We can support the ability of men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health and realize their human rights

Joint Action for Results

UNAIDS Outcome Framework:
Business Case 2009–2011

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Uniting the world against AIDS

UNAIDS Joint Action for Results

In *The Joint Action for Results: UNAIDS Outcome Framework, 2009–2011*, UNAIDS Executive Director, Michel Sidibé, called for a new and more focused commitment to the HIV response. The Outcome Framework committed the UNAIDS Secretariat and cosponsors to leverage their respective organizational mandates and resources to work collectively with national and global partners to deliver results for people at country level. It outlined 10, interconnected priority areas, each representing a pivotal component of the AIDS response. all of which are reflected in the UNAIDS 2010-2011Unified Budget and Workplan. It opened each of the ten areas with an affirmative challenge (see inside back cover).

For each priority area, a business case was developed by a global UNAIDS interagency working group, building upon and complementing action on the ground. Each business case is different, due to differences in the scope, knowledge base and stage of development of the policies and programmes involved. However, each business case succinctly explains the rationale for the priority area and outlines why success in this area will dramatically decrease new HIV infections and improve the lives of people living with and affected by HIV. The business cases delineate what is currently working and what needs to change in order to make headway in the 10 areas. They are intended to guide future investment and to hold UNAIDS accountable for its role in achieving tangible results. Each priority area business case presents three results to be achieved globally by 2011, which mark important progress towards our shared 2015 goals. These business cases informed both the UNAIDS 2011-2015 Strategy and the development of the 2012-2015 Unified Budget, Results and Workplan.

In 2009, UNAIDS' Executive Director asked each country Joint United Nations Team on AIDS, in consultation with their national AIDS programme, to identify three to five of the priority areas for intensified, unified United Nations (UN) support in 2009–2011. The global priority area working groups also proposed strategies to maximize UNAIDS' impact – some focusing on countries with the largest disease burden, and others on phasing waves of research or technical support according to learning opportunities and demand from local stakeholders. The work at country, regional and global levels has strengthened the foundations and baselines for action toward the ten goals of UNAIDS' 2011-2015 Strategy, Getting to Zero.

Focused, concrete and synergistic actions in the ten areas have the potential to change the trajectory of the epidemic. They will help to achieve universal access to HIV prevention, treatment, care and support, and contribute to achieving the Millennium Development Goals. Optimizing partnerships between national governments, communities, the UN, development partners and other stakeholders, the business cases recommend ways forward that build on decades of research and experience, and focus our work, hearts and minds on a unified and strategic vision.

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1. WHY IS THIS A PRIORITY AREA?

In every region of the world, high HIV prevalence (of 5% or more) has been documented among men who have sex with men, sex workers and transgender people. This is the case not only in countries known to have concentrated epidemics but also in countries (largely in east and southern Africa) with generalized epidemics.(1,2,3,4)

There is a deficit of epidemiological and programmatic research to fully inform and evaluate programmes for men who have sex with men, sex workers and transgender people. For example, among 169 countries reporting epidemiological data to UNAIDS in 2008, only 53 (31%) had a survey-based estimate of HIV prevalence among men who have sex with men, only 65 (38%) had such an estimate for sex workers, and none had national data for transgender people. However, research reveals that men who have sex with men, sex workers and transgender people are at high risk of exposure to HIV in both absolute and relative terms. For example, a recent meta-analysis calculated that, across all low- and middle-income countries, men who have sex with men are 19 times more likely to be infected with HIV than the general population.(5)

High levels of HIV prevalence in all regions of the world reflect the fact that these three key populations—men who have sex with men, sex workers and transgender people—**do not have sufficient information, ability or opportunity (resources, tools and supportive environments) to negotiate safer sex, safer drug use, or access to HIV treatment and care**. In most countries, allocations of HIV-related resources—including financial and human resources—are not in proportion to the HIV risk and HIV burden in these key populations, and are completely inadequate to control and reverse the HIV epidemics.(6) Recent analysis by the Global Fund showed that only 8% of Round 8 and Round 9 grants had a focus on the key populations of men who have sex with men, sex workers, people who use drugs and transgender people. Analysis of United Nations General Assembly Special Session on HIV/AIDS (UNGASS) country reports in 2008 suggested that less than 1% of global funding for HIV prevention is spent on addressing HIV specifically among sex workers.(7) HIV prevention services are estimated to reach less than 10% of men who have sex with men globally, and fewer than half of men who have sex with men surveyed in low- and middle-income countries have access to information about HIV. (8)

