



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

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

**ANNEXES**



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

## **Index of annexes**

1. "Clear agreements make good friends". <i>A homosexual reflexion on fertile European relationships</i> . Chris Lambrechts	3
2. Positive Address. An Outline of Prevention for Gay Men with Hiv. Rudi Bleys	6
3. Repport on Community Development Projects. Karl Hayden	21
4. International Tourism and HIV Prevention. Alberto Martín-Pérez	38
5. Ten Golden Rules of Prevention Towards Gay Men with HIV	45
6. Inspiration Package and bibliography related to gay tourism and HIV	46
7. Letter to to European Commission	49
8. Tourism and HIV prevention. Towards better practises for prevention among gay tourists in Europe. Uffe Gartner	51
9. Copy of the cover and information on the lunch debate organised by GAP and SAD at the Conference "Towards better practise"	53
10. Themes for future skill-building sessions at GAP meetings	56
11. Letter to Health Minister sent by GAP partners in December 00	57
12. Summary application for funding	58
13. Distribution of the Newsletter "Mind the GAP"	64

## Attached document n. 1

### **Clear Agreements Make Good Friends** Antwerp proverb, 16th century

A homosexual reflexion on fertile European relationships.

#### **Don't let me be misunderstood** Nina Simone

This text is not to tell you what to do. Although my way of expression may be somewhat moralistic, my intentions are genuine. In my experience, however, we can all benefit from clear agreements. This does not mean that you all have to agree. Therefore, we will discuss this proposal at our next meeting. I'm just *promoting the discussion*, so to say.

#### **It ain't necessarily so** Aretha Franklin

One of the riches of the GAP Network, are our cultural differences. Every generalisation violates reality, but I dare say that the differences between Northern (Great Britain, Ireland, the Scandinavian countries, Germany, the Netherlands) and Southern European countries (France, Italy, Spain, Portugal, Greece) are apparent. *Northern* participants tend to be pragmatic, they like to solve problems (one at the time). They pay a lot of attention to agendas, time schedules and compact messages. They are busy 'doing' stuff. *Southern* participants have a more ideological approach: they want to discuss the principles first. They are busy 'being' and pay more attention to the quality of life. For them, people come in first. As for Belgium and Luxemburg, we're somewhat in the middle, I guess.

**We should pay enough attention to our different backgrounds.** If not, we might frustrate each other and misunderstandings pop up easily.

### ***Wishin' and hopin'* What can you expect from the GAP?**

#### **Trains and boats and planes** Billy J. Cramer

The GAP enables you to **travel across Europe** and meet interesting people. This can be tiresome, that's true, but it provides an opportunity to exchange our views, experience other cultures and spend money on souvenirs.

#### **Ne me quitte pas** Jaques Brel

Every partner should have **access to the Internet** by now. Some of these costs can be paid for by the Network. If you still have a problem accessing the World Wide Web, contact our little spider in Spain, Alberto.

#### **Always something there to remind me** Sandie Shaw

Shortly, a renewed ***Mind The Gap Newsletter*** will keep you informed of what's going on in the Network. It will also help you to communicate what is going on in your organisation to others. In addition to this, you will be contacted personally and on a regular basis by Paul Hankinson, who is currently redesigning the ***Clearing House***. Since so few of us knocked at the front door or wandered around aimlessly in its chambers, it will be turned into something that looks like a City Bus that actually comes to you, rather than a House you have to visit go and yourself.

#### **Nice work if you can get it** Billie Holiday

Some of us put in a lot of time and energy, preparing pilots, supporting Alberto, decorating the Clearing House... This extra input is rewarded extra, surely, but it

implies a lot of responsibilities as well. Still, thanks to the GAP, we can improve communication between partners, potentially leading to some terrific, new ideas.

### ***I never promised you a rose garden*      What not to expect from the GAP**

Some of us expect that subventions from the European Community mean extra money for the things they already do. Unfortunately, this is not how it works. **Being a partner in a network in fact takes time.** On the other hand, an efficient network will save you a lot of time and money by learning from another's failures and successes, a better exchange of material and – thus is my experience-- the more you invest in it, the more you get from it...

### ***Money can't buy it*      What does the GAP expect from you?**

#### **Take care of business**    Nina Simone

The GAP Network consists of 14 partners from X countries. Cogam takes on a large responsibility being the budget's guardian. They depend a lot on all partners to get the invoices for the 'soft' money in. **We have to follow basic instructions**, or they could be in serious trouble. What is expected will be made very clear in Antwerp.

#### **Express yourself**    Madonna

The GAP Network is what we make of it. Not everyone is able to put in an equal amount of time. Some of you are volunteers and face a difficult task communicating with other organisations. But each of you is a contactperson for a whole country or community. So **make yourself heard with the partners in your country.** Of course, you need adequate tools to do so. An improved GAP Newsletter will help you shortly.

#### **Gimme gimme gimme a man after midnight**    ABBA

A lot of people put in a huge amount of energy not only to prepare meetings, but also to make them a pleasant event. For budgetary reasons, meetings are held on a weekend, enabling everyone to get to know the city's nightlife as well. **A careful attendant** will make sure that his private life (although some of it seems to me quite public) does not affect his participation and input in meetings. Don't force us to organise the meetings in Umea, Sweden (no offence George, but it *is* very cold and dark out there...!)

#### **Nobody does it better**    Carly Simon

We have an average of 6 days to work together during a whole year. If we want to get somewhere, time has to be spent efficiently. The Steering Committee will put in an extra effort this year preparing the meetings and keeping everyone informed. So, please, **do read your mail thoroughly and ahead of time.** Don't be the one who will be exposed as the one who thinks preparing a meeting is getting a new wardrobe... Preparing a meeting can also mean: **discussing new ideas with colleagues in your country** before the actual meeting.

#### **Paying the cost to be the boss**    BB King

If you're a member of the Steering Committee, you engage yourself even further. You take a responsibility to maximalise the outcome of the project, while minimalising the amount of energy everybody has to put in.

## ***How to improve your sex life***    **Making the most of opportunities**

Just kidding about the sex life, but I've got your attention there, didn't I? Still, I want to make some suggestions for prosperous investments in human relations on the European level.

### **Make it easy on yourself**    Walker brothers

Until now, exchange of materials has been rather limited. The collaboration between GAP members could create new opportunities for such an exchange, or even lead to a joint development of products... This is not self-explanatory, but it could be a very big time and cost saving experience... and an even pleasant one (like taking a shower with a friend). A condition, though, is that we are being informed about one another's new products. So, do **send out that material!** You'll see, you will harvest what you've been sowing...

### **They long to be close to you**    Matt Monro

The GAP could be taken advantage off on different levels as well. Ever considered the **exchange of people on a European level?** Maybe some partners could swap a collaborator for a short period of time. It could be very inspiring to work in a totally different environment for some days, on the condition, here too, that all is well prepared. We can talk about this suggestion at our next meeting.

### **The more I see you, the more I love you**    Dionne Warwick

Don't wait till the next general meeting to spread a new idea, but **put us all on your mailing list if you have a new proposal.** Don't hesitate if it is not in English – a short accompanying letter with an outline will do. From my experience, if a gay man is really motivated – like on a cruising place - he can even understand Swahili.

### **Tell me what you want – what you really, really want**    Spice Girls

Maybe the output you get is not the output you would like to have. Maybe you have different needs, or you don't feel comfortable with the way things are managed. Don't hesitate and give us a ring! Alberto and all other Steering Committee members will listen to you very carefully. Don't wait till the next general meeting to speak out. Do it now and get a better bargain the next time we meet.

## ***A brief overview***

The GAP Network provides you with the opportunity to meet your colleagues on an international level, funding for an exchange of information and a coordinator and Steering Committee, engaged in listening to your suggestions and preparing meetings thoroughly.

The success of the GAP Network, however, depends on the commitment of all partners. We expect every partner to reach out to other colleagues in his own country, to prepare the meetings carefully, to be an active participant on meetings and to provide Alberto swiftly with essential information. This is a minimum engagement to make sure money is not wasted. We can maximalise the results by sharing ideas, exchanging working methods and even people and to speak out our deepest wishes.

### **I get a kick out of you**    Ella Fitzgerald

Like the other partners in the Steering Committee, I'm really looking forward to see you. Shortly, **we'll meet again** in Antwerp. I'm sure you'll all **justify my love** and you'll all be there, well prepared and freshly shaved. I'll **say a little prayer** for your travel safety. If you want any more information, **I'll be around** (or in fact, Alberto is).

Fondest greetings,

**Chris Lambrechts, The Aidsteam, Antwerp**

## **Attached Doc. N. 2**

### **POSITIVE ADDRESS An Outline of Prevention for Gay Men with Hiv**

Rudi Bleys, Aidsteam, Antwerp  
1999

## **Introduction**

Many of the new infections with hiv occur due to lack of reliable knowledge about either one's own serostatus, or one's partners' serostatus, or, also, the serostatus of both oneself and the other. In fact, we often make assumptions regarding one another's or our own's serostatus -assumptions that, at times, are justified, but often are not. We sometimes are mistaken, thus exposing ourselves to the risk of infection with hiv. Not surprisingly, new campaigns are being set up -in the UK, in Germany, in Spain, in Belgium also-in order to raise awareness among MSM about the very mechanisms of such assumption making, as about their potential danger. The British 'Assume nothing' campaign, implemented in 1998, in fact led to an analogous campaign both in Rheinland-Westfalen ('Lieber nichts vermuten', launched by Check Up, Kölns Schwule Gesundheitsagentur, 1999), Spain ('Tenlo claro', COGAM, 1999) and Flanders ('Veronderstel niks!', developed by the Aidsteam, Antwerp, and to be implemented during Fall '99).

The above campaigns highlight not only the assumptions made by gay men who are either negative or who don't know their serostatus (yet), but the assumptions made also by gay men who are already knowingly infected. These are first steps, generally speaking, towards new prevention campaigns directed at gay men with hiv. Prevention organisations as well as the population of gay men with hiv themselves now believe that the time has become ripe for such targeted interventions, while, until recently they thought such 'not to be done' out of fear for stigmatization. Action is needed now that gay men with hiv are having a life again, as they have access to combination therapy, and now that preliminary studies point out that not all gay men with hiv have safe sex (all the time).

How, we must ask, can this task be executed efficiently? Which are the health problems that we are facing? What ought to be done? How should prevention towards gay men with hiv be set up?

## **Gay men with hiv and assumption making**

Whereas often we have no knowledge of our partner's serostatus and whereas only a limited number among us know their own serostatus, it is clear that a chance for new infections arises especially when gay men with hiv find it difficult to communicate their status to another. At least, that is, to the extent that such may give rise to unsafe sex -which is the case only for a minority among them.

Most, in fact, manage to have safe sex, no matter whether they get a chance to say they have hiv or not.

Evidently, the problem of serostatus is real also for gay men, who don't know their serostatus and even, if differently, for those who tested negative. How, in fact, do they act in a situation, where sex is about to occur without mutual exchange of information about serostatus? What if they assume that their partner has the same serostatus as themselves? What if they assume, perhaps erratically, that they are negative, even when not tested, or still negative, when tested already some time ago? In general, it would be better if all of us would actually 'know' our serostatus and be able as well to communicate it openly to one another. Things would indeed be easier when all of us had tested and would all be 'in the know'? Utopia?

Instead of reflecting on such matters, we should be practical and think about how to help and support those who tested positive already. We should look further than the mere problem of assumption making and think instead about programs that address prevention for gay men with hiv in its widest sense.

In this text, I will try to inventorize the conditions of adequate and well-conceived prevention towards gay men with hiv. I hereby rely on a study of literature on the one hand, and the results of the Gay Aids Prevention Network work around this topic on the other. Before doing so, however, I will briefly sketch the actual health problems of gay men with hiv, focussing both on epidemiological data and determinants of behaviour. Since two more comprehensive studies of literature on these aspects are available, I will merely summarize their most important results.

In a following chapter, I will list initiatives already taken or being developed currently, upon which I will focus on some major dilemmas related to prevention towards gay men with hiv as well as on ways out of them, as inventorized during the GAP Meeting in Antwerp, July-August 1999.

Finally, I will provide 'ten golden rules of good practice', listing the conditions to which prevention towards gay men with hiv should comply in order to avoid problems of stigmatization, moralization, or downright irrelevance. I hope, along with the reader, that this chapter may inspire us all—as well as other organizations—to put things into practice and address a problem that has been neglected for too long.

## **Gay men with hiv and (un)safe sex: a brief update**

Currently, new studies are being set up to study the sexual behaviour of gay men with hiv. Until then, we have to rely upon the preliminary results of often rather inadequate and limited studies. Summaries of these results can be found either in the review of literature by R. Bleys ('Positive sex. A study of the literature on gay men with hiv, sexuality and prevention', Antwerp: Aidsteam, 1998) or the one by E. De Vroome et al. ('Hiv seropositive gay men and safe sex: a review of current research', Utrecht: NISSO, 1998). But I've taken the liberty to quickly review both survey's most poignant conclusions.

### **Safe**

Summarizing, one can say that generally, most gay men with hiv are having safe sex and manage to do so all the time. They do so in different ways, however, and condom use is not always the only suitable or opted for strategy.

Some gay men with hiv abstain from sex altogether, at least for some time after their positive diagnosis. Depression often causes a certain, prolonged indifference towards sex. Others avoid risky sexual acts, such as anal intercourse. Yet others use condoms systematically, so that their partner doesn't get infected (and so that they avoid reinfection or infection with certain std's).

Yet, other strategies are used as well. One of which is seroselection or, more precisely, their intentional decision to only have sex with gay men who have hiv as well. Some do so by disclosing their serostatus, thus triggering a similar announcement regarding one's serostatus from their partners and allowing them to decide whether to proceed or not.

Other men aren't that thorough in their judgement and speculate on someone's serostatus instead, deducting from someone's age, outlook, sexual history, preferences, or social environment whether he has or hasn't got the virus. Seroselection, in this case, is speculative compared to those, who promptly talk about serostatus, but it is inspired equally by the motive to seroselect. Evidently, the boundary between safe and unsafe sex, while relatively clear objectively spoken, is not necessarily clear in people's minds. Seroselection, when based on speculation, may de facto turn out to be an open door to unsafe sex, even if not intended so. Or the speculative reasoning anticipating it may merely camouflage a certain indifference, a certain nonchalance. As such, gay men with hiv are not acting differently from many a gay man, who is either negative or doesn't know his serostatus. But the implications may be more substantial. We do need to have the courage, as a result, to address not only the fact that not all gay men with hiv have sex all the time, but that some intentionally do not.

