

# Integrating Rights and Health for MSM and Other LGBT People:

The Role of HIV/AIDS Implementers and PEPFAR



**amfAR**  
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Open Society Institute

*Cover photo: March against  
homophobia conducted by  
amfAR community-based  
partner, Vallarta Enfrente el  
SIDA (Puerto Vallarta, Mexico).*

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## EXECUTIVE SUMMARY

Gay men and other men who have sex with men (MSM) and transgender people throughout the world bear a disproportionate burden of the HIV epidemic.<sup>1,2</sup> Rising infection rates and major disparities in health responses exist for these populations, signaling an urgent need for proactive leadership, improved public health practice, and increased attention to the rights violations and vulnerabilities faced by these communities.

In December 2010, amfAR sponsored a landmark consultation in Washington, D.C., gathering more than 60 leaders to discuss the integration of rights and health in the global fight against HIV/AIDS among gay men, other men who have sex with men (MSM), and transgender people. amfAR sponsored the meeting in consultation with the U.S. Office of the Global AIDS Coordinator (OGAC), which is responsible for administration of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the world's largest national commitment to the global AIDS effort. OGAC is currently preparing its first guidance document addressing programming related to gay men, MSM, and transgender people (aka "the MSM Guidance").

The December meeting opened with remarks by Ambassador Eric Goosby, the U.S. Global AIDS Coordinator, and was framed by presentations from senior representatives of the Brazilian Ministry of Health;

United Nations Development Programme (UNDP); Pan American Health Organization (PAHO); the Global Fund to Fight AIDS, Tuberculosis, and Malaria; and program managers and advocates from 15 countries. Participants then engaged in discussions to arrive at specific policy recommendations to help advance the human rights and HIV health needs of MSM and transgender people.

Six priority areas of discussion emerged at this meeting:

1. Advance a comprehensive and integrated approach to health and rights.
2. Integrate rights-based interventions into HIV-focused programs.
3. Ensure effective scale-up.
4. Invest in community leadership and capacity.
5. Invest in strategic information and accountability.
6. Expect and support country ownership.

Across all of these priority areas, participant recommendations for OGAC centered on the three themes of leadership, management, and scale-up:

**Leadership:** OGAC should immediately publish the PEPFAR MSM Guidance. Proactive leadership is also required to actively encourage and support efforts to re-program current funds for HIV interventions operated by and for MSM and transgender people in Country Operating Plans, partnership framework agreements, and programming opportunities through the US Global Health Initiative. Furthermore, at the country level, national agencies and funders should continue to be more explicit about prioritizing MSM and related HIV programming. Unless there is evidence that MSM and transgender people are not at particular risk for HIV infection in a particular country, then HIV incidence and prevalence among these populations can be presumed, and national and sub-national government programs and donor strategies should respond accordingly.

**Management:** To improve transparency and accountability, OGAC should improve its ability to track and report MSM-specific PEPFAR programming, budget allocations, and policy and program



1 Baral S, Sifakis F, Cleghorne F, and Beyrer C. "Elevated Risk of HIV Infection among Men who have Sex with Men in Low- and Middle-Income Countries 2000-2006: A Systematic Review." *PLoS Medicine*, Dec 2007, 4 (12) [www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0040339](http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0040339)  
2 Caceres CF, Konda K, Segura ER and Lyeria R. "Epidemiology of male same-sex behaviour and associated sexual health indicators in low- and middle-income countries: 2003-2007 estimates." *Sex Transm Infect* 2008;84:i49-i56. [http://sti.bmj.com/content/84/Suppl\\_1/i49.abstract](http://sti.bmj.com/content/84/Suppl_1/i49.abstract)

outcomes, and should make this information publicly available. OGAC should also integrate regional training and support into its roll-out of the PEPFAR MSM Guidance to ensure ownership and capacity within PEPFAR country offices.

**Scale-Up:** To expand HIV prevention efforts, improve access to treatment and care services, and achieve reduction in HIV incidence, OGAC should commit to immediately implementing a specific set of high-yield activities tailored to the needs of MSM, both through general health systems as well as community-led initiatives capable of delivering tangible results. With the release of the MSM Guidance, OGAC should make available a specific funding stream for countries to intensify treatment, care, and prevention targeting MSM, as well as develop capacity to support sufficient scale-up by streamlining MSM-specific requests for proposals and empowering community-based efforts. PEPFAR should also support operations research on community-led HIV delivery systems and interventions for MSM in multiple settings to determine what works best and how to optimally invest increasingly stretched resources.

