

Three Year Strategic Work Plan 2009-2011

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The Context

Epidemiological data released in recent years clearly demonstrates that rapidly escalating HIV epidemics among men who have sex with men (MSM) are now underway in most major cities in the global south, while infection rates remain unacceptably high or steadily increasing in the global north.¹ Yet, MSM issues remain underrepresented in public health policy discussions about HIV/AIDS globally. This is disconcerting given that MSM are 19 times more likely to be infected with HIV than the general population in low- and middle-income countries.² Even when epidemiologic and behavioural research indisputably supports prioritising MSM, there is often a shameful neglect of MSM needs in discussions about resources, programmes, and policy that is expressed through silence, denial, or explicit exclusion. Inadequate representation of gay men and other MSM in planning processes at all levels fuels the widening disparity in resources devoted to programmes and services.³ Less than one in twenty MSM has access to the prevention, care, and treatment services they need worldwide.⁴ Exacerbating an already dire situation are wide-spread human rights abuses and discrimination faced by MSM globally.⁵ Given the high concentration of HIV infections reported among MSM, expanding access to effective MSM-sensitive HIV prevention, care, and treatment programmes must be a high priority in the global response to HIV/AIDS. This priority was articulated and reiterated by key global HIV leaders at the 2008 International AIDS Conference (IAC) in Mexico City and again at the 2008 International Conference on AIDS and STIs in Africa (ICASA) in Dakar, Senegal.

The link between HIV and social discrimination of MSM is well established in research literatures and difficult to overlook.^{6 7 8 9 10} Criminalisation and economic disenfranchisement of

¹ UNAIDS (2006) *Policy Brief: HIV and Sex Between Men*. Geneva, Switzerland: Author.

² Baral S, Sifakis F, Cleghorn F, Beyrer C (2007) Elevated risk for HIV infection among men who have sex with men in low- and middle income countries 2000–2006: A systematic review. *PLoS Med* 4(12): e339. doi:10.1371/.

³ Cáceres CF, Pecheny M, Frasca T, Rios RR, Pocha F (2008) *Report to the Joint United Nations Programme on HIV/AIDS: Review of Legal Frameworks and the Situation of Human Rights Related to Sexual Diversity in Low and Middle Income Countries*. Geneva, Switzerland: UNAIDS.

⁴ UNAIDS (2006) *Policy Brief: HIV and Sex Between Men*. Geneva, Switzerland: Author.

⁵ Ottoson D (2007) *State-Sponsored Homophobia: A World Survey of Laws Prohibiting Same Sex Activity Between Consenting Adults*. International Gay and Lesbian Association (ILGA).

⁶ Meyer IH (1995) Minority stress and mental health in gay men. *Journal of Health Social Behavior* 36:35-56.

⁷ Diaz RM, Ayala G (2001) The impact of homophobia, poverty and racism on the mental health of Latino gay and bisexual men: Findings from a probability sample in three U.S. cities. *American Journal of Public Health* 91(6): 927-932.

⁸ Diaz RM, Ayala G, Bein E (2004) Sexual risk as an outcome of social oppression: Data from a probability sample of Latino gay men in three cities. *Cultural Diversity and Ethnic Minority Psychology* 10(3): 255-267.

sexual minorities cause social dislocation, influence transnational migration, and fuel human rights abuses, heightening the risk for HIV transmission and driving those most at need away from prevention, care, treatment, and support services. In 2008, MSM and other sexual minorities face arrest in 85 countries around the world if they openly state their sexual orientation.¹¹ In Central American countries, there is widespread harassment by police and health care providers. MSM are also persecuted in large swathes in the Middle East, Eastern Europe and Central Asia. Two-thirds of African countries ban male-to-male sex. Punishments range from imprisonment (five years in Cameroon, Senegal, and Ghana; life in Uganda) to death (Mauritania, Sudan, and parts of Nigeria). Social oppression can be particularly harmful for MSM who also belong to indigenous, migrant, or ethnic minority groups and who are poor in both developing and developed countries. Even in countries without explicit legal prohibitions against same-sex behaviour, widespread stigma often prevents individuals belonging to sexual minority communities from seeking or receiving essential HIV/AIDS programmes where those services are not absent altogether. Without appropriate health messages, support, and services, MSM are at continued and elevated risk of HIV infection.