## **Unsafe**

Safe sex is not always attainable for all gay men with hiv, indeed, nor do those who aim at having safe sex succeed in having safe sex all the time. There are moments, where they end up having unsafe sex. The actual patterns of their sexual behaviour still aren't fully mapped out, but some characteristics can be identified already:

### **(Receptive) anal intercourse**

*Gay men with hiv, who know their serostatus, tend to have more anal intercourse than others. More often than not, this is receptive anal intercourse, even when it isn't as yet fully clear as to why this is the case: is it to be interpreted as a sign of health concern? Or does it reflect their sexual preferences already existent before their diagnosis as seropositive? Did they already have receptive anal intercourse predominantly before? Or do they opt for it because they know that receptive anal intercourse is less likely to transmit the virus to their partner as would be the case with insertive anal intercourse? Another possible explanation may be the fact that they are struggling with penile erection problems, partially due to their weakened physical condition, partially due to the side effects of medication. Fact is that for those gay men with hiv, who are pursuing anal intercourse, the latter has great symbolic meaning as a way of affirming or even reaffirming their gay identity.*



## **Undetectable viral load**

Another aspect to be highlighted here is the indication that some gay men with hiv have unprotected sexual intercourse -anal or oral-as they believe that they are no longer contagious when their viral load is no longer detectable in the blood. Such, as we know, is not the case as the invisibility of virus in the blood does not guarantee its absence in, for example, sperm. Again, here too we are talking about a small minority within the population of gay men with hiv, as most of them remain very cautious and don't leap ahead.

## **Problems of disclosure**

The difficulty to disclose one's positive status probably often lies at the root of unsafe sex as well, no matter what the partner's serostatus is. Is a sexual partner positive, then disclosure of one's own positive serostatus easily seems to lead to unprotected intercourse. Is one's partner negative or does he assume to be negative, then one feels reluctant to disclose one's positive serostatus out of fear that it will take the spunk out of the sex. Outright rejection does not occur that often, but surely disclosure may break the dynamic of mutual attraction and lead to a drastic change of sexual script.

At times, one does disclose one's positive serostatus to a negative partner and sex accordingly is protected more often so than not. Often, however, the actual lack of communication and, as a result, the lack of reliable information does lure a couple to indeed have unsafe sex. Mutual assumptions that their partner has the same serostatus as themselves may cause a potentially infectuous situation as a result.

Generally, disclosing one's serostatus is done more frequently with steady partners, whereas such doesn't generally happen during one night stand-like sexual encounters with unknown or poorly known partners. The risk of being rejected plays a significant role here, also in steady, regular relationships. Often, disclosure towards a steady partner takes place not at the very beginning of the relationship, but only once a certain degree of intimacy and trust has developed between both partners and once the person with hiv is more or less sure that he will not be rejected as a result. Some manage to bring up the subject from the very beginning already, while others do so before sealing a gradually grown friendship into a genuine relationship. They feel they owe this information to their to-be-partner before one can move on.

Problems as the one above make disclosure of serostatus into an altogether hasardous thing and not one that can easily be recommended as a desirable option. One must take the fear for rejection as very real, especially considering the circumstances of life of a person with hiv. It partially explains also why some gay men with hiv have unsafe sex either incidentally, or almost on a regular basis, depending on how assertive they are in communicating their serostatus to other people.

## **Disclosure guarantees safety?**

The question must be asked: does disclosure of one's positive serostatus lead to safe sex? In other words: are gay men with hiv having safe sex more easily when they have disclosed their serostatus? And, secondly, shouldn't disclosure be encouraged as a means of promoting safe sex?

As yet, we don't have precise data on how and to what extent such a situation leads to unsafe sex. Answer to the above questions remain speculative as a result. But a single dynamic does surface from the whole of studies already undertaken. Much, in fact, depends on how such disclosure is being received. In a climate where numerous gay men avoid having sex with people, whom they know to be positive, disclosure is often not credited with the necessary respect for such a vulnerable position taking and a short way, alas, to being rejected. As long as solidarity remains little more than collective lip service, carried by the gay community at large, to an honorable ideal, disclosure will remain a problematic issue.

All this may cause a feeling of frustration or indifference in the mind of gay men with hiv, who feel they have the responsibility to make sure one has safe sex. A supportive environment would be characterized, indeed, by a more welcoming attitude towards disclosure. Until then, however, unsafe contacts may take place merely because there is no open communication. One may well state, by means of conclusion, that disclosure of a positive serostatus may lead to safe sex only when

1. it is done with such intention -and thus distinct from sero-selection amidst mutually positive men, who then have unprotected sex-and
2. when it is welcomed by the receiver of the message, rather than used as an excuse to break off or avoid (sexual) contact.

Disclosure, in other words, requires both a positive push factor (the intention to have safe sex) and a pull factor (a welcoming environment), in order for it to facilitate the maintenance of safe sex: *"Before it is in the best interest of HIV-positive individuals to disclose their status to others, they must feel assured that the benefits of doing so will outweigh the potential costs"*.

### **Relationships: discordant or concordant**

All the above manifests itself in different ways, depending on whether a relationship is seroconcordant or serodiscordant. This is the case a fortiori so in regular relationships where generally more unprotected sex takes place than in loose sexual contacts.

Generally, when both partners have the same serostatus, the problem is somewhat smaller, if not without risk. Two seropositive partners run the risk of re-infecting one another, possibly even with treatment resistant virus variants or also with potentially undermining std's, when they are having unprotected sex. Serodiscordant couples are facing a far greater challenge, however, as it is extremely hard to avoid potentially risky contacts. The desire for intimacy may provoke the negative partner to want to have unsafe sex with his positive partner, while the latter may go along with it out of fear to loose him otherwise. More often, though, discordant couples try keeping up safe sex, even when they do not necessarily succeed along the line.

*The situation gets really risky, however, when no disclosure of serostatus has taken place and sex takes place on the basis of mutual assumptions. In that case, the seropositive partner has chosen to remain silent on the issue, often out of fear to be rejected and loose his partner, when this one doesn't welcome the 'bad news'. Often, in fact, mutual silence on the issue takes place as a way to safeguard one another -and their relationship-from possibly gloomy perspectives. A*

dynamic of so-called 'imaginary protection' (Mendes-Leite) occurs, that potentially stands in the way of a better informed and negotiated understanding.

## **Similarities with other gay men**

*Focussing on gay men with hiv surely mustn't make us blind for those determinants of safe or unsafe sex, that they are sharing with gay men, who are seronegative or don't know their status. Intention and self-efficacy are issues for the latter groups as much as they are so for gay men with hiv. Recreational drug use (alcohol, poppers, others) is related to unsafe sex in the same way for both groups. 'Bareback sex' or the deliberate choice to have unprotected anal intercourse, while still a predominantly Northern American phenomenon, is adhered by minorities within the seropositive, the seronegative and the sero-don't know categories.*

## **Past and present prevention initiatives towards gay men with hiv**

Evidently, we aren't starting ab ovo. Several gay hiv prevention organizations already have set up or are setting up initiatives focussing on disclosure of serostatus by gay men infected with the virus. We distributed a questionnaire, in this respect, in order to inventorize both failed and still implemented campaigns or initiatives in Europe and elsewhere. During the GAP Meeting in Antwerp (July 1999) also, more initiatives were inventorized. Below, you can find the results -an inventory, really, of several relevant projects.

### **Publications: safe sex booklets, etc.**

Several publications were made by gay hiv prevention organizations, even if they remain outnumbered by far by publications targeting gay men, who are not infected. Such, in fact, has been the paradigm for many years, partially to avoid stigmatization of gay men with hiv. Addressing them directly would have been perceived by gay men already infected as a way of singling out themselves and attributing all responsibility to them.

Only recently, opinions have shifted somewhat and gay hiv prevention organizations have now understood that, for various reasons, there is an urgent need for adequate prevention information for those already infected. One of which is scientific data regarding a certain degree of unsafe sex by gay men with hiv (see sub 3 above). Another reason, however, is the complexity of the prevention message for gay men with hiv. Not only is there the issue of potential reinfection, possibly with resistant virus variants, but the prevention also of std gains great urgency for those already infected with hiv. Sociological and psychological aspects are more complex also, as the gay man with hiv is facing double minority status and struggling to varying degrees with depression, etc.

*Here is a list of publications, either targeting gay men with hiv in particular and focussing on their specific information needs...*

- *In a positive light. Stories by gay men about their experiences of living with hiv*, London: Health First, 1999, vol.1.
- *Sex and the positive gay man*, London: Health First, 1998. New, updated brochure focussing on health problems and prevention issues for gay men with hiv exclusively.
- *Sex between positive men. Information about sex for positive gay men*, London: Health First, 1997.

... or conceived more broadly and integrating info for gay men with hiv in a more comprehensive message for all:

- *Seropositief. Wat nu? Een boekje voor mensen met hiv*, Amsterdam: HIV Vereniging Nederland, 1997. Dutch brochure, still relatively minimal on prevention issues.
- *Thinking it through. A new approach to sex, relationships and HIV for gay men*, London: Camden & Islington Community Health Services, 1998<sup>3</sup>. Not specifically targeted at gay men with hiv and primarily focussed on prevention in relationships. In fo on gay men with hiv included, though.
- *Should I tell people I'm HIV positive?* London: Terrence Higgins Trust, 1998.

*Other publications are in the pipeline. In the Netherlands, a brochure focussing on prevention for gay men with hiv, is in the making. It will be distributed in both the Netherlands and Flanders, Belgium. France has already published a few booklets, taking the life experience of gay men with hiv as their point of departure as well, and comparable to the first reference listed above.*

*Factsheets containing up to dat information on particular aspects are published and distributed by the Terrence Higgins Trust, while attempts are made to integrate sexual health and prevention issues in treatment publications and magazines. When possible, information is addressing more than one target group only. Thjus, f.e., factsheets / postcards / brochures on testing (Terrence Higgins Trust, Aidsteam), PEP, etc.*

## **Individual counselling**

Individual counselling clearly is an important channel and takes place in virtually all countries, participating at the GAP project. Yet, prevention tends to be somewhat forgotten. Individual counselling regarding prevention and safe sex is often secondary only to a more encompassing counselling agenda. The focus, in those cases, remains frequently on medical treatment and its hazards (compliance), social, juridical and financial issues. Prevention, shortly, is often not included systematically and is touched upon rather incidentally instead, when the person with hiv himself brings up the subject himself. Counsellors often aren't sufficiently trained to address prevention towards gay men, not do they have the necessary time.

Some organisations do offer systematic counselling on prevention for gay men with hiv, however. Especially in the Netherlands, the so-called aidsconsulenten address issues of prevention in a systematic way. The Terrence Higgins Trust too seems to have a well established offer of safe sex counseling for gay men with hiv.

## Hiv cafés

In several cities around Europe, so-called 'hiv-café' have been created, some of which are still operating today. Others proved to be unsuccessful and were abandoned. The latter was the case, for example, in France.

- The French café for seropositives 'Café Positif' (Paris) was set up to for people with hiv to meet with volunteers. The initiative has been stopped because the café was too remote from the gay scene (Marais), even though its patrons were actually very positive about the initiative. Currently, one considers to reimplant the café in the Marais. A preliminary trial was set up during Gay Pride, and many people actually walked in. There was documentation available; individual talks took place; an evaluation of that trial will be distributed. So, plans exist to reinstall that project, as it receives support from the current government also. Actual topics of discussion were treatment, serodiscordancy, etc... rather than primary prevention talks. The info was primarily prevention, however. Volunteers did not actively talk to visitors, but responded to questions asked by the visitors.

In the Netherlands too, the experience is that hiv-café attract the same core of patrons visiting constantly. Others feel intimidated and find the atmosphere depressed. The cafés, as a result, do not catch on. An original plan, set up by the Aidsteam, was abandoned for exactly those reasons.

Still, one keeps looking at formulas that do work. So in France, where a new initiative is in the making:

- Arc-en-Ciel, a meeting place for people with hiv (50% of whom are gay) is a larger and more complex initiative. It focuses on nutrition, body care, yoga, talk groups, etc.. Services are free. Visitors commit themselves to follow programs that may last several weeks. It mixes professionals and volunteers. There are also workshops on treatment, etc. They also put out '**Revelation**', a **photo story on prevention**. The publication targets young people, not necessarily gay identified but having sex with men. It focusses on various topics such as coming out, unprotected and protected sexual contacts, prevention, physical environments, etc. The protagonist also encounters people with hiv. His test result is negative –a happy end... but part two will actually bring another story.

## Solidarity campaigns, promoting serostatus disclosure

'+VE', a concrete campaign to promote serostatus disclosure, was set up by the Gay Men Fighting Aids (GMFA) in 1997. Gay men with hiv were invited to wear badges, saying '+VE', or handing on cards to potential (sex) partners, that contained the same message. The purpose to banalize serostatus this way and to make the positive community more visible proved futile, in the end, as disclosure of serostatus remains difficult for most people. The campaign is set up primarily to support individual disclosure. Are there any results already regarding the campaign's effect?

## Various alternative initiatives and/or contexts

- Initiatives targeting intermediaries and potential partners: sensibilisation, information, training, writing of protocol.
- Empower +, a Dutch initiative in the making and targeting the gay leather community in particular.
- Telephone hotlines.
- Private counseling outside the walls of institutions.
- Hep A and B vaccination programs.
- Facilitating services in bars and other venues: offer milk, etc... to those who need to take medicine while out. Make sure people with hiv don't get barked

- at when they ask for their coat or backpack at the clothing checkroom.  
Shortly, create an in-treatment-people-with-hiv-friendly environment.
- Dissemination of a sign or symbol, that guarantees certain services to people with hiv.

## **Future practice: fields of tension or dilemmas?**

On the one hand, aids and std prevention towards gay men with hiv is a matter of 'primary prevention', even when this sounds somewhat inappropriate as they already have the virus. Protection of their partners is necessary, however. On the other hand, there is a need for 'secondary prevention' and its is recommendable to promote prevention of reinfection as of infection with std's. One ought to tune into the life experience of the target group as finely as possible and attention must be paid to its emotional, social and practical needs. Gay men with hiv should be able themselves to decide what they want to do with their body and their lives. More is needed, accordingly, than mere education on 'how to protect their partners'. Prevention should tab into the needs of gay men with hiv in order for them to live as long and as healthily as possible.

Research of the behavioural determinants among gay men with hiv indicates, next, that prevention should focus maximally on the minority among gay men with hiv, that actually contributes to further, new infections. "Intensive therapeutic interventions are needed for a relatively small number of people who may contribute significantly to the HIV epidemic".

But prevention towards gay men with hiv is not an easy task. Below, I have inventorized some of the problems we are facing. Are they fields of tension, that can be resolved or, at least, minimized? Or are they dilemmas, presenting a surplus value on the level of prevention only at the cost of other things? So, here they are:

## **Stigmatising towards people with hiv or not?**

Stigmatisation of gay men with hiv must be avoided at all cost. Their own interest groups especially emphasise this recurrently in most countries of Europe and elsewhere. Also, when more general campaigns are set up, using the general media, one must be aware to not convey a message that is potentially stigmatising for gay men (and women) as such.

