

GLOBAL FORUM ON MSM & HIV

GETTING ON THE FAST TRACK:

Advocacy Priorities for the Global HIV
and Human Rights Responses
with Gay & Bisexual Men

May 2017



INTRODUCTION

More than 30 years after the first diagnosed cases, **HIV remains unabated among gay, bisexual and other men who have sex with men in many parts of the world.** Although HIV incidence is flat or beginning to decrease in a few cities, overall new infections are increasing in this group, threatening to undermine advancements in prevention and treatment. In addition, incidence of other sexually transmitted infections has sharply increased.

Gay, bisexual and other men who have sex with men remain much more likely to be living with HIV due to stigma, discrimination, and violence, as well as the increased likelihood of HIV transmission during sex between men. Despite this, gay, bisexual men and other men who have sex with men are consistently less likely to benefit from access to safe, non-discriminatory, and technically competent HIV-related and other sexual health services than others. Availability of and access to prevention services is particularly troubling. Reports from 20 countries in both 2009 and 2013 indicate that the proportion of gay, bisexual men and other men who have sex with men reached by HIV prevention programs fell from 59% to 40%.

Both internationally and State-funded national HIV prevention and treatment programs are typically significantly under-resourced and insufficiently targeted. Moreover, access to services is often challenged by stigma and discrimination with punitive laws, counterproductive policies, human rights abuses, and violence fueling vulnerability and disparities. National commitments to respond to the HIV epidemic among gay, bisexual men and other men who have sex with men consistently lag behind those for the general population.

These challenges are exacerbated by **insufficient and/or disrespectful engagement of gay, bisexual men and other men who have sex with men in policy planning processes at the country, regional, and**

global levels. At the same time, we are witnessing the integration of HIV within a broader global health or sexual and reproductive health agenda, alongside advances in bio-medical technology and in prevention, treatment, and care of HIV that deemphasize community participation. Coupled with global trends in isolationism, conservatism, xenophobia, and antagonism toward civil society, the HIV sector is facing considerable uncertainty, as illuminated in the MSMGF publication *A Fundamental Shift*.

**A FUNDAMENTAL SHIFT:
The Future of the Global MSM & HIV Movement.
MSMGF, July 2015 • <http://bit.ly/2sRkrWJ>**

Operating in this context requires regular, rigorous analysis of entry points and opportunities for partnerships and coordinated action among key stakeholders.



BACKGROUND TO THE PLATFORM

In 2015, UNAIDS introduced accelerated targets in the global response to HIV. Targets were reaffirmed by the 2016 UN Political Declaration on HIV and AIDS. Unabated HIV epidemics worldwide among gay, bisexual men and other men who have sex with men threaten to undermine gains made to date in reaching global HIV targets unless addressed with targeted, evidence-based, and human rights-affirming interventions at scale.

The Global Forum on MSM & HIV (MSMGF), together with the Joint United Nations Programme on HIV/AIDS (with representatives from UNAIDS Secretariat, UNDP, UNFPA, the World Bank, and WHO), established an advocacy platform composed of community members, activists, researchers, and representatives from donor agencies and multilateral institutions to fast track HIV and human rights responses among gay, bisexual and other men who have sex with men.

The Platform works towards achieving UNAIDS 2020 and 2030 targets by advising UN agencies, the Global Fund, U.S. PEPFAR, bilateral donors, and international funders of the global HIV response. In addition, the Platform, in partnership with grassroots advocates and their networks represented by the Consortium of MSM and Transgender Networks, takes an active role in elevating the sexual health and human rights concerns of

gay, bisexual and other men who have sex with men in the context of the global HIV response.

In preparation for the High-Level Meeting on Ending AIDS (HLM) in June 2016, the Platform created a fact sheet that was instrumental in educating Member States about the disproportionate impact of HIV among men who have sex with men and the necessity for strong, inclusive language in the Political Declaration. While the 2016 Political Declaration ultimately failed to adequately represent the needs and bold commitments necessary for gay, bisexual men and other men who have sex with men, the process of coordinating action and coalescing on future points of interest was beneficial for the Platform's analysis² and setting a precedent for working together.

