners?. How to motivate them to be responsible for the sexual health of their clients?. How to convince them that HIV prevention does not decrease their clientele?. Strategies of pressure/persuasion. How to use gay media to promote HIV prevention in commercial venues?. How to train staff?.

7.6. How to reach lower educated men.

QUESTION. What are the needs of lower educated men? Appropriate ways to target them

METHODS. Presentation of research and discussion. Presentation of projects already undertaken. Discussion on identifying appropriate strategies. Action plan.

D.- PHASE 4. JULY 00-DECEMBER 00.

The last GAP meeting was to be held in Madrid in November, 3rd-5th. Also a steering committee meeting took place in Lisbon in mid October. After the Barcelona meeting a short meeting had been taking place to divide tasks and decide what to do with the proposal (when should we submit it to the EC).

1. Facing a change of European Health Programme

The EC HIV Programme is going to exist at least for two years more. We had received a call for proposals from the EC. We decided we were going to apply for a two years-project. The SC wrote this proposal based on what we presented and discussed in Barcelona. If there was space within the Madrid meeting in November we would discuss the proposal.

This phase is, in fact, much about preparing this proposal and trying to learn about the new EC Health Programme. In this phase the SC plays a relevant role as the policy body of the Network.

In October, during the Steering Committee meeting linked to CERIS, we learnt that the EC was preparing a six year programme on health topics. By then, it was not clear what was it exactly about. The topics of the last and current Health Programme are not there anymore as such.

New priorities have been outlined as follows:

- To improve information and knowledge on health interventions and care systems.
- To fasten and co-ordinate responses to health threads.
- To influence a number of health determinants such as:
 - Socioeconomical aspects
 - Environmental (pollution and similar)
 - Lifestyle

This is a new proposal to be started in 2002. Meanwhile the EC might be preparing some sort of extension of the current programme for 2001 and 2002. This extension is focused on the former programmes. It is thought as a bridge to help the change to the new programme. There will be a focus on evaluation to guarantee the success of programmes in the future.

Middle European countries can be participants of these programmes, which opened the gate to many countries that had been contacting us to explore ways of interaction with GAP.

The SC decided it would be a good idea to write advocacy letters to Health Ministers to ensure the future of the AIDS programme in the next two years.

However this new six-year proposal reflects the direction towards we were already walking.

2.- The merge CERIS GAP

In Lisbon the aspects of the merge between GAP and CERIS are also ultimated. The final agreement follows:

A philosophical approach of this CERIS-GAP work towards young gay men is to talk about sexuality, AIDS etc. with young people outside the frame of categories defined from the "minorities" concept.

Another idea is that of conceptualising a new vulnerability emerging, which hasn't have to do with identity, but with scenarios. These vulnerabilities have to do with socio-economic factors, esthetical, environmental, etc. The aim is to offer support on the

European level (by designing strategies to minimise this effect) in collaboration with the target group and researchers).

If we are talking about a merge, then it should be a real merge. We should start by looking for a new name for the project. It is not a CERIS project inside GAP, it is about including young gay men as one of the main topics within the agenda of the new big project. To this end, there will be a co-ordinator on young gay men topics who will be supported by a team of experts.

The Steering Committee of the new project should consist of 6 persons: overall co-ordinator, co-ordinator for young gay men topics, and four experts on the four levels mentioned in the proposal. Besides, there will be an advising committee for young gay men topics and someone who will co-ordinate a tourism strategy. Profile and job descriptions will be elaborated to ensure that the persons are the proper ones and we know exactly what to expect from them.

The experts for young gay men do not have to be persons. They can be institutions (like SIGMA, etc.).

Ex Aequo insisted on including YGLIO (young section of ILGA) as partners in the project.

3.- Hot news on prevention at the VIIth GAP meeting in Madrid.

The meeting we held in Madrid early in November started with a presentation of a recent report on MSM and unprotected anal intercourse highlighting the facts discovered during the 90's². The article reviews recent evidence concerning the behavioural responses of MSM to AIDS. It is organised around a series of central questions:

- What are the behavioural trends in response to AIDS among MSM?
- Which subgroups among MSM are specially vulnerable to infection?
- What variables are associated with sexual risk behaviour among gay men?
- What explains the rise of unprotected anal intercourse?
- How can prevention work best in this changing context?

The data on MSM who test differs from country to country: there is a percentage of 80% in USA. In Europe: 72 % (Denmark), 67% (Germany), 62% (Spain), 45% (Netherlands)...

The confusion between seroselection, UAI and barebacking is highlighted also in the discussion after the presentation.

The increase of STD's among gay men surely relates to an increase of UAI.

C.Lambrechts also presented a study about extra strong condoms promotion. This is a City University London paper on extra strong condoms with a sample of 240 gay couples³.

- extra strong condoms fit for anal sex do not contribute significantly to the prevention of new infections.
- But: the lack of experience and skills regarding condom use **are** significant.
- Which is the role of lubricants?

These results have influenced some organisations to stop promoting them, specially when they are not always the easiest to get.

A survey in Catalonia shows that the real problem is lack of skills and use of lube (slipping and breakage of condoms).

² STALL, HAYS, WALDO, EKSTRAND & MCFARLAND: *The Gay '90s: a review of research in the 1990s on sexual behavior and HIV risk among men who have sex with men.* [AIDS 2000, 14-suppl3- Lippincott, Williams & Wilkins 0-78173-139-9]

³ HARDING & GOLOMBOK. *A clinical trial of a thicker versus a standard condom for gay men.* Family & Child Psychology Research Center. City University, London.

4.- Finalisation of a Strategy for the future of GAP.

GAP partners were informed about the EC news on the new Health Programme at the Madrid meeting.

We decided to write advocacy letters to local Health Ministers to ask them to defend the extension of the current Programme until the new one comes in. These letters have been translated and delivered in Ireland, Sweden, The Netherlands and Spain. A copy of the original model is attached (attached document n. 11).

The proposal for continuation of the Network was presented by members of the SC (attached document n.12)

There was a discussion whether to include lesbians or not. In the beginning it seems that on a long term basis there would be helpful to know specific sexual health threads for lesbians and to encourage maybe the creation of a network.

On the text discussed there was a proposal to organise an expert meeting on sexual health hazards for MSM in Barcelona in the year 2000, linked to the World AIDS Conference. Another place could be Brighton (there is an AIDS Conference by the end of 2002). But since there is so much uncertainty, we actually decided to skip it from our plans.

As it was presented the proposal was very ambitious. It was proposed to check and to “purge” until we had a feasible proposal. Also, ideas on how to reach the goals might appear during this meeting.