In summary, the 60 expert policy-makers, program managers, and advocates from 15 countries who participated in the meeting arrived at substantial agreement on the priorities necessary for international health programs and HIV/AIDS program implementers to improve the effectiveness of HIV programs for MSM and transgender people, advance human rights in consideration of sexual orientation and gender identity, and integrate health and rights programming for MSM and other sexual minorities.

## SIX PRIORITIES TO MOVE THE FIELD FORWARD

The following is a summary of the six priorities agreed at the December 2010 amfAR meeting. These focus heavily on PEPFAR, as the world's largest national commitment to the global AIDS effort, and include recommendations for the Global Fund, United Nations agencies, and health and community-based service providers, researchers, and advocates.

### 1. Advance a comprehensive and integrated approach to health and rights

The fundamental point of agreement among participants at the consultation was the need to advance a comprehensive and integrated approach to health and rights.

*“Health programs for MSM and transgender people must focus on more than just HIV or STIs, and need to aim for complete physical, mental, and social well-being. An integrated view of health and human rights is fundamental to the agreed definitions of health by the World Health Organization. For example, sexual health is defined as a state of physical, mental, and social well-being in relation to sexuality, requiring a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence.”*

Rafael Mazin, Regional Advisor  
HIV Prevention and Comprehensive Care  
Pan American Health Organization (PAHO)

Presentations from Fenway Health, Family Health International (FHI), and the Pan American Health Organization (PAHO), and subsequent discussions emphasized the importance of a positive health and rights agenda for gay men, other MSM, and transgender people. The meeting participants presented an overarching goal of not only improved health but also improved quality of life, safety, security, and freedom of expression. All participants agreed about the need to address contexts of physical, mental, social, and economic well-being, including healthy relationships, supportive communities and families, stable employment, and freedom from stigma, discrimination, harassment, extortion, and physical violence.

The issues of transgender health and rights were also noted throughout the meeting as having separate and distinct importance, given the ways that transgender people are marginalized in many societies, at risk of poor health and rights violations, and too often not reached by HIV programs targeting MSM.

## 2. Integrate rights-based interventions within HIV-focused programs

A second theme of the meeting was that HIV programs are an important entry point for efforts to protect and promote human rights and, to be effective, HIV programs working with MSM and transgender people have no choice but to address human rights. Presenters provided several examples of needs for rights-based service delivery and effective approaches to integrating rights-based interventions into HIV programming.

One example was provided from India, where an HIV program for gay men and other MSM run by Naz Foundation International (NFI) in Lucknow was halted in 2000 due to police raids and arrests. Naz Foundation, which had previously sought to focus on health interventions rather than a rights agenda, was compelled to engage on legal and law enforcement issues as an essential part of its programming.

A second example was given from Senegal in 2008, where a media-fueled controversy and subsequent arrests of gay men temporarily closed down Global Fund-supported HIV programming. Senegalese researchers, with support from Johns Hopkins University and UNDP, subsequently showed a correlation between these events and a negative impact on access to HIV interventions for MSM. This episode demonstrated a need for human rights programming to Senegalese health authorities, and spurred new investment in that country to address human rights environments as a part of public health.

A presentation from the Council for Global Equality suggested that HIV-focused programs should incorporate human rights interventions, both to address people's legal, social, and economic needs and to improve reporting of rights violations. For example, many health programs can provide paralegal services by training peers from MSM and transgender communities in paralegal work and hiring them to respond to the need for legal and social services and to compile sympathetic facts and evidence for broader human rights action.

In 2008, this concept of integrated legal services was piloted in 12 community health organizations in India by the Indian MSM and HIV Policy Advocacy and Human Rights Task Force with the support of the amfAR MSM Initiative, and is now being scaled up with funding from a Global Fund Round 9 grant. The amfAR MSM Initiative has also supported or is supporting similar legal assistance in Bangladesh, Belize, China, and Guyana.

This idea has also been recognized at a global level; in 2010, UNAIDS adopted a business case to advance its priority of supporting the ability of MSM, sex workers, and transgender people to protect themselves from HIV infection, achieve full health, and realize their human rights. One of the three goals of this business case focused on access to justice, recommending that UNAIDS cosponsors assist country and municipal leaders in providing robust rights-based programs that work to inform MSM, sex workers, and transgender people about their human rights, compile reports about human rights violations, and ensure positive and appropriate responses from relevant administrative and judicial authorities.

