

MEETING REPORT

“Claim, Scale-Up and Sustain”

**MSM and HIV Pre-Conference to the 16th International
Conference on AIDS and Sexually Transmitted
Infections in Africa (ICASA)**

**Addis Ababa, Ethiopia
3 December 2011**

**AMSHeR
African Men for Sexual Health and Rights
www.amsher.net**

“I salute the dedication and efforts of lesbian, gay, bisexual and transgender communities to demand their rights. Change is happening: from exclusion to inclusion, from stigma to dignity. But not everywhere... I call on governments to create social and legal environments that ensure respect for human rights”.

***Michel Sidibe, Executive Director, UNAIDS
International Day Against Homophobia, 2010***

EXECUTIVE SUMMARY

Men who have sex with men (MSM) bear a disproportionate burden of the HIV epidemic. Yet MSM-targeted HIV and AIDS interventions are chronically under-resourced and program coverage is low. MSM in Africa represent a sizeable, highly stigmatized and vulnerable population that faces official denial, criminalization, violence, social exclusion, and routine denial of human dignity, as well as inequitable access to life-saving HIV services.

Responding to these challenges, “Claim, Scale-Up and Sustain”, an international meeting convened by African Men for Sexual Health and Rights (AMSHeR) on 3 December 2011 in Addis Ababa, Ethiopia, served as an exhortation to MSM to claim their human rights, demand government and donor accountability, and take ownership of an effective and sustainable HIV response.

As a precursor to the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA), the conference included 60 participants from 25 African countries, with the keynote address given by Michel Sidibe, Executive Director of UNAIDS. Mr Sidibe called upon participants to scale up their advocacy for African governments and societies to respect the human rights of MSM in the global struggle against HIV and AIDS, and to demand equitable access to HIV prevention, treatment, care and support services necessary for human health and wellbeing.

The conference explored key interventions necessary for a rights-based HIV response for MSM in Africa, including legal and policy reform; mobilization of resources; epidemiological and behavioral research specific to the needs of MSM; and strengthened collaboration between civil society, African and international governance bodies, and national governments. Recognizing that the punitive legal environments and discriminatory social contexts that MSM continue to face contributes to their HIV risk behavior and poor sexual health outcomes, the meeting made clear the critical need for national governments to acknowledge that criminalization and stigmatization add to the vulnerability of MSM and makes effective HIV prevention campaigns almost impossible to

conduct in some countries. Where punitive, rather than protective, legal frameworks are in place, governments are unlikely to promote HIV interventions aimed at MSM, and organizations that attempt to conduct such campaigns or deliver services face violence, extortion and arrest.

As Mr Sidibe expressed in his keynote address, such action is contrary to the demands of international human rights standards and the rights obligations of governments. MSM must be included in rights-based HIV policy and programming, and the information gaps created by the omission of MSM from HIV planning and targeted epidemiological, biomedical and behavioral research must be closed. Research and interventions in Africa have largely focused on the heterosexual spread of HIV and African MSM remain an understudied population in HIV research, resulting in a general lack of targeted, culturally appropriate, evidence-based interventions addressing HIV risk in this population.

Participants concluded that all governments, international agencies, research institutions, the human rights movement, MSM organizations and communities must work together to create a unified African solution to ongoing HIV challenges and to overcome the ravages of the epidemic on the continent. Overcoming stigma and discriminatory practices is critical and will empower the MSM population to inform itself more effectively about HIV. Critically, it will facilitate improved access for MSM to a comprehensive continuum of HIV and AIDS prevention, testing, treatment, care and support services.

RECOMMENDATIONS

To National Governments

- Repeal existing laws that criminalize consensual same-sex relationships and that undermine the HIV response among MSM, and address the inappropriate enforcement of laws that obstruct access to HIV services for MSM.
- Ensure emerging bills and laws that criminalize same-sex relationships are retracted and establish legal frameworks that protect the rights of MSM and facilitate their health and dignity.
- Officially acknowledge the existence and vulnerability to HIV of the MSM population and include them in national HIV and AIDS strategic plans and other relevant legislation.
- Adopt a rights-based approach to HIV response and ensure that political leaders, lawmakers, government officials and health care providers are sensitized and committed to its implementation.

