

Top 10 in 2011

**Key Global Policy Developments
Concerning MSM & HIV**





The Global Forum on MSM & HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 18 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

MSMGF

Executive Office
436 14th Street, Suite 1500
Oakland, CA 94612
United States

www.msmgf.org

For more information, please contact us at +1.510.271.1950 or contact@msmgf.org.

Top 10 in 2011: Key Global Policy Developments Concerning MSM & HIV January 2012

Authors

George Ayala, Psy.D., MSMGF Executive Officer
Jack Beck, MSMGF Communications Associate
Krista Lauer, M.Sc., MSMGF Policy Associate
Mohan Sundararaj, M.B.B.S., M.P.H., MSMGF Policy Associate

Credits

Omar Banos, MSMGF Program Associate
Lily Catanes, M.B.A., MSMGF Operations Associate
Pato Hebert M.F.A., MSMGF Senior Education Associate

This Brief is supported by Aids Fonds, the Dutch Foreign Ministry and the United Kingdom Department for International Development (DFID)

Copyright © 2012 by the Global Forum on MSM & HIV (MSMGF)

INTRODUCTION

Inside this report, you will find a snapshot summary of the top 10 key policy developments over the past year that relate to the HIV response among gay men and other men who have sex with men (MSM) worldwide. Ranked by the Global Forum on MSM & HIV (MSMGF), the list includes both successes and setbacks in the global effort to achieve Universal Access for all. Taking stock of these developments is essential for evolving our response to the HIV epidemic among MSM, strengthening community mobilization efforts on the ground, and sharpening our global advocacy efforts. The list also includes events that were not direct policy developments in and of themselves but carry significant policy implications. This page summarizes the developments contained in the report.

- **Groundbreaking Epidemiological Research:** Historically stymied by the lack of political will, surveillance research on gay men and other MSM is now underway in countries where little or no data existed before. This new data indicates that HIV is affecting a far greater proportion of gay men and other MSM than the general population in nearly every corner of the globe. Much of this research was assembled in a groundbreaking new World Bank report (*Key Development #10*), representing the most comprehensive study yet to emerge in this area of research.
- **New Technical Guidance:** As we deepen our understanding of the way HIV affects MSM around the world, the need to respond with expediency, specificity and sensitivity is greater than ever. In 2011, both the World Health Organization (*Key Development #8*) and the United States President's Emergency Plan for AIDS Relief (*Key Development #4*) released important technical guidance to increase the effectiveness of HIV responses targeted at MSM by national health systems and health service organizations.
- **HIV Drug Patent Rights:** Access to HIV treatment remains out of reach for many people living with HIV worldwide, especially in low- and middle-income countries. Tensions flared in 2011 as the Medicines Patent Pool signed a controversial agreement with the for-profit pharmaceutical company Gilead, causing a backlash from communities of people living with HIV around the world (*Key Development #9*).
- **Grassroots Advocacy Interventions:** Responding to misinformed top-down policies implemented by governments and other large institutions, 2011 saw a number of noteworthy interventions from grassroots community activists:
 - Community members spoke out on the relationship between the legal environment and HIV in the annual report of the NGO Delegation to the UNAIDS Programme Coordinating Board, presented to Member States and United Nations Co-Sponsors (*Key Development #6*).
 - In a strong showing of solidarity, African social justice activists came together to oppose donor aid-conditionality regarding the violation of lesbian, gay, bisexual, transgender and intersex (LGBTI) rights (*Key Development #5*).
 - At regional AIDS conferences around the world, MSM advocates organized powerful interventions despite threats and human rights abuses (*Key Development #3*).
- **Road to Universal Access – Progress and Challenges:** Two years ago, the global AIDS field suffered a major defeat when UN Member States failed to meet their target of Universal Access for all by 2010. This past year saw some of this lost momentum regained in new commitments from governments at the June 2011 United Nations High-Level Meeting on AIDS, including the explicit mention of MSM in the meeting's outcome declaration for the first time (*Key Development #2*). In addition, the unveiling of a new strategic investment framework in the pages of *The Lancet* promised cost-efficiencies and major health gains, bringing us that much closer to the goal of Universal Access (*Key Development #7*). However, the road to Universal Access remains rife with uncertainty as the Global Fund to Fight AIDS, Tuberculosis and Malaria retracted plans to launch Round 11 due to a USD 2.2 billion shortfall in resource forecasts, driven down by donors failing to honor their funding pledges. (*Key Development #1*).

