Using the internet for mass mobilisation of the MSM community for the purpose of HIV testing
APCOM’s Highlight series profile the often unheard of MSM and transgender community-based documentation of good practices from projects across Asia and the Pacific.

APCOM works with individuals and organisations on the Highlight series to form the evidence-based information to be shared across the region and for advocacy on issues that affect the lives of MSM and transgender people, including HIV, rights, health and well being.
For many health educators, MSM (men-who-have-sex-with-men) populations still seem very hidden, until one day someone suddenly rushed through the door and shouted to everyone: “Hey! MSM are there on the Internet!”

Naturally, people began to pay attention to health education and the potential of the Internet - five years ago, most people would be apprehensive when hearing any discussion of the Internet approach.

With the passage of time, the idea of using the internet has been practised widely by all walks of life, inclusive of health educators. The practitioner’s community named this model “Online to offline (O2O)”.

The most commonly seen practice is copying approaches used in MSM venues - the development and distribution of promotional materials, peer education, even distribution of condoms online, and so on.

This type of approach treats essentially the Internet as another MSM venue. Its advantage is to re-utilise the existing manpower and tools almost immediately. But the shortcoming is often apparent on the other hand. In a face-to-face scenario, it seems much easier to engage with a person in a conversation and thus more likely to receive information.
The Internet is a much more efficient tool, if used in the right manner. In China, we actually followed a technology route - when interacting with the target populations, we tried to minimise or completely remove the need of the direct involvement of human beings.

For instance, a telephone hotline was initially the sole mean for us to interact with service up-takers. After a dedicated software supporting interactions like making appointment, sending transportation direction and service reminders was put into use, the hotline turns cold.

Although the Internet and computers are still seen as tools, through human interaction and insights of human behaviour we have made them smarter.

"In 2012, GZTZ used the Internet to mobilise as many as 5,389 MSM into HIV testing, accounting for 83% of the city’s yearly total.
The number of test-takers mobilised over the Internet had increased rapidly.
Previously, only a few dozen test-takers admitted to be MSM were recorded in the city."
Guangzhou Tongzhi (GZTZ, http://www.gztz.org), founded in 1998, situated in Guangzhou, located in southern China, is the third largest city after Shanghai and Beijing. We operate an LGBT website with over 2 million unique visitors a year. The site has functioned for 15 years and has built reputation in the LGBT community. Similar to other parts of China, many of the MSM in Guangzhou remain hidden, socialising in covert groups. According to the Guangzhou CDC’s official statistics, the number of active MSM is about 25,000 - 46,000.

At the site, we have built a game-based social networking platform; users of the platform can earn credits through various kinds of online games. And credit points can be used to continue the online social games on the platform.

This platform has provided favourable conditions for the research and development of our education and intervention tools. These tools covered the whole process from increasing risk awareness, assisting in decision making to take HIV test, linkage to care and services, test results query, collecting feedback and enhancing word of mouth promotion.
Recalling the years of practice, we believe at least the following four aspects contribute to an efficient and successful Internet intervention approach: a clear strategy; a supportive environment; the capacity of the team and strong emphasis on evaluation.

1st, the insight into the needs of the Internet community helps us to build a clear strategy to use the machine-based-approach and to limit human interaction, which is supposed to be the most economical way in the long run and is favoured by the Internet community;

2nd, after seeing our effectiveness in the front line, government partners including the Guangzhou Centre for Disease Control and Prevention (CDC) began to strongly support our work. Many projects were designed together from the beginning. We have been fully respected and treated as a partner. We have also received support from the Bill and Melinda Gates Foundation. Unlike many others, this project did not have a restriction on the process and method to be used, which allowed us to be flexible in our development space.

3rd, evaluation is essential to all success. Real-time and accurate evaluation tools have enabled us to monitor the effectiveness of smart tools developed and the framework as a whole. In the meantime, mass database is accumulated.
many people underestimate the resources and skills needed to start and sustain such a technology driven intervention. Apart from experienced computer programmers, a project manager who has a foresight of technology and understands its possibility and limitation, community experts who are in pace with community needs, an administrator who has strong control over the whole workflow and a well-trained team of service providers are needed together to make all these happen.

The power of O2O has just begun, we will continue to pace ourselves with the trend at in technology. In the coming years, expanding our presence on mobile devices and mobile applications will be our next direction.

This case study was prepared by Roger Meng,
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For more information on this project you can contact Roger on roger.meng@live.cn or you can visit the GZTZ website.

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Roger has more than eight years experience working in health education with MSM. He has a strong understanding of the needs of MSM and extensive relationships with many stakeholders including the community, investors, researchers and policy makers.

Roger has directed the development of several Internet-based and mobile-based health education software systems (2003), handbooks for behavioural intervention workers (2009), and over 20 health education programmes (2006) in China.
We are united in our courage to advocate issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.