

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: USA

Organizer: MPact Global Action for Gay Men's Health & Rights

Date: 27 July 2020

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UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

<https://www.surveymonkey.com/r/3HC9Q6M>

If you are not able to enter it on line you can send us a copy via e-mail strategyteam@unids.org

Would you accept for UNAIDS to make your report publicly available: **Yes** / No

SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: MPact Global Action for Gay Men's Health & Rights

Date of discussion: 27 July 2020

Theme to be discussed: Gay and Bisexual Men in the Global HIV Response

Participants (types of organizations participating):

- George Ayala, MPact
- Sonya Arreola, MPact
- Omar Baños, MPact
- Angel Fabian, MPact
- Devin Hursey, MPact Steering Committee
- Stephen Leonelli, MPact
- Nadia Rafif, MPact
- Jorge Saavedra, MPact Board
- Mohan Sundararaj, MPact
- Greg Tartaglione, MPact
- Johnny Tohme, MPact

Country, regional or global focus: Global

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

- According to the most recent data from UNAIDS, key populations and their partners account for 62% of new infections, and gay and bisexual men make up the highest proportion of new infections among key populations at 23%; this translates to HIV acquisition being 26 times higher among gay and bisexual adult men than among all adult men in 2019.
- Widespread stigma and discrimination, bolstered by punitive and discriminatory laws, policies, and practices that target the poor, racial and ethnic minorities, migrants, and reinforce homophobia and transphobia, have led to extremely disproportionately high incidence rates and compromised HIV responses in every region of the world.
- Gay and bisexual men have low access to essential HIV prevention commodities and programs, HIV treatment and care, STI testing and treatment, mental health, PWUD treatment; access is even lower in countries that have punitive and discriminatory laws.
- 69 countries criminalize consensual same-sex relations between adults, and five impose the death penalty; only 109 countries permit LGBTI organizations to legally register; only 74 countries have laws prohibiting employment discrimination based on sexual orientation; rates of (reported) violence against sexual and gender minorities range from 6 to 25%.
- Gay and bisexual men received less than 1 in every 100 dollars spent on HIV in low and middle income countries between 2016-2018.

SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

REACHING THE PERSON	
<p>How do we see the current situation?</p>	<p>There is no strong framework that includes discussions of sex, sexuality, drug use, sex worker and other stigmatized topics that center the lived experiences of gay and bisexual men: we need frank openness to actually reach gay and bisexual men.</p> <p>Gay and bisexual men are extremely diverse, and economic disparities, racial and ethnic inequality, substance use, and other factors greatly shape the experience of accessing HIV testing, prevention, care, and treatment – so there is no one size fits all approach for gay and bisexual men.</p> <p>High HIV prevalence and incidence persist among gay and bisexual men. Lack of political will, inform/decides dismally inadequate funding levels that are incommensurate with need and disease burden.</p> <p>Even as advancements in biomedical interventions are promising, prevention efforts are failing gay and bisexual men because they are not adequately targeted and tailored to our needs. Gay and bisexual men must be proactively engaged in designing, promoting, and evaluating prevention programs. Gay-led community-based organizations should be directly funded to deliver HIV testing, prevention, care and treatment services.</p>
<p>What concerns us?</p>	<p>COVID-19 has exposed and greatly exacerbated existing disparities and inequalities, and the most vulnerable among us, including gay and bisexual men living with HIV, sex workers, migrants, and racial and ethnic minorities, are especially impacted by the pandemic. We are especially concerned about the potential of HIV service disruptions.</p> <p>Too many programs that are meant to reach gay and bisexual men are conducted by mainstream, non-community-led organizations, diminishing the possibility of effectively and sensitively providing essential services for gay and bisexual men.</p> <p>The mental health of gay and bisexual men can rapidly deteriorate due to a variety of interlocking factors, including widespread isolation, demonization, scapegoating, and violence, which greatly impact HIV and health outcomes.</p>
<p>What gives us hope?</p>	<p>The Black Lives Matter and uprisings for racial justice worldwide has provided us hope, as examples of leading.</p> <p>The COVID-19 pandemic is forcing individuals and communities to reprioritize what is important to them and imparting the need for community support and mutual aid.</p> <p>Community involvement and engagement has been shown to be an enabling factor for health, both in delivery of services and in participation in global decision-making structures, such as the Global Fund; the increased capacity of community-based organizations and gay and bisexual men to participate in the HIV response.</p> <p>Biomedical interventions such as PrEP and injectable PrEP give us hope for preventing new HIV infections among gay and bisexual men.</p> <p>The increase of openly gay men in key decision-making institutions, including within AIDS agencies, governments, and religious institutions.</p>