*“The HIV movement has been very effective in generating global, national, and local change – securing HIV treatment access for more than five million people, slowing the number of new HIV infections, and mobilizing billions of dollars in funding. But when you look at the full range of people and organizations involved in HIV, they could be a more powerful force for advocating for human rights. HIV organizations and movement are a driver of progress, not only for HIV but for other aspects of health such as access to immunizations, access to family planning, and access to maternal and child health services. Let’s acknowledge this and use it. Let’s use HIV programs as an entry point and force for progress on human rights.”*

Daouda Diouf, Director, Enda-Sante, Senegal

## 3. Ensure effective scale-up

**A key recommendation from the meeting was that PEPFAR should issue its MSM Guidance and then fund the recommendations contained within it.**

Further discussion covered both PEPFAR and the Global Fund as two key global agencies that provide important support for country efforts to promote human rights and increase access to HIV prevention, treatment,



and care. Participants identified the need for both agencies to affirm clear guidance regarding international funding for health and rights programming in relation to MSM and transgender people, with particular attention to national strategies and appropriate budgets and programming.

## PEPFAR

In opening remarks about PEPFAR, Drs. Eric Goosby and Richard Needle of OGAC provided background about PEPFAR's intentions for the MSM Guidance.

*"The United States is committed to an expanded human rights dialogue with other countries; for example, we have a mandatory training for all U.S. Ambassadors to reinforce expectations that Ambassadors are vocal about human rights and barriers to health. PEPFAR is also committed to a human rights agenda and has always sought to ensure that HIV services are accessible to MSM in every country where we work. We welcome this consultation and similar efforts to push us into further clarity and action to increase all people's ability to enter into and sustain access to care."*

Richard Needle, Senior Public Health Advisor  
Prevention for MARPs, Office of the  
Global AIDS Coordinator, United States

PEPFAR's overall goals are to expand HIV prevention, care, and treatment in both concentrated and generalized epidemics, and to integrate and coordinate HIV/AIDS programs with broader global health and development programs. Focus areas for PEPFAR include HIV program implementation (in alignment with international best practice), training and capacity-building for country HIV programs, commodity procurement, and collection and use of strategic information to guide HIV responses, including information collected through research and monitoring and evaluation.

With regard to HIV programming that targets the needs of MSM and transgender people, Drs. Goosby and Needle affirmed PEPFAR's commitment to an increasingly active approach involving dialogue at country levels about how HIV programs engage and retain people in health interventions. Drs. Goosby and Needle also affirmed PEPFAR's commitment to human rights and specifically to addressing discriminatory laws and environments, including advancing advocacy on these issues to a head of government level to ensure clear communication of U.S. commitments to



Chris Collins, amfAR VP and  
Director, Public Policy

universal human rights. They also reiterated PEPFAR's intention to provide tangible support for documentation and capacity of MSM communities in the countries where it works, noting current PEPFAR funding for MSM-led organizations and funding of MSM population size estimations in several African countries and one Caribbean country.

Consultation participants offered a range of specific suggestions about what they would like to see in the MSM Guidance and subsequent PEPFAR commitments. These included suggestions that PEPFAR should:

- Affirm its support for countries to commit to a right to health and a right to health service delivery, as is already recommended by the World Health Organization (WHO) and enshrined in the laws of several countries, such as Argentina, Brazil, and Mexico.
- Explicitly list MSM and transgender people as intended beneficiary populations in program statements. Unless there is evidence that MSM and transgender people are not at particular risk for HIV infection in a particular country, then HIV incidence and prevalence among these populations can be presumed, and national and sub-national government programs and donor strategies should respond accordingly.
- Specify that HIV programs should involve representatives of target communities, including openly HIV-positive MSM and transgender people, in program planning and should plan and budget for support of community-led organizations and rights-based coalitions focused on advancing positive norms about gender, diversity, pluralism, and human rights, and combating homophobia and transphobia as barriers to access to health.

- Define and affirm rights-related standards for HIV programming related to MSM and transgender people, such as minimum standards for HIV service sites and providers for confidentiality, sensitivity, safety, and non-discrimination with regard to homosexuality, homosexual behavior, and non-conforming gender identity.
- Affirm a commitment to a comprehensive health approach that integrates HIV prevention, treatment, and care for MSM and transgender people,



Cheikh Traore, UNDP

and ensures that programs targeting MSM and transgender people with HIV prevention messaging also offer information and follow-up support for HIV testing and linkage to care. Several participants noted the lack of emphasis on HIV-positive MSM in many HIV outreach efforts, and the need to intensively link people (through peer navigators or

other means) into HIV testing and early treatment in light of the new WHO guidelines, the shockingly high percentages of MSM and transgender people who are HIV-positive without knowing it, and increasing evidence about the potential impact of HIV treatment on prevention.