- Condemn all public statements that adversely affect the health-seeking behavior of MSM and other vulnerable populations, and bring perpetrators of human rights abuses against MSM, including law enforcement officers, to justice.
- Recognize that HIV and general health service delivery is the responsibility of governments rather than civil society, and that quality services that adhere to human rights and medical ethics should be equitably provided and adequately resourced to benefit the entire population.
- Strengthen public health systems and improve the public health system response to MSM as a population vulnerable to HIV and AIDS.

To International Organizations and Donors

- Scale up sustained multi-year funding for MSM programming at both national and community levels that goes beyond prevention and social behaviour change, to include the full continuum of care and treatment services.
- Make targeted efforts to raise awareness of and learn about MSM needs in HIV response and work with MSM organizations to develop strategies for the preparation of applications for funding, technical assistance, and program support.
- Engage in participatory decision-making and dialogue with stakeholders, particularly civil society organizations and MSM communities, to determine funding priorities and allocation of resources.
- Convene multi-stakeholder working groups to discuss issues of mutual concern and to develop guidelines for funders and non-governmental organizations in building constructive and mutually-beneficial partnerships.
- In alliance with partners, develop a strong reciprocal feedback mechanism for reviewing performance, admitting failures, challenging assumptions and stereotypes, and building trust between different actors.
- Commit to building the capacity of recipient organizations to undertake advocacy and fund-raising to attract resources and sustain HIV programs in the long-term, and put structures in place to facilitate knowledge development and sharing amongst actors engaged in HIV response.
- Promote country ownership of funds and efficient use of resources by both governments and civil society organizations.
- Include representatives of MSM organizations in Country Coordinating Mechanisms on HIV and AIDS, as well as local-level coordinating councils.
- Support and strengthen the capacity of HIV and AIDS implementing agencies' staff to manage and execute effective interventions at community level.

To Civil Society Organizations

- Scale up advocacy for legal and policy reform, and mobilize a critical mass of advocacy organizations, networks and activists, as well as international stakeholders, to pressure governments to repeal all laws criminalizing same-sex relationships.
- Facilitate a better government and civil society understanding of the role of human rights frameworks and standards in addressing the HIV epidemic, with particular attention to the rights of sexual minorities.
- Ensure that governments fulfill their obligations to domesticate international human rights instruments that protect the rights of all, and hold governments accountable to these instruments.
- Coordinate all stakeholders, including UN agencies, donors, governments, health care providers and civil society, to work together in operationalizing action plans for positive health, dignity and HIV prevention, and secure the participation of MSM populations in the design and implementation of such plans and programs.
- Address and overcome the “invisibility” of MSM as a most at-risk population and facilitate their participation in increasing awareness, engaging in HIV policymaking processes and designing effective interventions.
- Develop a Pan-African multi-stakeholder alliance to advocate for and ensure adequate access to HIV prevention, treatment, care and support services for MSM, to generate and analyze strategic information, and to support stronger and stigma-free health systems.
- With the support of international donors and governments, strengthen evidence-based monitoring and evaluation of programs to monitor the impact and costs of HIV interventions at national and community levels, and develop quality indicators of access for MSM to HIV services.
- Develop partnerships with non-governmental, faith-based and community-based organizations working in HIV service provision to develop a coordinated and cost-effective HIV response.
- Create a favorable environment and scale up communication to support increased and sustained safe sex behavior and appropriate health seeking behavior in MSM communities, and increase access of communities to condoms and lubricants, and to services for STI treatment, counseling, testing and support.
- Scale up community-level behavioral interventions for the prevention of HIV and STIs among MSM and encourage consistent condom and lubricant use over serosorting as prevention methods.

- Work with MSM youth to establish circles of support and train them as peer educators to undertake education of youth infected and affected by HIV.