The group splitted in four small groups to work on each one of the levels presented. What we offer now is just the general aims into each level, not the concrete goals or methods.

GROUP 1. DISSEMINATION OF INFORMATION.

1. To disseminate information on health promotion and HIV prevention interventions, campaigns, strategies and issues, (particularly emerging issues in an easily accessible way) targeting professionals working on health promotion and HIV prevention for MSM in Europe
2. To deliver updated information on health and associated issues –coming out, self-esteem, etc- to young gay men.

GROUP 2. SKILL BUILDING AND SHARING OF EXPERTISE.

To improve (quantitative and qualitative) sexual health promotion and HIV prevention concerning MSM

1. To enable partners to identify actual health hazards for MSM
2. Transfer of know how on effective sexual health promotion strategies
3. To provide time and cost effective ways of evaluation of strategies.

GROUP 3. DEVELOPMENT OF COMMON STRATEGIES.

To develop common European-wide health promotion and HIV prevention strategies for young gay men and gay tourists. These target groups have a European dimension, and in the case of tourists it can't be addressed locally and needs international collaboration. For other groups there will be exchange of information on new projects

GROUP 4. ADVOCATE BODY.

1. To improve /ensure accessibility of MSM to public health
2. To keep HIV and gay issues on the agenda of the EU Public Health, political bodies and other AIDS Networks, thus improving the quality of HIV and gay related policies
3. Improve / stimulate / initiate/ utilise gay HIV-related issues.

Finally during the GAP meeting we brainstormed about the future and on the possible “what if” scenarios. This is partly related to the uncertainty about the continuity of European funding. Some pre-financing solutions were proposed, though the future of the Network is financially clearly compromised at this moment.

5. Some ideas on the evaluation of projects and interventions.

There was a round to explain how do we evaluate our projects/interventions followed by a discussion. The outputs of this discussion follows:

Evaluation must be understood as part of a project and not like an extra. Otherwise there will be no consistent evaluation. However even when the projects are conceived “with” evaluation, there might be constraints (time; funds; reaching the target for evaluations...).

Some cost-effective suggestions were made:

- to pre-test the projects with at least three focus groups.
- on line pre-tests to reach those gays who are not in close contact with the gay community (presenting drafts on internet)
- use other events (like cinema festivals, etc) to reach people for pre-tests.
- better use of the web site as a resource. Less experienced organisations can “go shopping” evaluation skills and aspects.
- 50-60% of the efficacy of a campaign depends on being clear about the objectives.
- to make choices (i.e. to make eight campaigns per year or just one or two but we make sure that we evaluate them and keep an eye on the efficacy measure).
- distinguish “evaluation” and “good evaluation” (i.e. in deep, measuring change of attitude and behaviour). The last one is expensive.
- The tension between what funding agencies want to evaluate (impact, number of persons reached) and what we NGOs want to evaluate (qualitative aspects) might be acknowledged.

There is already an abstract submitted by SAD Schorer Foundation at the “mind the gap” website on intervention evaluation methods.

An exercise is done to analyse a concrete example of a campaign on assumption of Status (reference THT 00/04). The groups have to guess how an evaluation of this campaign can be planned.

GAP agreed to dedicate one skill-building session on evaluation skills, not so much on the “art of the practise” (this would cause frustration where there are no resources to implement), but how do you include and build evaluation in the construction of a project. Also practical topics like how to build a questionnaire, how do you organise a focus group, etc.

THE WEBSITE AND NEWSLETTER

1. IMPLEMENTATION AND DEVELOPMENT OF THE "MIND THE GAP" WEB SITE DURING THE YEARS 1999 AND 2000.

FIRST PHASE

It was decided that THT would also carry out the Newsletter as a strategy to centralise all the information dimension of the GAP network.

THT prepared a first proposal of what the web site would be during the stage period. It was decided that, in order to avoid confusion, the Clearing House would be called "mind the GAP website" from then onwards. In the beginning of 1999, only some thirty abstracts had been submitted to this website. The proposal approved by the Steering Committee and later, by all GAP partners drew a Network with the following characteristics:

The website is now larger more informative and relevant. Its aim is to increase awareness of existing and completed projects for men who have sex with men by community based HIV prevention agencies throughout Europe and to act as a forum for exchange and sharing of information on past, current and forthcoming projects.

Keeping in mind that the target group of the website is experts on prevention an average level of professionalism was required. But language mustn't become too complex or too academic.

The contents of the website are the following:

- Welcoming page
- An introduction to the history and aims of the GAP network
- GAP members and contact details with background info.
- Aims of the website
- Hot News section. Major, newsworthy issues related to gay HIV prevention
- Introduction to abstracts. Former, current and forthcoming projects.
- Vocabulary and terminology.
- Submission of abstracts, questionnaire.
- Indexes of abstracts and search engine.
- Members quarterly plans
- Introduction to Mind the GAP Newsletter and archive
- Contact us.

The number of visits is available which facilitates monitoring effectiveness.

Organisations should be able to put down abstracts in their own language if they cannot provide them in English.

The abstracts will be updated every 2 weeks. The quarterly plans of the GAP-partners will be updated every three months.

Information is welcome in the web site not only about HIV, but also about other STD's and Health Promotion Programmes for MSM. The website will include info directed towards lesbians also.

SECOND PHASE

It took a bit longer than expected to launch the new website. There were many difficulties in getting texts and logos from partners and translations, so that the delay was inevitable. The delay also had to do with the fact that we were experimenting with a database to hold the abstracts. The database made it much easier to manage the abstracts if there were many of them.

In November 1999, partners were asked to translate the welcome page to the "mind the GAP" website into their own languages, and to provide links to good local HIV website. Also the number of abstracts started to rise.

On January 27, 2000, the website is officially alive, and progressing really well, using the very latest e-commerce software. We beg you to check the address www.mindthegap.org . By February 2000 more than 80 abstracts had been submitted. We made sure that it was not only easy to use for anyone visiting the site, but also that it was easy to maintain and update behind the scenes too. The site holds abstracts on a database so this means the number of abstracts is theoretically unlimited. We are creating a visual link between the newsletter and the Website as a "branding" exercise.

The GAP network is presented and promoted at the Amsterdam Conference "*Towards best practise*"

THIRD PHASE

During this phase and concretely during the Amsterdam meeting a strategy for enlargement is discussed in the framework of a more general discussion on the future of the Network. It was acknowledged that a successful website (and in general an effective information strategy) needed:

- More abstracts (successful / failed interventions) and concepts.
- Mailing lists: there was a call to include the GAP members in our mailing lists.
- Shared copyrights of materials (f.i., the SAD/Aidsteam booklet mentioned in the catwalk lists)
- Easy access to images and designs.
- More Sharing research, abstracts, etc.
- Hot news abstracts

In March 2000 a call was made to partners to update their working plans for 2000. They were also encouraged to submit more abstracts to the website. The expected result of the website was starting to be achieved: some organisations, inside and outside the Network started to contact each other to get further details on the abstracts. Besides, thanks to both the Newsletter and website some organisations contacted us to get details on the network itself or concrete details on projects.