But can this be done? Doesn't prevention targeted explicitly at gay men with hiv inevitably lead to their stigmatisation? How can we make sure that new campaigns directed at them do not give rise to an accusing finger, raised by other population groups both within and outside the gay community? Should prevention towards gay men with hiv be integrated in a wider package, targeted at all gay men? Or is the time ripe for separate initiatives? If so, then how? A way to deal with the potential problem surely is to make sure that the other camp, i.e. hiv-negative people as well as those who haven't tested, are being addressed at the same time. Such should be done with careful consideration of timing: pretests should be done ahead of time, so that both parallel campaigns can be launched simultaneously. It pays, moreover, to also consider how

stigmatisation of negative people may occur. Finally, it is important to not only address prevention issues, as this would reduce the identity of people with hiv to their serostatus only. In reality, however, they have other needs and questions also, that ought to be addressed adequately as well.

### **Stigmatising towards gay men (and lesbians)?**

One must ask also if prevention targeted at gay men with hiv has no stigmatising effect on gay men (and lesbians) more generally. Emphasizing the epidemiological reality that the gay population is still highly at risk, more precisely due to unprotected sexual intercourse with gay men already infected, may prompt the general population to reinforce and cultivate already existing prejudices and homophobic attitudes.

How can such be avoided? What measures ought to be taken in order to make sure that the carefully built balance is not disturbed, more even that those who still do harbour homophobic views upon a presumably ontological connection between 'sexual perversion' and aids are stimulated to change their views? Should a preventive initiative towards gay men with hiv be integrated in prevention towards people with hiv in general -or shouldn't it? Which are the pro's and con's of either strategy?

**It is recommendable to also address non-target groups in order to anticipate stigmatization. Also, people with hiv aren't one group. There are many divergencies within. On the other hand, prevention towards people with hiv can only to an extent be addressing all subgroups simultaneously. When situations become too divergent –different sexual lifestyles, f.e.—one is forced to differentiate approaches.**

### **Do gay men with hiv have more responsibility than others, yes or no?**

Amidst gay men, opinions vary widely on whether someone with hiv has a larger responsibility than one who isn't positive or doesn't know his serostatus at all. Some say that especially those who know that they have hiv are responsible for the safe or unsafe outcome of a sexual contact. See, for example, G. Marks et al.: "Individuals who are aware they are infected with (HIV) and who engage in sexual relations have a social and legal responsibility to disclose their infection to their partners". Others, however, state that responsibility should come from both sides and this on an equal basis. So, how to answer this problem? Secondly, how should the category 'responsibility' be filled out? Is one responsible for both oneself and one's partner? Or is one merely responsible for one self?

**We better talk about 'roles' rather than 'responsibilities'. Everyone has a role. These roles vary widely. Personal views may not be all that important. What matters is that we inform people on the responsibility issue. One surely cannot 'change' people's positions, however. The prevention organizations surely should make sure to allow their target audience to make 'informed choices'. From that point onwards, we must let go, even when someone with hiv decides to go along with unsafe sex when his partner insists upon it.**

## **Collective and/or individual approach?**

The widely varying situations of each individual (and/or couple) may lead to scepticism regarding collective approaches: what message is valid and helpful for all? Does a recommendation, possibly apt for one subpopulation amidst gay men with hiv, necessarily produce the same, positive effect on others? Isn't an individual approach, exclusively based on, for example, counseling, a better and better tailored approach? Or does an initiative, directed at the entire group of gay men with hiv, have potentially reinforcing effects on the dissemination and maintenance of the safe sex norm? What about intermediate initiatives: workshops for gay men with hiv in regular relationships, concordant or discordant; for gay men with hiv participating at the leather and 'hard sex' scene; for young gay men with hiv; for older gay men with hiv? Here, question is not as much which one to choose, but rather to investigate how all plausible approaches can be mutually tuned and which aspects ought to be addressed on which level.

**There surely is a need for collective approaches, primarily on the level of information and perhaps also on the level of how to use that info in strategies. Reference to services too are to be approached in publications, addressing the larger group. It is perhaps better to describe the differences as 'general' versus 'specific'...**

## **Separate prevention initiatives and/or integrated within a more holistic program?**

Various studies, based on questionnaires, focus group discussion or other techniques, have indicated that individual counseling is a recommendable strategy. But it isn't clear, as yet, how such should be contextualized: should prevention be offered separately, or should it be attached to or integrated within a wider program of counseling focussing equally on issues of medication, finance, housing, insurance?

Also, should prevention be an aspect to be addressed only when someone asks for it? Or should mechanism be built in, that make the topic of prevention into an inevitable one? Which scenario is best suited to guarantee a maximal output on the level of prevention?

**There may be less need for separate approaches. A holistic approach is more desirable. New info, however, can easily be offered separately. No need to imbed this in a holistic, sexual health oriented publication, for example. Factsheet-like initiatives would do just fine. It is useful also to clarify in one's publications whether these are directed towards hiv-negative or hiv-positive people.**

## **Focus on information or training?**

The need for accurate and regularly updated information has become clear in various studies. The rapidly changing medical situation and its potential effects on (safe) sexual behaviour undoubtedly call for such alertness. But shouldn't we go further than merely informing gay men with hiv? What else can be offered to



them, that allows for them to consolidate their safe sex behaviour and weapons them better against potentially riskful situations? Should we offer an inventory of various, potential safe sex strategies and let them choose from it? Or must one go further? If so, to what degree? How and how not?

**Workshops tend to score primarily on the level of information. Still, one mustn't underestimate that. Training, on the other hand, proves to be much harder to reach. Training of intermediaries is very important also and it is useful to make brochures for these intermediary people and groups (health advisors, etc) in view of the problems existing and divergent situations in different contexts.**

## **'Ten golden rules' of good practice**

The following recommendations are not only mine, but are emphasized also by our European colleagues participating at the European Gay Aids Prevention Network, as well as the result of a conference on the issue, that took place at Warwick University, Coventry, UK during the Summer also of 1999. These ten rules of good practice came to the fore:

### **Standardisation**

It is important to improve standard practices for gay men living with hiv. We have a long way to go still, since prevention towards gay men with hiv has been neglected for too long. Key elements of good standard practice are listed sub paragraphs 6.2 to 6.10.

### **Non-stigmatizing**

Taking into account that people with hiv are increasingly asking for prevention campaigns targeted at themselves, the time seems ripe to actually respond to this. We only must make sure to take the necessary precautions, just as we did when addressing gay people as a separate target group for prevention.

It should be emphasized, in this respect, that gay men with hiv have no extra responsibility. Each initiative suggesting such is doomed to fail. A more rewarding approach is to focus on the **particular role** of gay men with hiv, rather than on their responsibility.

Prevention should focus upon the advantages for gay men with hiv themselves also. Hammering too one-sidedly on the protection of one's partner will be counterproductive.

*Also, prevention towards gay men with hiv must **not** be set up **on a population level**. Seropositive people as a group do not exist. Some are not aware of their positive status. Prevention is better conceived as a kind of individual counseling. But also, let's make sure that we address hiv-negative gay men and gay men who don't know their serostatus at the same time.*

## Secure 'positive' authorship: prevention for and by gay men with hiv

Avoiding stigmatization can be reached partially also by maximally involving gay men with hiv themselves. Prevention towards gay men with hiv should not be set up as a message by seronegative men to the address of gay men with the virus. **A message, put as 'we', and active participation of gay men with hiv in product development are to be preferred.**

It has been demonstrated, moreover, that the gay community itself plays a major role in coaching gay men with hiv. Advice from the medical community threatens to be discarded if this is not simultaneously backed up by the gay press and organisations. Keogh discovered this when evaluating the issue of reinfection. As this remains somewhat underexposed in preventive messages from the gay community, many a gay man with hiv believes he oughtn't give it much thought either. *"Prolonged contact with either formal or informal support networks of other HIV-positive gay men was seen as vital to the acquisition of ... skills about sex and sexual negotiation. The advice and support gained from these networks (is) also useful in the development of further health strategies"*.

## Non-judgemental

Moral judgement is impertinent and ought to be avoided. Too often, prevention and care are judgemental. People with hiv felt and perceived that, f.e., clinical staff was nurturing moral ideas about one's behaviour. Idem in much written information, etc. making people with hiv feel like one has let them down.

One ought to distinguish between **various segments** within the group of gay men with hiv. The experience of and coping with seropositivity differs strongly individually. There are no general rules, accordingly, regarding prevention towards gay men with hiv. These must not be described simply as *"figures diabolisées de l'irresponsable vengeur"* (Delor), yet on the other hand do not all correspond to the image of the *"figure angélique de la personne parfaitement vigilante"*. Between both extremes, there are numerous other, individual stories, reflecting divergent situations and coping strategies.

## Supportive (not prescriptive)

It is inappropriate to tell people what to do. Rather, one should understand and be supportive, helpful. One mustn't leap ahead thinking in the place of the person with hiv him/herself. In order to avoid such, it is important to keep in mind that an individual's life situation is embedded within wider, environmental factors and broader cultural horizons. One must be aware, as a result, of the various meanings attributed to particular attitudes and behaviours, as well as keep in mind that these may change over time.

## Focus on meaning

There is no such thing as sex without meaning. Since sex takes place in a context of relationships, whether it be a regular longlasting relationship or a quickie in a darkroom, one must understand, first of all, what moves people. How do they perceive their own actions? What do they mean?

This will allow us to be more understanding of the apparently irrational appearance of someones' behaviour. It is crucial to **take into account these**

**apparently irrational factors**, defining someone's behaviour. One mustn't underestimate the attraction of risk, for example. Some gay men with hiv sometimes feel motivated this way for apparently unreasonable or foolish reasons. These can reflect so-called 'imaginary protection', even if on a purely symbolic level only, and at odds with what is objectively described as 'protective'. It is crucial, in this context, to not only take into account the health aspects but the more personal aspects also of MSM, whose sexual identity oscillates somewhat between homo- and heterosexuality.

## **Services and information should be culturally appropriate.**

One should understand the various subcultures (sexual, ethnic) in society and one must go far enough, including sub-subcultures, focussing around certain sexual practices (fisting, for example) or mentalities (African machismo patterns, f.i.).

Take into account various **environmental factors** also. These do influence one individual's decisions regarding issues such as disclosure, safe sex, etc... Make sure, finally, to also inventorize the target group's skills as well in order to know more precisely where and on what level to implant a new initiative.

## **Take into account growth and development**

**A person's sex life is not static and changes through time.** This goes for gay men with hiv just as much. It is recommended that one has an eye for various phases in any gay man's experience of seropositivity. Not everyone experiences this in the same way at the same time. It is important to first check how any individual assesses his status on the moment of intervention. This may actually be very complex and is influenced by: physical illness, psychological implications; side effects of treatment; uncertainty regarding new perspectives and life expectation. Take into account also that behavioural change is a slow, cumbersome process at times.

## **A pragmatic approach**

It is wise not to aim too high and not insist on one hundred percent safe behaviour and **focus, rather, on risk reduction strategies.** This goes for prevention towards gay men with hiv, as for non-infected gay men. It is potentially counterproductive to claim that 'the majority of gay men with hiv have safe sex NATURALLY'. Such a claim may alienate those, who don't always have safe sex just because they do not feel addressed. So, don't hammer too insistently on 'sexual health' and do not depict those who occasionally fail as 'irresponsible' or 'indifferent'.

## **Promoting efficacious coping strategies**

Studies have revealed that not all coping strategies are equally efficacious. Their success depends partially of the wider, social context also. Support from the family, the environment, the gay community, etc. are important factors of personal development as of his choice of coping strategies. Tailoring coping strategies to the individual needs of gay men with hiv is crucial, briefly, as it will enhance the probability that they remain faithful to the safe sex norm. It is important, in this respect, to not focus exclusively on prevention issues, but to

integrate this within a wider horizon of **sexual health** and **quality of life** in general.

In this respect, there is room only for careful promotion of serostatus disclosure. So-called disclosure skills are best promoted because greater openness leads to greater mental health, as to a sense of choice for gay men with hiv. One mustn't force disclosure upon them, however. Disclosure is not the norm, nor the responsibility or duty of a gay man with hiv. **Disclosure is a tool, rather, and attention must be paid to the wider socio-cultural context.**

*The above standards are to be pursued on all levels of all services. It's time all services become aware of their responsibility to provide prevention info and counseling to people with hiv. Regular prevention organisations have neglected gay men with hiv too long, whereas care services too often maintain too rigid standards, that are poorly tuned into the real life experience of people with hiv. Proper standard attention is a fundamental right like food and shelter.*

T h e   E n d

## **Appendix:**

### **How to set up a system of information exchange, coordination, etc within the GAP?**

What about reviewing new initiatives by one partner of the GAP Network? Along with supporting sound product development within several organizations themselves? This may work on condition that these organizations are convinced that the suggested procedure is the right one. It is often a long tiresome process to bring organisations up to that point. The currently participating partners of the GAP Network surely welcome such an idea, but how to sell this to their partners is a harder issue to tackle...

Perhaps, the best way to guarantee quality is to **present the principles agreed upon within the GAP Network as directive guidelines.** Our authority as a Network would impell others to take our criteria into account and comply to them maximally.

**One contact person –Colin Dixon, THT—will take up the responsibility as a coordinator,** who will refer to a person within the Network when desirable or appropriate.

**The Newsletter too can be integrated within this dynamic.** It also lends itself to the circulation of relevant information.

## Attached Document n. 3

# Report on the Community Development Projects. Saturday 31st July, 1999. Antwerp.

By

**Karl Hayden**

### Report Contents:

1. **Development and Preparation for Workshop in Antwerp.**
  - 1.1. Brief from GAP Network to Karl Hayden.
  - 1.2. Survey Questionnaire and Results.
    - 1.2.1. The Survey Questionnaire.
    - 1.2.2. The Survey Results.

*(NOTE: In this final report the additional comments from partners have been eliminated due to space reasons): Call the co-ordination for an electronic original sample*
  - 1.3. Short Analysis of Results.
  - 1.4. Short overview of International Experience.
  - 1.5. Preparation for Workshop.
  - 1.6. List of workshop participants.
2. **Workshop Modules and Points of Agreement.**
  - 2.1. Workshop programme.
  - 2.2. Workshop conclusions.
3. **Conclusions and Recommendations.**

# 1. Development and Preparation for Workshop in Antwerp

## 1.1. Brief from the GAP Network to Karl Hayden.

- a
- on a
- a. To survey existing commercial based HIV-Awareness and prevention strategies aimed at gay men in member states of the GAP Network with written questionnaire.
  - b. To compile a report on the results of the survey for presentation at the GAP Network members meeting on July 31st. 1999 in Antwerp.
  - c. To establish possible models of good practice for HIV prevention and awareness strategies targeting gay men in the commercial sector based survey of the member of the central group of the GAP Network.
  - d. To attend the meeting of the GAP Network members in Antwerp and facilitate a workshop on HIV prevention in Commercial Venues.

## 1.2. Survey Questionnaire and Results.

### 1.2.1. The Survey Questionnaire.

GAP Network members were asked to complete and return the following questionnaire so that a basis of understanding could be established as to the position of member organisations regarding future participation in any Network lead HIV prevention projects for the commercial sector.