To Research Institutions

- Conduct more extensive and accurate biological, socio-behavioural and epidemiological research to assess the burden and trends of HIV and AIDS among MSM in Africa, including baseline surveys, response mapping, case reports, bio-behavioural studies and incidence data to determine the prevalence of HIV infection amongst MSM.
- Build and improve upon shared platforms for collecting, analyzing and acting on data, including qualitative metrics which may be used to measure wellbeing.
- Conduct qualitative and quantitative research in partnership with MSM organizations aimed at facilitating knowledge exchange and joint development of best practice methodological approaches to HIV prevention and treatment among MSM and for enhanced coherence and effectiveness of an African HIV response.
- Communicate outcomes to all relevant stakeholders, including at MSM communities, to ensure that research findings generate positive change and evidence-based interventions.

To Health Service Providers

- Combat homophobic attitudes towards MSM by health care providers, recognizing that services and treatment provided to MSM is frequently inhumane, hostile and demeaning.
- Ensure that all health care service providers, including medical practitioners, clinical staff, nurses and counsellors, are capacitated and skilled to respond to the needs of MSM and are sensitized to respect their human rights and to maintain confidentiality of information.
- Scale up an inclusive approach to the provision of health care and access for MSM to targeted prevention and treatment services for HIV and STIs, and develop evidence-informed public health interventions, in compliance with international protocols for HIV testing and counselling, as well as diagnosis and treatment of HIV and STIs.
- Increase technical capacity in service provision, to ensure that MSM receive the most up-to-date information on treatment and prevention, and are able to access effective health services for HIV, STIs and other opportunistic diseases.
- Take disciplinary action against medical personnel who violate medical ethics and the human rights of MSM attempting to access health services and medical care.

- Create “safe spaces” for MSM to access information for HIV prevention, and ensure non-interference from obstructive actors.

To the Media

- Work in partnership with the human rights movement and MSM organizations to raise awareness and document human rights abuses against MSM HIV activists and the general MSM population.
- Support MSM organizations by providing media coverage of their advocacy to improve national HIV policy and programming for vulnerable populations and to increase government funding of HIV response.
- Commit to providing media support to efforts to overcome legislative discrimination, stigma and hostile societal perceptions and attitudes towards MSM and the broader lesbian, gay, bisexual, transgender and intersex (LGBTI) population.

INTRODUCTION

Behavioral and epidemiological data indicate that MSM have high HIV prevalence and high levels of HIV risk behavior. This is particularly so in Africa, where legal and social repression and general lack of open dialogue have driven many MSM populations “underground”. Stigmatized and unable to access MSM-targeted services or participate in HIV policy-making and program design, their needs remain misunderstood resulting in ineffective interventions. As part of its mission to address these critical challenges and to initiate inclusive dialogue between multiple stakeholders in the MSM HIV response in Africa, AMSHeR organized a pre-ICASA conference on MSM and HIV response, held in Addis Ababa, Ethiopia, on 3 December 2011. The meeting brought together participants from UN agencies, African governance bodies, international donor agencies, LGBTI organizations and research institutions to examine the human rights and health challenges facing MSM in Africa, and to pave a way forward for scaling up and sustaining HIV interventions for MSM on the continent.

SESSION 1: CLAIM, SCALE UP AND SUSTAIN

Facilitator Nikki Naylor, Ford Foundation
Panel Dr Debrework Zewdie, The Global Fund
 Dr Kevin de Cock, United States Centre for Disease Control and Prevention
 Commissioner Reine Alapini-Gansou, African Commission on Human and
 People’s Rights
 Friedel Dausab, Out-Right Namibia

Session one reflected on the state of HIV response for MSM in Africa, examining the pressing health and human rights issues of MSM populations, and exploring effective response and good practice to address ongoing challenges. Noting that HIV prevalence is higher among MSM than the general population, panelists affirmed the need for MSM-targeted research and surveillance.

The panel recognized that despite the clear need for MSM-targeted programs and resources, less than two percent of international funding for HIV prevention is allocated to MSM-targeted interventions. During panel discussions on the Global Fund for HIV/AIDS, Tuberculosis and Malaria (Global Fund), its representative noted that as a public/private partnership, the Global Fund is committed to scaling up treatment, prevention and care services across the continent, and has initiated a dialogue on the most important health issues confronting “at risk” populations, including MSM, in order to implement technically

sound interventions through a rights-based approach. The Global Fund's current strategy invests heavily in the engagement and participation of civil society. A special funding window exists for marginalised populations, including MSM.

