

Achieving an AIDS-Free Generation for **Gay Men and Other MSM**

Financing and implementation of HIV programs targeting MSM

Executive Summary

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Introduction

The HIV/AIDS pandemic continues to have a devastating, though often invisible, impact on gay men and other men who have sex with men (MSM) around the world. In low- and middle-income countries, MSM are 19 times more likely to be living with HIV than people in the general population and they represent an estimated 10 percent of new infections each year. Yet for decades the epidemic among MSM was officially ignored by governments, donors, and whole societies.

Though there has been a gradual shift in attitudes towards responding to the needs of this population, in many parts of the world a hidden epidemic remains, exacerbated by stigma, discrimination, and violence. Same-sex sexual practices are punished as crimes in more than 80 countries, with penalties ranging from imprisonment to death. In much of the world, national HIV epidemiological surveys do not assess the impact of HIV on MSM and this lack of good data is used to justify chronic underinvestment in the needs of this population.

Lack of good data is used to justify chronic underinvestment in the HIV-related needs of MSM.

This history of legally sanctioned neglect and discrimination is beginning to change in some parts of the world, though at a slow pace. The original research in this report provides the most comprehensive analysis to date of HIV-related funding and programming for MSM. The report also suggests actionable steps to improve the HIV response among MSM. A careful examination of MSM-related policies through donor and multilateral agencies reveals improved efforts but persistently inadequate investments and limited accountability for better results. On-the-ground consultations in eight epidemiologically diverse countries highlighted some models for success combined with persistent, widespread stigma in all contexts and a lack of even the most basic HIV prevention services for MSM in most.

The research in this report confirms what has been long suspected: countries that criminalize same-sex sexual practices spend fewer resources on HIV-related health services

for MSM, do less to track and understand the epidemic in their nations, and are more likely to repurpose donor funds intended to fight the epidemic among MSM. However, criminalization is only one obstacle to effective HIV programs for MSM. Stigma and discrimination in all contexts play equally important roles.

It will be impossible to achieve an “AIDS-Free Generation” if MSM are left behind. Respect for human rights and public health both demand a more equitable and effective response to the AIDS epidemic among this population from both donors and affected country governments. A recent World Bank report demonstrates the critical importance of tackling HIV incidence among MSM to control overall national epidemics, and a new “investment framework” proposed in *The Lancet* emphasizes the need for more strategic use of resources, including increased investment in the HIV-related needs of MSM, injection drug users, and sex workers.

Donor and Multilateral Programming

Research for this report identified important advances in the MSM-related work of the U.S. **President’s Emergency Plan for AIDS Relief (PEPFAR)** program over the last several years. Funds dedicated to MSM services appear to have increased in most of the eight countries studied, though funding for these programs remains limited and inadequate. Though PEPFAR issued field guidance on addressing HIV among MSM in 2011, governments may still restrict PEPFAR-financed MSM-related services. The four countries in this analysis that criminalize same-sex sexual practices proposed far fewer MSM-related activities and dedicated smaller percentages of their country budgets to them. Lack of data about PEPFAR MSM-related funding and



services remains a serious impediment to addressing the needs of this population.

Historically, financing through the **Global Fund to Fight AIDS, Tuberculosis and Malaria** has infrequently addressed the needs of MSM, primarily because country applications have failed to make this population a priority. In 2009, the Global Fund approved a Sexual Orientation and Gender Identities (SOGI) strategy to better respond to the needs of sexual minorities, and enshrined prioritization of most-at-risk populations (MARPs) in its next five-year strategy. However, a previous analysis of Global Fund financing found that only 10 percent of all Global Fund money was directed to MARPs, and, of that small proportion, only two percent was directed to MSM. There is also evidence that MSM-targeted activities are deprioritized during grant negotiations in many countries. Original analysis for this report reviewed the full grant approval cycle and found that attrition rates between application, grant approval, and actual funding for services were higher for MSM-related programming than programs overall in countries that criminalize same-sex sexual practices.

Examples of positive change combined with scientific advances and increased awareness about the needs of MSM, give hope for a more equitable response to the AIDS epidemic among MSM worldwide.