⁹ Kreiger N (1999) Embodying inequality: A review of concepts, measures and methods for studying health consequences of discrimination. *International Journal of Health Sciences* 29:295-352.

¹⁰ Williams DR, Neighbors HW, Jackson JS (2003) Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health* 93: 200-208.

¹¹ Cáceres CF, Pecheny M, Frasca, T, Rios RR, Pocahy F (2008) *Report to the Joint United Nations Programme on HIV/AIDS: Review of Legal Frameworks and the Situation of Human Rights Related to Sexual Diversity in Low and Middle Income Countries*. Geneva, Switzerland: UNAIDS.

Founding

Established at the 2006 International AIDS Conference, the Global Forum on MSM and HIV (MSMGF) is the only global HIV/AIDS advocacy network specifically devoted to the needs of MSM. The MSMGF is governed by a collegially appointed, 20-member steering committee of internationally recognised advocates and HIV/AIDS professionals representing every major region of the world. The composition of its steering committee is a reflection of its commitment to uphold a global perspective on and coverage of MSM and HIV issues, with delegates from Australia, Cameroon, Canada, China, Dominican Republic, India, Jamaica, Mexico, Morocco, Nicaragua, Romania, South Africa, Thailand, Uganda, the United Kingdom, the United States, and Zimbabwe actively involved.

Mission

The mission of the MSMGF is to advocate for equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other men who have sex with men (MSM), while promoting their health and human rights worldwide.

Core Operating Goals

The work of the MSMGF is organised around five specific goals:

- 1) increased investment (funding) in effective HIV prevention, care, treatment and support programmes for MSM;
- 2) expanded coverage of (roll out of and access to) quality HIV-related services for MSM;
- 3) increased knowledge on MSM and HIV through the promotion of research and its broad-based dissemination;
- 4) decreased stigma, discrimination, and violence against MSM; and
- 5) strengthened regional, sub-regional, and national networks of MSM around the world linked to each other and to an organisationally robust MSMGF.

We work to ensure an appropriate response to rapidly escalating HIV epidemics among MSM through advocacy, information exchange/knowledge production, and networking activities, sustained over time at the global level.

Goal 1: Increased investment in effective HIV prevention, care, treatment and support programmes for MSM.

Purpose: To ensure global funding for HIV-related services for MSM is increased, proportionate to evidenced need, and being directed or targeted accordingly.

Output 1: Continue global advocacy¹² for proportionate investment on MSM programmes at the national and regional levels.

Activities for Output 1

- Develop and promote a ‘Principles Document for Donors’ that provides guidance for managing and coordinating resource distribution and funding to MSM programmes globally.
- Work with The United Nations Joint Programme on HIV/AIDS (UNAIDS), and the United Nations Development Programme (UNDP), the World Bank and key donors to conduct or commission a ‘Mapping Analysis’ of funding investment in MSM programming in priority areas of Africa, the Caribbean, Eastern Europe, Latin America, as well as a biennial update on the report on Asia conducted by Constella Futures (2005/2006).
- Advocate for biennial updates of these commissioned reports in the above mentioned regions through 2015.
- Develop, refine, and promote succinct briefing papers on global MSM program investment for MSMGF and other advocates. Briefing papers will be designed as 3- to 4- page well-researched bulletins that can be used by advocates and program implementers in their work to enhance HIV prevention, care and treatment access for MSM.
- Work with key partners at UNAIDS, UNDP, and the International Council of AIDS Service Organisations (ICASO) to ensure that analysis of investment in MSM programming is systematically and accurately reported to the UN General Assembly by national governments and

¹² Advocacy entails educating public officials, global funders, policy makers, and other key stakeholders about persistent disparities (funding, epidemiologic, rights, access, etc.) in the HIV/AIDS pandemic disproportionately affecting gay men and other MSM. This may include raising awareness about the underlying factors fuelling disparities and developing/promoting research informed response strategies designed to increase global funding for and access to effective HIV prevention, care, treatment, and support services. The MSMGF strongly believes that raising awareness among governments, policy makers, global donors, and advocates will facilitate more enabling policy environments.

comprehensively analysed in the Secretary General's report to the President and General Assembly.