Your Name:

Your Organisations Name:

- venues
1. Is your organisation, now or in the past, involved in a similar HIV awareness and prevention project targeting gay men in commercial of the gay community?  
(If YES please, forward details of the project) Yes: No:
  2. Is your organisation interested in participating in a future project assisted by the GAP Network?  
Yes: No:
  3. How do you think such a project should be funded?  
European Commission: Your Organisation:  
Commercial Venues: Your Government:  
Other suggestions (please detail):
  4. What do you think should be the role of the GAP Network in such a project?
  5. Do you have any concerns about working with the commercial sector?  
(If YES, please detail your concerns) Yes: No:
  6. Do you see any difficulties for your organisation in participating in such a project? (If YES, please detail the difficulties) Yes: No:

7. Do you feel a universal basis for good practice should be defined before such a project begins?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. What do you feel should be the time scale for such a project?  
 Development Stage: \_\_\_\_\_ Months  
 Implementation Stage: \_\_\_\_\_ Months  
 Evaluation and Report Stage: \_\_\_\_\_ Months
9. Do you feel the GAP Network should develop a universal symbol for commercial venues that participate in such a project, as an incentive for their participation?  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_

*If you have any other comments you would like to make at this time please feel free to do so.*

Please return to Karl Hayden as soon as possible:  
 Fax: (353 1) 4757993 E-mail: mlkh@iol.ie

#### 1.2.2. The Survey Results.

Questionnaires were sent to all the member states of the GAP Network which included; Portugal, Spain, Italy, Ireland, United Kingdom, Denmark, Luxembourg, France, Germany, The Netherlands, Sweden and both parts of Belgium.

In addition to the GAP Network members a copy of the questionnaire was sent to the two observer organisations of the GAP Network which were, HOSI-Wien in Austria and UNAIDS, World Health Organisation Regional Office for Europe. However their replies were not used in the final analysis.

The results of the survey were presented to the members of the GAP Network at the meeting in Antwerp on 31st July, 1999.

1. *Is your organisation, now or in the past, involved in a similar HIV awareness and prevention project targeting gay men in commercial venues of the gay community?*

	Lux.	Sp.	Irl.	Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
NO				YES	YES	YES	YES	YES	YES	YES	YES
YES	YES										
						<u>Yes = 10.</u>		<u>No = 1.</u>		<u>Total number of replies</u>	
						<u>= 11.</u>					

2. Is your organisation interested in participating in a future project assisted by the GAP Network?

		Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
Lux.	Sp.	Irl.							
YES	YES	YES	YES	YES	YES	YES	YES	NO	YES
<hr/> <b>Yes = 10.      No = 1.      Total number of replies</b>									
<b>= 11.</b>									

3. How do you think such a project should be funded?

		Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
Lux.	Sp.	Irl.							
---	EC: YES	YES YES	YES	YES	YES		YES	YES	----
YES	YO: ----	NO ----	YES	----	YES		----	YES	----
----	CV: YES	----	YES	YES	----	YES	YES	----	----
----	YG: ----	YES	YES	----	YES	----	YES	----	----

EC = European Commission. 9 out of 11 Member States said YES to EC Funding.  
YO = Your Organisation. 4 out of 11 Member States said YES to YO Funding.  
CV = Commercial Venues. 6 out of 11 Member States said YES to CV Funding.  
YG = Your Government. 5 out of 11 Member States said YES to YG Funding.

4. What do you think should be the role of the GAP Network in such a project?

Summary of replies:-

Co-ordination.  
Research.



Developing key links between GAP Network members to share experiences.  
 Accessing funding from Governmental and Non-Governmental Organisations.  
 PR (public and press relations.)  
 Evaluation of projects.  
 Developing Standards.  
 Develop of common materials; ie, leaflets, posters, video, etc.  
 Forum for discussion.  
 Translation.  
 Lobbying.

5. Do you have any concerns about working with the commercial sector?

		Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
Lux.	Sp.	Irl.							
YES	YES	YES	YES	---	YES	YES	YES	YES	YES
				<u>Yes = 10 .</u>		<u>No = 0.</u>		<u>Total number of replies</u>	
<u>= 10.</u>									

Summary of replies:-

Lack of interest on the part of owners.  
 Lack of time to invest on the part of the owners.  
 Not willing to spend money.  
 They are lazy.  
 May not be willing to work with HIV prevention groups.  
 Continuity, high turnover of staff.  
 In small cities there is a lack of competition between owners.  
 Only want to know whats in it for them.  
 Owners do not see it as their role.

6. Do you see any difficulties for your organisation in participating in such a project?

		Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
Lux.	Sp.	Irl.							



(months)

Dev. = Development Stage. Imp. = Implementation Stage. E&R. = Evaluation and Report Stage.

9. Do you feel the GAP Network should develop a universal symbol for commercial venues that participate in such a project, as an incentive for their participation?

	Lux.	Sp.	Irl.	Bel. (Brussels)	Bel. (Antwerp)	Ger.	Dutch.	Italy.	Port.	UK.	DK.
YES	YES	YES	---	---	NO	YES	---	YES	YES	YES	YES
						<u>Yes = 8.</u>	<u>No = 1.</u>	<u>Total number of replies</u>			
								<u>= 9.</u>			

### 1.3. A Short Analysis of the Results of the Survey.

The results of the survey were intended to inform the facilitators, of the workshop at the GAP Network members meeting in Antwerp, as to the general feelings of the members and indicate particular areas of common need. As a result the facilitators was able to draw up a structure which would make best use available by identifying these needs in advance.

However, they provide additional information which may be of use to future projects of the GAP Network and/or other such international networks. This is why they have been reproduced in full in this report.

The following analysis is intended to explain why the facilitators chose the method they did for the workshop at the GAP Network members meeting in Antwerp on Saturday 31st July, 1999.

1. Is your organisation, now or in the past, involved in a similar HIV awareness and prevention project targeting gay men in commercial venues of the gay community?

The results showed that out of the eleven replies received from the members all but one, Luxembourg, had previous experience of a project similar to the type of projects being considered by the GAP Network central group. As it turned out, Luxembourg were not intending to participate in any future commercial sector project the GAP Network might develop, even thou in their answer to question two of the survey they indicated their willingness to become involved.

The types of projects carried out by the members with experience included HIV prevention in gay saunas, nightclubs and bars. These involved the distribution of condoms and lubricant packs, HIV awareness training with staff

in venues, information displays containing leaflets, peer education projects and distribution of condom carriers in saunas.

Observations:

As a result it is clear that the majority of members had valuable experience of the issues involved in developing such projects. There is opportunity for member states to work in co-operation and learn from each other how to develop different strategies in the future. Likewise there is opportunity for member states to share resources in dealing with manufacturers when sourcing prevention materials.

2. *Is your organisation interested in participating in a future project assisted by the GAP Network?*

Ten of the replies from the members indicated their willingness to become involved in a future project assisted by the GAP Network should one be developed. The GAP Network did not specify particular areas of interest for intention communities in the such a future project at the time of the survey, except that the would be to focus on the commercial sector of the gay member states.

The United Kingdom was the only member not to indicate a willingness to participate, this is explained by the fact that the Terrence Higgins Trust is a national organisation not directly involved in such project work, but assist and support other national and local organisations who do carry out such work.

Observations:

Clearly there is a willingness to see joint co-operation between members of the GAP Network. The fact that the GAP Network central group chose not to specify particular venues to focus on such as saunas or bars provides member states with an opportunity to decide what is of most importance to them, as local experts, when deciding which commercial venues to target. In some cases there are few choices for member states to decide upon. While in most big urban areas there are a range of commercial gay venues, in rural areas they may be limited to an individual bar or sauna.

otherwise there same target group. This should not be viewed as a waist of time. In rural areas such venues may attract gay men from a wide area and centralise them in one point of contact. This would allow better use of resources where may be a need to travel long distances to cover the

3. *How do you think such a project should be funded?*

From the replies it is clear that member states feel there is need for a range of potential funders for such projects. Nine out of the eleven replies show that members expect that the European Commission should contribute to such projects. Six out of eleven replies indicated that the commercial venues themselves should contribute towards such project. Five out of eleven replies indicated that National Governments should contribute to such projects and four out of eleven replies thought that their own organisations would be able to contribute to such projects, mainly in time and expertise.

There were suggestions that other, some non-gay specific, commercial organisations could be a possible source of funding. Such as condom producers, gay travel agents and drinks companies.

Observations:

It is not possible to estimate the funding necessary to carry out such projects at this time. Individual member states were not asked to speculate on potential costs for such projects in their member states. There would need to be a period of time for members to identify particular projects and assess the costs involved in implementing and carrying out such projects.

However, it seems clear that members feel they could not rely on the European Commission, even with its Action Plan "Europe Against AIDS" nor do they feel their own National Governments can be relied upon to provide the necessary funding. Given the enthusiasm on the part of members and the level of experience and expertise they possess individually and collectively it is more than unfortunate that such a situation should exist.

a As will be discussed in more detail later in this report, the gay commercial sector is a particularly good way to target large numbers of gay men at given time and in some cases where sexual activity is taking place.

It is a common international experience that Non-Governmental organisations provide National Governments with more cost effective front line HIV prevention strategies than can be delivered by Governmental organisations. In addition Non-Governmental organisations can gain access to target groups more easily than Governmental ones, are less likely to be viewed with suspicion by the target group and are more flexible in structure which allows them meet the needs of target groups better.

4. *What do you think should be the role of the GAP Network in such a project?*

Observations:

As a network the GAP network works well in assisting member states to develop links and share experience. From the replies of the members it is clear they do not have expectations beyond the ability of the Network. It would not be difficult for the Network to act as a co-ordinating central body for members participating in such projects. Already it seems the Network has developed a good structure of communication with each individual member state. The key organisers of the Network are well motivated and hard working. They set specific tasks ahead of time and seem to achieve them.

The Gap Network can identify areas of common concern which fit the Networks stated aims and objectives and address these issues for all member states. In particular expertise from outside the Network, assist individual member states in seeking funding from various sources. Act as a central purchaser on behalf of member states seeking materials for actions, getting better discounts for mass ordering of such materials. A central recourse for information and assisting in evaluation by developing criteria.

network But member organisations are activists, it is in their nature to want more out of the investment they make in such a network. What will limit the is the inability for member states to engage with each other in

common  
across Europe.

actions of direct impact on HIV prevention for gay men

There has long been a common bond of identity and struggle between gay communities around the world fighting HIV and AIDS. Even before the introduction of an AIDS Action Plan within the European Union, gay communities across Europe were networking with each other, all be it in a limited way due to lack of funding. It is important that the European Commission see its role as more than a facilitator of networks. AIDS has a direct impact on people and in return people need to have a direct impact on the spread of HIV. This means being able to develop and carry out strategies that will bring about an end to new HIV infection and the support and care of those who are already HIV positive.

5. *Do you have any concerns about working with the commercial sector?*

All members that replied said they had concerns about working with the commercial sector. The main reasons given for their concerns were a lack of interest on the part of the owners, a lack of willingness to provide funding for such work, the high levels of staff turn over experienced in the gay commercial sector, fear about commercial owners using the project to gain

self-promotion and publicity and that they don't see it as part of their role.

Observations:

Even given the level of concern expressed by the member states there is still a willingness on their part to engage with the commercial sector for the long term good of the potential target group. The experience of member states with successful projects behind them, or currently underway, will help other member states with developing ways to engage the commercial sector in the future.

6. *Do you see any difficulties for your organisation in participating in such a project?*

Half of the member states that replied said they could see difficulties for their organisation participating in such a project, while the other half

did not.

The main areas of difficulty would be in lack of resources on the part of member organisations, ie; funding, time and human resources. In the case of the United Kingdom their area of activity does not include such work and as stated earlier they assist other national and local organisations to carry out this work.

Observations:

We return again to the area of resources. Without funding the member states are unable to provide the time and human resources needed to carry out the work, even though they are willing and interested in seeing such a project take place.

7. *Do you feel a universal basis for good practice should be defined before such a project begins?*

Eight out of eleven replies stated that there should be a universal basis for good practice prior to the start of such a project.

Observations:

This is an area in which the GAP Network can assist the member states. The facilitators of the workshop chose to include this in the workshop at the GAP Network members meeting in Antwerp, see later in this report for details of the outcome of the workshop. There is a need to keep in mind that cultural differences exist from member state to member state and member states do need to view the universal basis for good practice based on their own national experience.

8. *What do you feel should be the time scale for such a project?*

The idea of a commercial sector HIV prevention project was divided into three stages. The first is the development of the project, the second is the implementation of the project and the third is the evaluation and report stage of the project. Member states were asked to estimate the time period they believed would be necessary to complete each stage of work. Seven of the member states replied to the question and their estimations varied from four months in the case of Ireland to twenty-seven months in the case of

Belgium (Antwerp). This can be understood when it is considered that Ireland had carried out and completed a pilot project in 1998 and the second stage was to be the development of a full project. Between the other members states the average period of time estimated to complete such a project is twenty-one months approximately.

Observations:

Should funding be secured by the GAP Network to carry out such a project there might be limitations placed on the time period to complete the projects. It would be important to allow the member states time to evaluate their ability to successfully complete their projects if such limitations are imposed.

9. *Do you feel the GAP Network should develop a universal symbol for commercial venues that participate in such a project, as a an incentive for their participation?*

Eight of the nine member states that replied to this question answered yes.

Observations:

Interestingly the question of added value to the project was raised. This is an important issue because there are many questions which need to be answered before the GAP Network could decide to manage such a system. Questions regarding an evaluation criteria need to be asked and their might be legal issues which need to be looked at. Then there is the issue of management of the system.

However, in addition to the co-ordination and exchange role the GAP Network may have in such a project, this could be another area the Network is suited to take on. As a network it would be appropriate for the GAP Network to develop such a pan-european system. The question remains,

does it want to?

#### **1.4. Short overview of International Experience.**

In preparation for the meeting in Antwerp Karl Hayden was asked to research existing published papers from around the world on similar HIV prevention work in the commercial sector. In the course of the investigation papers were discovered from fifteen countries. These were Australia, Bangladesh, Belgium, Brazil, Canada, Denmark, France, Ireland, Japan, Mexico, New Zealand, The Philippines, The Netherlands, The United Kingdom and The United States Of America.

In order that a suitable assessment might be made of these papers and information that would be of use to the GAP Network members could be reported on, a list of questions was developed. This list of questions was then used to analyse the papers and extract information to form the basis of the report.

At the meeting in Antwerp a copy of all the papers examined were presented to each of the member states for their further examination and records.

Here now is a short overview of the International Experience;

##### **1.4.1. Introduction to the overview.**

For the purpose of this overview I shall refer to the range of locations as Public Sex Venues (PSVs). These PSVs include bars, nightclubs, saunas, bath houses, cruising areas and sex clubs. They are places where men can engage in sex with other men.

Without having to explain individually who the projects were carried out by it is sufficient to say that organisations ranged from National Governmental Organisations to local HIV prevention groups. All extracts used in this report are listed at the end of this overview.