There were 90 abstracts on the Mind The GAP website in May 2000, meaning that partners hadn't invest much time in sending in their abstracts since February.

The website was to be promoted further by putting it on different search engines and make more links.

The Hot News section was meant to be stretched now to information that is not related to actual activities of GAP-members, but could tackle much broader points of interests.

Paradoxically in late June the number of visitors from the EC countries wasn't exhaustive. The website was more visited in USA. A call is made to partners so that the website should be viewed more under the prism of partnership (and not mere information source).

THT made a new proposal on how to make a more interactive website during the Barcelona meeting:

- a.- Discussion sessions with expertise figures.
- b.- Using the website as a pre-test method (a draft of campaign is submitted so that visitors can give their feedback).
- c.- Information from GAP meetings.
- d.- Questions sessions among partners (with access keyword).
- e.- Exhibition of the work developed by GAP.

There would be weekly promotion messages (what's new on the website, etc.). It is requested from partners to distribute locally this information.

The format of the abstract is complicated. In order to achieve more inputs the format is being reviewed so that's it's much easier to submit them.

FOURTH PHASE

After Barcelona, some changes were introduced and it was proposed a new design. The result is a new web site, the current one, easier for navigation.

The questionnaire to submit abstracts is shorter now (there are less fields to fill in). The abstracts are sent to be categorised and shortly after they appear on the web.

The data base of topics leads visitors to concrete pages after search.

The hot news section will attract more readers to the web site, so it has to be developed further. This section can cast both languages if the submission of local news is in both languages.

The newsletter will appear online in the future, and what will be sent to the big email list is just the headings. During the next phase, the newsletter will include hot topics from different countries and projects. An email list will be compiled and updated. There will be constant updates to remind people visiting the site.

It will be possible also to post campaigns in process and obtain feedback.

In the future, the CERIS website should keep independent because they address two different target groups. There should be linkages, however. The most evident part in which linkages can be done is the section in CERIS web site devoted to educators and teachers.

Since the name of the web site "mind the gap" is already functioning within search engines, it seems there would be a problem now if we would change the name. Even if we change the name of the project as a whole, the web site will keep its name.

2.- CREATION, DISTRIBUTION AND DEVELOPMENT OF THE NEWSLETTER MIND THE GAP

FIRST PHASE

Concerning the "Mind the GAP" newsletter, the SC agreed upon the following initial points:

THT will undertake the responsibility to design the Newsletter. Instead of the budgeted issues, it will be more interesting to reduce the number of different issues and increase the number of samples produced as far as the budget allows it. This way the promotion of the Network will be more extensive.

Each country has been asked for contribution in at least one of the issues. The contents will follow a regular structure: Editorial / Introduction to Partners / Three months plans for partner agencies / One or two articles taken from these quarterly plans / updates on the development on the Network / Information on the website: role and use.

Distribution of the Newsletter occurred in two steps. THT sent bulk packages to all partners, who, on their turn, would mail them on to relevant and interested organisations in their own countries. We also wanted to send the Newsletter to other countries that are not represented within the GAP Network or supranational organisations or bodies. Each partner is responsible for the local distribution of the number of issues they have requested. The lists of distributions of those partners who have provided them can be consulted (attached document number 13) The articles are short and in plain English. The Newsletter is translated in Spanish and French as well; translation is included in the general lay-out.

The newsletter will appear in two colours. We'll also print as many issues as the budget allows, taking into account we may pay the lay-out work –and more copies- of the reduction from 8 issues to possibly 4. This decision is taken in a moment in which the European Commission hadn't made effective its first payment by then. We couldn't cover the expenses of printing and distribution of the first and second newsletter which were supposed to be launched much earlier.

A selection of banners was made for evaluation by the GAP members. Each member was requested to write down his choice on the actual design which appear on the cover of this report.

SECOND PHASE

During this phase the strategy of promotion of the Network and distribution of the Newsletter is developed. The Newsletter is distributed inside and outside the Network within supraeuropean agencies and other countries outside the Network. These were proposed by the steering committee and others were included after the Conference "Towards better practise" at their own request. The first issue was also received by all the attendants to the CERIS Congress.

The big European Networks were asked to deliver five copies within colleagues.

In November 1999 the first issue of the Newsletter was finished and ready to be distributed. We included a feedback sheet. We didn't receive many of them back but we got some interesting and helpful criticism back. This first issue was distributed to 1300 organisations throughout Europe.

The second issue of the Newsletter was delayed also. But it was ready to be presented during the Amsterdam Conference. This way each GAP Partner could take their requested newsletters back home from Amsterdam.

Contents of the first issue: November 1999.

Editorial

Equality = health. Presentation of "It's prejudice that's queer" campaign.

Sexual identity and HIV. Information on CERIS.

A positive approach to primary prevention.

Casting a wider net

GAP partners updates

Contact's list

THIRD PHASE

Reactions to the Newsletter were made during this phase.

The Newsletter is something visual, an actual result of the network.

There is a call to question the languages, why 3 languages and why these three languages? This is somewhat a parked issue. Anyway, the integration of Newsletter and web site in the future will give us a chance to take up this issue again.

It is proposed to include the projects presented during the catwalks.

Round to talk about local distribution (see lists attached)

A call to submission of abstracts is mandatory

Contents of the second issue:

Editorial

Working with working men. Information on prostitution projects.

HIV prevention. A hands-on-approach. Danish Sauna project.

Campaigns without frontiers. Adaptations of "Assume nothing"
Fighting homophobia in schools with GLEE
GAP partners information
Contact lists.

Contents of the third issue:

Editorial
Blown out of proportion? Primary HIV prevention associated with Oral transmission.
Evidence for change. "Making it count" campaign.
It's good to talk. "take responsibility" campaign.
Losing no one. "Targeting the majority means losing many" debate.
Are venues getting the message?
Cuídate! Campaign.
GAP partners information.

FOURTH PHASE

The final newsletter is written from THT. The objective is to send it before the end of the year.

It seems to be differences in how the Newsletter has been distributed in different countries.

The article presented by Chris will be included within this last newsletter alongside with future plans.