The **UNGASS (UN General Assembly Special Session on HIV/AIDS) reporting system** managed by the Joint United Nations Programme on HIV/AIDS (UNAIDS) is the most visible accountability mechanism in the global AIDS response, attempting to track progress on 25 indicators of AIDS funding and policy in countries worldwide. An analysis of the UNGASS system done for this report found that, though the process has been important in raising the issue of MSM-related services and policy, data reported through UNGASS are often highly questionable and lead to few, if any, positive outcomes for MSM. The continued relevance of the UNGASS indicators requires UNAIDS to consider how global tracking and reporting can lead to greater accountability that drives expanded and improved services for MSM and other most-at-risk populations.

On-the-Ground Research in Eight Countries

Civil society consultants working independently in eight countries used a standardized questionnaire to inquire about the financing and implementation of MSM-targeted HIV programs as well as the challenges and impediments faced. Working in their own communities, these consultants attempted to uncover links between the country's legal framework and MSM-related HIV programming and policy. The HIV epidemic among MSM is distinct in each of these countries, as is the legal and public health status of MSM. Among the findings:



In **China**, government interest in the needs of MSM is characterized as “no support, no objection, and no promotion;” efforts by the Ministry of Health to engage MSM in HIV prevention have been undermined by open hostility from other government bodies; and all HIV prevention funding for MSM is funneled through government-operated organizations with only tenuous ties to legitimate civil society groups.



In **Ethiopia**, the government openly refuses to recognize, track, or provide services to MSM; the few organizations that work with MSM remain silent for fear of official persecution; and many MSM forego seeking medical care because of discrimination.



In **Guyana**, despite HIV prevalence among MSM nearly 20 times that of the general population, prevention efforts are hampered by criminalization that prevents many government bodies from directly addressing the HIV epidemic among MSM; programs, where they exist, are limited to small-scale behavioral interventions.



In **India**, decriminalization in 2009 had a direct, positive effect on the ability of community groups and implementers to access and engage MSM; stigma and discrimination remain real obstacles to MSM obtaining medical care; and the absence of basic necessities in HIV prevention outreach limits the effectiveness of programs for MSM.



Summary of Major Findings

- ▶ With few exceptions, MSM are deprioritized and marginalized by national HIV programs regardless of epidemic type or disease burden. In the most extreme case, funding for MSM programs supported by the Global Fund in Guyana dropped by 96% between initial proposal and final budget.
- ▶ Epidemiological surveillance of MSM in countries around the world is woefully inadequate to determine the true burden of HIV among MSM. This lack of data is used to justify the absence of effective MSM programming and it creates a logical paradox for government and non-governmental actors advocating for increased resources. The UNGASS process provides limited accountability for marginalized or vulnerable groups, and, in its current manifestation, does little to resolve this problem.
- ▶ Decriminalization of same-sex sexual practices is a necessary means of establishing an enabling environment for effective HIV programs targeting MSM but is not sufficient in and of itself. Even in countries with a long history of progressive legal frameworks, stigma and discrimination impede MSM involvement in HIV prevention, treatment, and care.
- ▶ The lack of effectiveness data for HIV prevention programs among MSM leads to an ad hoc approach to program development and some important gaps in service delivery. Condom-compatible lubricant, considered a core commodity for MSM by PEPFAR, is not accessible to MSM in all countries receiving PEPFAR funding.
- ▶ Efforts to streamline donor bureaucracy are being undertaken without careful consideration of their impact on vulnerable populations. Consolidated funding streams, broad health systems investments, and reduced reporting requirements may ultimately undercut efforts to direct money to those most at risk or in need.
- ▶ There are early signs that efforts by the Global Fund and PEPFAR to prioritize programs targeting MSM are having a positive impact on the number of countries seeking resources for these programs.



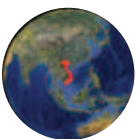
In **Mozambique**, MSM remain uncounted, unrepresented, and underserved in the HIV epidemic; there are no official government programs for MSM despite the millions of dollars in donor aid for HIV; and stigma and discrimination keep MSM from obtaining healthcare.



In **Nigeria**, MSM-targeted programs are donor-driven, with limited government buy-in; the few programs that exist are aimed at largely urban populations; and same-sex sexual practices, which are punishable by death in parts of Nigeria, remain highly stigmatized.