Number 10: World Bank and Johns Hopkins University Report Groundbreaking Epidemiological Findings

In June 2011, the World Bank in partnership with Johns Hopkins University issued a groundbreaking report on the global HIV epidemics taking place among men who have sex with men (MSM) around the world. Significantly, the report's rigorous epidemiological analysis shows that reaching MSM with HIV services is essential for reducing the trajectory of the general epidemic.

Utilizing statistical modeling procedures, the authors examine the impact of Universal Access for MSM across the four major HIV epidemic scenarios occurring among MSM in low- and middle-income countries:

- (a) Countries where MSM have the highest number of HIV infections in the population (South America)
- (b) Countries with a high number of infections among intravenous drug users and where infections among MSM are also substantial (Eastern Europe and Central Asia);
- (c) Countries where MSM infections occur within widespread HIV epidemics among heterosexuals (Sub-Saharan Africa)
- (d) Countries where MSM, intravenous drug users, and heterosexual transmission all contribute significantly to the HIV epidemic (Southeast Asia)

In each scenario, the authors demonstrate that the overall HIV prevalence rate is reduced when MSM have universal access to HIV prevention, care and treatment.

Yet achieving universal access for MSM is still a long way off. The report reveals enormous gaps that exist in the current response, including insufficient resources for MSM services and programs that are insufficient in scale and scope. Furthermore, research cited in the report indicates that human rights violations against MSM – including blackmail and stigmatizing encounters with healthcare professionals and other people in positions of authority – are found to deter health-seeking behavior, undermining services where they do exist.

The report calls for action on structural factors in the HIV response, arguing that criminalization of same-sex behavior has a significant impact on policies and programs for MSM, and furthermore, that good policies on gender equality are not enough in contexts where homophobic political or cultural forces are active.

This report is an important advocacy tool, both because of its convincing, evidence-based argument for the urgent provision of HIV services for all MSM, benefiting both MSM communities and the general population, and for its clarion call to prioritize human rights as a pillar of the response to the epidemic.

Read More

- [Full Report: The Global HIV Epidemics Among Men Who Have Sex With Men](#)

Number 9: Medicines Patent Pool Negotiates HIV Drug-Manufacturing License with Gilead, Faces Backlash from Communities of People Living with HIV

In July 2011, the Medicines Patent Pool¹ (MPP) concluded negotiations with Gilead (a for-profit pharmaceutical company based in the United States) to sign a licensing agreement covering major HIV treatment products, including existing products (tenofovir), drugs in development (cobicistat and elvitegravir) and the Quad (a fixed-dose combination of tenofovir, cobicistat, elvitegravir, and emtricitabine). The MPP has subsequently issued sublicensing agreements to two generic companies (Aurobindo and Medchem) that will utilize Gilead's license to manufacture HIV drugs under the negotiated terms of the Gilead license.

The terms and conditions of the MPP-Gilead license have been criticized by a number of civil society organizations and legal analysts. Specifically, concerns have been raised over the following aspects of the agreement:

- (a) Limitations on the geographical scope of the license, which excludes several lower and upper middle-income countries with high-disease burdens from the agreement;
- (b) Restrictions placed on sourcing active pharmaceutical ingredients only from Gilead or Indian MPP sub-licensees, which can inhibit competition and serve as a disincentive for drug manufacturers;
- (c) Preclusion of non-Indian generic manufacturers from accessing the licenses;
- (d) Creation of a back-door mechanism for collecting royalties on drug sales in 109 countries where Gilead has no patent rights; and
- (e) Gilead's "side-deals" with Indian generic manufacturers, made in secret, and announced on the same day that the MPP license was made public.