PROJECTS PRESENTED AT THE CATWALKS

Very short presentations were given by agencies from within the Network during each meeting. These presentations are listed below. If you were interested in any of these projects please contact the stated person.

Antwerp July 99.

Contact	Project(s)
Alain Bonnineau, AIDES	<ul style="list-style-type: none"> ➤ Lighthouse ("La belle phare") Project ➤ Year 2000 drop-in centre
Nuno Martins, ILGA PORTUGAL	<ul style="list-style-type: none"> ➤ Distribution of condoms and lube ➤ Beach cabin outreach project ➤ Male sex workers in Lisbon
Brian Sheehan, Gay HIV Strategies Kati Zaragoza, CGL	<ul style="list-style-type: none"> ➤ Agencies partnership and regional/community development targeted at discriminated sub-populations ➤ "Summer project" – outreach on beaches, in saunas, at foam-parties (and in the skies...)
Matthias Gradinger, Check Up (Aids Hilfe Köln)	<ul style="list-style-type: none"> ➤ HIV prevention project establishment including a "PEP pack" – containing information on PEP, referral details, condom, and Fisherman's Friends
Uffe Gartner, Stop Aids Kampagnen JanDirk Veenstra, SAD Schorerstichting	<ul style="list-style-type: none"> ➤ "Take responsibility" campaign for all serostatuses ➤ Sauna/massage project ➤ "Dark Angel" backroom project ➤ Bar support shop ➤ Escort boy "quality-stamp" Calvin Kleins! ➤ Sauna strap
Chris Lambrechts, Aidsteam	<ul style="list-style-type: none"> ➤ "Life can be hard" campaign ➤ Aidsteam report ➤ Group counselling/discussion project for young gay men
Luca Pietrantoni, Arci-Gay Colin Dixon, Terrence Higgins Trust Thierry Martin, Ex Aequo	<ul style="list-style-type: none"> ➤ Face 2 Face campaign information service ➤ Homophobia campaign ➤ Gay Men's Research ➤ "Jeunes hommes entre eux" leaflet ➤ "Sexuality" kit for people who work with young people ➤ Collaboration to provide services with deaf people ➤ "Envoie de toi" campaign ➤ Testing campaign

Amsterdam meeting.

SAD Schorerstichting – Jandirk Veenstra.	<ul style="list-style-type: none"> • Gameset (website ref. 46)
STOPAIDS – Uffe Gärtner.	<ul style="list-style-type: none"> • Communication problems in peer education. Focus on environmental factors (<i>some results of a qualitative and quantitative evaluation</i>).
RFSL – George Svød.	<ul style="list-style-type: none"> • Focus health: a publication targeting homosexual men/lesbian women.
THT – Colin Dixon.	<ul style="list-style-type: none"> • Better off knowing (website ref. 91) • Oral sex
Aidsteam – Chris Lambrechts	<ul style="list-style-type: none"> • Hou van hem & Lang leve de liefde (Long live love). Flemish version of the 'Ponte sexy-campaign by COGAM.

	<ul style="list-style-type: none"> • Flemish version of "Assume Nothing" campaign, originally launched by THT • Test the test: translation of the THT booklet
COGAM – Alberto Martin – Pérez & Luisa García	<ul style="list-style-type: none"> • Ponte Sexy 2 –'Olvida el SIDA (forget about AIDS) / no es más que una gota (just a drop)/ a buen entendedor pocas palabras / según le ví (as I saw him)'- (website refs. 75, 76, 77 y 78) • Evaluation of sexual behaviour of gay men (first phase, website ref. 10)
Ex Aequo – Thierry Martin	<ul style="list-style-type: none"> • 'Les suppositions ne nous protègent pas': French version of the THT 'Assume nothing' campaign. • Vive l'amour • Cartoons project for young gays and lesbians • Information leaflet on homosexuality • Internet work and extensive promotion of CERIS
ILGA Portugal – Jose Manuel Fernandes	<ul style="list-style-type: none"> • Beach outreach project
CFIL – NIKOS DEDES	<ul style="list-style-type: none"> • outlined the general situation of prevention for gay men in Athens.

Barcelona meeting.

CONTACT PERSON	PROJECTS
Staffan RFSL	<ul style="list-style-type: none"> • www.komikondom.com • rubber and lube (gummi & glid leaflet) • gay talk (sharing the experience)
Brian. Gay HIV Strat.	<ul style="list-style-type: none"> • Play safe, play Sexy. Cards • Play Safe, play Sexy. Sexual health booklet
Chris. Aidsteam	<ul style="list-style-type: none"> • How to destroy your own organisation. An experience on collaboration and organisation of HIV agencies
Colin. THT	<ul style="list-style-type: none"> • Vital statistics. The 1999 National gay Mens Sex Survey Results. • It's Prejudice that's queer. (stickers)
Jakob. STOPAIDS	<ul style="list-style-type: none"> • Re-united and proud • Kom i kondom (Copenhagen version)
Manuel. ILGA PORTUGAL	<ul style="list-style-type: none"> • HIV/AIDS prevention in Portugal. Homosexuality and HIV/AIDS III. Condom kit and future plans • ILGA Portugal leaflet
Thierry. Ex Aequo	<ul style="list-style-type: none"> • Cartoon project • Continuation of the sauna project. Poster • New condom package
Matthias. CHECK UP	<ul style="list-style-type: none"> • Es liegt in deiner hand (Schwule Liebe, Schwule Sex). Leaflet.

	<ul style="list-style-type: none"> • Hepatitis ABC. Lefalet • Keeping your bottom safe and healthy
Markus. SAH	<ul style="list-style-type: none"> • Play Safe. Materials around the Gay Games (postcards and posters) • Interactive gay counselling service • www.drgay.ch
Jandirk. SAD	<ul style="list-style-type: none"> • Be Posit(H)iv towards HIV. Empowerment campaign
Alberto COGAM	<ul style="list-style-type: none"> • Safer sex workshops' training guide. • Leaflet for young lesbians and gays.
Kati. STOPSIDA	<ul style="list-style-type: none"> • Cuidate 2000. Including • Lesbians leaflet (tu escoges) • Safer sex guide for gay men • Postcard "sex" • Leaflet for young gay men, comic. (Athos y Gador)