In **Ukraine**, HIV programs targeting MSM benefit from a progressive legal environment yet are simultaneously undercut by heavy stigma and discrimination among Ukrainian citizens; most MSM programs exist only in major cities; and the excessive cost of lubricant at retail stores makes appropriate use of condoms difficult.



In **Viet Nam**, HIV prevention programs initiated and supported by the government have contributed to improved surveillance and a significant reduction in new infections among MSM; several robust research and program implementation collaborations exist among donors, universities, NGOs, and civil society, but access to services is limited by discrimination from service providers.

Recommendations

National governments

- 1 Decriminalize same-sex sexual practices and publicly support programs that reduce stigma and discrimination against marginalized groups.
- 2 Include MSM in epidemiological surveillance and make results publicly available.
- 3 Prioritize and fund HIV programs targeting MSM.
- 4 Include civil society in national planning, monitoring, evaluation, and accountability for health programming.

PEPFAR

- 5 Regularly collect data and report on PEPFAR funding that targets marginalized populations and consistently make this data publicly available.
- 6 Provide financial and technical assistance to collect epidemiological data on MSM in all PEPFAR countries.
- 7 Forcefully implement PEPFAR MSM guidance, ensuring country plans adhere to best practices and are backed by epidemiological data.
- 8 Use Partnership Frameworks, official diplomatic channels, and other means to encourage rescission of laws criminalizing same-sex sexual practices.
- 9 Establish a unique funding mechanism for countries with a significant burden of HIV among MSM and other marginalized populations to intensify services available to these populations (as recommended by the PEPFAR Scientific Advisory Board).
- 10 Discontinue PEPFAR funding for non-governmental organizations that actively work against human rights for sexual minorities or appropriate health services for this population.
- 11 Fund operations research to build the evidence base for effective delivery of combination prevention and treatment services to MSM, including biomedical, behavioral, and structural interventions.

Global Fund

- 12 Create internal mechanisms that monitor and report on attrition of programs targeting marginalized populations, especially MSM.
- 13 Ensure that any programmatic changes occurring in proposals after technical review receive further technical validation before final grant approval.
- 14 Require community systems strengthening (CSS) components within existing and new health systems strengthening (HSS) grants, in line with the Sexual Orientation and Gender Identity (SOGI) strategy and the Five Year Global Fund Strategy.
- 15 Strengthen capacity of Secretariat staff—particularly members of Country Teams with direct involvement in grant management—in the areas of most-at-risk populations, human rights, and equity to enable effective and strategic management of grants in contexts where same-sex sexual practices are criminalized or stigmatized.
- 16 Accelerate resource mobilization efforts to continue future funding rounds, allowing for the operationalization of the new five-year strategy and an expansion of the MARPs-targeted funding pool.

UNAIDS

- 17 Reform the UNGASS process to ensure that it more effectively serves as a global accountability mechanism for AIDS-related expenditures, including services and policies affecting MSM.
- 18 Fund civil society accountability efforts, including those regarding MSM services.
- 19 Provide targeted technical assistance to countries to develop Global Fund proposals that adequately reflect epidemiological surveillance, the latest science, and best practice in HIV prevention for MSM.
- 20 Monitor and report on the implementation of the Action Framework for MSM among donors.

Conclusion

Exciting, recent scientific results in the field of AIDS present the opportunity to begin to control and ultimately end the global epidemic. However, if the HIV prevention and treatment needs of MSM do not receive greatly expanded attention, these communities will be left behind and progress against the overall epidemic will be limited. In an era of increasing use of biomedical prevention tools, it is important to identify services that meet the needs of MSM in diverse settings and to bring these lifesaving services to scale.

This report documents the tangible connection between health and human rights, pointing to the need to advance on both fronts in order to make progress. It discusses notable progress among national and multilateral systems in addressing the needs of MSM, but also reveals a public health response that remains dangerously inadequate, stymied, and ultimately undermined by stigma and discrimination. Still, the examples of positive change combined with scientific advances and increased awareness about the needs of MSM, give hope for a more equitable response to the AIDS epidemic among MSM worldwide.

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