- Affirm a commitment to a comprehensive health approach that includes programming to address structural barriers to health and rights-based vulnerabilities of MSM and transgender people, building ‘resilience’ to address contexts of physical, mental, social, and economic well-being, including healthy relationships, supportive communities and families, and freedom from stigma, discrimination, and violence.
- Include specific models and recommendations for health services to integrate and link with legal and paralegal services to respond to people’s need for access to legal and social services and to document human rights violations and evidence for broader human rights action.

## Global Fund

In line with these recommendations to PEPFAR, participants also briefly discussed the progress of the Global Fund in addressing the vulnerabilities and limited health access of MSM and transgender people under its own 2009 Strategy in Relation to Sexual Orientation and Gender Identities (the SOGI Strategy). Analysis by the Global Fund revealed that although 80% of all HIV funding proposals in 2008 described MSM as a target population in their narratives, only 2% of proposed budget allocations in those proposals were allocated to MSM-specific program costs (and transgender populations were generally not mentioned in either narratives or budgets).

In 2010, the Global Fund created a dedicated funding “reserve” for Round 10 proposals focused on key populations, and this may result in an increased level of resources being allocated to HIV programming for MSM, transgender people, sex workers, and injection drug users in 2011 and beyond. In the 2010 Round 10 proposal review, the Global Fund’s Technical Review Panel (TRP) recommended that the Global Fund do more to encourage research and analysis of human rights environments, including documentation of the effects of stigma and discrimination, criminalization, violence, and other human rights violations.

In 2011, the Global Fund will continue to work to realize the recommendations of its SOGI Strategy through efforts such as personnel training, supporting community systems strengthening, applying an equity lens to name harmful programming and mismatching of resource allocations to need, and expanding support for enabling human rights environments. The Global Fund is working with amfAR and the Global Forum on MSM and HIV (MSMGF) to develop a policy brief about the current global funding environment for MSM and transgender people, is seeking to work with organizations of transgender people to support their efforts in forging a global transgender advocacy network, and will be sponsoring an evaluation of the SOGI Strategy and Gender Equity Strategy in which many stakeholders will have input, including participants at the June 2011 Global Fund Partnership Forum in Brazil.

## Professional staffing for implementation

Participants at the December 2010 consultation also focused on the level of resourcing and dedicated professional staffing at PEPFAR and the Global Fund to facilitate the roll-out of their guidance and strategies on HIV and MSM and transgender people.



*“Let’s challenge the idea that the staff and primary contractors of PEPFAR and the Global Fund can’t be advocates. In fact, they are some of the best advocates on these issues, having access to data, program experience, and contacts with key policy-makers.”*

Mandeep Dhaliwal  
Cluster Leader, Human Rights and Gender  
United Nations Development Programme (UNDP)

*“In many countries, policy-makers and program managers are starting to talk about programs for MSM with good will but, frankly, most don’t know the specifics or have practical experience. People who are of good intention simply don’t know the details.”*

David Hoos, Senior Implementation Director  
International Center for AIDS Care and  
Treatment Programs (ICAP), Columbia University

Participant discussions focused especially on three recommendations for PEPFAR and Global Fund staffing:

- that all personnel, from regional portfolio managers and country program managers to administrative and service staff, are trained and held accountable to standards of non-discrimination and have an understanding of the relevant guidance documents for HIV programming.
- that both PEPFAR and the Global Fund continue to fund dedicated staff to support the roll-out of the MSM Guidance and the SOGI Strategy, including to support negotiation, implementation, monitoring, and evaluation of multi-year contracts and partnership agreements.
- that both PEPFAR and the Global Fund intensify efforts to audit and track how funds are being used, empowering auditors and technical staff to identify and name programming that reflects poor expenditure responsibility or discriminatory practices.

Representatives of both PEPFAR and the Global Fund agreed that these were worthwhile aims.