- Advocate the case for increased investment in MSM programming at relevant global and regional HIV forums, including: a) International Congress on AIDS in Asia and the Pacific (ICAAP) August 2009, Bali; b) United States Conference on AIDS (USCA) September 2009, San Francisco; c) Eastern Europe and Central Asia AIDS Conference (EECAAC) November 2009, Moscow; d) International AIDS Conference (IAC) July 2010, Vienna; and e) other opportunities outside of HIV Forums (e.g., media, Davos Economic Forum, World AIDS Day events, etc.).¹³
- For countries and regions with concentrated epidemics, develop a strategy and advocacy program to challenge the imbalance of HIV-related service expenditures between general population programmes and those in which most current infections are occurring (increasingly MSM in many countries).
- For countries and regions with generalised epidemics, continue implementation of our strategy and advocacy program to raise awareness of governments and policy makers about the disproportionate impact HIV/AIDS is having on men who have sex with men.

Output 2: Continue advocacy oversight of the Global Fund on AIDS, Tuberculosis and Malaria (GFATM) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to ensure that there is appropriate MSM investment in their respective countries and/or regional programmes.

Activities for Output 2:

- Systematically collect data on and experiences of GFATM funding allocations for MSM programmes from regional and national MSM networks and identify barriers to appropriate investment in MSM GFATM programmes.
- Continue dialogue with GFATM Board members (via Non-governmental organization delegates and other contacts) and the GFATM Sexual Minorities Task Force to resolve systemic problems and immediate issues, including: a) Country Coordinating Mechanisms' (CCM) frequent failure to include MSM representatives in their membership; b) the refusal of some CCMs to allocate funding to MSM organisations (e.g., Nepal CCM removing designated funding from Blue Diamond

¹³ The MSMGF uses international and regional meetings to disseminate documents and briefing papers it produces, promote the greater inclusion of MSM in country region-level HIV/AIDS planning and priority setting, and to stimulate coordinated global and regional responses to the HIV prevention, care and treatment needs of MSM. We believe regional and international conferences and other global gatherings focused on HIV/AIDS represent the most cost efficient venues within which to launch high visibility and high impact advocacy activities, especially since there are no other global mechanisms or events in which MSM advocates, researchers, and policy makers converge.

Society); and c) encouraging GFATM to consider regional proposals for MSM programming where national governments refuse to include appropriate MSM programming in country proposals (e.g., Central Asia, Middle East, Russia, and former Commonwealth of Independent States).

- Continue advocacy oversight of PEPFAR to ensure it requires recipient governments to invest in MSM programmes commensurate with the impact that the HIV/AIDS epidemic is having on MSM and invest in MSM-sensitive prevention, care, treatment and support services.
- Routinely collect data and experiences of PEPFAR funding issues from our regional and national networks and act on identified systemic issues.

Output 3: Advocate for and facilitate increased coordination and cohesion among international donors investing in MSM as a strategy for optimising the use of current investments.

Activities for Output 3:

- Develop and promote a 'Principles of Global HIV Funding for MSM Programming' document.
- Serve as a principle partner and advisory group to donor-led MSM global granting programmes like the amfAR MSM initiative and others.
- Organise regional consultations on behalf of donor-led granting programmes as appropriate and feasible to help inform their start-up and roll out.
- Convene the MSMGF Steering Committee to solicit recommendations and feedback on various donor-led MSM programmes and activities.
- Collect and report on post roll-out country and regional experiences connected to donor-led granting programmes.
- Broadly disseminate funding opportunities and other information related to donor-led MSM global granting programmes.

Goal 2: Expanded coverage of quality HIV-related services for MSM.