Following a two-day convening of the Consortium of MSM and Transgender Networks, the Platform built upon priority issues identified by Consortium members in a three-day meeting in Bangkok in March 2017 to identify advocacy priorities and entry points for further coordinated action. This document illuminates the position of the Platform on four advocacy priorities identified during the Bangkok convening, and offers examples of messaging, potential partners, and data necessary to coordinate action.

1

**International Funding
and Domestic Investment**

2

**National Targets
and Commitments**

3

**Human Rights Violations
and Structural Barriers**

4

**Combination Prevention,
Testing and Treatment,
and Holistic Sexual Health
Programming**

Coordinating action on the above issues will result in a strengthened response that is targeted and effective for gay, bisexual and other men who have sex with men.

² See MSMGF. (2016). Moving on from a High-Level Failure: Advocacy Entry Points and Follow-Up to the UN High-Level Meeting to End AIDS – Political Declaration. Retrieved from http://msmgf.org/wp-content/uploads/2016/06/HLM-Political-Declaration-Analysis_June-17-2016_FINAL1.pdf.



APPROACH TO ADVOCACY

The Platform's approach to advocacy is informed by meaningful engagement with the community, reliable data, and strong partnerships via the Consortium. Figure 1 below exemplifies the process by which the Platform conducts advocacy to best leverage the multiple skills, perspectives, and networks of Platform members for coordinated action.

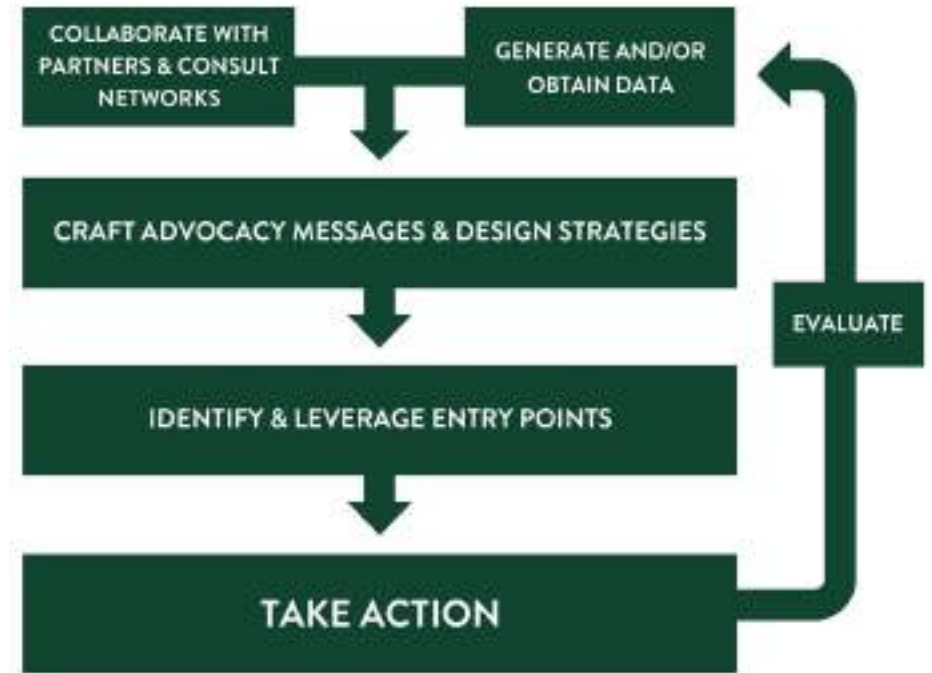


Figure 1: The Platform's Approach to Advocacy

Advocacy is an iterative process that is constantly reflected upon and evaluated to confront changes in the environment and capitalize on new opportunities. Partnerships and data remain the foundation of coordinated messaging and strategy.

1 INTERNATIONAL FUNDING & DOMESTIC INVESTMENT

Monitoring international funding and domestic investment in the HIV responses for gay, bisexual and other men who have sex with men, and advocate for evidence-based, human rights-affirming programs.