Panelists noted that the strength of the Global Fund depends on the advocacy voice of civil society and the subsequent contributions of countries. In the current resource-scarce environment and global economic recession, civil society needs to exert sustained pressure on Northern and Southern governments to continue to contribute to the Global Fund. The costs of its collapse would be extremely high and civil society must participate in ensuring this does not happen.

Noting that decreased funding flows have generated a resource crisis for many non-governmental organisations, all participants agreed that working smartly and efficiently with donors and other partners is key and that compliance with audit requirements and monitoring and evaluation processes will serve to reassure donors that funds are being well spent and improve chances of securing multi-year funding. At the same time, MSM organizations should take action to sensitize Global Fund Board Members and other international donors on MSM issues and encourage them to pressure governments to repeal punitive laws against MSM.

Panelists confirmed that their agencies remain committed to a rights-based HIV response for MSM and acknowledged the challenges involved in addressing HIV among MSM in a context of decreased funding flows for HIV. They also affirmed that local ownership of HIV plans and programming and participatory equity assessments are essential to advancing a rights-based approach, as are interactive processes for grant approvals. These should involve the participation of civil society organisations and marginalised populations in funding decisions.

Several participants expressed concern that funding from the United States President's Emergency Plan for AIDS Relief (PEPFAR) is allocated primarily to US organisations or research institutions operating in Africa and that these institutions are working through rather than with MSM organisations to implement PEPFAR-funded programmes, resulting in reduced impact at grassroots levels. A panellist speaking for PEPFAR indicated that the issue of country ownership is being addressed, recalling, however, that PEPFAR is not a basket fund but is managed through a political process and agency that reports to the United States Congress, which tends to direct its funds through US-based institutions.

In the promotion of universal human rights and the protection of the rights of MSM, the African Commission on Human and People's Rights (ACHPR) has a key role to play as principle protection and monitoring body of human rights in Africa. This body is well

placed and resourced to conduct needs assessments for MSM affected and infected with HIV and to work vigorously to overcome discrimination against people living with HIV, including MSM. The ACHR has an NGO Forum in which LGBTI organisations may participate with observer status.

The ACHPR's representative stressed that proactive engagement between NGOs and the ACHPR is essential, acknowledging that the ACHPR must take leadership in overcoming legal discrimination and socio-cultural stigma against MSM on the continent, and develop a field research-based plan of action to commence targeted work thereon. This should be executed in partnership with the ACHPR's NGO forum to ensure synergy and coordination with civil society. Commissioners are aware that improved mechanisms for the participation of marginalized populations are necessary and are taking steps to address this. They are also working with UN bodies, particularly UNAIDS, to identify key issues and priorities in addressing the needs of sexual minorities and to develop a plan of action to address politico-cultural barriers to effective HIV response for these minorities.

Panelists confirmed that the problem of stigma is an ever-present reality for MSM, with many enduring a double stigma if sero-positive. Panelists noted the difference between discrimination, against which protective laws and legislation can be put in place, and stigma, which is largely socio-cultural and requires large-scale change of societal attitudes and perceptions to overcome hostility towards the MSM population. Open dialogue across communities, including religious groups, may start effecting change, with MSM taking a proactive role in initiating dialogue rather than remaining adversarial or socially isolated.

One of the panelists, a legally married MSM living with HIV, drew participants' attention to the destructive impact of stigma and hostile societal perceptions towards MSM. He emphasized that MSM seek stability and long-term relationships with partners, and that the MSM label may need to evolve to reflect an identity that goes beyond sexual practice. He confirmed that MSM, who for too long have lived on the fringes of society and HIV response, are collectively claiming their space as global citizens, celebrating their diversity and identities, and forging networks aimed at averting new infections and fighting stigma based on sexual orientation and HIV status. He concluded by requesting support from the international community to ensure that organizations remain financed to provide treatment and care for HIV and other opportunistic infections, and to scale up necessary services, drugs and resources to lower the HIV prevalence among MSM. He stressed that the international community needs to exert pressure on governments to reform punitive laws that are hindering effective response and driving MSM underground.