While acknowledging shortcomings in the license, some see the MPP as a potential mechanism to dilute the monopoly of pharmaceutical companies across drug markets in low- and middle-income countries. The MPP has responded to some of the concerns raised by civil society activists, admitting weaknesses within the licensing agreement and noting that this license does not constitute a template for future negotiations. Importantly, the MPP has acknowledged the need for broader civil society consultation that includes people living with HIV.

The Gilead-MPP license deal has returned attention to the importance of treatment advocacy in our work towards universal access. We must be unwavering in our efforts to scale up treatment, which compels us to demand affordable drug pricing. The licensing agreement is also noteworthy in light of recent scientific breakthroughs, like the HPTN 052 trial results, that have indicated the potential prevention benefits of anti-retroviral (ARV) treatment. Conducted as a randomized, controlled, multi-center trial across nine countries in Asia, Africa, Latin America and the United States, the 052 trial showed that ARV therapy reduced HIV transmission by 96% among sero-discordant couples. Ninety-seven percent of study participants identified as heterosexual, and there is a need for further investigations into the role of ARV-based interventions among MSM in sero-discordant relationships, including MSM in concurrent sexual partnerships with more than one person.

Read More

- Information from [International Treatment Preparedness Coalition](#) and [the MPP](#)
- [Statement by Treatment Action Campaign](#)

¹The Medicines Patent Pool (MPP) was established by UNITAID in 2010 as a not-for-profit foundation to facilitate the transfer of intellectual property from HIV drug patent holders to a 'patent pool.' This would ostensibly license interested generic manufacturers with the 'know-how' to develop and market these medicines sooner and at lower prices than status quo in low- and middle-income countries. The MPP, viewed as one of many mechanisms to reduce drug prices by increasing competition among generic drug producers, has received considerable support from several stakeholders including commitment from Member States at the June 2011 High-Level Meeting on AIDS.

Number 8: World Health Organization Issues HIV Prevention and Treatment Guidelines for MSM and Transgender People

In June 2011, the World Health Organization (WHO) launched its first-ever guidelines for the prevention and treatment of HIV and other sexually transmitted infections (STIs) among MSM and transgender people, targeted at national health systems and HIV service organizations worldwide. Recognizing that the prevention and treatment needs of MSM and transgender people are distinct and separate from those of the general population, the guidelines help fill existing knowledge gaps and equip health systems with the necessary evidence-base for the delivery of appropriate HIV and other STI-related interventions targeting these two populations.

Guided by the overarching human rights principles upheld in the *UNAIDS Action Framework: Universal Access for Men Who Have Sex with Men and Transgender People*, the WHO technical recommendations address:

1. Human rights and non-discrimination in health care settings;
2. Prevention of sexual transmission of HIV;
3. HIV testing and counseling;
4. Behavioral interventions, information, education and communication;
5. Substance use and prevention of blood-borne infections;
6. HIV care and treatment; and
7. Prevention and care of other sexually transmitted infections.

The guideline's recommendations were developed by (a) conducting a comprehensive literature review to fully understand the relevant evidence available, (b) identifying key topics, and (c) formulating Population, Intervention, Comparison and Outcomes (PICO) questions for each of the key topics. A two-step methodology was employed utilizing the *Grading of Recommendations Assessment, Development and Evaluation (GRADE)* approach. This two-step approach served to grade the strength of the gathered evidence as *high*, *moderate*, *low* or *very low* for each of the key topics and subsequent translation of the evidence into recommendations.

Civil society input played a significant role in the guidelines development process. Informed by salient findings from a global civil society consultation conducted by the MSMGF in 2010, the guidelines include good practice recommendations such as the importance of human rights and non-discrimination in delivering quality and responsive services.

While contexts may vary depending on individual country and/or resource availability, the WHO recommends the full implementation of these guidelines using a coalition approach with input from civil society, donor and government sectors to achieve Universal Access to HIV prevention, care and treatment for MSM and transgender people.