Madrid meeting

ASSOCIATION CONTACT P.	Nº	TITLES
Ex Aequo Thierry Martin	2	<ul style="list-style-type: none"> • Cartoons • World's AIDS Day programme
Aidsteam Chris Lambrechts	1	<ul style="list-style-type: none"> • New accents on Aidsteam
STOPAIDS K. Jakob Haff	3	<ul style="list-style-type: none"> • Mutual publication of HIV organisations • Buddy service poster • WAD poster
Synthesis Leo Kalovyrnas	2	<ul style="list-style-type: none"> • Safer sex for gay men in Greece • Existing materials. Request of electronic materials
Arcy gay Luca Pietrantoni	2	<ul style="list-style-type: none"> • Handbook for professionals • Internet questions and answers • General campaign
ILGA Portugal Manuel Morais	1	<ul style="list-style-type: none"> • Some news from Portugal • Lisbon Gay Guide 2000
RFSL Staffan Hallin	1	<ul style="list-style-type: none"> • Safe sex for MSM, leaflet
Swiss AIDS Hilfe Markus Sulzer	2	<ul style="list-style-type: none"> • Ethnic groups in Switzerland (paper) • Coming out day campaign
Schorerstichting Jandirk Veenstra	2	<ul style="list-style-type: none"> • Testing campaign • Posit(h)iv towards HIV
THT Will Nutland	2	<ul style="list-style-type: none"> • Facts for life • In two minds

4. SHORT DESCRIPTION OF THE RESULTS OF GAP.

The GAP Network has in three years time:

- Established a network between 15 organisations from 13 different countries, providing the opportunity to share experience and expertise. The Network is continuously expanding. In future phases, after the merge of GAP and CERIS it will be constituted by the fifteen countries member of the European Union as well as Switzerland and other Middle Europe countries, such as Georgia or Latvia. Switzerland is currently taking part in GAP and contacts have been established with other organisations to this end.
- Developed a web site that facilitates the exchange of concepts, outlines and evaluation of projects on gay HIV prevention. This website www.mindthegap.org is constantly improving its accessibility so it can be a useful instrument and a reference for professionals, NGOs and volunteers in the field of HIV prevention.
- Outlined a model of good practises on prevention work towards gay men with HIV /"Ten golden rules of prevention targeting HIV Positive gay men". Good practise criteria on working with commercial gay venues on prevention and with gay tourists are being developed.
- Provided a Newsletter to disseminate its work and attract readers to the web site. Around 1300 samples of each of the issues of the newsletter "Mind the GAP" have been printed and distributed throughout Europe.
- Develop common strategies to vulnerable subgroups, as young gay men or gay men with a different cultural background. In the first case, GAP has worked closely in connection with CERIS, given the circumstance that most members of GAP are also members of CERIS. In the second case, GAP partners attended a skill-building session on this topic. The recommendations can be consulted at the present report.
- Stimulated the exchange of developed materials: the Terrence Higgins Trust's "Assume Nothing" campaign was used also by five other participants and the COGAM's "Ponte Sexy" by two. This cost-effective use of materials on common challenges, like assumption-make, that have been successful elsewhere envisages also the idea of future European-wide campaigns.
- GAP has been reviewing relevant research on the effects of new retroviral therapies on preventive behaviour of gay men. This info has been made accessible to GAP partners, and in its turn to other local organisations working either on general AIDS prevention or Health Promotion and HIV Prevention targeting MSM. These surveys show that people who were more concerned by HIV risk were more aware of the existence of treatments, but this doesn't relate to a specific age or gender. The conclusion was that the feared effect doesn't seem to appear in such a dramatic level as expected two years before, but the perception of risk might change. Even if awareness is still quite high, less educated groups should be focused on.
- GAP held a workshop on multi-ethnic thinking skills aiming to provide partners the abilities to start designing strategies on partnership with migrant organisations and individuals aiming to prevent the transmission of HIV.
- Monitoring research is as stated in our planning a political goal for GAP. There are more and more studies concerning MSM, but comparisons remain difficult. GAP members have been making contacts with different researchers to this end and the Network interacted with the scientific community at the Amsterdam Conference in 2000, but somehow there has been a lack of response, or no commitment was made. We do not doubt however that researchers are aware of the importance of facilitate comparisons throughout Europe.
- Concerning differences of messages, GAP defends that the approach might be not on focusing on solving these differences, but how can we deal with them, and what can be done to avoid damage and confusion within the audience. It is not possible to make messages more uniform unless we agree first which is the objective of prevention (i.e. risk elimination, risk reduction or harm reduction?). This is a difficult issue, since the advice may change from specific sub-target group to another --something to discuss further in the GAP context.
- Finally, GAP has established preliminary contacts other European Networks in order to avoid doubling work or wasting resources (AIDS and Youth, ILGA, EATG, etc.)

5. ASSESMENT OF THE ACTIVITY. EVALUATION

Exchange of concepts, outlines, methods, expertise

This dimension has proven to be relevant to GAP partner agencies in terms of skill-building, inspiration, expertise, etc. Also the exchange of final products to be adapted locally has contributed in some cases to create European wide concepts such as "assume nothing" originally by THT and adapted in Madrid, Bologna, Antwerp, Brussels and Cologne.

At our four meetings, different GAP partners have presented 95 projects during the "catwalks". This shows a relatively high productivity of local projects.

Through exchange GAP has contributed to standardisation of HIV prevention for MSM throughout Europe and has improved quantity and quality of interventions aiming this target group.

The website

It hasn't been easy to launch the GAP website. Currently we are trying to improve its accessibility. After January 2001 the design will be new. Maybe due to different structural causes and change of staff working of the development of the site, etc, the presence of the website "mind the gap" has not been as continuous as expected, showing short periods in which there were no changes or updates. The number of abstracts submitted is linked to a certain level of pro-activism from the website to the GAP partners. It is proven that this number will rise after a call for inputs.

We've seen frustrated our goals on interactivity at the website, like test of projects on line, or chat sessions with experts on certain topics. This depended a lot on economical resources. This is a priority function for the GAP website, as most GAP partners reported. To date, it has been useful for most GAP partners in terms of exchange of concepts, methods, evaluation, etc

All in all the "mind the gap" web site has made visible the GAP Network to European but also American AIDS organisations, as the number of requests of information on projects show. Some partners for the next phase have known GAP thanks to "mind the GAP".

The statistics shows an average of 324 individual users visiting the web site each month. These statistics are provided by using a statistics program to download information from the server where our web site is stored.

We stay optimistic that this figure will increase after January 2001 especially with the new web site being launched and the introduction of regular emails to participants informing them about changes and additions.

The Newsletter "mind the GAP"

The Newsletter "mind the GAP" has played a relevant role in the promotion of the GAP Network and the GAP website, making accessible the GAP information to those places or organisations where there was still no access to the world wide web, or where it is not frequently used. The distribution of the newsletter reaches also non-MSM oriented agencies, which might facilitate global thinking and would guarantee that the MSM reality is being taken into account.

