Technical Guidance for Round 8 Global Fund HIV Proposals
Cross-Cutting Issues

Sexual Minorities

Background: The board of the Global Fund to Fight AIDS, TB and Malaria at its 16th meeting in Kunming, China in November 2007 recognized the importance of addressing gender issues, with a particular focus on the vulnerabilities of women and girls and sexual minorities, in the fight against the three diseases. It therefore decided “for Proposals for Round 8 to encourage applicants to submit proposals that address gender issues, with a particular reference to the vulnerability of women and girls and sexual minorities.” While the need to address the particular needs of vulnerable groups and most at risk populations has been part of the proposal process since the outset of the Global Fund, this Board decision recognizes the need to give additional emphasis to this aspect of proposal development. In order to assist potential applicants in developing their proposals for Round 8, UNAIDS has developed the following guidance on sexual minorities.

Sexual minorities: In the context of HIV risk, the sexual minorities of greatest concern are men who have sex with men and transgender populations. Men who have sex with men include both gay-identifying and non gay-identifying men, and identities and social roles vary greatly in different local contexts. Transgender populations also include a great variety of social roles and identities in different local contexts. Proposal developers and programme planners should consult locally to ensure terminology used is understandable, inclusive and non-stigmatizing. It may be useful for a proposal to use the terms ‘men who have sex with men’ or ‘transgender’ for the purposes of proposal submission, while, if relevant, also noting and defining the preferred terminology used locally. Any proposal will need to make clear the link between attention to the identified populations of concern and the transmission dynamics of the epidemic in the local context.

**Elements to be considered in the situation analysis (the epidemic and response)**

Sex between men occurs in every culture and society, though its extent and public acknowledgement vary from place to place. There is a need to empirically assess the role that sex between men is playing in the national HIV epidemic, and tailor national, state and local HIV strategies for men having sex with men to epidemiological and social data, taking into account the diversity of men who have sex with men and the specific sociocultural circumstances and risks that they face. Additionally, transgendered people have in many contexts faced extreme vulnerability to HIV as a result both of high HIV risks and severe human rights abuses and the situation facing transgendered people and an empirical assessment of the role that sex with transgendered people is playing in the epidemic should be taken into account.


**Rationale**

Behavioural change programmes targeting populations at especially high risk, among them men who have sex with men and transgendered people, are among the most cost-effective prevention interventions available and represent a core component of any national HIV prevention programme. The reasons for including MSM and transgender programmes in the proposals may include:
Potential for rapid spread within the population, if the rate of unprotected anal intercourse is high.

High potential HIV prevention benefit. A range of responses aimed at reducing the risk behaviours and vulnerability to HIV of men who have sex with men has proved successful in a variety of settings.

Potential increase in risk behaviours due to prevention fatigue.

Programmes and services which meet the rights and needs of men who have sex with men and transgendered people are not only intrinsically valuable, they are also a critical means for improved health outcomes for them and the broader community.

**Defining the target population**

In low level epidemics the UNAIDS Practical Guidelines for Intensifying Prevention note that the essential package of services for men who have sex with men should be available in at least all major urban areas and accessible through safe spaces. In concentrated, generalized and hyper-endemic settings it is important to ensure high coverage of men who have sex with men everywhere.

Programmes should be promoted for men who have sex with men and transgendered people who may be especially vulnerable to HIV infection, such as sex workers, injecting drug users and those in settings such as military facilities and prisons where violence and sexual coercion may take place. A specific effort should be made to meet the prevention information and service needs of transgendered persons, who may not identify themselves as MSM.

In addition access to information and prevention and care services for female partners of men who have sex with men should be ensured.

**Main activities to be considered and service delivery areas they link to:**

A comprehensive response to the needs of men who have sex with men and transgendered people includes services from numerous service delivery areas in the areas of both prevention and supportive environment.