*“As of the end of 2010, each PEPFAR country program now has a Country Operating Plan (COP), which defines country-specific priorities and decision-making processes. The funding is there, and it just needs to be prioritized. During the coming months, our staff in Washington will have an important role in supporting PEPFAR*

*country offices with information and guidance as they make decisions in 2011 about how to re-program unspent funding. We also encourage all of you in PEPFAR focus countries to keep asking about these priorities and advocating for the funding allocations that are aligned with the need.”*

Richard Needle, Senior Public Health Advisor  
Prevention for MARPs, Office of the  
Global AIDS Coordinator, United States

*“The Global Fund recognizes the important role that our Geneva-based staff can have in contract negotiations and contract oversight in preserving support for programming for MSM and transgender people. During the past two years, the Global Fund has trained 400 of its 600 staff about its Gender Equity Strategy and SOGI Strategy, and we are continuing to work with our portfolio managers and other personnel to reinforce commitment to programming to promote human rights and address structural barriers to health.”*

Andy Seale, Senior Advisor  
Sexual and Gender Diversity  
The Global Fund to Fight AIDS,  
Tuberculosis and Malaria

#### **4. Invest in community leadership and capacity**

For nearly 30 years, HIV/AIDS efforts have been created and led largely by gay men, other MSM, and transgender people, driven by the urgent needs and experiences of living at the center of the epidemic. Throughout the history of the HIV pandemic, community activism, community engagement, and community leadership, particularly from people living with HIV, have been crucial to the successful design and implementation of HIV programming.

At the December 2010 consultation, participants reiterated the need for HIV programs to be guided and led by indigenous community responses, and discussed examples in more than a dozen countries.

*“We don’t just need supporters, we need MSM and transgender people themselves and their organizations to be strengthened. Building social capital is key.”*

Daouda Diouf, Director, Enda-Sante, Senegal

*“Let’s unpack the meanings implied in the term “capacity-building” and name what is not working. In my country we face a repeating cycle where the community organizations are said to have low capacity, money is budgeted every year for workshops and trainings, and the result is only very marginal at best. What does capacity mean? PEPFAR needs to mandate more than the process of workshops and trainings. We need allocations to salaries and technical ability and efforts aimed toward measureable results in organizational and human capacity.”*

Mac-Darling Cobbinah, Executive Director  
CEPEHRG, Ghana

Examples of strong community mobilization efforts were presented from Brazil, India, Kenya, Morocco, Nigeria, and Senegal, with a common factor being a multi-year investment in organizational structures and capacity of local leaders. By contrast, advocates from more than six countries – including Dominican Republic, Ghana, Guyana, Malawi, Mexico, and Tajikistan – recounted barriers to building strong organizations or accessing international or national funds for HIV programming.

*“After two years of effort in writing proposals and seeking funds, no PEPFAR funds are yet reaching either of the only two organizations in our country actually led by LGBT people and working to promote human rights. Instead, funding is being channeled to longtime NGOs that are not led or managed by LGBT people, and PEPFAR continues to reinforce the capacity of organizations that have explicit anti-gay agendas.”*

Joel Simpson, Co-Chair, SASOD, Guyana

*“If the HIV epidemic is centered in our communities and yet our community organizations have failed to access national and international funding for the past decade, what should we be doing to acknowledge what isn’t working and what others, such as the faith-based organizations, are doing successfully? How do we organize, speak to evidence, build alliances, and ensure that funding goes to effective programming?”*

Julio Madrid Campos, Executive Director  
Vallarta Enfrente el SIDA, Mexico

Participant discussions centered around three overarching conclusions and recommendations:

- PEPFAR should explicitly encourage country program funding of LGBT-led community-based organizations, seeing these institutions as contributing value to HIV program design, implementation, monitoring, and evaluation. PEPFAR should particularly recommend supporting organizations of HIV-positive MSM and transgender people and other sub-populations of MSM and transgender people who face extremely high rates of HIV in many countries, such as male and trans sex workers and injection drug users.
- PEPFAR should invest in regional and global HIV community networks, including networks led by MSM and transgender people, to foster South-South exchange, mentoring, and capacity-support for local community-based organizations. Meeting participants from Africa, Asia, and the Caribbean all cited the importance of selected regional and global community networks in providing mentoring, facilitating access to national and regional policy forums, and helping local organizations to overcome high thresholds in accessing funding and capacity support.
- Building on examples and experiences from Brazil and India, several participants argued that the long-term global movement for health and rights of gay men, other MSM, transgender people, and other LGBT populations needs to aim for “emancipation” – political, social, and economic equality – rather than for more dependency-based concepts of access to funding, inclusion in programs, and top-down efforts to empower others. Building this movement requires a long-term effort to educate people about their rights and to organize to claim those rights, including rights to sexuality and gender identity, and to health, social, and economic equality.

## **5. Invest in strategic information and accountability**

The December 2010 meeting also focused on the need for strategic information as a basis for program targeting and accountability, centering on metrics of the health and human rights needs of MSM and transgender populations, tracking program investments, and monitoring program results.