Compounding their elevated risk and low access to HIV prevention, treatment, care and support, all three of these key populations often face harsh legal and policy environments and practices that increase their vulnerability to HIV and AIDS. This is confirmed by research and reports from many countries that high rates of both HIV infection and human rights violations among these three key populations are driven by systematic disempowerment, exclusion from health information and services, discrimination by and rejection from health and other service providers, undue arrest by law enforcement agencies, exposure to violence, poverty, lack of social and economic autonomy, and lack of physical security or secure housing.

Twenty-five years of HIV programming experience around the world have demonstrated that HIV epidemics are not inevitable. Ample evidence shows that a combination of HIV interventions—at

individual, community and structural levels—of sufficient breadth, quality, intensity, duration and scale, can lower HIV infection rates and increase access to HIV treatment and care among men who have sex with men, sex workers and transgender people.(9,10). As in the earliest days of the HIV epidemic, **focusing HIV programme effort on rights-based and evidence-informed information and services for, and with, these key populations is both effective and cost effective.**

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Defining the three populations

People engage in sex work and in homosexual sex, and identify as transgender, in all communities and societies and in many social and economic contexts. People are not easily labelled, particularly because all people transition in and out of behaviours and identities throughout their lives and may not self identify according to international or behaviour-based terms. However, for the purposes of global strategy and action, UNAIDS uses the following terms and definitions to describe these three distinct and overlapping populations:

Men who have sex with men—includes all men who engage in consensual male-to-male sex, including those self identifying as gay, bisexual or heterosexual in their sexual orientation, and male sex workers who have sex with men.

Sex workers—includes female, male and transgender adults who receive money or goods in exchange for sexual services, either regularly or occasionally.

Transgender people—describes people who identify as, or who are identified as, transgender or transsexual, whose innate sense of gender identity is different from the gender assigned to them at birth, and includes people adopting or seeking social identities or body modification and enhancement to reflect their self-identified gender.

The goal and bold results for this priority area build from existing UNAIDS strategies, including the UNAIDS Guidance Note on HIV and Sex Work (2009), the UNAIDS Action Framework for Universal Access for Men who have Sex with Men and Transgender People (2009), and the forthcoming WHO Guidance for the Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men having Sex with Men and Transgender People. This Business Case was drafted by the priority area working group in June 2010 and was reviewed for input and revisions during June, July, and August 2010 by experts and stakeholders from all three key populations, all UNAIDS Cosponsors, and key governmental and non-governmental partners in every region of the world.

2. WHAT NEEDS TO BE DONE?

In recent years, the global response to HIV has given increased attention to key populations, driven by new evidence about concentrated epidemics, new evidence about the failure of untargeted HIV programming, the continued violation of rights of key populations, longstanding evidence about the central role of community-led responses in addressing HIV, and new advocacy by affected communities in every region. As a result of this increased attention, two decades of relative silence about HIV epidemics among men who have sex with men, sex workers and transgender people have given way to increased visibility and high-level commitments.

One result is that an increasing number of countries are now willing to examine the extent of HIV epidemics and other health and human rights challenges among men who have sex with men, sex workers and transgender people within their own borders. In turn, following the evidence and country action, multilateral and bilateral donors are now clarifying and strengthening their support to countries to respond to the documented needs of these key populations. Reviews of country reports to UNAIDS and proposals to the Global Fund indicate a year-by-year increase in what countries can, or are willing to, report and propose about implementation of evidence-informed interventions for HIV prevention, treatment, care and support for these three key populations. Furthermore, UNAIDS cosponsors such as the United Nations Development Programme and the United Nations Population Fund have already begun to support actions suggested under this business case.(11)

Goal and results

The **goal** of this priority area is that men who have sex with men, sex workers and transgender people will have the ability to prevent HIV infection, achieve full health and realize their human rights. This will contribute to the broader UNAIDS goal that sexual transmission of HIV will be reduced by half by 2015.