KEY MESSAGES:

- Investment in the HIV response must increase, and allocations must be proportionally-based on HIV burden.
- Effective HIV responses for gay and bisexual men require investment in community development, including funding to community-based organizations and programs led by gay and bisexual men.
- International funding must be met by scaled-up domestic investment in key populations, especially gay and bisexual men.
- Due to pervasive stigma, discrimination, violence, and criminalization faced by gay and bisexual men, flexible emergency response funding and funding to support longer-term social change is necessary in all regions.

1 INTERNATIONAL FUNDING & DOMESTIC INVESTMENT

Despite unabated HIV epidemics among gay, bisexual and other men who have sex with men, global funding and domestic investment in HIV responses is shrinking each year.³ In fact, among 42 low- and middle-income countries surveyed, only 2% of national funding from global and domestic sources went toward HIV prevention programs tailored for gay, bisexual and other men who have sex with men, despite data indicating that the burden among this group is disproportionately higher.⁴ Political will and insufficient engagement of the community remain the main barriers to ensuring targeted resource allocation and investment for gay and bisexual men.

In 2015, domestic resources allocated by country governments in their national budgets exceeded funds provided by donors, and accounted for the majority of global HIV funding, totaling US\$10.9 billion (57%).⁵ An estimated US\$19 billion was made available in 2015 for HIV programs in low- and middle-income countries, which is substantially below the \$26.2 billion necessary by 2020. As international donors divest from countries that are transitioning to middle-income status, the scope of community programs will diminish unless they are matched in funding commitments by domestic government agencies. These transition processes require greater donor coordination, so that community organizations are not completely abandoned.

Additionally, spending on prevention services has stagnated around 20% of all HIV spending; much work will be necessary to reach the 25% target for spending on prevention in the 2016 Political Declaration.⁶

In regions facing war, turmoil, and human rights crises, including laws criminalizing same-sex relations, the HIV response for gay, bisexual and other men who have sex with men is even more imperiled, as governments continually deprioritize HIV and in particular disease burden among key populations. Without financial commitments from governments and evidence-informed investments based on community input and reliably conducted research, we will not be able to reach the goal to end AIDS by 2030.

More data must be collected and analyzed regarding funding needs and gaps, including management capacities of civil society organizations to develop, implement, and evaluate service provision; domestic vs. international vs. private sector investment; cost disaggregation for programming. Additionally, more investment and financial support should be directed to core funding for networks, coalitions, and consortia of HIV advocates, which are instrumental in championing an effective human rights response in regions of the world where civil society capacity is weak or uneven.

³ MSMGF. (March 2016). Unfinished Business: HIV Among Gay, Bisexual Men and Other Men Who Have Sex with Men. Retrieved from http://msmgf.org/wp-content/uploads/2016/03/MSMGF.PolicyBrief.Final_.pdf

⁴ Ayala, G., Hebert, P., Keatley, J., & Sundararaj, M. (2011). An analysis of major donor investments targeting men who have sex with men and transgender people in low- and middle-income countries. The Global Forum on MSM & HIV (MSMGF). Retrieved from <http://msmgf.org/wp-content/uploads/2015/09/GlobalFinancingAnalysis.pdf>.

⁵ AVERT. (2 November 2016). Funding for HIV and AIDS. Retrieved from <https://www.avert.org/professionals/hiv-around-world/global-response/funding>.

⁶ ibid

2 NATIONAL TARGETS & COMMITMENTS

Holding Member States and UN agencies accountable for reporting on targets and commitments relevant to gay, bisexual and other men who have sex with men in the Political Declaration and the Sustainable Development Goals, with particular focus on inclusive policies for universal healthcare and health systems strengthening.

KEY MESSAGES:

- Stigma, discrimination, violence, and criminalization pose serious obstacles to achieving commitments agreed upon in the Sustainable Development Goals and the Political Declaration.
- Civil society organizations must actively participate in reporting to offer a counter narrative to State and UN documentation.
- UNAIDS must be obligated to include and advocate for criteria within the commitments that highlight issues related to gay and bisexual men.
- More research and analysis is necessary to understand the full implications of the UHC movement on gay and bisexual men's health and wellbeing.