<p>What constrains our ability to achieve our goals?</p>	<p>The current response is not grounded in information, activism, and organizing led by gay and bisexual men, particularly gay and bisexual men who are left behind and/or marginalized.</p> <p>Lack of consistent, earmarked funding and resources that are commensurate with disease burden for gay and bisexual men’s programs and community-based organizations.</p> <p>Institutions and people are unwilling to speak directly about sex and frame HIV and AIDS within sexual health.</p>
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<p>THE STRUCTURES THAT RESPOND TO HIV</p>	
<p>How do we see the current situation?</p>	<p>There are a growing number of persistent structural barriers that prevent an effective response with gay and bisexual men, including homophobia, transphobia, racism, poverty, xenophobia, violence; far too few of the structures and organizations/agencies that shape the AIDS response do not adequately address these structural barriers.</p> <p>We need to speak truth to power and hold power-holders accountable for addressing root causes of stigma, discrimination, and violence.</p>
<p>What concerns us?</p>	<p>UN agencies, including some UNAIDS country teams, not speaking up about victimization and violence facing gay and bisexual men to country governments or in high-level forums.</p> <p>Many of our current mechanisms (such as Global AIDS Monitoring, PEPFAR COP/ROP processes, Global Fund processes) are not meeting the needs of gay and bisexual men; there is a need for new mechanisms that still include the HIV agenda but more adequately highlight and address the unique situation facing gay and bisexual men.</p>
<p>What gives us hope?</p>	<p>Due to COVID-19, the world has increased attention to public health and health disparities. There has been an important discourse about disparities in health outcomes in many contexts.</p> <p>COVID-19 could be an opportunity to reimagine the response, as it has shown that often community-led initiatives are cheaper and more effective than institution- or facility-based approaches.</p> <p>Civil society organizations and community-led organizations have increased familiarity with shadow reporting processes to highlight concerns relevant to the human rights of gay and bisexual men and PLHIV, including Voluntary National Reviews of Sustainable Development Goal implementation, the Universal Periodic Review, Treaty Bodies, and Special Rapporteurs.</p> <p>Increased awareness among country stakeholders about the importance of normative guidance that is tailored to the needs of gay and bisexual men and relying on UNAIDS or other agencies to help implement this guidance.</p>
<p>What constrains our ability to achieve our goals?</p>	<p>Decreasing or flatlined funding for gay and bisexual men and key populations.</p> <p>Lack of specificity and/or overly vague terminology, including “priority populations,” “vulnerable populations,” and in some instances “key populations”; we need gay and bisexual men to be explicitly mentioned and described.</p> <p>Institutional distrust of UN agencies, including WHO and UNAIDS, due to sexual harassment allegations and other poor handling of human rights-related issues.</p>

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<p>Politics and political leadership can drastically harm health – the current U.S. administration is regularly disregarding data and evidence with regard to the COVID-19 epidemic; this does not bode well for all public health, particularly public health of gay and bisexual men.</p> <p>In general, there is a move away from a disease-specific approach and framing within development and right to health programming, and the new focus on health systems strengthening and universal health coverage runs the risk of rendering gay and bisexual men invisible. Gay and bisexual men and the entire HIV response will need to adapt.</p>
What concerns us?	<p>Subsuming HIV under the broader health agenda may result in decreased funding, lack of attention and specificity for gay and bisexual men, especially as many donors and governments think that HIV is less of an emergency now than before, despite increasing or consistent homophobia in many contexts.</p> <p>Rising conservatism, populism, racism, nationalism, and xenophobia that has resulted in increased crackdowns on migrants, LGBT people, people who use drugs, and sex workers around the world.</p> <p>Human rights issues can increase within countries that have institutional barriers to health; this could have an inverse effect with alienating gay men, many are resisting change.</p>
What gives us hope?	<p>Some countries have decriminalized consensual same-sex relations between adults, including Botswana, Angola, Gabon, India, and others.</p> <p>General increase in documentation of abuse at the hands of police, as well as communities who are able/capacitated to undertake community-led monitoring, can result in changes to laws and policies.</p> <p>The 2030 Agenda framework also does give gay and bisexual men an opportunity to talk about the ways that housing, education, employment etc. implicate health and HIV outcomes.</p>
What constrains our ability to achieve our goals?	<p>In most contexts in the world, there is still a lack of robust protective laws for gay and bisexual men, and the continued existence of punitive and discriminatory laws, policies, and practices poses a great barrier to an effective gay-led response.</p>