Recognition of the rights of people with different sexual identities, both in law and practice, combined with sufficient, scaled-up HIV programming to address HIV and health needs are necessary and complementary components for a successful response. Countries may choose to prioritize one or the other component but both are required to deal effectively with the epidemic as it relates to sex between men.
Some of the recommended prevention measures for men who have sex with men include:

- Guarantee of human rights; removal of legal barriers to access prevention and care, such as laws that criminalize sex between males.
- Consistent and proper use of condoms, including consistent access to condoms and water-based lubricants.
- Availability of quality treatment for sexually transmitted infections and referral for HIV services.
- Availability of high quality HIV-related services (voluntary counselling and testing, specialized clinics, etc.).
- Empowerment of gay, lesbian, bisexual and transgendered communities to participate equally in social and political life.
- Availability of safe virtual or physical spaces (for example telephone hotlines, or drop-in centres, respectively) for men who have sex with men to seek information and referrals for care and support.
- Training and sensitization of health-care providers to avoid discriminating against men who have sex with men.
- Access to medical and legal assistance for boys and men who experience sexual coercion or violence.
- Availability of specific and targeted information on prevention and risk reduction strategies designed to appeal to and meet the needs of men who have sex with men.
- Availability and promotion of hepatitis immunization.

**Linking with Service Delivery Areas**

**SDA: Prevention: Condoms**
- Promotion of consistent and proper use of condoms, and providing consistent access to condoms and water-based lubricants

**SDA: Prevention: STI diagnosis and treatment**
- Ensuring availability of quality treatment for sexually transmitted infections and referral for HIV services.
- Promotion of hepatitis immunization and ensuring its availability

**SDA: Prevention: Testing and counselling**
- Ensuring availability of high quality HIV-related services

**SDA: Supportive environment**
o Strengthening of civil society and institutional capacity building
o Empowerment of gay, lesbian, bisexual and transgendered communities to participate equally in social and political life

SDA: Prevention: BCC: Mass media
o Public awareness campaigns to promote inclusion of alternative sexual communities and decrease acceptability of homophobia

SDA: Prevention: BCC: Community outreach
o Ensuring availability of specific and targeted information on prevention and risk reduction strategies designed to appeal to and meet the needs of men who have sex with men.
o Peer outreach at places (and internet sites) where men who have sex with men socialize, and other community/peer-led measures within the community of men who have sex with men
o Ensuring availability of safe virtual or physical spaces (for example telephone hotlines, or drop-in centres) for men who have sex with men to seek information and referrals for care and support

SDA: Supportive environment: Stigma reduction in all settings
o Training and sensitization of health-care providers to avoid discriminating against men who have sex with men

SDAs: Supportive environment: either Policy development including workplace policy or stigma reduction in all settings
o Removal of legal barriers to access prevention and care, such as laws that criminalize sex between males

SDA: Health system strengthening: Service delivery
o Providing access to medical and legal assistance for boys and men who experience sexual coercion or violence

In addition situation and needs assessments in relation to men who have sex with men and transgendered people might be necessary to inform the other activities

**Addressing gender, human rights and equity issues**

Discrimination against men who have sex with men and transgendered people is likely to impede scaling up of programmes. Legal and policy reforms to promote human rights and access to health services of men who have sex with men and transgendered people, should be undertaken, where barriers exist. There is need to respect, protect and fulfil the rights of
men who have sex with men and transgendered people and address stigma and discrimination in society and in the workplace by amending laws prohibiting sexual acts between consenting adults in private; enforcing anti-discrimination; providing legal aid services, and promoting campaigns that address homophobia.

**Promoting partnerships**
Multisectoral links between home ministry, social welfare, justice and police should be created and/or enhanced to ensure comprehensive programming provision of services for men who have sex with men and transgendered people.
Men who have sex with men and transgendered people, especially those living with HIV, should be engaged in the design, implementation and monitoring of programmes as well as in National AIDS Councils.

Nongovernmental and community-based organizations should be supported, including organizations of self-identified gay men, enabling them to promote HIV prevention and care programmes, and organizations of people living with HIV, addressing issues related to sex between men.

Alliances should be built between epidemiologists, social scientists, politicians, human rights groups, lawyers, clinicians, journalists, organized groups of men who have sex with men and transgendered people and other civil society organizations.