Contained in the overview are a set of conclusions and recommendations which are those of the authors and do not necessarily represent the views of the GAP Network or any of its members. They are provided as a means to and end, that is to say they are designed to create further debate on the issues contained here in this overview.

Where stated the reference to men who have sex with men is intended to include gay, bisexual and other men, all of whom engage in sex with other men.

##### **1.4.2. The existence of Public Sex Venues and their importance to men who have sex with other men.**

Men who have sex with other men have been using PSVs for a long time, how long is impossible to say for certain. However, it is safe to assume that for as long as men have been having sex the existence of PSVs has run along side.

What is at question is what importance might be attached to their existence and in particular their importance in todays context of HIV and the changing social



used as  
complex range

environment that men who have sex with men exist. PSVs are not only simple locations for men to find sex with other men. There can be a of reasons why men chose to use them.

Perhaps the best explanation found in the course of the overview was that of Allan Berube, a gay historian in the United States, who compiled and submitted a declaration on *"The History of Gay Bath Houses"* in 1984 to the California Court and in 1985 to the New York State Supreme Court. In 1996 South Superior  
End Press  
Public Sex;  
out to

published the two declarations as one combined document in *Policing Queer Politics and The Future of AIDS Activism*. While Berube was setting describe saunas he managed to describe most PSVs in general.

*"For the gay community, gay bathhouses represent a major success in a century-long struggle to overcome isolation and develop a sense of community and pride in their sexuality, to gain their right to sexual privacy, to win their right to associate with each other in public, and to create "safety zones" where gay men could be sexual and affectionate with each other with a minimal threat of violence, blackmail, loss of employment, arrest, imprisonment, and humiliation".*

*Also, "Men-heterosexual, bisexual and homosexual-chose to meet in the bathhouses as alternatives to other places, usually for reasons of safety and anonymity."*

*"...the baths seemed to offer an alternative to sex in the public parks, and there was additional safety in numbers and in their identification as homosexual baths, because those who would be offended by homosexual behaviour would not go there or would leave."*

*"Some accounts describe "the early gay bathhouses" as refuges from society' prejudice against homosexuals, and as oases of freedom and homosexual camaraderie. The clientele was primarily homosexual and from a variety of occupations and classes, temporarily "democratic" and equal in their nakedness."*

In "Promoting safer sex among gay business in France" (1992) it states;

*"...about 40% of gay and bisexual men in France go to such places...."*

In the abstract "Prevention programming in Montreal bath" (1996) the author stated;

*"Men frequent these establishments for anonymous sexual contacts as well as for other reasons. Many bisexual men or men who do not frequent the gay community social outlets frequent the saunas....."*

where as in the abstract "Who's cruising who?" (1998) one of the results of the project concluded;

*"PSE (Public Sex Environment) users appear to have strong connections both with the commercial gay scene and local, social gay groups; there is evidence of a strong sense of community....."*

They can be a channel for men to access the gay community for social contact when coming out. They can be places where men who feel unsafe in more public locations can in their minds feel safer. In some cases it is the environmental conditions that attract men, ie; they are quite and more relaxed than say a bar or nightclub where music levels make it difficult to engage with others. Or they can simply be places where men feel

comfortable knowing that the men there are more likely to be willing to engage in sexual activity.

These issues should not be dismissed out of hand, for the individuals concerned these are real and genuine reasons to have PSVs in existence. Furthermore consideration must be given the rights of individuals as to how they decide where and how they meet their sexual partners. Freedom of choice and of privacy are as important as public health issues. It is not the same as saying that an epidemic that is air-borne is the same as an epidemic that is known to have particular contact modes of transmission. Which set of rights are given prominence over the other?

In the case of the United States this freedom of choice has in the most part, and particularly in the early part of the AIDS epidemic been hotly debated. In *ÔThe AIDS epidemic and gay bathhouses: a constitutional analysisÕ* (1986) it states;

*“The author argues that although the government has the power to close the baths in the name of public health, it should not do so without careful and conscious balancing against the privacy rights infringed upon by its actions. Balancing the tension between public health policy and individual rights applies not only to the specific situation of the baths, but also to insurance companies' aim to test all single, young, male life and health policy applicants for exposure to the putative AIDS virus; to potential health department releases of names of those testing antibody-positive for HTLV- III; to the military's rumoured plans to discharge all personnel suspected of having AIDS; and to school districts seeking to exclude children with AIDS”*

This of course has not stopped gay saunas, bath houses and sex clubs from being closed down in the United States of America. The impact of such closures is hard to estimate in terms of its positive and negative affects on the spread of HIV in men who have sex with men.

There is no work available at the time of writing this overview that could be found to express this. The only references found dealing with these issues were by Allan Berube in his declaration on *“The History of Gay Bath Houses”* in 1984 to the California Superior Court and in 1985 to the New York State Supreme Court.

*“Gay Men and Women. Bath and bar patrons have been subjected to arrests, fines, police brutality, imprisonment, divorce and loss of child custody, loss of jobs, beatings and murders at the hands of a panicked public, isolation, humiliation and, too often, suicide.*

*Bar and Bathhouse Owners. During campaigns against their establishments, owners have lost their licenses, businesses, and livelihood, laid off employees, suffered a decline in business or damage to their premises by police, and faced pressure from corrupt public officials to engage in criminal activity in the form of payoffs in order to stay in business.*

*City Governments and Taxpayers. These must pay agents to conduct surveillance of gay men and women and provide salaries for a stepped-up police force and overtime for existing officers during raids and closures. More officers must be assigned to conduct surveillance and make arrests when bath and bar patrons are driven into public places. The public is exposed to social and sexual behaviour which some people find offensive. Huge court and attorney costs result from prosecution of those arrested. The costs of civil suits and appeals must often be borne by taxpayers. In more recent years, cities have had to pay the costs of repairing severe damage to public property in several North American cities caused during riots in response to raids and closures of bars and baths. Costly task forces and commissions have been appointed to study the damage to property and violation of civil rights that have accompanied*

*campaigns against gay baths and bars. And most importantly, cities have been faced with the frightening task of controlling public panics that have gotten out of hand, and with restoring the morale of a city where all trust between the gay community and the local government has broken down."*

In conclusion Berube wrote:

*"As a historian whose research has focused on the social effects of attacks against gay institutions in the past, it is clear to me that the attempted closure of the baths will only relocate the sexual activity that has taken place in the baths. In addition, the unexpected social, financial, and health costs to the gay community, the city, and the general public will be high. Bathhouse closure will create more problems than it will solve."*

#### 1.4.3. PSVs Places of HIV Infection or Education?

The debate regarding PSVs as places where HIV infection occurs is a hot one. Given the numbers of men who have sex with men using the venues there is good reason to wonder what impact they have on the numbers of men who have sex with men testing HIV positive. While it may seem reasonable to argue that environmental issues can contribute to risk taking among men in PSVs there is evidence to suggest that environmental issues have a reverse effect, making men more likely to engage in safer sex than high risk sexual contact.

One of the most compelling abstracts found in the course of the overview was "Gay saunas: venues of HIV transmission or AIDS prevention?" (1992) in which the researchers set to;

*"test two competing hypotheses about the role of gay bathhouses in HIV transmission, (1) that they increase the likelihood of transmission by facilitating risky sexual encounters, and (2) that they contribute to safer sexual behaviour through education of clients."*

Their results are compelling,

*"Bathhouse clients and non clients did not differ significantly on social, demographic, and psychological variables such as age, education, relationship status, and self-esteem. However, compared to non clients, bathhouse clients were significantly more knowledgeable about AIDS, engaged in lower levels of risky sexual behaviour, and, proportionally, had reduced their sexual risk taking to a greater extent."*

In conclusion the researchers stated,

*"The results indicate that gay saunas/bathhouses serve to reduce rather than increase sexual risk-taking."*

This conclusion is repeated, in various ways, in many of the abstracts reviewed in the course of this overview. There were one or two exceptions which will be discussed later in this section.

"The Australian Sauna and Sex on Premises Venues Project." (1994) resulted in the following findings regarding such HIV prevention projects in PSVs;

*".....more effective than closing venues and forcing men who have sex with men into less accessible areas where the capacity for education is severely diminished."*

They concluded that;

*“Access to the means of HIV prevention where transmission may occur is how HIV is stopped. Most effective interventions occur when existing cultures and networks are recognised and utilised. SOPV's are part of a network where both safe and unsafe practices may occur and working within these structures to understand and thus reduce barriers to unsafe practice.”*

“Working in Partnership for HIV Prevention in Gay Saunas: A Pilot Project in Two Gay Saunas.” (1998) In the conclusions the Pilot project

List of abstract references;

*The existence of Public Sex Venues and their importance to men who have sex with other men.*

***"The History of Gay Bath Houses"***

Allan Berube.

**Policing Public Sex; Queer Politics and The Future of AIDS Activism.**  
South End Press. 1996.

**Promoting safer sex among gay business in France.**

Int Conf AIDS. 1992 Jul 19-24;8(2):D514 (abstract no. PoD 5751).

Unique Identifier : AIDSLINE ICA8/92403219

**Pele G; Roupert MJ; Berges O; Simaey J; Vignon A; Charignon B; Imbert M;**

**Sante et Plaisir Gai (SPG), Paris, France.**

**Prevention programming in Montreal bath.**

Int Conf AIDS. 1996 Jul 7-12;11(2):142 (abstract no. We.C.3481).

Unique Identifier : AIDSLINE MED/96923824

**By Claude C; Action Sero Zero, Montreal, Quebec, Canada.**

**Fax:(514)281-8004.**

**"Who's cruising who?" A study of the sociosexual characteristics of men using public sex environments (PSE) in north west London.**

Int Conf AIDS. 1998;12:171 (abstract no. 13424).

Unique Identifier : AIDSLINE ICA12/98390349

**Kirk M; Coxon AP; AIDS Education Unit, Colindale Hospital, London, UK.**

**The AIDS epidemic and gay bathhouses: a constitutional analysis.**

J Health Policy Law. 1986 Winter;10(4):729-47.

Unique Identifier : AIDSLINE MED/86197492

**By Rabin JA**

*PSVs Places of HIV Infection or Education?*

**Gay saunas: venues of HIV transmission or AIDS prevention?**

Int Conf AIDS. 1992 Jul 19-24;8(2):D415 (abstract no. PoD 5172).

Unique Identifier : AIDSLINE ICA8/92402677

**By: Bolton R; Vincke J; Mak R; Pomona College, Claremont, CA.**

**The Australian Sauna and Sex on Premises Venues Project.**

Int Conf AIDS. 1994 Aug 7-12;10(1):391 (abstract no. PD0173).

Unique Identifier : AIDSLINE ICA10/94370522

**By Toomey M; Crooks L; Australian Federation of AIDS Organisations, Sydney.**

**Working in Partnership for HIV Prevention in Gay Saunas: A Pilot Project in Two Gay Saunas.**

Gay HIV Strategies and Karl Hayden (1998)

In association with Eastern Health Board.

(our ref.Gh012h).

## Attached document n. 4

COGAM. Tourism. June the 29<sup>th</sup> 1999

# International Gay Tourism and HIV Prevention

***Alberto Martín-Pérez. COGAM***

## BACKGROUND

The field of international gay tourism and HIV infection has been considered as a prevention priority in the questionnaires filled in by the GAP-members last 1997. The GAP Network presented a proposal for a pilot project to the European Commission. This project aimed to combine outreach intervention and qualitative research methods to get insight in social and personal realities of gay tourists, aiming to determinants of unsafer sex during vacations. The output of such a proposal would lead to promote the motivation of health authorities towards sustainability of the objectives on a long term basis, among other goals.

It was clear that the implementation of an ambitious programme like this would require European funds. Last January the EC informed us that they would fund our network but none of our pilot projects. Therefore, we tried to integrate the aims of the pilot projects within the aims of the GAP Network from a new perspective. This involves some difficulties for the tourism pilot, as it was not so obvious how would it be possible to integrate such a complicated issue. It was clear that the original project as it was conceived would have to be put apart, and that a new discussion was needed.

In order to facilitate this discussion at the Antwerp meeting, due next July the 31<sup>st</sup>, COGAM has prepared the present text, which aims to:

- Identify issues and relevant materials.
- Propose possible strategies.
- Propose possible action plans.

During the morning session of Saturday July the 31<sup>st</sup>, the "gay tourism" team will meet together with the "gay community development" team. In fact, some of the aspects that should be treated on a project on gay tourism and prevention have common links to gay community development and building of partnerships, not only on those Mediterranean destinations but also in the so called "sex capitals". This also allows our team to have some participation and contribution on the broader "gay community development" discussion.

## **SCIENCE HAS SAID...(SOME KEYS FOR REFLECTION)...**

Within the epistemological context of homosexual identity as an individual construction that has to be "validated" by others, tourism and gay identity are linked. Many gays are forced to find a limited gay space to confirm identity and, thus, tourism (an artificial situation) is a chance to partly authentizise it. But some other gays may need tourism as a way to maintain anonymity as well (HUGHES 1997). Travelling implies not only change of location but also change of lifestyle and behaviour and the possibility of a higher risk taking (CARTER et al 1997). Short term encounters (whether host/guest or guest/guest) are different from those held at home. Holidays from a heterosexist system are an extra opportunity for casual and anonymous sex for some and an extension of polygamans lifestyle for some others.

Research carried out in UK with international travellers attending genitourinary clinics has found evidence that more sex occurs in holidays, and a higher percentage of homosexual sex than heterosexual sex (CARTER et al 1997). Furthermore, MENDELSSOHN saw in his research (MENDELSSOHN et al, 1996) how homosexual men were more likely to have first partners abroad from the UK than heterosexuals. A large number of German tourists to Thailand had not been sexually active before their vacation (WILKE and KLEIBER, 1992). Besides, homosexuals are more likely to have sexual contact with locals than heterosexual men and women.

For men, regardless of sexual orientation, consistent use of condom with casual partners at home (in UK) is a predictor of its use abroad. By contrast, women's sexual behaviour is not consistent with their behaviour at home and it's shaped by characteristics of their sexual partners (BLOOR et al. 1998).

Some variables such as gender; travelling alone; travelling for purposes other than holidays; not carrying condoms; length of time away from home; role of alcohol use; no consistent condom use with casual partners in UK; or no condom use with regular partner have been related to unsafe sex practise abroad in different studies. However, there are no common findings among them (MENDELSSOHN et al. 1996; CARTER et al. 1997; BLOOR et al. 1998). What seems to be clear is that condom use at home (in UK) is a predictor of safer sex in holidays.

A common complaint is that most research provides not much qualitative information to get insight in social/personal realities of gay tourists

Some different projects and initiatives have been carried out aiming to prevent the spread of HIV among tourists. In recent years, gay tourists projects have been implemented by STOP AIDS (Denmark), RFSL (Sweden) -the outreach Hot and Safe projects in Gran Canaria and Ibiza-, and GMFA (UK). These projects show how local interventions are possible. But it was difficult to achieve structural implementation and to evaluate behavioural effectiveness.