EMERGING PATTERNS:

- Stigma, discrimination, and violence, bolstered by punitive and discriminatory laws, policies, and practices, remain a key obstacle to achieving an effective people-centered response for gay and bisexual men; these laws, policies, and practices must be repealed and reformed.
- Community-based organizations that are led by gay and bisexual men are the best positioned to address the needs of our communities, and yet, there is insufficient funding and lack of an enabling environment for these organizations to thrive.
- There is a need for specificity and explicit naming of our communities and the unique challenges we face in all policy documents, official statements, and programmatic planning in order to openly and honestly confront barriers.

- COVID-19 may be an opportunity to reimagine the HIV response and global public health infrastructure, but this is dependent on continued vigilance and targeted analysis of the ways that the pandemic is impacting gay and bisexual men, particularly those with multiple, intersecting identities.
- [please add an additional one here]

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	<p><i>What is working that we must continue to do?</i></p> <p>Keeping a focus on HIV and double down on targets during COVID-19, as well as investigating the unique ways that the pandemic is affecting gay and bisexual men and the HIV response for gay and bisexual men.</p> <p>Responding publicly and firmly to crises affecting gay and bisexual men.</p> <p>Emphasizing the necessity of robust community engagement and promoting strategies for regularly consulting gay and bisexual men in HIV programming.</p>
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <p>Stop competing with community-led organizations for funding on delivering technical assistance to grassroots organizations led by gay and bisexual men.</p> <p>Stop using harmful and/or inaccurate terminology: stop using the term "MSM" - always completely spell out the acronym and add "gay and bisexual men"; stop conflating civil society with community-led; stop conflating sex work with human trafficking.</p> <p>Stop perpetuating the idea that "gender" only means women and girls, but rather, emphasize the full diversity of genders and gender expressions, as well as include men in discussion of gender; and ensure that generic approaches for "reaching men" also make explicit considerations about reaching gay and bisexual men.</p> <p>Stop relying on global and regional networks for free consultations and advice and formalize platforms and channels for regular communication and exchange with gay and bisexual men.</p> <p>Stop perpetuating false dichotomies between human rights for LGBTI people and HIV/health rights.</p>
START	<p><i>What are we not doing that we have to start doing?</i></p> <p>Gay and bisexual men should be explicitly mentioned in all strategic documents and results areas, not broad "key population" terminology.</p>

	<p>Strengthen accountability for programming impacting gay and bisexual men, including by creating more specific, realistic targets, and ensuring that all programs are evidence-based.</p> <p>Make more explicit reference to the linkage between criminalization of consensual same-sex relations between adults and HIV incidence, and publicly call for the decriminalization of same-sex relations in all countries. In specific country teams, work with communities to advance decriminalization and/or other pertinent advocacy issues.</p> <p>Sensitize all existing UNAIDS Country Team staff on sexual orientation, gender identity and expression, and sex characteristics, and hold these staff accountable for advocating for the needs of gay and bisexual men, particularly in times of crisis.</p>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p>UNAIDS must show up for issues affecting gay and bisexual men at all levels, including global, regional, and country levels. This means openly and specifically advocating for gay men, by engaging community-led organizations and community leaders, to advance issues of concern. This also means sensitizing UN country teams, which could play a more proactive role on our issues.</p>

Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.

Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.

You can send us additional documents via e-mail strategyteam@unaid.org

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