Read More

- [WHO Guidelines: Prevention and Treatment of HIV and Other Sexually Transmitted Infections among Men Who Have Sex with Men and Transgender People - Recommendations for a Public Health Approach, 2011](#)
- [MSMGF Consultation Report: 'In Our Own Words' – Preferences, Values, and Perspectives on HIV Prevention and Treatment](#)

Number 7: International Experts Unveil New Cost Modeling Framework to Achieve Universal Access by 2015 and Drive Major Health Gains

Only days prior to the United Nations High-Level Meeting on AIDS, the world's premier medical journal, *The Lancet*, released a new cost-modeling approach for achieving major gains in the fight against AIDS. The new framework would achieve Universal Access to HIV-related services for all by 2015 and long-term cost savings via smarter, more targeted financing of the AIDS response over the course of the next decade.

Entitled '*Towards an improved investment approach for an effective response to HIV/AIDS*,' research for this scholarly publication was led by a team of international scientists and HIV experts representing UNAIDS, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund), the WHO and the United States government, among other international health agencies. Fully resourced implementation of the investment framework would avert an estimated 12.2 million new infections and 7.4 million deaths between 2011 and 2020, achieving Universal Access by 2015, at an annual cost of USD 22 billion. Subsequent cost efficiencies will be achieved primarily through community-mobilization approaches, identification of synergies between various programmatic elements and leveraging the proven prevention benefits of antiretroviral treatment, requiring only USD 19.8 billion for the sustained implementation of the framework in 2020.

The framework articulates three aspects of the AIDS response that must be resourced distinctly:

- (a) Targeted, evidence-based interventions that directly reduce HIV transmission or HIV-related morbidity and mortality, including interventions that are designed specifically for key populations;
- (b) Critical enablers that mitigate the impact of stigma, low health literacy and punitive legal environments to ensure the reach and effectiveness of HIV interventions and increase their demand and quality among communities; and
- (c) Catalytic approaches that aid the creation of synergies between the AIDS sector and the broader health and development sectors.

Central to the new investment framework is a fundamental shift away from the non-targeted approaches undertaken thus far by many national health systems that have resulted in increased expenses with minimal gain. Instead, this framework emphasizes graded assessment of existing evidence, strengthening of evidence where gaps are present, and targeted approaches among communities that shoulder the majority of new infections in a given context or country.

Launched against a backdrop of constrained financial resources globally and at a time when most donors do not track their spending on key populations, the new investment framework is a considered and comprehensive tool to ensure Universal Access for marginalized communities.

Read More

- [The Lancet Article \(requires registration\): Towards an improved investment approach for an effective response to HIV/AIDS](#)

Number 6: New Report on HIV and the Legal Environment Presented to the UNAIDS Programme Coordinating Board

At the 29th UNAIDS Programme Coordinating Board (PCB) meeting that took place in Geneva, Switzerland from December 13 – 15, 2011, the NGO Delegation to the UNAIDS PCB presented its annual report to Member States and UNAIDS Co-Sponsors. To coincide with the ongoing work of the Global Commission on HIV and the Law² and build on the NGO Delegation's 2010 report on 'stigma and discrimination,' the 2011 report focused on the relationship between the legal environment and HIV.

The 2011 report detailed the impact of the law on HIV responses among people living with and affected by HIV, including communities of displaced persons, MSM, migrants/refugees, people who use drugs, people with disabilities, people with histories of incarceration, sex workers, transgender people, young people, and women. Input was gathered from 27 focus group discussions that were conducted in all world regions with over 240 participants representing the target constituencies. Questions posed to participants related to four key areas of inquiry:

- (a) Participants' knowledge concerning laws that either enhance or impede the HIV response in their respective contexts;
- (b) Enforcement practices in relation to these laws;
- (c) The impact that these laws have on one's personal life; and
- (d) Known or potential solutions that can support progress.

Data gathered from these discussions resulted in four key findings which the NGO Delegation developed into a set of broad recommendations and draft PCB-related decision points. The proposed decision points called on Member States to review and repeal punitive laws that impede progress in the HIV response, some of which relate to the inappropriate punishment of same-sex behavior, drug use, sex work and gender variance. Many Member States were unwilling to support these decisions points during pre-PCB negotiations, which ultimately led the NGO Delegation to withdraw these decision points from the report.