*“We need to help countries to tailor their surveillance systems. Otherwise we’re simply not asking the right questions.”*

Mandeep Dhaliwal, Cluster Leader  
Human Rights and Gender, United Nations  
Development Programme (UNDP)

*“When our national program and international AIDS contractors said they hadn’t enough evidence, we told them to look to the communities to provide them with the strategic information they needed. They were already talking with sex workers. What additional evidence did they need before starting to design a program?”*

Mac-Darling Cobbinah, Executive Director  
CEPEHRG, Ghana

Collecting and using the right measurements of health and human rights needs of MSM and transgender populations was an important area of discussion. The group agreed that program funding and other resources should be matched to epidemiology (e.g. last 100 HIV infections), human rights reporting (e.g., last 100 human rights violations), and basic social mapping (such as MSM population estimates). The group also recommended major investment to expand the evidence base and metrics about health and rights environments of MSM and transgender populations, using social and human rights research to further define the populations in need, link indicators of rights and health, and define appropriate strategies for intervention.

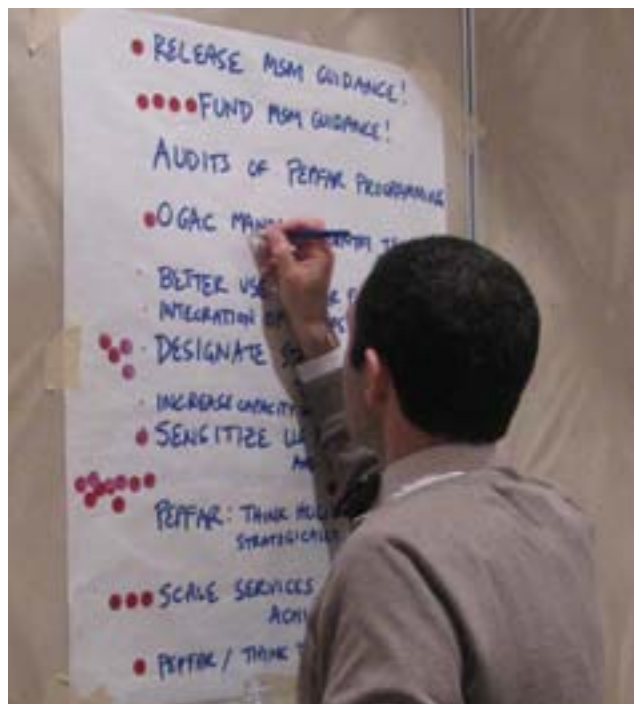
*“We need rights-related metrics for health programming, to quantify and track the impact for intended beneficiaries, to know whether health programs are helping people realize their right to health, and to set targets to which programs can be held accountable.”*

Joel Simpson, Co-Chair, SASOD, Guyana

*“We need systems in place to track human rights violations. HIV programs have to move beyond exercises to ‘sensitize’ providers and police. Human rights require more than tolerance and sensitivity; they require respect and accountability.”*

Elden Chamberlain, Asian Regional Representative  
International HIV/AIDS Alliance, United States

An important issue was raised about the terminology of HIV prevalence and the problematic dichotomous framing of ‘concentrated’ versus ‘generalized’



Jirair Ratevosian, Deputy Director, Public Policy, amfAR

epidemics. Countries with epidemics that have become generalized to the full adult population also have high HIV prevalence among MSM, transgender people, sex workers, and injection drug users. Countries with ‘concentrated’ epidemics are nevertheless seeing high ‘generalized’ HIV prevalence among adults in key populations such as MSM and injection drug users. It was agreed that this terminology has become a barrier to appropriate global and country response, and needs to be addressed.

Finally, dialogue focused on tracking of program investments. PEPFAR program managers working in Nigeria and Vietnam described the ability of PEPFAR country offices to track and report their own program expenditures and service indicators. However, it was acknowledged that PEPFAR country programs and the global program are still limited in their ability to compile a holistic picture of country responses in terms of services provided, people reached, health and rights outcomes, and impact achieved.

*“Tracking PEPFAR investments to understand who’s being reached and actual health outcomes and impact? It’s on our wish list too – our systems are not as good as they could be, and we need to keep working to improve them.”*

Richard Needle, Senior Public Health Advisor  
Prevention for MARPs, Office of the Global AIDS  
Coordinator, United States

## 6. Expect and support country ownership

Throughout the consultation, participants also emphasized the importance of ownership and capacity at a country level.