An evaluation and criticism sheet was included with the first issue of the Newsletter. The small number of sheets returned does not allow us to use this instrument for evaluation. However the initiative was welcomed and the lay out with the three languages (English, Spanish and French) highly appreciated.

Documents on good practise criteria

The most relevant of these has been the "ten golden rules on prevention targeting HIV Positive Gay Men". Currently these criteria are being used in new projects targeting HIV positive gay men by GAP partners, who have in their turn, forwarded this information to other local agencies. The need to target positive gay men on prevention materials has been acknowledged by most MSM AIDS prevention organisations in Europe.

Good practise criteria on other concrete European topics (such as collaboration with gay venues or prevention targeting gay tourists or migrant MSM, though in preliminary phases) and

the knowledge which is acquired at GAP meetings through exchange is also used by GAP partners locally. What is important to point out is the fact that this is not a "one way" response. Local experiences of GAP partners contributes to give response to European health threads for MSM.

The consolidation of GAP

All in all GAP partners have the certainty of having consolidated a strong and useful network (though missing still some countries). GAP models are being adapted to the local realities and used to train volunteers. The existence of GAP facilitates the access to info.

The GAP Network has been useful to change prevention attitudes and messages (compared to former absolutist messages) and to have access to materials, which facilitates local adaptation. When local campaigns have been evaluated it is possible to adapt them at a very low cost. GAP is in this sense a reference inspiration source.

At the Amsterdam meeting GAP made an overall evaluation of the Network: it was defined where were we at that moment and which goals we managed to reach. The question to answer was what do we get from GAP. These were the answers:

- Exchanging experiences.
- Developing towards good practice.
- Facilities of dissemination of information and "quality control".
- Enhance efficiency of product design
- Developing common ways of working.
- 'Tuning in'.

GAP has allowed us to change our approaches to prevention. There are not so many differences between us as there were in 1998, when the Network was born.

This is also what we have not achieved:

- Monitoring research, due to lack of response.
- Common messages or common campaigns, though there have been discussions on the focus of prevention and on how to deal differences to avoid confusion among targeted groups.
- Clear linking with other Networks in terms of agreements, though contacts are made.

We have been working on these aspects, however, but reaching them takes time. They are very ambitious goals indeed. We are confident also that the path we have traced to reach them is the right one.

Summarising, we may well say that GAP is something very valuable for its partners

6. PLAN OF DISSEMINATION OF RESULTS

The Newsletter has been a crucial mean to disseminate the main achievements of the GAP Network as well as to promote the "mind the GAP" website, encouraging readers to visit our site. We have been commenting extensively on its strategy for distribution already (all the issues produced at London and distributed locally by partners). The Newsletter has reached most HIV prevention organisations targeting gay men or MSM in Europe. But it has also reached non-gay oriented organisations, developing more generalist prevention programmes. It also reached gay organisations with little or no experience on prevention work, encouraging them sometimes, to start developing some kind of preventive work within their smaller communities.

The "ten golden rules of prevention towards positive gay men", as well as other good practise preliminary criteria have been forwarded locally in some countries via e-mail or through articles on specialised magazines or gay press. This has allowed local organisations and professionals accessing these criteria, resulting in local projects targeting these targets groups

The budgeted number of samples of the present final report (including annexes), which we think might be useful to HIV prevention organisations, will be printed and distributed. The strategy for dissemination will be similar to the newsletter. Each partner will distribute locally as many samples as they request, taking into account the total number we can afford. The list of receivers of the "Mind the GAP" Newsletter will be used as a guideline.

7. FINAL CONCLUSIONS

MSM are still among the most affected groups within the HIV epidemic in Europe. Prevention and Health promotion have been fairly well established in a few major big cities in Europe. In other areas of the European Union, the lack of support for local health promotion and prevention policies for MSM, together with the lack of funding from the health authorities, the difficulties for the construction and development of gay communities, all of this highlighted by high levels of social homophobia, creates social and cultural climates which often limit the opportunities for capacity, diffusion and good results of the prevention interventions and activities that are being developed for MSM

Our Network, which is the first AIDS Network in the European context focusing on the MSM population, stimulates and facilitates the filling of this gap in a way which is very cost-effective and efficient by using the already developed experiences and strategies available all over Europe. The Network is improving and standardising HIV prevention and sexual health promotion targeting MSM.

Since 1997 when this Network was born, but specially since 1998 when the EC has generously fund our Project, GAP has provided the opportunity to share experiences and expertise throughout Europe and disseminate work taking place in individual countries within the European Union. Consolidating at the time a Network between 15 organisations from 13 different countries.

GAP has also achieved a web site that facilitates the exchange of concepts, outlines and evaluation of projects and a newsletter to disseminate our work and attract readers to the web site. This web site will integrate the former newsletter in the future and will continue to broaden the subject from aids prevention to other STD's and sexual health in general. The website and the GAP meetings have also stimulated the exchange of developed materials: the THT campaign "Assume Nothing" was used also by five other participants and COGAM's "Ponte sexy" by two.

During the first phase certain vulnerable subgroups and topics were identified. The implementation phase of the GAP Network offered the opportunity to further study and develop strategies for some of these target groups. The GAP Network has created an European strategy of prevention for positive gay men, and preliminary good practise criteria for other sub groups as young gay men, gay tourists or MSM with a different cultural background.

The GAP Network is going to merge with the EC funded project CERIS focusing on prevention for young gay men entering the gay scenes. This merger will be finished in September 2001. By then the Network resulting will comprise prevention organisations from the fifteen EU countries and Switzerland and Georgia also. In addition, other international and/or local bodies such as ILGA, YGLIO, WHO; AIDS and Youth or the Spanish National AIDS Authorities will be either "observers" or take active part in the development of our work.

The EC funded CERIS Project has been taking care of the creation of a strategy for prevention towards young gay men. This strategy will be implemented during 2000, and evaluated in 2001. CERIS has created an European Network of actors involved in the struggle against HIV, discrimination risks and vulnerabilities for young gay men entering the gay subcultures. After the realisation of interviews to young gay men in five European countries and taking into account similarities and divergences, an European Congress was launched in March 1999. This Congress gathered actors from aids prevention associations, gay associations, active researchers in the field of prevention and/or identity discrimination and political authorities. During the last phase the CERIS project has been determining the best channel, method, and support for delivering the message given the resources available and given national constraints. Finally the project will develop an European internet site which will decline campaigns nationally, using ethical-theoretical guidelines, suggested adaptations of the message and descriptions and a guide for use.