Purpose: To ensure access to and roll out of effective and culturally sensitive HIV prevention, care, treatment, and support services for MSM worldwide.

Output 1: Advocate directly to major funders of MSM programmes – including GFATM, PEPFAR, Department for International Development (DFID), the Bill and Melinda Gates Foundation, AIDES, and UN-system agencies – to increase coverage of best practice MSM programmes.

Activities for Output 1:

- Research, write and disseminate an authoritative, succinct, evidence-informed document setting out best practice for establishing and implementing comprehensive, integrated, culturally appropriate MSM HIV prevention, treatment, care and support programmes - including articulating key factors for creating enabling policy environments to allow effective program delivery (building on UNAIDS Policy Brief and Purple Sky Network table of MSM prevention and support program components).
- Negotiate specifically with the GFATM to overcome or work around those national governments that refuse to include MSM appropriately in proposals to the Global Fund and/or that fail to implement programmes for MSM for which they receive GFATM funds, including training and documentation for the GFATM's Technical Review Group members on appropriate programming for MSM.
- Negotiate specifically with UNAIDS and UNDP to:
 - ensure UN-system agencies comprehensively address MSM and HIV programming issues and clarify their respective role;
 - advise in finalising the 'MSM Global Strategy for the UN-system';
 - serve in a 'whistle-blower' alert capacity at the national and regional levels where UN-system officers are not performing appropriately in relation to MSM programming; and
 - work on the MSM Prevention resolutions to go to the June 09 Program Coordinating Board (PCB) meeting.
- The MSMGF staff will schedule regular meetings with Michel Sibidé, Executive Director of UNAIDS, Michael Bartos, Director of HIV/AIDS Programmes at UNAIDS, Jeffrey O'Malley, Director of HIV/AIDS Program at UNDP, and other leadership to conduct negotiations.
- Advocate for expanded coverage of comprehensive, integrated and culturally appropriate MSM programmes at relevant major international and regional forums, including the International AIDS

Society (IAS) Conference on HIV Pathogenesis, Treatment and Prevention (Cape Town, July 09), ICAAP (Bali, Aug 09) in conjunction with Asia Pacific Coalition on Male Sexual Health (APCOM), USCA (San Francisco, Sept 09); EECAAC (Moscow, Nov 09); the IAC (Vienna, July 2010) and the United Nations General Assembly Special Session (UNGASS) 5-Year Review of the Declaration of Commitment (New York, 2010/11).

Output 2: Develop a strategy and advocacy program to challenge inadequate HIV program coverage for MSM and other sexual minorities for:

- 1) countries and regions with concentrated epidemics, and
- 2) countries and regions with generalised epidemics within which MSM may be disproportionately affected.

Activities for Output 2:

- Refine our best practice document as additional data become available. A revised document will greatly assist the MSMGF and its partners in their continued advocacy for increase HIV-related program coverage around the world.
- Advocate for training on MSM and HIV issues for key governmental officials and decision makers. The MSMGF staff and steering committee members will work to create awareness raising training opportunities for government officials and policy makers in their negotiations with global donors.
- Develop, refine, and promote succinct, evidence-informed briefing papers on global MSM program coverage for advocates and implementers as needed. Briefing papers will be designed as 3- to 4- page well-researched bulletins focused on the disproportionate impact HIV/AIDS is having on men who have sex with men. Briefing papers can be used by advocates and program implementers in their work to enhance HIV prevention, care, treatment, and support coverage for MSM.

Goal 3: Increased knowledge on MSM and HIV through the promotion of community-responsive research and its broad-based dissemination.

Purpose: To ensure research that is sensitive to the needs of MSM, easily translates to new HIV-related programmes, strengthens community capacity, and constructively informs advocacy efforts worldwide.

Output 1: Advocate for, encourage, and promote increased research among MSM, especially in the global south, based on community-based participatory research that includes prevention and community development objectives in both the design, delivery, and dissemination phases, building on the 2003 - 2008 model show-cased by Thai Ministry of Public Health-U.S. Centers for Disease Control and Prevention Collaboration for Bangkok MSM HIV epidemiological and social research (research “with MSM”, rather than “on MSM”).