CLIFT & WILKINS (1995) suggest that campaigns focussed on specific risks during holidays may reinforce the idea that danger is only located in specific locations far from home. This point brings into context some commonly discussed issues of general HIV prevention (protection of the partner, testing...). In fact, some prevention materials seem to be oriented only to protection of tourists from environments where HIV infection looks likely to happen, but there are no messages reinforcing protection of host partners, or prevention behaviours of this last target group.

Disjunctures between the quantitative papers and pictures provided by gay travel brochures, gay guides and gay press have been found. The later represent young men participating in events, practising safer sex with lots of facilities and opportunities for that, and contributing to the making of gay culture. In research we find individual men of various ages, often paying for sex and engaged in unprotected anal sex (more insertive than receptive, since perceived as less risky). CLIFT (1999) has recently found that gay men are less likely to engage in unprotected penetrative sex than heterosexuals. This study found a small number of gay men reporting unprotected sex on holidays so that the following conclusions should be regarded with considerable caution: men engaging in unprotected sex on holidays were more likely;

- to have not taken condoms with them
- to have a higher expectation of sexual behaviour/risk.
- To be unsure about their HIV status or probably/definitely HIV positive.

There is an increasing range of tour operators, hotels and destinations labelled as “gay venues” and we have observed the meaning of travel and tourism in the context of gay culture and personal lifestyles. The impact of gay tourism on the host communities resident in mass tourism has to be taken into account too. As a consequence, the building of partnerships with these venues for prevention purposes should be considered. This is directly related to gay community building and reinforcement.

Gay travel guides, such as “Spartacus”, “Best”, “Gay Pied”, “Columbia Fun Maps” and others, in which the sex-holiday association is more obvious than in equivalent heterosexual publications, remarks the importance of holidays in the process of building a gay identity. This shouldn't be forgotten, and forms of collaboration and interaction could be discussed.

In order to clarify types of common gay destinations within Europe in which different approaches have to be made (for instance depending on existing/non existing gay community) we can (naively) distinguish:

- Mediterranean destinations such as Mykonos, Ibiza, Sitges, Cran Canaria and others.
- Sex capitals, like Paris, Berlin, Amsterdam and European capitals in general...
- Gay events (Gay Pride, Love Parade, gay games...) which result not only on international affluence but also, and more frequently, an intern exodus for one or two days. A research carried out with gay men attending the Gay Pride festivals in the UK is showed how there are no significant changes in the proportions of men engaging on risky behaviours (HICKSON et al 1996).
- But some other destinations may be labeled as mixed: Barcelona is a recurrent Mediterranean destination but also an important gay capital.

In the context of sex capitals HUGUES (1997) draws the profile of the gay tourist to Amsterdam as one of apparently lower age, better educated, more frequent visitor than the heterosexual one, single. Usually less the type of cultural tourist, but more hedonist, more likely to go to discos, bars, coffee-shops, etc. The gay tourists to Amsterdam may be classified into three groups: *leather, atmosphere and sex tourists*.

## PREVENTIVE MATERIALS AND OTHERS

A first approach to materials could be to make a previous distinction. Among the most frequent materials targeting international gay tourists are those edited by gay business (gay maps, gay brochures from tour operators) and those edited by gay and HIV/prevention organisations (cards, brochures, gay maps, leaflets, posters and others). Of course there are differences among them, the same way there was differences between commercial materials and research papers.

The edition of the gay map of any European city may be an opportunity to offer the gay tourists some basic information about HIV/AIDS infection, other STI, and city resources (such as where is it possible to find condoms, AIDS organisations, GUM clinics, etc). To make it useful for tourists, this information has to be in at least the host language and in English. Differences among maps seem to depend on two factors:

- Existence of a stable gay community and/or gay resources in the destination.
- Editor and participation of gay HIV prevention organisations.

Two maps of Berlin and Amsterdam were edited by “Columbia Fun Maps” in 1997. While the Amsterdam one contains a list of safe and unsafe practises in different languages (regardless of different discourses, f.i about oral sex, which constitutes a point to take into account on every international initiative) and useful addresses (plus the reminder “*and remember...safe is the word*” on the front page) the Berlin one only lists GUMs.



The Gays Owners Association in Madrid edited a gay map of Madrid in 1998 which only contains an almost invisible "*only safer sex in Madrid. Keep informed*" in Spanish and English but no telephone or address followed. GLAM and LYGA, two gay organisations in Zaragoza, where a very small community exists, provide useful AIDSlines. A map edited by ILGA Portugal in 1998 contains within the useful information for international tourists to Lisbon (in Portuguese and English) "*Always use a condom*". The "Copenhagen Gay Life welcomes you" map includes an AIDSline number.

An interesting sample of how a map can be used for preventive purposes is seen in the two Ex Aequo "plan Gay Safe 97" and "Safer Map Gay and Lesbian 98" maps containing objective information about risky behaviours in French, German, and English, with useful addresses (testing in Brussels, Dutch and English info and availability of condoms). This shows what the role of a prevention agency and the existence of a stable and a strong gay community with voice may be in the design and results of these materials.

The CHAPS campaign for prevention targeting international gay tourist from UK presented three phases according to different destinations:

- Sex European capitals (*European Union made easy!*)1998
- Mediterranean beaches (*Some like it Hot!*)1997
- North America and Pacific capitals (*Go West or off to Oz!*)1999

The structure is similar: a complete leaflet of about 12-14 pages containing testimonies, information about customs, useful expressions in different languages, vaccinations, tips for HIV + gay men, considerations on discordant messages about safe practises are included. "*Assume nothing*" and "*take condoms and lube with you*" are recurrent and common messages. The leaflet addresses factors associated with sex in the three different settings and take into account the likelihood of sex with non-English speakers. The leaflets use fifties retro design appreciated by the audience as a welcome break from standard semi-nudity.

Two specific materials on gay tourism to Amsterdam has been edited by the SAD Schorer Foundation: "*Gay tourist info 96*", a 50 pages booklet, and "*Ticket to safe fun and friendship*". The later targets gay and lesbians travelling to Amsterdam for the Gay Games event in 1998. The info contains universal guidelines on safer sex, where to get condoms, tips for HIV + men and women, clinics, safer sex among women...The booklet "*Gay info tourist 96*" contains safer sex narration, what to do in Amsterdam, accurate AIDS info, leisure and safer sex vocabulary in English, Dutch, German, French, Danish, Spanish, and Italian. The language of both materials is English.

To close the chapter of materials edited by home countries targeting their international tourists, the "heiße Tage, heißer Snad" leaflet by the DAH -and advertising Spartacus guide- targets those German tourists to Mediterranean beaches and Gran Canaria with a suggestive narration in German, in which safer sex is present. The orientation of the leaflet *Reisen (k)ein Problem*, by the German AIDSHILFE too dated 1996 is similar. Another material by the DAH is the leaflet *Gute Reise* dated 1993 in German, English, French, Spanish, and Italian, with direct and asimilable messages. Some other materials are not strictly gay oriented: the "*What you should know about HIV and AIDS before packing you travel bags*", by the Swiss AIDSHILFE, contains very basic information and advises to take condoms with you. This leaflet was edited in 1990.

But it is also interesting to have a look on materials edited by the host countries (of those Mediterranean destinations) targeting international tourists and/or local men who may have sexual interaction with tourists. STOPSIDA in Barcelona has edited reminders to maintain safer sex while on holidays. These materials have been distributed in Spain, including Sitges, Ibiza and Madrid. The postcard "*Vayas donde vayas*" shows an image of the planet Earth with condoms as satellites with the inscription "Wherever you go" in Spanish, English, French, Catalan, German, Gallego and Basque. Another similar material in English, Italian, French, and German, is the "*Would you dare to*" leaflet focusing on how to minimise risky behaviours,. This campaign was accompanied by distribution of condoms. STOPSIDA has used some other materials, like ashtrays in beaches, to stick safer sex messages.

## POSSIBLE STRATEGIES.

Regardless of the first and crucial problem of unification of preventive messages (what is safer sex, use of condom for oral sex...) and after the previous identification of some relevant issues there are some possible strategies and/or actions that the GAP Network can take into account. This is not supposed to be exhaustive, and pretends only to propose some points for discussion in Antwerp:

- To constitute an European gay lobby aiming to create conditions for continued implementation of projects targeting international European tourists. The HIV/STD risks of tourists constitute by definition an European problem because of inherent mobility. Local projects have shown that implementation is difficult and not cost-effective on the local level.
- Elaboration and publication of an strategic book to inform the European Authorities and to recommend their support to community resources and initiatives.
- To study the feasibility of joining the European Network AIDS and Mobility.
- To stimulate more qualitative research. A possible effective way is to include questions related to sexual behaviour while on holidays on questionnaires used for national or local surveys on sexual behaviour carried out by partners.
- Use of a particularly attractive leaflet (SAD Schorer, CHAPS...) to be distributed and tested in a concrete gay destination.
- To elaborate common criteria for edition of prevention materials targeting gay tourists in native language + English to be edited by individual partners and exchanged within the interested participants.
- To build partnerships with gay guides editors and commercial touristic brochures to insert prevention messages.

## REFERENCES AND CONSULTED MATERIALS AND SOURCES

[An]: *Carry on abroad*. 1998. CHAPS News Sheet. October/November 1998. UK.

[An]: *Journey's end*. 1999. CHAPS News Sheet. January/February 1999. UK.

BLOOR et al. 1998. *Differences in sexual risk behaviour between young men and women travelling abroad from the UK*. The Lancet. Vol 352. November 21, 1998 (1664- 1668)

CARTER et al. 1997 *The sexual behaviour of international travellers at two glasgow GUM clinics*. International Journal of STD & AIDS 1997; 8: 336-338.

CLIFT & WILKINS. 1995. *Travel, sexual behaviour and Gay Men*. In Aggleton et al (eds): *AIDS: Risks, sexuality and Measure*. London.

CLIFT & FORREST. 1999. *Factors associated with gay men's sexual behaviours and risk on holidays*. AIDS CARE (1999), VOL 3. pp.281-295

HAFF et al. 1994. *Hot and Safe in Gran Canaria Final Report*.

HAFF et al. 1995. *Hot and Safe in Ibiza Final Report*

HICKSON et al 1996. *No aggregate change in homosexual HIV risk behaviour among gay men attending the Gay Pride festivals, United Kingdom*. AIDS 1996 10/7 (771-774)

HUGUES. 1997.a. *Holidays and homosexual identity*. Tourism management. 1997.

HUGUES. 1997.b. *Sexuality, tourism and space: the case of gay visitors to Amsterdam*. Published in Tyler D, Robertson M and Guerrier Y (eds) *Managing tourism in cities: policy, process and practice*. Chichester: Wiley. 1997.

MENDELSON et al. 1996 *Sexual behaviour in travellers abroad attending an inner-city genitourinary clinic*. Birmingham. Genitourinary Medicine. 1996 72/1 (43-46)

WILKINS & KLEIBER. 1992. *Sexual behaviour of gay German (sex) tourists in Thailand*. Lecture presented at the VI International AIDS Conference. Amsterdam. July 1992.

## MATERIALS

AIDS INFO DOCU SCHWEIZ. Berna. *Reise – fieber. Gesundheitstips für Fernreisen.. 1997*. Leaflet.

AIDS INFO DOCU SCHWEIZ. Berna. *Was Sie über HIV und Aids wissen sollten, bevor Sie die Koffer packen*. 1990. Leaflet.

AIDS INFO DOCU SCHWEIZ. Berna. *What you should know about HIV and AIDS before packing your travelbags*. 1990. Leaflet.

ASOCIACION DE EMPRESARIOS GAYS DE MADRID. *Mapa gay de Madrid. Primavera-verano 1998*. Map.

BURO GVO. Amsterdam. *On vacation? Keep it Safe!*. Spring. 1989. Leaflet.

BURO GVO. Amsterdam. *Gay Tourist Info. N° 2*. Summer 1991. Leaflet.

CHAPS. London. *Some like it Hot*. 1997. Leaflet.

CHAPS. London. *European union made easy*. 1998. Leaflet

CHAPS. London. *Go west!...or off to Oz?*. 1999. Leaflet.

COLLECTIU LAMBDA. Valencia. *En fallas...no falles*. 1999. Flyer and Postcard.

COLUMBIA FUN MAPS. *Berlin. Ausgabe 1997*. Map.

COLUMBIA FUN MAPS. *Amsterdam Gay Tourist Map. Summer 97*. Map.

COPENHAGEN GAY LIFE. Copenhagen. *Copenhagen gay Life welcomes you*. 1999. Map.

DEUTSCHE AIDS HILFE. Berlin. *Gute reise*. 1993. Leaflet

DEUTSCHE AIDS HILFE. Berlin. *Reise (k)ein Problem*. 1996. Booklet.

DEUTSCHE AIDS HILFE. Berlin. *Heiße Tage heißer Sand*. Leaflet.

EX AEQUO. Brussels. *Plan gay Safe 97*. Map.

EX AEQUO. Brussels. *Safer Map gay and lesbian*. 1998. Map.

EX AEQUO. Brussels. *N'avez vous rien oublié... ?*. Poster

GLAM & LYGA. Zaragoza. *Plano gay de Zaragoza. Invierno 98*. Map.

HET AIDSTEAM. Antwerp. *Niks Vergeten?*. Poster.

HET AIDSTEAM. Antwerp. *Slimme Rikken nemen altijd condooms en glikmiddel mee... ook op vakantie!*.Poster.

HET AIDSTEAM. Antwerp. *Koop un wat je straks aantrekt!*. Poster.

ILGA PORTUGAL. *Guia gay & Lesbico de Lisboa*. 1998. Map

SAD Schorerstichting. *Gay Tourist Info. About safer sex and Holland* . Summer 1993. Booklet

SAD Schorerstichting. Amsterdam. *Gay Tourist Info 96*. Booklet

SAD Schorerstichting. Amsterdam. *Ticket to safe fun & friendship*. 1998. Brochure

STOPSIDA. Barcelona. *Oseresti? Traust Du Dich? Would you dare to?* Flyers.

STOPSIDA. Barcelona. *Vayas donde vayas*. Cuidate 98. Postcard.

STOPSIDA. Barcelona. *Siempre contigo*. Posavasos.

STOPSIDA. Barcelona. *Siempre a mano*. Cuidate 97. Postcard

## Attached document n. 5

### Ten Golden Rules of Prevention towards Gay Men with HIV

#### **1. Standardisation**

Improve standard practices for gay men living with hiv and offer prevention programs that are on a level comparable to other target groups.

#### **2. Non-stigmatising**

Avoid stigmatisation by focussing on the health advantages for gay men with HIV themselves, by emphasising the special role of people with HIV, rather than a presumably larger responsibility, and by abstaining from prevention campaigns targeting people with HIV on a population level.

#### **3. Secure 'positive' authorship: prevention for and by gay men with HIV**

Maximally involve gay men with HIV themselves. A message put as 'we' and active participation of gay men with HIV are to be preferred.

#### **4. Non-judgemental**

Distinguish between various segments within the group of gay men with HIV, who each cope with seropositivity in divergent ways. Moral judgement is impertinent and ought to be avoided.