At the PCB meeting, the NGO Delegation presented only its major findings and recommendations (see table below), supported by a video testimonial highlighting the negative impact of the legal environment on HIV-affected individuals worldwide. The UNAIDS PCB meeting also included a day-long thematic session on HIV and the law, featuring live testimonials on the role of punitive laws in the AIDS response given by people living with and affected by HIV, key populations and HIV legal experts. (See *next page for key findings*).

² The UNDP-led *Global Commission on HIV and the Law* facilitated seven regional dialogues around the world with stakeholders (including civil society actors) to investigate the role of the legal environment in the global AIDS response. The Commission concluded its regional hearings in September 2011 and is expected to present its findings and recommendations in early 2012.

Key findings and recommendations from the NGO Delegation's report:

	Finding	Recommendation
1	HIV-related stigma, as well as a lack of understanding about behaviors and identities that are different from the mainstream, fuel discrimination in society and in the criminal justice system and create an environment that fosters punitive, rather than protective, laws.	Support anti-stigma and HIV education campaigns designed for general populations, healthcare providers, criminal justice and law enforcement professionals, parliamentarians, and others as needed, in an effort to increase and enforce protective laws.
2	Punitive laws and policies – including criminalization of HIV non-disclosure, exposure and transmission; criminalization of sex between men, sex work, and drug use; and repressive laws and policies that impact women and girls, transgender and intersex individuals and migrants – undermine HIV responses by discouraging both access to HIV-related services and HIV-service utilization.	Oppose and repeal laws that criminalize HIV non-disclosure, exposure or transmission, homosexuality, gender variance, sex work and drug use.
3	Legal protections for people living with HIV and key affected populations are insufficient or unenforced, and their experience of law enforcement is overwhelmingly negative.	Foster protective laws and knowledge of protective laws and human rights within the justice system.
4	Individuals do not know their rights, especially as they relate to punitive and protective laws.	Support and promote programs to know your rights/laws and access justice.

Read More

- [2011 NGO Report to the UNAIDS Programme Coordinating Board \(Available in 7 languages\)](#)
- [Video Testimonial Presented to the UNAIDS Programme Coordinating Board](#)
- [MSMGF webpage dedicated to HIV and the Law](#)

Number 5: African Social Justice Advocates Call for the Integration of LGBTI Issues into a Broader Social Justice Agenda

The struggle for lesbian, gay, bisexual, and transgender (LGBT) human rights continued around the globe throughout 2011, punctuated by several important moments on the world stage that shaped the policy discourse and elevated the voices of civil society.

In October 2011, the Commonwealth Heads of Government Meeting (CHOGM) in Australia triggered considerable discussion around LGBT criminalization laws when the report of the Eminent Persons Group, entitled *Time for Urgent Reform*, called for the repeal of discriminatory laws that impede an effective response to HIV. The report made explicit reference to “laws that penalize adult consensual private sexual conduct including between people of the same sex.” Despite strong advocacy efforts by civil society, Commonwealth leaders failed to reach an agreement on the issue, as well as roughly two thirds of the other 106 recommendations outlined in the report.

During CHOGM 2011, U.K. Prime Minister David Cameron threatened to cut aid to nations that violate LGBT rights. In response, a coalition of African civil society activists expressed their dismay in a public statement signed by more than fifty African civil society organizations. “The decision to cut aid disregards the role of the LGBTI and broader social justice movement on the continent and creates the real risk of a serious backlash against LGBTI people,” the statement read. It went on to describe the efforts of signatories to “entrench LGBTI issues into broader civil society issues, to shift the same-sex sexuality discourse from the morality debate to a human rights debate, and to build relationships with governments for greater protection of LGBTI people,” noting that “these objectives cannot be met when donor countries threaten to withhold aid.”

Instead of threatening to withhold aid, activists called upon the British government to:

- Review its decision to cut aid to countries that do not protect LGBTI rights;
- Expand its aid to community-based and community-led LGBTI programs aimed at fostering dialogue and tolerance;
- Support national and regional human rights mechanisms to ensure the inclusiveness of LGBTI issues in their protective and promotional mandates; and
- Support the entrenchment of LGBTI issues into the broader social justice agenda through the financing of community-led and nationally-owned projects.

