

BY: Michel Sidibé, Executive Director of UNAIDS

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Ambassador Eric Goosby, U.S. Global AIDS Coordinator
Tudor Kovacs, Population Services International, Romania
Jaevion Nelson, Jamaica Youth Advocacy Network (JYAN), Jamaica
Dr. Cheikh E. Traoré, Senior Advisor, Sexual Diversity, UNDP

“Universal access for men who have sex with men: winds of change; signs of hope”

Lack of universal access for MSM—a global outrage

I thank Chairman Howard Berman and Congresswoman Barbara Lee for their leadership on this issue.

I would also like to thank the “MSM Policy Working Group” of the Global AIDS Roundtable for organizing this Forum and inviting me to say a few words.

I am honoured to share the platform with my good friend Ambassador Eric Goosby, who brings extensive experience working with the gay community’s early response to the epidemic and San Francisco and to all of you working on the front lines.

We are here because it remains an undeniable fact in all regions of the world—including here in the US—that men who have sex with men lack universal access to HIV prevention, treatment, care and support.

We confront this outrage despite the fact that AIDS was initially viewed as a “gay” disease and despite the fact that the MSM community was at the vanguard of the response in the US and globally.

And it is no secret why MSM lack universal access—in short, homophobia, prejudice, stigma and discrimination. It pains me that 80 countries have laws which criminalize same sex sex and it outrages me that seven countries can invoke the death sentence for homosexual practice.¹

In all too many societies, unjust and harmful laws reflect deeply seated stigma and discrimination against men who have sex with men. Stigma and discrimination which at their most extreme and repugnant lead to hate crimes including murder—in

settings as diverse as Israel, Iraq and the US—and more ubiquitously and insidiously to unfulfilled aspirations to be oneself.

Instead of universal access—we face universal obstacles. Obstacles which fuel unsafe behavior and undermine our efforts to respond with evidence-informed prevention interventions.

And the results of criminalization, stigma and discrimination are plain to see. HIV prevalence rates among men who have sex with men in Bangkok and Yangon are at 30%.² In Latin America, HIV prevalence is high among MSM—typically much higher than among female sex workers. And it might surprise some of you to learn that studies reveal HIV prevalence among MSM in Senegal of 22%, Zambia 33% and Nairobi 37%.³ In Malawi, less than one in twenty MSM know their HIV status.⁴ And, as you know, treatment for all remains an elusive dream for too many.

These statistics from Asia, Latin America and Africa continue to shock and enrage me—but I find it even more perplexing that the situation is not so different here in the US. MSM account for more than half of all cases of HIV in this country and surveys find prevalence rates of over 30% and new infections are rising in many MSM communities.⁵

Winds of change; signs of hope

The facts are incontrovertible, unconscionable—and also unacceptable. Change them we must and change them we will.

Reducing sexual transmission and removing punitive laws, practices, stigma and discrimination constitute two of nine new priorities recently agreed by the heads of the agencies of the UNAIDS family. We are expanding our partnerships to implement the new UNAIDS Action Framework on Universal Access and MSM and transgender people.

My friends, there are good grounds for optimism—let me share just a few.

First, green shoots are evident here in the US. I was encouraged over by President Obama's Proclamation of the first-ever **LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PRIDE MONTH**, in June, commemorating the 40th anniversary of the Stonewall protests in New York. I carry a copy of it in my briefcase and will show it to world leaders during the upcoming UN General Assembly, as an example worthy of emulation.

The ground swell of support for the removal of travel restrictions overwhelms and inspires me. Moreover, and I hardly need remind this audience, the 2008 law reauthorizing PEPFAR includes, for the first time, a specific directive to address HIV among men who have sex with men through targeted HIV prevention programmes. The ripples of these decisions will be felt across the world.

On the other side of the globe, the recent repeal by the High Court of New Delhi of Section 377 of the penal code outlawing sodomy marks an historic victory. A pivotal reason for the Court's decision was to better combat HIV, and it will surely be a great boost to the efforts of the government of India and many partners to scale up anti-HIV measures among men who have sex with men.

And in Africa, (following on from successful efforts to secure the release from prison of 9 gay men in Senegal,) UNAIDS is co-convening a meeting of prominent African jurists and judges to identify how the legal community can become a greater life force for universal access by galvanizing constitutional principles and international commitments to human rights and other laws.

Meanwhile, we are also making progress at the Global Fund. There is a new commitment to addressing stigma, discrimination and human rights. The Fund will increase financial support available for HIV related legal services—which is a first step in using the Fund as a motor to ramp up the range of human rights programmes in national responses. Together with the Fund’s Board decision to adopt a sexual orientation strategy, we expect a lowering of the barriers which have stood in the way of Global Fund proposals properly addressing men who have sex with men and transgender populations.

More broadly, we are witnessing in Brazil and other countries the emergence of a “men’s movement”—a movement for social change that follows the lead of the historic women’s movement in challenging traditional social norms. It is a movement of men—straight and gay—who are thoughtfully and courageously searching for a “new masculinity”. Their worthy goal is to achieve gender equality, an end to discrimination and violence based on gender, sexual preference and identity.

Leaders need to lead

If we are to see a renewed emphasis on human rights in the proposed Global Health Initiative and if we are to see commitment to MSM programming in PEPFAR II—we need to see unwavering leadership.

I see and applaud such leadership in the new administration. Leadership inspired by the experience of a community organizer who recognizes the power of social movements and development from below.

You can count on the support of the UNAIDS family in your efforts to ensure universal access for men who have sex with men—it is right whose time has come.

END

¹ Ottosson D (2009) State-sponsored Homophobia: A world survey of laws prohibiting same sex activity between consenting adults. Belgium: International Lesbian, Gay, Bisexual, Trans and Intersex Association.

² WHO (2008) *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations*. Report of a technical consultation 15–17 September 2008. Geneva: WHO and WHO (2009) *Health sector response to HIV/AIDS among men who have sex with men*. Report of the consultation. 18-20 February 2009: Manila: WHO.

³ Sanders E. (2008) HIV epidemic among MSM in Africa. Technical consultation on MSM, WHO, Geneva, September 15 -17, 2008.

⁴ Baral S, Trapence G, Motimedi F et al (2009), HIV Prevalence, Risks for HIV Infection, and Human Rights among Men Who Have Sex with Men (MSM) in Malawi, Namibia, and Botswana, *PLoS ONE*; 4(3): e4997

⁵ CDC (2008) Estimate of New HIV Infections in the United States. CDC HIV/AIDS Facts. August 2008. Accessed on 14.09.09 at

<http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/pdf/incidence.pdf>