*“In the long term, how do we bring our governments in to supporting and owning these efforts? This seems key to success of the PEPFAR programs. We need to come up with mechanisms that answer this, that help answer the question of how country ownership happens.”*

Gift Trapence, Executive Director, CEDEP, Malawi

*“The experience of Brazil shows that success derives from several combined components: a coordinated public health response, a national commitment to human rights, and support for local community organizing. The Brazilian government affirmed a national right to health in 1988 and a right to HIV treatment in 1996, supports more than 700 non-governmental organizations and governance through local health councils, and under the ‘Brazil without Homophobia’ campaign, all states are implementing multi-year plans for LGBT-specific health promotion including in schools and at LGBT pride events.”*

Dirceu Greco, Director  
Department of STD, AIDS,  
and Hepatitis, Brazil

*“I completely endorse best practices developed in the contexts of the global South and aimed at indigenous solutions. But in too many countries, we must acknowledge that ‘country ownership’ without any guidance or mandates translates into HIV programming that does not include key populations.”*

Daouda Diouf, Director, Enda-Sante, Senegal

Recommendations for PEPFAR, the Global Fund, and other international programs focused on three principles: clarity of expectations, communications, and coalition-building.

- PEPFAR, the Global Fund, and other international programs should define clear expectations for use of international funding. These should include expectations that funding allocations be matched to need, that national strategies, laws, and law

enforcement be conducive to appropriate use of international support, and that programs will be eventually and at least partly supported from national budgets. PEPFAR could also consider requiring, as a condition of funding, a pledge that U.S. Government funding will not be used for activities that explicitly pathologize homosexuality or advocate discrimination against gay, lesbian, or transgender people.

- PEPFAR, the Global Fund, and other international programs should invest in communications, both to articulate positive messages about universal human rights and to combat inaccurate or negative messages about HIV, health, and rights. Participants from several countries, including the Dominican Republic, Morocco, and Senegal, suggested efforts to communicate about rights to sexual health, sexuality, and gender identity be framed in local contexts of national constitutional rights, anti-violence efforts, and social tolerance campaigns.
- The importance of coalition-building was also emphasized. Building on a recommendation from a program manager in Vietnam to consider coalition-building across ‘polar opposite’ constituencies, and from a recommendation from a program manager in Morocco to engage with mainstream human rights and pro-democracy groups, meeting participants agreed on recommendations to “think beyond PEPFAR” and “think holistically and strategically to leverage change.”

## CONCLUSION

In summary, HIV epidemics and the related disparities in health and rights faced by gay men, other MSM, and transgender people throughout the world are not inevitable. More can be done to improve public health practice and address rights violations and vulnerabilities faced by these communities.

With resolve and focused action, PEPFAR and other international health programs and HIV/AIDS program implementers can take measureable steps to improve the effectiveness of HIV programs for MSM and transgender people, advance human rights in consideration of sexual orientation and gender identity, and integrate health and rights programming for MSM and other sexual minorities.



## APPENDIX I: Agenda

### Meeting objectives:

- Advance a collective understanding of rights based interventions to improve the effectiveness of HIV programs for MSM and transgender people, and advance human rights for all regardless of sexual orientation or gender identity;
- Identify specific opportunities and policy recommendations for integrating rights-based approaches within HIV programming to achieve universal access for MSM and other sexual minorities; and
- Foster increased communication and collaboration among leading HIV program implementers and rights advocates working on issues of health and rights of MSM and other LGBT populations, and representatives from OGAC and key PEPFAR implementing agencies.