#### **5. Supportive, not prescriptive**

Don't tell people what to do. Provide information and support one's informed choices.

#### **6. Focus on meaning**

There is no such thing as sex without meaning. Try to understand what moves people. How do they perceive their own actions? What do they mean? Why is the apparently irrational rational after all?

#### **7. Services and information should be culturally appropriate.**

Understanding the various subcultures (sexual, ethnic) is crucial and ought to be pursued maximally. Within minorities, there are even smaller minorities.

#### **8. Take into account growth and development**

A person's sex life is not static and changes through time. The sex lives of gay men with HIV too are changing as they are continuing their life as a knowingly positive person.

#### **9. A pragmatic approach**

Focus on risk reduction strategies instead of risk elimination. People with HIV who don't always have safe sex are not being helped by claims that 'the majority of gay men with HIV NATURALLY have safe sex'. On the contrary, they may feel frustrated and thus encouraged to have more unsafe sex in the future.

#### **10. Promoting efficacious coping strategies**

Not all coping strategies are equally efficacious. Their success depends partially of the wider, social context also. So, it is important to not focus on prevention issues alone, but to integrate these within a wider horizon of sexual health and quality of life in general.

## Attached Document n. 6

### Inspiration package and bibliography related to tourism and prevention

Herein the "inspiration pack" for tourism related prevention activities. These are the materials I've been receiving from you. I hope they will help you in your work. I also enclose a bibliography of research papers and articles on this topic (with a short description of them). If you were interested in receiving copies of any of them, please let me know.

The materials are listed below:

- Aids Hilfe. Deutsche. *Gute Reise. Happy journey, Bon voyage. Buen viaje.* Leaflet
- Aids Info Docu Schweiz. *Reise-fieber. Gesundheitstips für Fernreisen.* Leaflet.
- Aids Info Docu Schweiz. *Was Sie über HIV und AIDS wissen sollten, bevor Sie die Koffer packen.* Leaflet
- Aidsteam. *Koop un wat je straks aantrekt! (buy it now wear it later!).* Poster and postcard.
- Aidsteam. *Slimme rikken nemen altijd condoms en glijmiddel mee? (A smart ass always carries condoms and lube, also on holidays)* Poster
- COGAM. *...las estrellas la luna, una playa desierta, el amor tu y yo. Ponte sexy!.* Postcard.
- COGAM. *Cuestionario sobre comportamientos sexuales. (part 5). Questionnaire.*
- Deutsche AIDS-Hilfe e.V. *Reisen (k)ein Problem.* Leaflet.
- Deutsche AIDS-Hilfe e.V. *Heiße Tage heißer Sand.* Leaflet.
- Deutsche AIDS Hilfe e.V. *Reisetips für schwule Männer.* Leaflet.
- Ex Aequo. *Sea, safer sex and sun. Les vacances c'est fait pour oublier?.* Posavasos.
- Ex Aequo. *Safer Map gay and lesbianas, gays y transexuales jóvenes.* City Map.
- ILGA PORTUGAL. *Lisbon Gay map.* Map.
- ILGA PORTUGAL. *Kit dos gayatos.* Condom pack
- SAD Schorer Foundation (received from) *Amsterdam Gay Map.* City Map
- SAD Schorer Foundation. *Ticket to safe fun and friendship.* Leaflet.
- SAD Schorer Foundation. *Amsterdam is yours. Keep it safe.* Postcard
- STOPAIDS Kampagnen: *The Copenhagen Gay Life Map.* Map
- STOPAIDS Kampagnen: *The Pan Guide to gay and Lesbian Denmark '99.* Map
- STOPAIDS Kampagnen: *Rejselyster?* Flyer
- STOPAIDS Kampagnen: *Gay Talk "business card"*
- STOPAIDS Kampagnen: *Sikker Sex banden - Socorecard*

[Note: The materials by the Danish STOP AIDS Kampagnen are described in the enclosed paper]

- STOPSIDA Barcelona. *Wherever you go.* Postcard
- STOPSIDA. Barcelona. *Ideal factor 69. Diversión bajo el sol.* Condoms-package.
- STOPSIDA. Barcelona. *Siempre contigo.* Posavasos.
- STOPSIDA. Barcelona. *Con preservativos viaja al placer.* Postcard.
- THT. *Going for this holiday?.* Pack containing the leaflets *Some like it hot!, European Union made easy* and *Go west or off to Ozz?*

Thanks for your contribution to this inspiration package.

So far from now.

Madrid, January the 19<sup>th</sup>. 2000.

Alberto Martín-Pérez

## BIBLIOGRAPHY RELATED TO GAY TOURISM AND HIV AND BRIEF DESCRIPTION.

[You can ask for a copy of any of these papers in which you may be interested]

[An]: *Carry on abroad*. 1998. CHAPS News Sheet 7. October/November 1998. UK. *Brief description of "European Union made Easy" by THT.*

[An]: *Journey's end*. 1999. CHAPS News Sheet. January/February 1999. UK. *Announcement of "Go west or off to Ozz" campaign by THT.*

**BLOOR et al.** 1998. *Differences in sexual risk behaviour between young men and women travelling abroad from the UK*. The Lancet. Vol 352. November 21, 1998 (1664- 1668). *Identification of people who most frequently engage in sexual risk behaviour while travelling abroad. Gender differences in factors linked to the practise of unsafe or safer sex while travelling.*

**CARTER et al.** 1997 *The sexual behaviour of international travellers at two glasgow GUM clinics*. International Journal of STD & AIDS 1997; 8: 336-338. *Analysis of data found in this paper found that homosexual and heterosexual men, and business travellers, are at increased risk of exposure to sexually transmitted diseases, including HIV infection.*

**CLIFT & WILKINS.** 1995. *Travel, sexual behaviour and Gay Men*. In Aggleton et al (eds): *AIDS: Risks, sexuality and Measure*. London.

**CLIFT, FORREST, CALLISTER & LUONGO.** 1998. *Travel Related HIV Prevention Work for gay and Bisexual Men*. CHAPS & Centre for Health Education and research, Canterbury Christ Church College. *Final report on research to inform the development of a leaflet-based safer sex promotion campaign aimed at gay men travelling to southern European gay resorts on holiday. Includes the articles: "Travel-related HIV prevention work for gay and bisexual men", "gay men, holidays and safer sex promotion: findings from a postal survey of gay men", "Findings from telephone conversations with consultants in GUM clinics in six CHAPS cities" "Findings from telephone conversations with GUM clinics health advisors and other health workers in six CHAPS cities", "Findings from interviews with gay/gay friendly travel agencies and tour operators", "Findings from field work to canvas opinions from gay men on drafts of Some Like it Hot!" and "Summary of implications from the research work".*

**CLIFT & FORREST.** 1999. *Factors associated with gay men's sexual behaviours and risk on holidays*. AIDS CARE (1999), VOL 3. pp.281-295 *Factors for prediction of sexual activity on holiday, penetrative sex and unprotected sex (not taking condoms, higher expectations of sexual activity/risk and positive HIV status. Discussion in relation to previous research and implications for prevention.*

**HAFF et al.** 1994. *Hot and Safe in Gran Canaria Final Report. Description of the EC funded pilot project -1994- developed by Stop AIDS Kampaign (Denmark), RFSL (Sweden) to promote safer sex among men who have sex with men in Gran Canaria (Spain).*

**HAFF et al.** 1995. *Hot and Safe in Ibiza Final Report. Description of the EC funded pilot project -1995- developed by Stop AIDS Kampaign (Denmark), RFSL (Sweden) and GMFA (UK) to promote safer sex among men who have sex with men in Ibiza (Spain).*

**HICKSON et al** 1996. *No aggregate change in homosexual HIV risk behaviour among gay men attending the Gay Pride festivals, United Kingdom*. AIDS 1996 10/7 (771-774). *Despite an increase in prevention work targeted at this population, aggregate levels of sexual-risk-taking have remained very stable.*

**HUGUES.** 1997.a. *Holidays and homosexual identity*. Tourism management. 1997. (Very good) *article on relationship between gay identity and tourism.*

**HUGUES.** 1997.b. *Sexuality, tourism and space: the case of gay visitors to Amsterdam.* Published in Tyler D, Robertson M and Guerrier Y (eds) *Managing tourism in cities: policy, process and practice.* Chichester: Wiley. 1997.

**MENDELSON et al.** 1996 *Sexual behaviour in travellers abroad attending an inner-city genitourinary clinic.* Birmingham. *Genitourinary Medicine.* 1996 72/1 (43-46). *Data found no significant differences in condom use for gender, ethnicity or type of visit and relationship.*

**WILKINS & KLEIBER.** 1992. *Sexual behaviour of gay German (sex) tourists in Thailand.* Lecture presented at the VI International AIDS Conference. Amsterdam. July 1992.

In addition, you can consult the short paper I wrote reviewing most these articles and different prevention materials and resources targeting gay men for the meeting we held in Antwerp last summer : MARTIN-PEREZ. *International gay tourist and HIV prevention.* 1999.



## Attached Document n. 7

---

### Implementation Phase of the Gay AIDS Prevention (GAP) Network

Application for funding: 99/SID/034

European Commission DGV-F-02

Antwerp, August 1rst.

---

Dear Sir:

We are writing to express our concern regarding the delay of the signing of the agreement for the aforementioned programme and its funding by the European Commission. We wish to ask you to provide a quick solution to this problem in order to avoid the paralysis of this programme as well as our work.

As you know, the fourth GAP Network meeting (the first general GAP meeting within the context of the referred application) is taking place this weekend in Antwerp. Last Monday, July 26th the Network Co-ordinator sent you a fax detailing this situation and requesting a response by fax from the European Commission. We have not received an answer to this to date and wanted to state our concerns regarding the difficulties we are experiencing currently.

On February 2nd the EC assured us that you intend to support our programme. Since that date, we not only sent the files you requested in view of our contract with your department, but we are also implementing the programme since April 1rst – the date on which this programme was to start. In April we changed our budget structure following your instructions of April 16th and we provided all requested supplementary files.

We were extremely enthusiastic about the affirmation that it would be possible to implement this programme ensuring European collaboration and exchange around HIV prevention for gay men. And over the past few years, we all invested a lot of effort in it. Meanwhile, however, we are still waiting for news from your side regarding the signing of our agreement. Already six months have passed since you informed us on your intention to fund our Network in the years 1999 and 2000. Nor have we received the third payment by the Commission for the Project we developed in the year 1998 (file number/ 97 202387 05F02 (97CVVF2-054-0)).

Currently, the GAP Network is in a state of crisis. All fourteen organisations signing this letter had to advanced money and are working hard to go ahead with the implementation of this project. The co-ordination of the Network, the Spanish NGO COGAM has advanced a high sum of money for the finalization stage of last year's programme. As yet, these sums of money have not been reimbursed by the European Commission despite the confirmation by EUROSILLS in the past that the project had been evaluated positively. The situation has pushed this poorly resourced organisation into very difficult papers since money was transferred from local projects getting paralysed or seriously damaged as a result. The Flemish organisation Het Aidsteam has advanced thousands of EUROS to make sure this meeting was taking place according to schedule. The remaining organisations had to advance another flight ticket without the previous one -to Madrid last November- having been reimbursed. This is leading to a chaotic situation for most our bookkeepers. Last but not least, the salaries of all persons working on the Network (co-ordinator, external experts, website and Newsletter developer, secretarial staff, accountant and translators) have not been paid for their work since the initiation of the project now four months ago.

We fear that we will not be able to continue our work unless our financial and legal position improves considerably. The upcoming weeks, we are expecting to launch the first issue of our Newsletter, while the new design and improvement of our website must be completed alongside other tasks. The very existence of the GAP Network is threatened due to the lack of certain guarantees by the European Commission. We think our project is necessary and

important enough to be granted a fair solution of our problems. The signature of our agreement ought to take place as soon as possible and the proceedings to reimburse the third payment for our 1998 Project must be completed rapidly in order for the entire project to be brought to a good end.

We look forward to a quick response.

Sincerely yours,

*Alberto Martín-Pérez*  
*Gay AIDS Prevention Network Co-ordination*  
*C/ Fuencarral 37; 28004 Madrid. Spain.*  
*Phone 00 34 91 522 45 17. Fax: 00 34 91 524 02 00*  
*cogam@ctv.es*

Nuno Martins, Associação ILGA PORTUGAL  
Lisbon

Kati Zaragoza, CGL, Barcelona

Alberto Martín-Pérez, COGAM, Madrid

Maria Luisa Garcia, COGAM, Madrid

Luca Pietrantoni, Arci-Gay, Bologna

Brian Sheehan, Gay HIV Strategies,  
Dublin.

Colin Dixon, Terrence Higgins Trust, London

Paul Hankinson, THT, London

Jakob Haff, STOP AIDS, Copenhagen

George Svéd, RSFL, Stockholm

Alain Bonnineau, Aides, Paris

Claude Neu; Aidsberodung CR;  
Luxembourg

Matthias Gradinger, Check Up (Aids Hilfe Köln),  
Cologne

JandirkVeenstra, SAD  
Schorerstichting; Amsterdam

Thierry Martin, Ex Aequo, Brussels

Chris Lambrechts, Aidsteam, Antwerp

## Attached Document n 8

# TOURISM AND HIV PREVENTION

### Towards better practises for prevention among gay tourists in Europe.

Intra European co-operation takes time and money but is of course an ideal solution for a common problem like this. However this paper focuses on the national level as a sort of minimum suggestion.

Nationally one has to work on two fronts:

- Send our own gay population abroad well prepared.
- Receiving our gay brothers from abroad.

The departure is that we are one gay nation spread all over this globe so there should be now difference on the two fronts except the way to target the two groups, one preparing for departure and one having fun on a vacation.

### Best practise sending our own gay population abroad.

In general, the primary preparation of gay tourists is probably most successful before they leave. Being on holiday the last thing you do is calling a help-line or read articles, etc.

What should be said:

- Be aware of yourself, your desires and that it is easier to loose self control being on vacation. The psychology of vacation is to forget your troubles, and if you don't watch out you might forget your HIV precautions.
- The culture and the HIV situation you meet might be different but it is not dangerous. Gay men all over Europe try to take care of themselves and their partners. Don't be afraid of your partners but take your share of the responsibility for him and yourself. The danger is inside yourself.
- Condoms are the same standard all over Europe since 1998 but the availability of condoms and lube varies a lot, so it is always a good idea to bring plenty yourself. It is also a good mental preparation helping you to keep you and your partner safe.

What could be done:

- ads, articles and posters just up to the vacation seasons and perhaps an information help-line providing all sorts of information about the gay spots of Europe and offering a chat about sex abroad.

### Best practises receiving our gay brothers from abroad.

Basically being a good host we should integrate gay tourists as a part of our general outreach effort, but not target with heavy, boring material which they never have time to read.

As a tourist you are very open to conversation with natives which is a very favourable departure for an HIV-preventive chat.

What should be said.

