

## Guidance for Applicants to the Global fund to Fight AIDS, TB and Malaria Round 8 Call for proposals

28 February 2008

### Sexual Minorities

**Background:** The board of the Global Fund to Fight AIDS, TB and Malaria at its 16<sup>th</sup> 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 that “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<sup>1</sup>. 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.

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<sup>1</sup> Further guidance on appropriate terminology is given in the UNAIDS Terminology Guidelines available here: <http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/default.asp> and in the UNESCO Guidelines on Language and Content in HIV- and AIDS-Related Materials [http://portal.unesco.org/en/ev.php-URL\\_ID=35417&URL\\_DO=DO\\_TOPIC&URL\\_SECTION=201.html](http://portal.unesco.org/en/ev.php-URL_ID=35417&URL_DO=DO_TOPIC&URL_SECTION=201.html)

## Elements to be considered in the situation analysis (both 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.

More guidance on identifying needs for and tailoring MSM programmes is provided in **UNAIDS Practical Guidelines for Intensifying HIV Prevention**. The table 2.2 in page 49 summarizes the specific HIV prevention requirements and needs for the key audiences.

[http://data.unaids.org/pub/Manual/2007/20070306\\_Prevention\\_Guidelines\\_Towards\\_Universal\\_Access\\_en.pdf](http://data.unaids.org/pub/Manual/2007/20070306_Prevention_Guidelines_Towards_Universal_Access_en.pdf)).

Another useful reference document is **UNAIDS Policy Brief: HIV and Sex Between Men (2006)**

([http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/Techpolicies/men\\_men\\_sex\\_technical\\_policies.asp](http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/Techpolicies/men_men_sex_technical_policies.asp)), and for those working in Latin America and Caribbean also *Derechos humanos, salud y VIH. Guía de acciones estratégicas para prevenir y combatir la discriminación por orientación sexual e identidad de género* by UNAIDS, Centro Internacional de Cooperación Técnica en VIH y Sida and GCTH. (<http://www.onusida.org.co/Derechos%20humanos%20salud%20y%20VIH.pdf>).

## Rationale for including in the proposal actions concerning sexual minorities under respective Service Delivery Areas

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 and AIDS complacency.

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.

### How to define and quantify the target population(s) (also consider gender and equity issues)

Sex between men occurs in diverse circumstances and among men whose experiences, lifestyles, behaviours and associated risks for HIV vary greatly, and it encompasses a range of sexual and gender identities among people in various sociocultural contexts, that should be taken into consideration on tailoring the response.

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 (important) activities to be considered

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 and transgendered people are:

- 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.

## Linkages between Service Delivery areas

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

## 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 fulfill 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.

## Key implementing partners to be considered

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.

## Type and sources of technical assistance which might be required during implementation

The UNAIDS Technical Support Facilities

<http://www.unaids.org/en/CountryResponses/TechnicalSupport/TSF/>) help match countries technical assistance needs with solutions of the most well suited technical assistance, and have extensive databases with quality-assured national and regional consultants, who can provide the necessary support quickly, competently and competitively.

From HIV Prevention Database of Consultants, an initiative by UNAIDS in collaboration with Technical Support Facility (TSF) for southern Africa,

[\(http://www.hivpreventionexperts.org/\)](http://www.hivpreventionexperts.org/) you can find top quality consultants in the main fields of HIV Prevention by technical area, geographical area or language.