### Thursday, 16 December 2010

7:30-8:30	Breakfast and Registration, Monet Room, L'Enfant Plaza Hotel,
8:30-9:00	Welcome and Introduction Review agenda, materials, logistics, and meeting governance <i>Chris Collins, MPP, Vice President of Public Policy, amfAR</i> <i>Kent Klindera, MPH, Director of the MSM Initiative, amfAR</i>
9:00-10:15	Plenary Panel:  <b>HIV and MSM and other LGBT: The need to address both health and human rights</b> Mandeep Dhaliwal, MD, Cluster Leader on Human Rights and Gender, UNDP (15 min)  <b>PEPFAR MSM guidance and the role of HIV/AIDS implementers</b> Richard Needle, PhD, Senior Public Health Advisor on Prevention for MARPs, Office of the U.S. Global AIDS Coordinator (15 min)  <b>Comprehensive health for sexual and gender minorities: Caring for the whole person</b> Kenneth Mayer, MD, Medical Research Director and Co-Chair, The Fenway Institute (15 min)  <i>Q&amp;A and group discussion (30 min)</i>
10:15-10:30	Refreshment Break
10:30-11:30	<b>Panel 1: Improving HIV program effectiveness using a rights-based approach</b> <i>How can HIV service providers and implementers integrate rights-based approaches to improve effectiveness and scale up HIV interventions for MSM and transgender people?</i>  Moderator: Stefan Baral, MD, MPH, Johns Hopkins University Lead discussant 1: Mac-Darling Cobbinah, Executive Director, CEPEHRG, Ghana Lead discussant 2: Daouda Diouf, Director, Enda-Sante, Senegal
11:30-12:30	<b>Panel 2: Advancing human rights within the context of HIV/AIDS service delivery</b> <i>How can HIV service providers and implementers contribute to broader efforts to respect, protect, and fulfill human rights for all regardless of sexual orientation or gender identity?</i>  Moderator: Sean Casey, MPhil, Director of Global HIV Initiatives, Heartland Alliance Lead discussant 1: Dirceu Greco, MD, PhD, Director, Brazil Department of STD, AIDS and Hepatitis Lead discussant 2: Aditya Bondyopadhyay, LLB, Co-Director for Asia, International Lesbian and Gay Law Association, India



12:30-1:30 Lunch, Quorum Room, L'Enfant Plaza Hotel

1:30-2:30 **Panel 3: Implications for OGAC and PEPFAR implementing agencies**  
*What are specific opportunities and policy recommendations for integrating rights-based approaches within HIV programming to achieve universal access for MSM and other sexual minorities?*

Moderator: Chris Collins, MPP, Vice President of Public Policy, amfAR  
Lead discussant 1: Joel Simpson, Co-chair, SASOD, Guyana  
Lead discussant 2: Stephen Mills, PhD, MPH, Vietnam Country Director, FHI

2:30-3:00 **Q&A session and instructions for small-group discussions**  
Jirair Ratevosian, MPH, Deputy Director of Public Policy, amfAR

3:00-5:00 **Small-group discussions (including refreshment break):**

**HIV programming as a means to advance universal rights**

*Group 1 rapporteur:*

Julio Madrid, Executive Director, Vallarta Enfrente el SIDA, Mexico

*Group 2 rapporteur:*

Michel Maietta, International Program Manager, Sidaction, France

**LGBT rights as a means to improving access for all**

*Group 3 rapporteur:*

Hua Boonyapisompan, Coordinator, AsiaPacific Transgender Network

*Group 4 rapporteur:*

David Kuria, Chairman, Gay and Lesbian Coalition of Kenya

7:30-9:00 Dinner, Quorum Room, L'Enfant Plaza Hotel

## Friday, 17 December 2010

8:00-9:00 Breakfast (Solarium Room)

9:00-9:15 Day 1 recap and reflections  
Krista Lauer, MSc, Policy Associate, MSMGF

9:15-9:30 Day 2 overview and objectives  
Jirair Ratevosian, MPH, Deputy Director of Public Policy, amfAR

9:30-11:00 **Report-back from small-group discussions**

**HIV programming as a means to advance universal rights**

Group 1 Report (10 min)

Group 2 Report (10 min)

**LGBT rights as a means to improving access for all**

Group 3 Report (10 min)

Group 4 Report (10 min)

Commentary: Billy Pick, HIV Technical Advisor, USAID (10 min)

Q&A discussion and group prioritization exercise (40 min)

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11:00-11:30 Refreshment Break (and hotel checkout)

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11:30-12:45 **Impact Roundtable:  
Future directions and opportunities for PEPFAR and HIV implementers**  
*Share results of group prioritization exercise. Remarks from key agencies, advocates and implementers on moving recommendations forward.*

Moderated by Jirair Ratevosian, MPH, Deputy Director of Public Policy, amfAR

Mark Bromley, JD, Council Chair, Council for Global Equality (5 min)  
Beth Skorochod, MPH, HIV Communications Technical Advisor, PSI (5 min)  
Cheikh Traore, MD, Senior Policy Advisor on Sexual Diversity, UNDP (5 min)  
Andy Seale, Senior Advisor on Sexual and Gender Diversity, Global Fund (5 min)  
Rafael Mazin, MD, MPH, Regional Advisor for HIV/AIDS Prevention and Comprehensive Care, PAHO (5 min)

12:45-1:00 **Wrap-up, consensus on next steps and consultation outcome report**  
Chris Collins, MPP, Vice President of Public Policy, amfAR  
Kent Klindera, MPH, Director of the MSM Initiative, amfAR

## APPENDIX II: List of Participants

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