2 NATIONAL TARGETS & COMMITMENTS

Member State reporting for the Sustainable Development Goals (SDGs) and the 2016 Political Declaration offer entry points for tracking progress on HIV and human rights. The seventeen SDGs are broad, and analyses have illuminated entry points for LGBTI rights issues in the guiding principle of “leave no one behind.”⁷ Specifically with regard to HIV, indicator 3.3.1 calls for data about the number of new HIV infections per 1000 uninfected population by sex, age, and key population. Multiple other targets and indicators within SDG 3, Ensure healthy lives and promote well-being for all at all ages, will offer an opportunity to track progress on the HIV response for gay and bisexual men and LGBTI wellbeing in general.

While the Political Declaration lacked strong provisions for key populations, at least eight indicators created for the Global AIDS Monitoring tool offer entry points for tracking States’ commitments to the HIV response for men who have sex with men. The Platform will explore this tool and other points of leverage in the Political Declaration as opportunities for advocacy and coordination.

Key partners for this work include the Consortium of MSM & Transgender Networks, LGBTI rights organizations, the Free Space Process, PACT, Stop AIDS Alliance, Health Gap, and the UHC 2030 Coalition.



Additionally, new partnerships with friendly States and in-country government champions of a rights-based HIV response for gay, bisexual, and other men who have sex with men will be necessary to propel beyond civil society to policy- and decision-makers.

Data necessary to coordinate action on the SDGs and PD include: gaps in UHC systems for gay and bisexual men; applicability of SDGs to gay and bisexual men; cross-country data for indicators in the Global AIDS Monitoring tool.

⁷ See Stonewall International. (2015). The Sustainable Development Goals and LGBT Inclusion. Retrieved from https://www.stonewall.org.uk/sites/default/files/sdg-guide_2.pdf; and, Mills, E. (October 2015). “‘Leave No One Behind’: Gender, Sexuality, and the Sustainable Development. Institute of Development Studies. Goals.” Retrieved from <http://www.ids.ac.uk/publication/leave-no-one-behind-gender-sexuality-and-the-sustainable-development-goals>

3 HUMAN RIGHTS VIOLATIONS & STRUCTURAL BARRIERS

Leveraging human rights entry points to address laws, policies, and practices that create structural barriers to effective HIV responses for gay and bisexual men.

KEY MESSAGES:

- HIV responses will fail without addressing human rights violations and structural barriers against gay, bisexual and other men who have sex with men.
- Different contexts will require different language and framing.
- Human rights violations should be understood through the lenses of violence, discrimination, exclusion, and criminalization.

ADVOCACY AREAS IN FOCUS

3 HUMAN RIGHTS VIOLATIONS & STRUCTURAL BARRIERS

The Platform recognizes that social exclusion, emboldened through laws, policies, and practices, creates serious structural barriers to the HIV responses for gay, bisexual and other men who have sex with men. Research has already indicated the detrimental impact of violence against LGBTI activists and organizations on HIV prevention and treatment to vulnerable communities. An effective HIV response must champion the protection and promotion of gay and bisexual men's human rights.

The Platform will endeavor to partner and collaborate with, inter alia, global and in-country LGBTI rights organizations, gender and HIV advocates, UN agencies, National Human Rights Institutions, other key population



advocates, private and public donors for LGBTI rights, and organizations that focus on intersectional rights for queer people (such as disability rights and indigenous people's rights). These partnerships will enable a broad coalition to frame HIV in the context of human rights and structural barriers.

Data necessary to coordinate action on human rights include: comparable cross-country data on prevalence of violence experienced by gay, bisexual and other men who have sex with men; forms of violence; data on the perpetrators (State or non-State, family or related, etc.); type of response; legal and policy analysis. The Platform recognizes the potential sensitivity of these data, so care must be taken to ensure data security and confidentiality. Additionally, the Platform also advocates for the creation of a community validation process for State-reported data in the SDGs and other political forums.