One month after the events at CHOGM 2011, while delivering a speech on LGBT human rights at the United Nations in Geneva, U.S. Secretary of State Hillary Rodham Clinton announced a new Global Equality Fund that will dedicate \$3 million dollars to grassroots groups defending human rights.

Read More

- [Statement by African Social Justice Activists on the threats of the British Government to cut aid](#)
- [Time for Urgent Reform: The Report of the Eminent Persons Group to the Commonwealth Heads of Government](#)
- [Secretary Clinton Speech: the Human Rights of LGBT People](#)

Number 4: PEPFAR MSM Guidance

In May of 2011, after persistent lobbying by the MSMGF and other key advocates, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) issued its first-ever Technical Guidance on Combination HIV Prevention for Men Who Have Sex with Men. Directed at field teams implementing U.S.-funded HIV programs around the world, this initiative represents several very significant milestones. First, from an implementation perspective, this has been the most concrete effort to date to operationalize language in the law authorizing PEPFAR, calling for efforts to specifically address HIV prevention among MSM. Second, from a policy perspective, the guidance document is the strongest leadership thus far from the Office of the U.S. Global AIDS Coordinator (OGAC) in recognizing that human rights, legal barriers and homophobia must be addressed as part of an effective HIV response for MSM.

As the largest bilateral donor in the global HIV response, PEPFAR's MSM Guidance is a critically powerful policy position – one that champions a targeted response in line with public health evidence and science-based best practices.

The MSM Guidance document itself outlines a 6-point comprehensive package of HIV services for MSM, including community-based outreach, condom and lubricant distribution, HIV counseling and testing, linkages to care and treatment, targeted information, and screening and treatment for sexually transmitted infections. The Guidance also provides information about working with national governments on MSM programs and lists the specific activities that PEPFAR will fund through this initiative.

In terms of human rights and the structural determinants of health, the Guidance calls for assessments of laws, policies, regulations and barriers that impede the implementation of comprehensive HIV prevention programs and activities for MSM and their sex partners; unfortunately, the details of what this work might entail are left vague.

Finally, the success of the PEPFAR MSM Guidance will depend greatly on uptake by country teams, recipient country governments, HIV program implementers, and civil society actors. A series of three regional trainings is being planned by OGAC beginning in February 2012 – civil society must watch closely to help ensure this is a successful effort.

Read More

- [PEPFAR Technical Guidance: HIV Prevention Among Men Who Have Sex with Men](#)
- [MSMGF Press Release on the PEPFAR MSM Guidance](#)

Number 3: MSM Organizing and Activism at Regional HIV Conferences

Advocates successfully utilized regional HIV conferences as a platform to elevate issues of HIV among MSM in 2011, demonstrating the power of regional networks to shape policy dialogues in challenging environments.

In August, ahead of the 10th International Conference on AIDS in Asia and the Pacific (ICAAP) in Busan, South Korea, the Asia Pacific Coalition on Male Health (APCOM) hosted a day-long pre-conference meeting entitled: *BEYOND NUMBERS - Getting to Zero: The forces driving HIV among MSM and transgender people in Asia Pacific*.

The day's agenda built on key regional and global initiatives, including the High-level Technical Consultations on HIV & Social Protection for Impact Mitigation in Asia and the Pacific (April 2011, Cambodia) as well as the Asia Regional Dialogue on the Global Commission on HIV & the Law (February 2011). Updates were provided on key emerging policy issues, including the UN High Level Meeting on AIDS (June 2011) and the UNESCAP Resolution (March 2011, Bangkok), and breakout sessions were held on a diverse array of topics, allowing for dialogue and strategizing for the work ahead. MSM and transgender issues were further highlighted at ICAAP itself, via a series of presentations, activities and plenary addresses – a listing of which was collated into a single document, “All Things MSM & TG at 10th ICAAP.”

During the conference, peaceful demonstrations to protest against Free Trade Agreements being negotiated across the Asia Pacific region were met by violence and arrests. Civil society groups mobilized their communications networks to issue a joint press release and share photos and video from the incident.