- Happy holiday but remember that HIV never takes a vacation (reminder level of the information the gays hopefully received before leaving)
- Where do you find condoms and lube.
- When, how and where to get PEP.
- Which local HIV-help line to call in case something goes wrong (forgot my medicine or had a sex accident)
- It could all be wrapped in information about how to find cruising areas, information you don't find in most gay maps.

What could be done:

- Ads in the local gay maps of the city, take the conversations when you meet tourists during outreach activities, educate outreach activists on the special psychology of vacation.

Look at all this as things to discuss. I think there could be a point in agreeing on certain slogans all over Europe as recognition is a teaser but I don't believe we should conform material. The diversity is for sure a way to attract attention as well.

Uffe Gärtner.  
STOP AIDS.

## **Attached Document n. 9**

Copy of the cover and information on the lunch debate organised by GAP and SAD at the Amsterdam Conference.





## Attached Document n. 10

### *Themes for future skill-building sessions at GAP meetings*

#### *Group 1.*

- *Common strategy on oral sex (3)*
- *Standardising messages (2)*
- *Prevention towards older gay men (location and needs)*
- *Campaigns for HIV + people (5)*
- *Campaign skills*
- *Develop funding proposals*
- *Sex education in schools*
- *Strategy to target lower educated gay men. (6)*

#### *Group 2.*

- *How to reach gay men when there is no community (2)*
- *Needs of gay men (hiv/sti) on the agenda of general health organisation (14)*
- *Involving young gay men (3)*
- *Sexual health promotion (13)*
- *Sexual health for men in relationships (1)*

#### *Group 3.*

- *Effects of new treatments on prevention (3)*
- *Cooperation with commercial venues (7)*
- *Easy ways of evaluating campaigns (10)*
- *Sandwich formula (safer sex and condom use as integrating but not leading part of sexual health workshops)*
- *Gay refugees (1)*
- *Fundraising private funding (1)*
- *Male Prostitution*

#### *Group 4.*

- *Working with gay commercial venues. (7)*
- *Working with the new media in prevention (chatrooms) and the traditional media. (7)*
- *Talking on STI prevention (compared to HIV) (3)*
- *How to put the gay topic on other's agenda*
- *Educating and stimulating volunteers*
- *How do gay men perceive HIV with the new treatments*
- *Discussion on what's harm reduction (2)*
- *Intervention mapping*
- *Evaluation methods. (10)*



## Attached Document 11.

Draft letter addressed to the health ministers. Please translate this letter in your own language and adjust it to your liking. Send it out the 3<sup>rd</sup> week of November latest since the meeting of Ministers will take place early December. It might be helpful to send one letter to the minister and copies to relevant officials of the health Ministry and possible members of the national parliaments and European parliament that you have connections with.

**To the Minister of Health (your country)**

**Concerning:**

***The EC- financing of the European Network of Gay HIV/AIDS Prevention Project GAP and the Proposal for a DECISION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL Extending certain programmes of the Community action in the field of public health adopted by decisions No 646/96/EC, No 647/96/EC, No 102/97/EC No 1400/97/EC and No 1296/1999/EC and amending those decisions.***

*To be discussed upon the meeting of EC Health Ministers in December 2000-11-03*

Your Excellency,

This coming December the Council of EC Health Ministers will meet to discuss the proposal of extension of the current Public Health and AIDS programmes for a period of two years, until the new public health program comes into force, for now expected on January 1<sup>st</sup>, 2002.

One of the projects that is financed through this program is the European Network of Gay HIV/AIDS Prevention Organisations GAP. This network has been developed in the last 3 years and has proven to be an effective and efficient means to improve, inspire and train hiv-prevention for gay men in Europe. Through various sources we have been receiving signals that the proposal for extension is not a run course. We would like to draw your attention to the fact that possible discontinuation of the financing of this network through EC funds will have a devastating effect on the possibilities of co-operating on hiv-prevention for gay men and of improving the quality of initiatives all over the member states.

The network is at a stage where the real fruits of co-operation are ripe and ready to pic. The \_\_\_\_\_ (write here your organisation) is proud and benefited by the participation in this network. Policy levels have been improved. Common strategies on vulnerable groups have been established. Shared campaigns and research results will be more efficient and cost-effective. Over all in Europe an improvement of quality and effectiveness of gay men hiv prevention is seen. The effects being the highest in countries where gay men health issues have been less on the agenda of health authorities due to social, political, economic and religious restraints.

Building up these sort of networks takes years, however the destruction of them is easily done when finance is discontinued and the few paid staff will disappear, taking with them all contacts and experience that is at this point vital for the network.

In the added application funding you will find an outline of the Network , the results so far and the plans for this next period.

We strongly ask you to support the continuous finance of the GAP project for the extension period.

With high regards,

On behalf of (your organisation),

\_\_\_\_\_ (signature)

\_\_\_\_\_ (Association)

# Attached Document n. 12

## SUMMARY APPLICATION FOR FUNDING

### INTRODUCTION

This project is the result of a merge between two previous projects which were successfully carried out on the European level, that is the Gay AIDS Prevention –GAP- Network and the CERIS project.

#### **Short description of the GAP project**

This project takes place during the third phase of the European Gay AIDS Prevention Network. The GAP Network has in three years time:

- Established a network between 14 organisations from 12 different countries, providing the opportunity to share experience and expertise.
- Developed a web site which facilitates the exchange of concepts, outlines and evaluation of projects on gay HIV prevention.
- Outlined a model of good practises on prevention work towards gay men with HIV
- Provided a Newsletter to disseminate its work and attract readers to the web site.
- Develop common strategies to vulnerable subgroups, as young gay men or gay men with a different cultural background .
- 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.

#### **Short description of the CERIS project**

This project also takes place during the third phase of the European project CERIS. CERIS has in three years time accomplished the following:

- ◆ The creation of a European lasting network of actors involved in the struggle against HIV and the decrease of discrimination risks for vulnerable young gay men.
- ◆ Encourage the transfer and share of experiences between active organisms in Europe.
- ◆ Consider similarities and differences in the identity trajectory of young European gays emphasising convergence and divergences within different socio-political contexts
- ◆ An European Congress on particularly vulnerable young people, with actors from aids prevention associations, gay associations, active researchers in the field of prevention and/or identity discrimination and political authorities.
- ◆ Dissemination of the results of the minutes and results of the Congress in close co-operation with the European Commission.
- ◆ The project is developing a European internet site with ethical-theoretical guidelines, suggested adaptations of the message and descriptions, a guide for use, including a campaign strategy.

#### **The new project.**

In the future, the direction of this Project combining the two networks 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.

## TITTLE OF THE PROJECT.

# “Towards the Promotion of Sexual Health for MSM”

## STATEMENT OF PROJECT AIMS

1. *To improve sexual health for the MSM in Europe by improving and standardising HIV prevention and sexual health promotion with the specific goals and objectives that are mentioned below:*

*1. A. To provide good quality access to and disseminate relevant information for professionals working on health promotion and hiv prevention for MSM topics, particularly emerging issues in Europe, and for young gay men entering gay scenes.*

*1.A.1. To further promote and improve the website resource for young gay men on health and associated issues –coming out, self-esteem. etc) created by the CERIS Kit Project. To progressively broaden health topics addressed in the site*

*1.A.2. To integrate the former Newsletter and Web site of the GAP network [www.mindthegap.org].*

*1.A.3. To develop a wide email distribution list and mail a regular newsletter.*

*1.A.4. To further promote the “mind the gap” web site.*

*1.A.5. To provide an easy way to submit abstracts to the website.*

*1.B. To improve (quantitative and qualitative) sexual health promotion and hiv prevention work concerning MSM throughout Europe. To promote international exchange and collaboration among the Network members and third local organisations.*

*1.B.1. To enable partner organisations to identify actual health hazards for MSM.*

*1.B.2. To promote skill building and training, sharing of expertise, know how and inspiration.*

*1.B.3. To promote international exchange and collaboration, which should partly serve as a cost-effective way to develop effective interventions, in order to improve the level of qualitative and quantitative HIV-prevention for MSM.*

*1.C. To develop common health promotion and HIV prevention strategies for young gay men and gay tourists.*

**1.C.1.To finalise and implement a common strategy targeting young gay men.**

**1.C.1.a.- To further implement the web site developed by CERIS.**

**1.C.1.b.- Use of the website for possible declination of local campaigns.**

**1.C.1.c.- To define good practise criteria on working with young gay men entering the gay subcultures with the concrete aim to empower them to manage their own sexual health with skills and knowledge.**

**1.C.1.d.- To exchange local materials, resources and skills on working with young gay men.**

**1.C.2. To develop a common strategy towards gay tourism in southern hot spots and sex capitals**

**1.C.2.a.- To define good practise criteria on working towards gay tourists**

**1.C.2.b.- To exchange materials and resources.**

**1.C.2.c.- To exchange skills on working with gay tourists.**

*1.D. To consolidate an advocacy body on MSM sexual health in Europe in order to:*

1.D.1.- To improve/ensure the accessibility of MSM to public health

1.D.2.- To keep HIV and MSM issues on the agenda of the EU Public health, political bodies, researchers, other AIDS Networks and international Health bodies, thus improving the quality of HIV and gay related policies.

1.D.3. To Improve contacts with researchers as well as other European Networks and key persons in European health policy.

## **Proposed timetable**

**Planned start of project** : Jan 1<sup>st</sup>, 2001

Continuation of two on-going projects:

**Agreements N. S12.84016 05F03 (99CVVF4-008-0) and VS/1999/5159 (99CVVF4-016), convention number SI2.106497**

**TOTAL ESTIMATED BUDGET IN EUROS.  
COMMUNITY FUNDING REQUESTED.**

**STAGE PERIOD, 24 MONTHS**

### **Description of tasks and work (including methodology)**

The GAP Network has been established during the former three years (phase 1 and 2) and achieved a certain number of results. However there are more and new hazards which need on-going collaboration and more skill-building exchange among European organisations. During the former two phases specific vulnerable subgroups as well as relevant topics have been identified. The Network has already given response to some of them (f.i. the "Ten golden rules of prevention towards positive gay men"). For others, such as young gay men (in connection with the CERIS project, which will merge with GAP within this period), or gay tourists, European wide strategies need to be finished and evaluated.

Also, as the literature suggests, there is an increased need to broaden the focus towards general sexual health promotion. This is an effective focus for prevention and promotion of safer sex practises according to WHO.

The activities of the Network during this phase will consist on four levels

- First level is dissemination of information in which the already established web-site created by GAP will play an important role. High quality access to the web site, which will include an online newsletter, and wider e mail promotion will be a cost-effective method to disseminate European-wide strategies, campaigns and intervention-focused papers, as well as local work and information on emerging issues. The target is a wide email list (from NAM directory and national distribution lists) of prevention and health promotion organisations and professionals. Also, the website resource for young gay men created by the CERIS project in the last year will be further developed, promoted and evaluated with the feedback of young gay men (users and also those involved in the creation of the site), YGLIO and external expertise.

- Second level is international exchange and collaboration through skill-building and sharing of expertise. Training activities and experts led workshops within the Network will facilitate transfer of expertise and will offer more opportunities for collaboration. Skill-building and sharing of expertise sessions will be organised through general meetings twice a year. Collaboration, sharing of expertise and shared skill building will improve professionalism, effectiveness and efficiency of interventions and prevention organisations. International collaboration should partly serve as a cost effective way to develop effective interventions. The Network will also enable partners to identify new health hazards for young gay men and MSM in general, within the actual Network environment and also within those European countries which are not currently taking part in the Network, specially Middle European countries. This will be done through concise presentation of current studies and knowledge at the website, during meetings with discussion and via email.
- Third level is the development of health promotion strategies focused on European wide issues, this will include strategies, across the stage period, concerning young gay men and gay-travel and tourism in Europe. The web site targeting young gay men will be developed, broadened and used for declination of local campaigns. The Network will also define good practise criteria on working with both, young gay men and gay tourists and will exchange materials, resources and skills on working with both target groups.
- On the fourth level there will be an advocacy body catering on a more abstract level with issues that are European wide and cannot or should not be dealt within a individual member state level; this will include continuation of goals of the first stage of the GAP network like stimulating monitoring research and improving collaboration with researchers, who will be invited to attend network meetings. This body will attempt to keep HIV and gay issues on the agenda of EU Public Health political bodies and other AIDS Network, through publication of fact sheets in the web site on gay issues (infection rates, gay social issues, etc), thus improving the quality of HIV and gay related policies. These issues as well as the preparation of the agenda of the network will be managed by a steering committee consisting on six persons (a network co-ordinator, a co-ordinator for the young gay men topics, and four members which will bring expertise into the network in each one of the four levels mentioned).

## **Expected results and dissemination/utilisation of results**

- Through the web site targeting professionals there will be a high quality access to information and news facts for all professional and voluntarily workers in HIV-prevention for MSM. These will include project descriptions, campaign models, intervention strategies, research summaries, hot-news flashes etc. This will highly stimulate and improve the quality of work in all the different member states. These news facts will be available for non EC member states also.
- Through the web site targeting young gay men there will be updated and useful information on health and other related issues for young people

entering the gay subcultures. This information will address both the wide European landscape and local situations.

- Through international exchange and collaboration the level of qualitative and quantitative HIV-prevention for MSM will improve specially where the prevention and health promotion work for MSM finds difficulties for its stabilisation due to social, economical or political constraints.
- Collaboration, sharing of expertise and shared skill building will improve professionalism, effectiveness and efficiency of interventions and prevention organisations.
- There will be expertise and insight in European-wide topics related to MSM health promotion and HIV prevention in order to design common strategies, specially targeting young gay men and gay tourists.
- There will be improvements, new inputs and actualisation in the web site resource developed for young gay men by the CERIS Project. Promotion strategies for the web site might be considered.
- There will be a body of professional advocacy and policy development on a European level dealing with MSM health promotion issues that can not or should not be dealt with on individual member state level. These include effects of new therapies on prevention, stimulating adequate research and the accessibility to research results. As a result, the Network will be established as a main spokesperson on MSM health related issues.

#### **COLLABORATION WITH PARTNERS FROM OTHER MEMBER STATES.**

Besides the partners' list proposed fifteen organisations from the following EC member states: Belgium (2), Denmark, France, Greece, Germany, Ireland, Italy, Luxembourg, Portugal, Spain (2), Sweden, The Netherlands and United Kingdom. Another organisation from Georgia has expressed its interest in taking part in the next phase of GAP. Also, an organisation from Switzerland will take part in the network funding their participation themselves, and other Middle and Northern European countries (like Norway, Czech Republic, etc.) might be interested in being involved in the Network during this stage period.

When the merger between CERIS and GAP is finished the Wien AIDS Hilfe (Austria) and HIV Foundation (Finland), will be taking part in the joint project to be started in September 2001, so that the fifteen EU countries are represented. The complete list for this extension is attached. (attachment 1). Candem and Islington (UK) and The Athens's Health School (Greece) will be taking part also in this joint project.

**Attached Document n. 13**

**List of receivers of the Newsletter**













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.