Based on the political situation in countries of interest, the Platform will engage with government representatives; the Independent Expert on Protection Against Violence and Discrimination Based on Sexual Orientation and Gender Identity; the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health; and other human rights mechanisms, such as Treaty Bodies and regional tools, including the African Commission on Human and People's Rights and the Inter-American Commission on Human Rights. The Platform will use the Yogyakarta Principles to guide its work.

⁸ MSMGF. 2015. Services Under Siege: The Impact of Anti-LGBT Violence on HIV Programs. <http://msmgf.org/wp-content/uploads/2015/12/MSMGF-ViolenceBrief9_Final-120215.pdf>

4

COMBINATION PREVENTION, TESTING AND TREATMENT, AND HOLISTIC SEXUAL HEALTH PROGRAMMING

Ensuring that combination prevention, treatment and testing, and holistic sexual health programming is modernized and relevant for gay and bisexual men.

KEY MESSAGES:

- Community must remain the foundation of all services and efforts in the response.
- Reducing new HIV infections must be re-prioritized in national and global responses to HIV.
- Biomedical responses to HIV can only represent a part of the solution in comprehensive, combination prevention approaches that are differentiated to the specific needs of gay and bisexual men.
- Communities must have full ownership and engagement at all levels of the HIV response.
- All services must be non-judgmental, sex-affirming, free from stigma and discrimination, honor self-determination, and respect bodily autonomy.
- Individuals should feel empowered to exercise the right of choice for sexual health and services.

ADVOCACY AREAS IN FOCUS

4

COMBINATION PREVENTION, TESTING AND TREATMENT, AND HOLISTIC SEXUAL HEALTH PROGRAMMING

As new prevention and treatment technologies are introduced and popularized, the Platform insists that community members are adequately consulted and included to ensure relevance and effectiveness. One study argued that global leaders must adopt a differentiated and bolder HIV response that is evidence-based, community-led, and human rights-affirming for gay and bisexual men. The HIV response must offer a combination of prevention, testing and treatment options that maximizes choice and respects autonomy for all gay, bisexual and other men who have sex with men. This includes prevention campaigns that are inclusive of both condoms and PrEP, and treatment options that provide comprehensive and differentiated care and support.

HIV should be integrated within the broader sexual health needs of gay and bisexual men. All sexual health and HIV programming should emphasize a holistic approach to wellbeing that embraces pleasure and endorses harm reduction. Sexual health programs should take into account the psychosocial and structural factors that heighten health vulnerability, including heightened risk for HIV. The HIV response will fail gay, bisexual and other men who have sex with men if their specific needs are not addressed directly and explicitly in programming.



The Platform will endeavor to partner with the Consortium of MSM and Transgender Networks, UN agencies, and donors to promote the best practices in sexual health programming for gay, bisexual and other men who have sex with men.

⁹ Ayala, G., & Santos, G.M. (November 2016). Will the Global HIV Response Fail Gay and Bisexual Men and Other Men Who Have Sex With Men? Journal of the International AIDS Society. Retrieved from <http://msmgf.org/wp-content/uploads/2016/12/21098-26714-1-PB.pdf>.

CONCLUSION

In light of increasing trends toward isolationism, conservatism, and xenophobia, the challenges facing gay, bisexual and other men who have sex with men are formidable, but through coordinated action and rigorous analyses, the Platform will continue to advocate for a more effective HIV and human rights response. This response will only succeed through proportional and sustained investment, monitoring of State commitments to global HIV targets, addressing human rights barriers, and promoting comprehensive prevention and sexual health.

The Platform is committed to thoroughly engaging partners and networks of gay and bisexual activists throughout the world, so that the advocacy and coordinated action is tailored to needs on the ground. We invite

advocates and allies worldwide to utilize this document to operationalize the messages, strategies, and entry points contained herein, and share best and promising practices to hold States, multilateral agencies, and civil society accountable in the HIV and human rights response.

Through partnership and wide-ranging coalitions, the Platform will work to ensure an unwavering focus on the HIV needs of gay, bisexual and other men who have sex with men. We stand in solidarity with all key populations and vulnerable communities to underscore the underlying social and structural drivers of inequities connecting our respective sexual health and human rights movements worldwide.





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