In December, prior to the 16th International Conference on AIDS and STIs in Africa (ICASA) in Addis Ababa, Ethiopia, the African continent saw its first-ever dedicated MSM Pre-Conference, organized by African Men for Sexual Health and Rights (AMShEr).

Entitled “Claim, Scale-Up, and Sustain,” the aim of the Pre-Conference was to bring greater attention to MSM/LGBTI and HIV-related issues in Africa, to reflect on the state of the response in MSM communities on the continent, and to identify ways forward for scaling up MSM and HIV interventions. The initiative brought together a wide range of stakeholders and speakers, addressing a range of topics concerning the most pressing health and human rights issues facing sexual minorities, including the criminalization of consensual same-sex practices, new biomedical approaches to HIV prevention, the African Commission on Human and Peoples' Rights' Committee on the Protection of PLHIV and Those at Risk, the Global Fund's Equity Assessment, and the recently adopted United Nations Political Declaration on AIDS.

Despite negative local press ahead of the AMShEr Pre-Conference that decried homosexuality and caused the original venue to rescind its contract, organizers were quick to secure a new venue and carried out the Pre-Conference with due respect for the safety and full participation of attendees. MSM issues were also addressed in various sessions at ICASA itself, though debate at some sessions became heated during the question and answer period.

These Pre-Conferences are enormously powerful. Not only was cutting-edge region-specific information on MSM and HIV discussed and elevated, but even more importantly, these initiatives were conceived, planned, and successfully implemented by regional advocates. No longer can unwilling governments, policy makers or researchers claim that calls for attention to MSM in the HIV response are part of a western or “outside” agenda – brave, determined advocates have pulled together to make their priorities heard, often under very difficult circumstances.

Read More

- [APCOM at the 10th International Congress on AIDS in the Asia and the Pacific \(ICAAP\)](#)
- [Press Release: Korean activists arrested and threatened with criminal action for peaceful protest against FTAs](#)
- [AMShEr at the 16th International Conference on AIDS and STIs in Africa \(ICASA\)](#)

Number 2: 2011 United Nations Political Declaration on HIV

In June 2011, country delegations to the United Nations met in New York and agreed upon a new Political Declaration on HIV/AIDS, following previous commitments made in 2001 and 2006.

In the negotiations leading up to this meeting, the MSMGF formed a coalition statement with the other global HIV networks dedicated to key affected populations – sex workers, people who use drugs, and transgender people – enumerating a list of priority issues to be reflected in the final outcome document.

After fierce debate, the country delegations agreed on a final 2011 Political Declaration on HIV/AIDS that contains a number very important inclusions: for the first time, the declaration specifically names MSM, people who inject drugs and sex workers as key populations; it prioritizes evidence-based strategies and targeted responses; and it recognizes that laws and policies must be reviewed and addressed in order to allow for an effective global HIV response.

Despite these strengths, weaknesses in the agreement threaten to undermine forward progress – including a pre-ambule paragraph on sovereignty that could undercut the universality of human rights and prioritization of key affected populations in line with public health evidence. Discussions of culture and religion suggest wiggle room for member states whose social environments are hostile toward key populations. Finally, transgender people are not mentioned at all, despite growing evidence of the enormous burden of HIV among their communities.

Global HIV activists recognize that the value of the commitments made in this declaration will only be as strong as our ability to hold country governments accountable to them. Discouragingly, mere months after the agreement was made, the commitments to the Global Fund enshrined in the declaration were not met, causing the Global Fund to cancel its Round 11 funding mechanism.

Moving forward, advocates should use the declaration to remind Member States that progress toward ending the epidemic depends in large part on an effectively targeted response that meets the needs of the communities most heavily impacted by HIV. Reaching the target of zero new infections requires clear thinking and unabashed leadership on difficult issues – including how national government prioritize addressing HIV among criminalized or stigmatized groups.