The session concluded that criminalization of same-sex relationships markedly and irrefutably fuels the epidemic. Proper interventions cannot be organized since such

interventions can be construed as an abetment of a criminal act. These legal conditions force MSM to risk criminal sanctions if they approach health service providers. This is contrary to international human rights law and standards. MSM, including those living with HIV, should have universal enjoyment of human rights: the right to equality and non-discrimination, the right to recognition before the law, the right to life, the right to security of person, the right to privacy, the right to freedom from arbitrary deprivation from liberty, the right to health, and all other civil, political, social, economic and cultural rights. In adherence to international human rights law and rights standards, all individuals should be afforded equitable access to health services, without prejudice and discrimination.

SESSION 2: EXAMINING THE STATE OF RESPONSE AMONG MSM COMMUNITIES IN AFRICA

Facilitator: Samuel Matsikure, Gays and Lesbians of Zimbabwe

Panel: Paul Semugoma, Kulhas, Uganda

Nguru Karugu, Public Health Innovations, Kenya

Joseph Sewedo Akora, The Initiative for Equal Rights, Nigeria

Yves Yomb, Alternatives, Cameroon

Session two examined current HIV policymaking processes, noting the restricted policy space for citizens' engagement in policy-making and debate, particularly for MSM. Panelists expressed collective concern that this space may contract to a point that makes it impossible to input into and debate policy choices and implementation. This has shown to be the case in countries where same-sex relationships are criminalized and is increasingly occurring in countries with punitive legal frameworks. This risk needs to be managed by building strong advocacy networks, supported by the international community, and by employing a multi-stakeholder strategy of pressuring governments to open policymaking spaces to citizen participation. UN leaders, international governance bodies and donors have a key role to play securing a successful outcome to this advocacy.

Panelists confirmed that despite their vulnerability to HIV, MSM in Africa face disparities in health service provision comparative to the general populace, linked to denial of their human rights and to incompetence and ignorance of their needs by health care providers. MSM continue to face dehumanizing acts in health facilities, which compels some to conceal their identity, avoid testing and treatment centers, or avoid disclosing their HIV status.

Panelists stressed that homophobia is a significant barrier to HIV diagnosis, treatment and prevention, and a critical public health issue. Homophobia and heterosexism interfere with appropriate health care access and services for MSM and fuel punitive policies and social

violence against MSM. Of critical importance is the reality of internalised homophobia, which increases HIV risk. Organizations need to undertake sustained social advocacy to challenge accepted societal gender constructs that serve to perpetuate stigma. Indeed, understanding the gender dynamics of MSM, as well as their sexual identity issues and concerns is important for delivering effective HIV services.

In reviewing programming work in the African HIV response for MSM, panelists discussed public health models and the protection and improvement of community health outcomes through education, peer outreach, promotion of positive health lifestyles, and productive research. Noting again the limited research focusing on the state of response to HIV among MSM in African countries, particularly in behavioral studies and sero-prevalence data, panelists emphasized the need to scale up qualitative and quantitative MSM-targeted research and the need to document best practices in HIV intervention and care. Noting also the high rates of psychiatric disorders, drug use and suicide among MSM, panelists emphasized the importance of psycho-social counseling and support to assist MSM in combating social stigma and victimization. In this context, all participants agreed that the public health model can and should integrate a rights-based approach.

A chronic lack of technical capacity to operationalize programs, both by governments and civil society, continues to exist and many frontline organizations are managed by MSM activists who do not necessarily have the technical knowledge to determine the most effective response and methods of service delivery. In examining the situation in West Africa, one panelist noted that sero-positive MSM face a double-bind situation: they are unable to receive the biomedical treatment and care they need to keep their CD4 counts up, and yet are rejected at public health care facilities owing to their sexual orientation. In some countries, such as Nigeria, Ghana, Cameroon and Sierra Leone, the situation is particular bad as MSM face major security challenges in the face of legal persecution. In combating this critical challenge, non-governmental organizations across West Africa are attempting to become more innovative and creative in leveraging technical and financial resources to advance their advocacy work. It is now necessary for all regions of Africa – Francophone, Anglophone and Lusophone – to work together in strengthening a Pan-African advocacy response.