Our immediate plans for the future of this Network, combining the two former ones, will be focused on;

- Extend the network as far as possible to all EC-member states, including non-EU countries who are willing to fund their own participation.
- Broaden the subject from aids prevention to other STDs and sexual health in general
- Make a better use of resources by integrating the newsletter into the web site. The site created by CERIS will be developed and actualised. Both sites of the project will be promoted and evaluated.
- Stimulate the development of concepts and campaigns on an European basis, in three different levels: stimulation of exchange of final products, unifying messages on sexual health promotion and common campaigns.
- Link on a structural level to other organisations and all kind of Networks in the field of Health Promotion as well as researchers.
- Develop a strategies on vulnerable subgroups, concretely
 - International gay tourism.
 - Young gay men.

- Use the network as a training and skill-building instrument for all gay HIV prevention organisations in the EC.
- Establish the GAP Network as one of the main spokespersons on the European level in the field of sexual health and HIV prevention for gays and lesbians.
- Study how to include lesbians on sexual health promotion topics.

8. SUMMARY OF THE PROJECT (AIMS, WORK CARRIED OUT, OBTAINED RESULTS)

The European Commission has supported a programme submitted by the GAP Network in 1999 and 2000. This programme aimed at:

- Implement a programme on the European level dealing with issues that could not be dealt on the national level alone or were difficult / cost ineffective to implement by local authorities. GAP has created and consolidated a Network between 15 organisations from different 12 countries, providing the opportunity to share expertise throughout Europe, since this expertise is forwarded also at the different national levels.
- Monitor the effects of the new therapies on prevention. The Network has closely monitor the ongoing research on the topic in order to take action when necessary. This information has been made accessible to GAP partners, and in its turn to other local organisations working either on general AIDS prevention or Health Promotion and HIV Prevention targeting MSM. The feared effect doesn't seem to appear in such a dramatic level as expected, but the perception of risk might change. Even if awareness is still quite high, less educated groups should be focused on.
- To stimulate exchange and collaboration. GAP has allowed us to change our approaches to prevention. Qualitatively and quantitatively the prevention work targeting MSM has visibly improved in Europe, there is more spontaneous collaboration in projects related to similar topics, information on projects and interventions is easily accessible and there is exchange of final products, contributing to European-wide messages related to MSM and HIV prevention. We're being witnesses of standardisation of HIV prevention for MSM throughout Europe
- To provide a clearing house, an on line overview of developed interventions and research and on line discussions to support exchange and collaboration. GAP has developed a site which facilitates the exchange of concepts, outlines and evaluation of projects on gay HIV prevention. This website www.mindthegap.org is constantly improving its accessibility so it can be a useful instrument and a reference for professionals, NGOs and volunteers in the field of HIV prevention. We've seen frustrated our goals on interactivity at the website, like test of projects on line, or chat sessions with experts on certain topics. This depends a lot on economical resources. This is a priority function for the GAP website, as most GAP partners reported. To date, the website has been useful for most GAP partners in terms of exchange of concepts, methods, evaluation, etc.
- The Newsletter "mind the GAP" has played a relevant role in the promotion of the GAP Network and the GAP website, making accessible the GAP information to those places or organisations where there was still no access to the world wide web, or where it is not frequently used. The distribution of the newsletter reaches also non-MSM oriented agencies, which might facilitate global thinking and would guarantee that the MSM reality is being taken into account.
- To stimulate monitoring research. GAP has seen that there are more and more studies concerning MSM, but comparisons remain difficult. GAP members have been making contacts with different researchers to this end and the Network interacted with the scientific community at the Amsterdam Conference in 2000, but somehow there has been a lack of response, or no commitment was made. We do not doubt however that researchers are aware of the importance of facilitate comparisons throughout Europe.

- To attempt to synchronise and uniformise prevention messages targeting gay men in Europe. GAP defends that the approach might be not on focusing on solving these differences, but how can we deal with them, and what can be done to avoid damage and confusion within the audience. It is not possible to make messages more uniform unless we agree first which is the objective of prevention (i.e. risk elimination, risk reduction or harm reduction?). This is a difficult issue, since the advice may change from specific sub-target group to another --something to discuss further in the GAP context. However, the Network has managed to provide European wide and common good practise criteria on the following topics:
 - Positive gay men: see “ten golden rules of prevention for...”
 - Migrant MSM
 - Collaboration with gay venues.

Currently these criteria are being used in new projects targeting HIV positive gay men by GAP partners, who have in their turn, forwarded this information to other local agencies. The need to target positive gay men on prevention materials has been acknowledged by most MSM AIDS prevention organisations in Europe.

- Finally, GAP has established preliminary contacts other European Networks in order to avoid doubling work or wasting resources (AIDS and Youth, ILGA, AMOC-DHV, etc).

9. FINANCES OF THE PROJECT.

9.1 Introduction

During the implementation of this project, the partners have used a series of standard forms to declare their expenses to the book-keepers. Together with these forms, the partners have attached copies of their original invoices. Though sometimes being a nuisance, this has contributed to uniformise the accountings as well as to facilitate calculations on exchange rates.

Many of the expenses for this project had to be delayed during 1999 because of the late signature of our agreement with the EC, which only happened after summer 1999.

An brief explanation on the detailed expenses and incomes report follows now:

Personnel costs:

This includes the fees of the co-ordinator of the Network (P1 to P16), the expertise from SAD Schorer (P17 and P18), the two research external expertise who wrote the texts which were used for discussion at the Antwerp meeting in July 1999 (P19 and P20) as well as the Clearing House web site worker (P21). Although they were budgeted, the reports on treatments and messages were not elaborated. Our explanation is, from our point of view once the project had started, it was unnecessary to write those reports. However all the relevant info the GAP Network has elaborated on these two issues is included in the present final report.

The Secretarial costs includes the invoices from the secretary (P22 to P35) and the accounting assistants (P36 to P39).

The total figure for personnel costs sums 147730,12 EURO

Travel and subsistence expenses:

IVth GAP meeting, Antwerp 1999. Includes the travel expenses for those partners who have invoiced us and the subsistence expenses for all the attendant partner, two expertise and two translators (TS1-TS10 and TS52-TS57) -see "list of contributors" for the expenses of some of the expertise invited to this meeting-. Total 3153,89 EURO (travel expenses) + 4178,24 EURO (subsistence expenses).

Vth GAP meeting. Amsterdam 2000. Includes the travel expenses for the partners who have invoiced us and the subsistence expenses for all the attendant partners, as well as the Spanish interpreter for stopsida. Total: 2629,59 EURO (travel expenses -TS11-TS19-) + 3971,39 EURO (subsistence - TS58-TS72-).