Read More

- [2011 Political Declaration on HIV/AIDS: Intensifying Our Efforts to Eliminate HIV/AIDS](#)
- [MSMGF Statement on the Political Declaration](#)

Number 1: Donor Governments Fail to Pay Their Dues to the Global Fund, Effectively Blocking New Programs for HIV, Tuberculosis and Malaria in Low- and Middle-Income Countries

This past year began in eager anticipation of the Global Fund's plans to launch its 11th round of funding to avail up to USD 1.6 billion for health programs targeting HIV, Tuberculosis and Malaria. These plans included ring-fenced funding for most-at-risk populations through a new 'targeted funding pool' mechanism. In June 2011, more hopes were raised among civil society and HIV advocates after the signing of the United Nations Political Declaration and a positive gathering of a large range of stakeholders at the Fourth Partnership Forum of the Global Fund in Sao Paulo, Brazil.

The Round 11 call for proposals was officially launched on August 15, 2011 with forward-looking grant application policies that would prioritize key populations in this cycle of funding. However, during the agency's 25th Board Meeting in Accra, Ghana at the end of November, Round 11 was retracted. The reason: an estimated USD 2.2 billion shortfall primarily due to the failure of a number of donor governments to pay the fiscal dues they promised to the Global Fund in 2010.

On a more positive note, at the same meeting in Accra the Global Fund Board adopted the new Global Fund Strategy 2012 – 2016, which assures a less cumbersome and more iterative application process for future funding cycles, a clear prioritization of human rights and key populations within grant budgets, and policies for better engagement with key populations at the country level.

Several questions remain regarding donor support for the future of the Global Fund, the full-fledged sustainability of existing programs and opportunities for scale-up with new programs. The year ended with the Global Fund responding to these circumstances with a series of policy changes that have both positive and negative implications for HIV programs among key populations. Concrete developments that are worth highlighting include:

- (a) A consolidated transformational plan to enhance organizational performance and efficiently operationalize the new 2012 – 2016 Strategy (based on the findings of a High-Level Panel assessment of the Global Fund's operations); and
- (b) A transitional funding mechanism to help sustain essential services within Global Fund programs that are ending soon.

Read More

- [Global Fund Strategy 2012-2016](#)
- [Consolidated Transformation Plan](#)
- [Transitional Funding Mechanism](#)
- [High-Level Panel Report](#)
- [MSMGF Information Note on Recent Changes](#)

CONCLUSION: THE WAY FORWARD

As a global network of stakeholders focused on improving the health and human rights of MSM worldwide, the MSMGF and its sister networks have a duty to hold political leaders, governments, health systems, public officials and community actors accountable in the AIDS response. Today, far too many countries continue to criminalize their same-gender loving citizens with many more providing no recourse for the stigma, discrimination and violence that our communities face on a day-to-day basis. Many countries are successfully expanding their criminal sanctions against homosexuality and paving the way for a new brand of homophobic repression that will continue to undermine public health efforts and policies, hindering our progress toward ending the epidemic. While bold speeches by leaders against such hostility and ignorance are welcome, we will not go far without the effective and substantive resourcing of civil society organizations to lead the charge on the ground and in the realm of public opinion.

While there are many barriers to overcome in 2012, the MSMGF has identified critical aspects of this way forward in its new Strategic Plan, developed by a coalition of key stakeholders from around the world and unveiled in 2011. These aspects are highlighted in the plan's five core operating goals:

Expanded coverage of quality HIV-related services for gay men and other MSM;

Realized promotion and protection of human rights for gay men and other MSM;

Increased investment for effective health and rights-focused programs for gay men and other MSM;

Improved knowledge on MSM and HIV through the promotion of research, broad-based information exchange, and communications; and

Engagement of MSM advocates around the world in efforts to promote health and rights, working with the global MSMGF network and other global, regional, sub-regional, and national networks.

To see the see the MSMGF's full vision for 2012 and beyond, read the full [MSMGF Strategic Plan 2012-2016](#).

The coming years will be challenged by increasing international resource constraints and continuing resistance by many policy makers to the idea of health and rights for gay men and other MSM. However, with strategic forethought and coordinated advocacy, we will be well positioned to witness the end of AIDS and realization of justice for all.