Activities for Output 1:

- Establish a Panel of Advisors on MSM and HIV Research to advise the MSMGF on matters referred to it.
- Develop a set of best practice principles for conducting research among MSM and advocate their adoption by major research funders.

Output 2: Foster and facilitate networking and information exchange (interpersonal and electronic) among MSM (south-south and south-north) and across disciplines (MSM activists, program designers, researchers, human rights advocates, relevant government officials, etc...).

Activities for Output 2:

- Plan and conduct a pre-Conference Satellite on MSM and HIV at the 2010 Vienna IAC.
- In partnership with the IAS, plan and conduct a major Symposium on MSM and HIV in the main conference program of the 2010 Vienna IAC.
- Foster and assist regional MSM networks to conduct similar exercises at the regional IAS Conferences (building on the models of Mexico City in August 08 and ICASA in December 2008).
- Continue development and promotion of MSMGF website as key document storage and referral point for research publications and for MSM and HIV program design publications and evaluation reports.
- Increase MSMGF “e-Blast” notifications (both number of recipients and number of e-Blasts) of key research publications and MSM and HIV program design publications and evaluation reports.

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- Expand MSMGF web-based capacity to initiate and conduct interactive, online information exchange of current and emerging issues in MSM and HIV programming and advocacy in multiple languages with a focus on constantly increasing participants from the global south (e.g. listserv).

Goal 4: Decrease Stigma, Discrimination and Violence Against MSM

Purpose: To foster policy environments that enable robust HIV-related programmes and to promote/protect human rights among MSM.

Output 1: Advocate measures to combat and expunge stigma, discrimination and violence against MSM in relevant global and regional forums and high-level meetings.

Activities for Output 1:

- Develop collaborative partnerships with key organisations working in human rights for MSM and decriminalisation of same sex practice, including International Gay and Lesbian Human Rights Commission (IGLHRC), International Lesbian and Gay Association (ILGA), Human Rights Watch, Lawyers Collective India, UN Special Rapporteur on Health and Human Rights, UK Foreign & Commonwealth Office (FCO), International Development Lawyers Organisation (IDLO), and Canadian HIV Legal Network.
- Encourage and promote further research and documentation of effects of stigma, discrimination, criminalisation, and other human rights violations against MSM on HIV programmes.
- Foster development of a network of prominent judicial figures aimed at building a movement in countries of the global south to challenge legislative and other legal barriers to HIV prevention, care, treatment and support programmes for MSM (building systematically on work initiated by Justice Edward Cameron (South Africa), Justice Michael Kirby (Australia), and the UN Special Rapporteur on Health and Human Rights Anand Grover.
- Participate in World AIDS Campaign planning process for World AIDS Day 2009-2011 theme of Human Rights and Universal Access and ensuring it includes an appropriate focus on MSM and HIV.
- Liaise with the UK FCO to develop projects aimed at facilitating legislative changes in 'litmus' countries (one in Africa in 2009; two in Africa and Asia or Caribbean/Central America in 2010).
- Foster and assist development of an Islam - MSM and HIV Advocacy network including Muslim MSM activists and researchers, prominent Muslim clerical and/or National Program leaders (e.g. Dr. Adeeba Kamarulzaman of Malaysia and Ibu Nafsia Mboi of Indonesia and supportive Islamic government officials).
- Promote use of UK Embassies and the UK FCO Lesbian Gay Bisexual and Transgender (LGBT) Toolkit to assist advancement of MSM human rights in low and middle income countries.
- Adapt existing toolkits and resources addressing stigma and discrimination in relation to HIV [e.g., International Center for Research on Women (ICRW)/DFID Toolkit] for use with and on behalf of MSM.

Goal 5: Strengthened regional, sub-regional, and national networks of MSM around the world linked to each other and to an organisationally robust MSMGF

Purpose: To ensure the development of and information exchange between regional, sub-regional and national networks of MSM constructively and reciprocally linked with the MSMGF.