Panelists agreed that increased best practice documentation and information exchanges between networks and organizations will assist in building stronger advocacy impact and will enable facilitating joint training and capacity-building on human rights and HIV intervention aimed at supporting MSM to claim their fundamental rights. Coordinated and mobilized networks are also better placed to undertake mass communication campaigns on human rights and HIV prevention methods, disseminating biomedical and other information through mobile technology, and facilitating e-prevention through chat-rooms

and online communities of practice. The internet also provides a safe space for MSM to engage in information and experience-exchange in anonymity, if they so wish.

Monitoring and evaluation process compliance is a core necessity and priority, enabling assessment of the impact of interventions, research and programmes, improvement of programme design, and supporting accountability to donors and mobilization of resources. The monitoring and evaluation process also generates improved stakeholder knowledge of which interventions are working well and commitment to expand such interventions.

However, there are multiple challenges to conducting accurate monitoring and evaluation: MSM populations are diverse and hard-to-reach and many MSM social networks have gone underground or remain invisible for fear of persecution. It is important that evaluators gain the trust of respondents, ensure full confidentiality of information and use data collection methods with which respondents are comfortable. This trust-building process may be lengthy. Donors and other stakeholders may also have diverse information and evaluation needs, and required methodologies may be too time-consuming and costly. Assessing and substantiating linkages between programme activities, outcome and impact therefore remains challenging for many organizations. This issue requires further dialogue and address.

In concluding the session, panelists confirmed the importance of fostering ongoing monitoring and evaluation of programmes and advocacy; enhancing outreach, communication and a shared understanding of programmes among stakeholders; increasing engagement and ownership of programmes by multiple stakeholders; and developing internal evaluation and documentation capacity. At the same time, noting generalised resource scarcity, organizations needs to track resources and international funding invested in national government strategies to ensure they are efficiently allocated and spent.

SESSION 3: SCALING UP AND SUSTAINING COMMUNITY-BASED AND EVIDENCE-INFORMED INTERVENTIONS

Panel: Amadou Moreau, Graag, Senegal
Dawie Nel, OUT, South Africa
Cyriaque Ako, C-Change CI, Cote D'Ivoire
Innocent Laison, AfriCASO, Senegal

Session three examined programming at community level, noting that effective service delivery consists of several essential components: access to prevention commodities;

consistent supply of condoms and lubricants; provision of information materials; STI diagnostic and treatment services; provision of ART and other essential drugs if needed; counselling, testing and support services; appropriate referral; and peer education.

Panelists noted that MSM should not underestimate the historic gains their collective activism has achieved. These must be sustained at the community level where Community-Based Organizations (CBOs) can integrate the needs of the most vulnerable groups and provide “safe spaces” for MSM to access needs-specific services without fear of family or community prejudice. Resources permitting, drop-in centres and safe places for can optimally perform these functions. Unfortunately, as confirmed by many participants, lack of funding has forced many such centres to close.

Conservatism at the community level remains a key challenge for CBOs, including hostility directed towards them from religious leaders. For too long, negative social perceptions have caused MSM to camouflage their sexuality to appear heterosexual, in order to avoid denunciation from their families and community leaders. This has resulted in MSM renouncing their personal power and identities, as well as their health agency, through self-censorship. They may be unwilling to access HIV or STI-related services and, if they do, may refrain from disclosing their sexual identities to service providers, resulting in false diagnosis and treatment.

In this context, MSM youth require particular attention as a vulnerable group. Dependence on one’s family for emotional, economic and educational support often deters young men from disclosing their status and seeking health services when necessary. Across Africa, young MSM report lower access to basic and emerging prevention strategies, and have lower knowledge of these strategies, comparative to older MSM. Given the rising rate of new infections among young MSM, it is imperative to alleviate this health access disparity.

Participants confirmed that in many countries, owing to the absence of government commitment to service delivery, civil society organizations remain the only source and provider of the services required for effective HIV response for MSM. “Mainstream” health care facilities frequently do not have the capacity or requisite skills and MSM face demeaning and inhumane treatment from service providers, accompanied by other barriers to accessing care. Psycho-social counselling for MSM is a core function that few mainstream health care facilities in Africa provide. Health systems therefore require strengthening and capacity to offer rights-based quality care.