VIth GAP meeting. Barcelona 2000. This meeting was originally scheduled to take place in Cologne. Due to different reasons we held it in Barcelona. The European Commission approved this change as far as the expenses were not beyond the budget approved for Cologne. Includes the travel expenses for partners who have invoiced us and the subsistence expenses for all partners as well as the Spanish translation for stopsida. Subsistence, travel and fees for the two external expertise were covered by SAD Schorer Foundation. The attendance of Greece to this meeting was possible by using Italy's money. Arci Gay from Italy excused their presence at this meeting. Total: 3282,96 EURO (travel- TS20-TS30) + 3213,78 EURO (subsistence- TS73-TS88-)

VIIth GAP meeting. Madrid. 2000. Includes travel expenses for GAP partners and subsistence for partners and Spanish translator. The money budgeted for external expertise for this meeting was used to invite our future partner from Greece. Total: 3483,15 EURO (travel -TS31-TS43-) + 2970,04 EURO (subsistence -TS89-TS94-)

Co-ordination meetings: these were held in the following places:

- London (June 99). The expenses were 614,70 EURO on travel expenses (TS44-TS47), and 1329,12 EURO on subsistence expenses (TS95-TS105).
- Brussels (October 99). No travel expenses were made for this meeting as it was taking place close to a CERIS meeting. Subsistence expenses were 33,08 EURO (TS106-TS110)
- Madrid (December 99). This meeting was put together with a CERIS meeting which was taking place in Madrid. So that travel expenses just for SAD had to be covered (TS48: 277,18 EURO). The subsistence expenses were 653,77 EURO (TS111A-TS111C)
- Antwerp (April 00), Travel expenses for this meeting were for 219,52 EURO -TS49-TS50- on travel expenses and 479,11 EURO on subsistence expenses -TS112-TS118-
- Lisbon (October 00). This meeting was put together with a CERIS meeting which was taking place there. So that travel expenses just for SAD had to be covered 219,42 EURO (TS51). Subsistence expenses for this meeting were for 392,76 (TS119-TS124)

The total expenses on co-ordination meetings were for 4219 EURO instead the original 8000 EURO budgeted.

Value services

- Information dissemination costs. Includes the print and dissemination costs of the Newsletter "Mind the GAP" (VS1-VS4) as well as the design and print costs for this final report (VS6). 4000 issues of this report are being printed to be distributed in spring 2001. We have decided to use the money budgeted for the two reports mentioned in the budget (messages guide and treatments report) to have a higher number of issues of this final report. As we have explained above and through the text of this final report, all the relevant information on these two topics is included within this report. This will offer the HIV prevention organisations and professionals targeting gay men the opportunity to have a more complete document with relevant information (specially on the annexes) not only on these two subjects but on many more. The costs of design of a "Mind the GAP" banner and cards which were used for promotion at the Amsterdam Conference are also included here (VS5).
- Report costs: translation: Includes the translation of the Newsletter into French and Spanish (VS7-VS8), as well as the translation of the present final report into French, Spanish and German (VS9-VS11).
- Interpretation costs: Includes the fees from the translators present at the general GAP meetings: English to French for AIDES at the IVth GAP meeting in Antwerp (VS12) and English-Spanish for Stop sida at the four general meetings (VS13-VS16) -2200 EURO-

Project Administration

Includes the costs of consumables and supplies which were essential to the carrying out of this project:

- Telephone expenses (including internet and fax) for the co-ordination of the project (PA1-PA28): 5520 EURO.
- Telephone expenses (including internet and fax) for GAP partners (PA29-PA85): 24300,59 EURO
- Post expenses (PA86-PA93): 2112 EURO
- Office supplies (PA94-PA103): 1786,92 EURO

Indirect costs (overheads)

GAP Network office rent: (IC1-IC6) 19.676 EURO.

Ineligible costs:

This chapter includes the meeting venues for the four general meetings, as well as the private charity work of the representative persons for the GAP partners organisations (attendance and preparation of meetings, free contributions to the web site and the newsletter as well as the preparation of GAP meetings). As we mentioned earlier, France has not been involved in this phase of the Network, so that the difference between the budgeted 143.235 EURO and the real 137.135 EURO is explained.

LIST OF CONTRIBUTORS, SUPPORTERS AND SPONSORS

Sad Schorer Foundation, IPAC soa, Aidsteam and **aidsvzw** covered the travel and subsistence expenses of the three expertises who attended the hiv positive working session at the Antwerp meeting in 1999. Some additional costs for this meeting were funded by the Aidsteam.

IPAC (meals for experts), Aidsteam, Aids Team Productions (welcome gift), **Paul Gysbrechts** (ice cream)

SAD Schorer Foundation funded the preparation of the skill-building session at the Barcelona meeting, as well as travel expenses for the two expertises responsible for this session (**Jay Haime, Cem Arikoler**).

Office supplies and welcome gifts at the Madrid meeting were funded by **Boheringer laboratories**.

Thanks also to all the organisations and the volunteers who have organised meetings for GAP (either general or co-ordination) in their cities for the time and efforts they have devoted in the preparation of these: **Aidsteam, SAD, Stopsida, COGAM, THT, Ex Aequo**, and **ILGA Portugal**. Thanks to all of them also for the coffee-breaks.

All **GAP partners** have contributed with their invaluable volunteer work to reaching our goals.

Apart for those representatives mentioned at the partners list or wherever within this report,

Thanks to **Agustin Lopez**, who has been the guardian of the budget.

Thanks to **Fernando Villaamil**, who is becoming the new manager of this project.

REAL COSTS OF THE OPERATION

<u>EXPENSES</u>	<u>INCOME</u>
DIRECT COSTS ELIGIBLE	
- Personnel costs 147.730,12	- Commission (funded requested) <i>(60,74% of total costs, as agreed in article 3. Paragraph 3)</i>
	240.419,27
- Travel/accommodation/ subsistence 31.098,71	- Applicant's own contribution
	18.262,77
- Value services 26.456,69	
- Project Administration 33.719,96	
INDIRECT COSTS ELIGIBLE	
- Overheads 19.676,56	- Applicant's contributions in kind
	137.135,00
CONTRIBUTIONS IN KIND	
- Private charity work by private individuals or corporate body 127.460,00	
- Contributions in kind essential to the carrying out of the project 9.675,00	
<u>GRAND TOTAL</u> 395.817,04	<u>GRAND TOTAL</u> 395.817,04

This report was produced by a contractor for Health & Consumer Protection Directorate General and represents the views of the contractor or author. These views have not been adopted or in any way approved by the Commission and do not necessarily represent the view of the Commission or the Directorate General for Health and Consumer Protection. The European Commission does not guarantee the accuracy of the data included in this study, nor does it accept responsibility for any use made thereof.