Output 1: Build an organisationally strong, nimble and responsive MSMGF.

Activities for Output 1:

- Develop proposals to major donors [e.g., Gates Foundation, DFID, Norwegian Agency for Development Cooperation (NORAD), Open Society Institute (OSI), etc.] for funding and staff support of key strategic advocacy, networking and information exchange activities, enabling the MSMGF to successfully achieve its core operating goals.
- Convene a minimum of one (ideally two) face-to-face and facilitated MSMGF steering committee meetings a year. Steering committee members both inform and are informed by their respective constituencies. Convening the MSMGF steering committee is central to strategy development, cross-region advocacy coordination, and strengthening organisational capacity.
- Implement the governance, membership, and operational systems decisions agreed to at the MSMGF's January 2009 Steering Committee meeting and schedule a comprehensive review process of these in 2011.
- Finalise the 2-year Strategic Plan agreed upon at the Forum's January 2009 Steering Committee and initiative planning for a comprehensive strategic planning process in 2011.

Output 2: Support and promote organisationally strong, programmatically vibrant, and advocacy-ready regional, sub-regional and national networks of MSM.

Activities for Output 2:

- In partnership with Hivos and other interested donors, develop a program aimed at strengthening regional, sub-regional, and national MSM networks as they emerge and/or foster their initiation, building on the MSMGF's documentation report on the establishment of the Purple Sky Network (Greater Mekong) and of APCOM.
- Foster 'twinning' partnerships between MSM and HIV organisations or regional networks across the globe with complementary capacities, expertise, and skill sets building on models developed by Rainbow Sky Association of Thailand (with Laos); by Schorer Foundation (with a range of African and Latin American partners); by AIDS Project Los Angeles (APLA) and the Coalition of Gay Organizations in Central America (CONGA) in Central America; and by the Australian Federation of AIDS Organisations (AFAO)/AIDS Council of New South Wales, Australia (ACON) with Rainbow Sky Association of Thailand. Twinning partnerships can include facilitating lessons sharing exchanges

across regional networks (e.g., establishing formal ties and exchanges between APCOM and Africa Gay). The MSMGF will help foster twinning partnerships by encouraging the establishment of inter-agency memorandum of understanding and other written agreements.

- Promote and facilitate advocacy skills training and capacity building for MSM advocates at the national and regional levels. Supporting national and regional advocates through training will help facilitate more rapid policy change at the national and regional levels.
- Foster and facilitate information, and resource exchanges between and across regional, sub-regional and national MSM and HIV networks, especially those in emerging and formative stages.

Acronyms Referenced

ACON	AIDS Council of New South Wales, Australia	IDLO	International Development Lawyers Organisation
AFAO	Australian Federation of AIDS Organisations	IGLHRC	International Gay and Lesbian Human Rights Commission
APCOM	Asia Pacific Coalition on Male Sexual Health	ILGA	International Gay and Lesbian Association
APLA	AIDS Project Los Angeles	LGBT	Lesbian Gay Bisexual and Transgender
CCM	Country Coordinating Mechanisms	MSM	Men who have sex with men
CONGA	Coalition of Gay Organizations in Central America	MSMGF	The Global Forum on MSM and HIV
DFID	Department for International Development	NORAD	Norwegian Agency for Development Cooperation
EECAAC	Eastern Europe and Central Asia AIDS Conference	OSI	Open Society Institute
FCO	Foreign & Commonwealth Office	PEPFAR	U.S. President's Emergency Plan for AIDS Relief
GFATM	Global Fund on AIDS, Tuberculosis and Malaria	UNAIDS	United Nations Joint Programme on HIV/AIDS
IAC	International AIDS Conference	UNDP	United Nations Development Programme
IAS	International AIDS Society	UNGASS	United Nations General Assembly Special Session
ICAAP	International Congress on AIDS in Asia and the Pacific	USCA	United States Conference on AIDS
ICASA	International Conference on AIDS and STIs in Africa		
ICASO	International Council of AIDS Service Organisations		
ICRW	International Center for Research on Women		

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