It has been recognized and articulated by UNAIDS and other authoritative experts that for building sustainable risk reduction strategies in the context of HIV and AIDS prevention and care, community ownership, mobilization and active participation of those most at risk

are central for success. This requires active engagement with vulnerable and marginalized communities, as well as frontline practitioners.

However, to date, many MSM-oriented HIV efforts in Africa conducted by international agencies have worked through rather than with grassroots MSM organizations, using these organizations to access MSM social networks and communities, but rarely investing in the capacity of these organizations to design, manage and evaluate community HIV programs, or investing in individual local capacity to develop sustainable interventions for HIV among MSM. As one panelist noted, although a struggle against HIV has been waged for thirty years, communities in many African countries continue to lack capacity and ownership of programs. This is a major impediment to effective and accountable community-based programming. An enabling environment for community and individual empowerment implies a strong sense of ownership of HIV and AIDS response, and an integrated approach that includes education and training, networking, advocacy and community surveillance.

Participants called on international donors to support communities in building their capacity to identify their clinical needs, determine the interventions necessary to improve community wellbeing, and devise solutions to the challenges they face in their particular socio-economic contexts. This strategy should accompany all interventions for MSM populations and will serve to empower communities and strengthen their psychological and economic fitness in sustaining community-based HIV and AIDS response in the long-term.

Such action will also serve to address personal empowerment of MSM in the context of HIV. Historically, this issue has not received sufficient recognition or redress, with negative consequences that include contraction of freedom of choice and action and decreased authority and control over the resources and decisions that affect their lives. All panelists emphasized the need for employment of an empowerment model with three specific aims: greater levels of social cohesion between members of MSM communities; greater levels of perceived collective power in the MSM community; and greater increases in sexual health-promoting behaviors, including consistent condom and water-based lubricant use with sexual partners. These aims are closely intertwined and act in synergy to produce a holistic empowerment outcome and a multi-level intervention that will enable MSM to reduce their risk behavior by reducing the impact of negative influences in the social environment and increasing individual and collective capacity to effect positive change in their communities.

The need for accurate community-level research to inform intervention and programming was again raised, with panelists noting that surveys seldom include MSM-specific categories or questions, and that researchers are often discouraged from seeking data on this population owing to its marginalized status. Consequently, available data

underestimates the prevalence of HIV among MSM in a given country. In addition, little research on HIV prevention for MSM has been conducted in African countries. Data is largely derived from Northern countries, where same sex orientation and sexual behavior is not typically criminalized or legally punished and where sexual minorities are well-organized to protect their interests and assert their needs. As a result, there is a paucity of information available for evidence-informed program interventions in Africa.

THE WAY FORWARD

Keynote Address: Michel Sidibe: Executive Director, UNAIDS

Mr Sidibe recognized the commitment of LGBTI populations in their advocacy for improved response to LGBTI issues in HIV and AIDS research and programming, and, in the face of government inaction, for their ongoing interventions to save lives. He acknowledged the challenges of discrimination and stigma that MSM continue to face and stressed that political leaders and societies cannot continue to isolate MSM or deprive them of their rights to health services. Such exclusion leads to instability and lack of social cohesion, and hinders human development.

Mr Sidibe noted that the HIV epidemic has resulted in the loss of 30 million lives, but reminding participants to celebrate the victories that their activism and program delivery has produced. Two decades ago, Africa was considered a continent without hope, characterised by a conspiracy of silence on HIV and AIDS and sexual orientation, and denying the existence of MSM. Now, there is change all over the continent. Mr Sidibe emphasized the importance of capitalizing on this change, and building on hard data, rather than emotion. Recognizing the difficulties of challenging discriminatory legal frameworks and policies, he recalled participants to the fact that three years ago, there was zero tolerance to MSM in China. This has changed, with the Premier now recognising that 33 percent of new infections are occurring in the MSM population. Chinese political and public health leaders have been directed to implement mechanisms to work effectively with these populations, and the government is currently reforming legislation to ensure that most at-risk populations have equitable access to health services. The HIV Equity Tribunal has created space for access to justice to China. Such change is possible in Africa too.

Mr Sidibe affirmed that HIV and AIDS is an entry point for transformation, social justice and redistribution of opportunities. It is essential to build strategic alliances and partnerships, in order to work together and advocate for political, legal and social change and genuine progress. He emphasized that Africa is facing a defining moment for HIV response, and that all Africans and international stakeholders must respond with a sense of shared responsibility and active citizenship to create a transformative and socially sustainable

agenda and development paradigm. This agenda cannot exclude any population or group. Human rights and common values should be at its core, restoring the dignity and humanity of all. It is indeed an encompassing struggle to claim and secure the universal right to dignity, and MSM are on the frontline of this struggle. Mr Sidibe affirmed that he is an active participant in the struggle for the rights and dignity of MSM and closed his address by ensuring MSM and other vulnerable populations of UNAIDS' support.

Mainstreaming and Sustaining a Rights-Based Response to HIV and AIDS

Meeting outcomes confirmed that incontrovertible evidence and experience proves that sustained provision of HIV and AIDS programs and services to those who are most at risk is hugely beneficial to a country's HIV and AIDS response. Governments and international stakeholders cannot afford to neglect interventions for MSM and other "key affected groups".

These interventions must be human rights-based, addressing structural and social stigma and cultural intolerance, and the abuses that arise based on non-conformity to normative masculinity and related social gender constructs. If these issues are not addressed progress in reducing HIV infection levels among MSM, and in turn, the broader population, will be impossible.

Multi-year funding for MSM interventions is critical, and must focus on sustaining a comprehensive response against HIV and AIDS, that provides for a full continuum of services and care. Funding is also necessary to build the capacity of all stakeholders in the response, from MSM organisations to health care providers, and should be modelled on country ownership. At the same time, all organisations should take leadership in mobilizing resources through a range of approaches, including income generation activities. Innovative approaches to attracting resources must be developed, making use of all available information and communication technologies.

To ensure that the response to the HIV epidemic among MSM populations is appropriate and up-to-date, it should be based on a wide range of quality and representative evidence on epidemiological and behavioural trends, community mapping, cost-effectiveness studies, human and legal rights, and program monitoring and evaluation. Research should involve a wide variety of actors, including affected communities, governments, international agencies, NGOs, academics, and businesses. Special studies should be commissioned to examine methods by which to integrate MSM data into the monitoring and evaluation processes of HIV and AIDS national strategic plans and census data, where feasible. Researchers should also place an increased emphasis on qualitative research, for example by gathering testimonies from affected populations, and should take a

participatory approach to designing policy research hypotheses and methodologies, employing international best practice for programming and development.

Mainstreaming of human rights and sexual diversity must happen at different levels, in order to promote an enabling environment for the empowerment of MSM. Confident and empowered service providers and MSM populations are necessary for successful service delivery and peer education programmes. This requires building a culture of societal acceptance and changed attitudes. MSM advocates must work with and beyond the broader LGBTI population and communities, through building networks with the human rights and social justice movements, from local to global levels; sharing information with NGOs, CBOs, and service providers; and documenting best practices for broad dissemination to all stakeholders, including government leaders. This action will build a more integrative approach to ensuring that the needs of all groups are met in a holistic way. It will also promote community-based public health interventions that are rights-based, integrating human rights in all programming design and implementation plans, and building a shared understanding of the links between human rights obligations and health priorities through dialogue with affected populations.

Moving forward, all participants committed to developing the parameters of an African strategy and coordination mechanism to strengthen collaboration and coordination across government, organizations and stakeholders in HIV response that would give effect to key recommendations emerging from the meeting. Participants reinforced their commitment to positive change and to, in the words of Ghandi, “be the change they want to see in the world”.

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Thembi Tshabalala: Head of Operations and Finance

Thabani Khazi: Performance Management Officer

About AMSHeR

African Men for Sexual Health and Rights (AMSHeR) is an African coalition of 15 HIV and human rights organisations sharing a vision of an empowered and healthy life for African men who have sex with men, with human rights for all. AMSHeR is currently made up of 15 organisations from 13 countries and is in communication with allied advocates and organisations throughout the African continent and globally to ensure the achievement of coalition objectives.