As milestones on the path to this ambitious goal, the following **results** are envisaged by 2011. In at least 15 countries:

- 50% of major municipalities have informed, vocal and capable organizations of men who have sex with men, sex workers and transgender people engaged as partners to advance universal access to HIV prevention, treatment, care and support.
- 50% of major municipalities have at least one comprehensive HIV programme that provides non-judgemental, non-stigmatizing and relevant services for men who have sex with men, sex workers and transgender people.
- 50% of major municipalities have at least one robust rights-based programme to inform men who have sex with men, sex workers and transgender people about their human rights; receive reporting about human rights violations; and ensure positive and appropriate responses from relevant administrative and judicial authorities.

Recognizing that programmes must be tailored to respond to the specific contexts and needs of men who have sex with men, sex workers and transgender people in each country and location, there is an urgent need for national HIV programmes to prioritize three programmatic strategies:

- Focus on **capacity of individuals and communities.** "Capacity" is defined here as awareness, knowledge, skills, motivation, access, involvement, influence, power, resilience, and technology and tools at a level that is sufficient for action. Capacity for health and rights is a means towards the goal of realizing full health and rights, which, in turn, is a means towards the goal of realizing human development and full human potential. A core aim of UNAIDS programming in this priority area is that men who have sex with men, sex workers and transgender people should have increased ability to avoid HIV infection, achieve full health and realize their human rights.
- Focus on **evidence**. In every region of the world, programmes should already be implementing evidence-based interventions for these three key populations. Further, national HIV budgets and programming should be allocated in alignment with population needs, and specifically the known attributable fraction of HIV risk and HIV burden.
- Focus on **metropolitan areas**. Around the world, urban centres are frequently the settings of high HIV prevalence and high levels of HIV exposure. Large cities are also frequently the locations of the best HIV-related services, and the municipal authorities in large cities often have autonomy in setting policies and administering local health services, social and legal services, and policing.

Municipal HIV programming can therefore complement national efforts and contribute important evidence and momentum for national change. For these reasons, UNAIDS will focus its efforts on attaining change for the large populations of men who have sex with men, sex workers and transgender people in cities, looking particularly within each region of the world at locations where combination HIV interventions are most needed and where effort can have the greatest potential impact.

In addition, more needs to be done to build and use evidence. Design, targeting and scale-up of HIV interventions for the three key populations should be improved, based on an improved understanding of people's experience of sex work, male-to-male sex and transgender identity. Support is needed to expand, transfer and exchange existing evidence, and to support generation and use of new high-quality strategic information.

Linking and coordinating with efforts in related priority areas, support for this priority area from UNAIDS's cosponsors and Secretariat will intensify action to promote human rights, advocate for improved legal and regulatory environments—not only for HIV but for broader health and human development and rights—and bring together partners to forge more effective multisectoral national AIDS responses.

Under this priority area, UNAIDS will advocate for actions to effect change in the major metropolitan areas and municipalities in which many men who have sex with men, sex workers and transgender people live and work, focusing on four interlinked areas of emphasis:

- Technical support and capacity development for informed, vocal and effective advocacy and interventions by men who have sex with men, sex workers and transgender people, and their community leaders and other advocates.
- Support for, and documentation of, good-practice urban health and other services serving men who have sex with men, sex workers and their clients, and transgender people, to enhance their coverage and achieve universal access of these populations to quality combination HIV interventions.
- Support for, and documentation of, programmes and actions at municipal, state and national levels that increase protection against, and redress for, human rights violations suffered by men who have sex with men, sex workers and transgender people, to reduce factors increasing HIV vulnerability and increase people's ability to negotiate safer sex, safer drug use, and access to HIV treatment and care.
- Support for HIV-related assessments, data collection, data analysis and research about health and human rights environments, focusing particularly on processes and methods that meaningfully involve men who have sex with men, sex workers and their clients, and transgender people, and their community leaders and advocates.

3. MOVING FORWARD

UNAIDS will link and catalyse partners to advance the three results and four interlinked areas of emphasis in every region of the world, including both large and small countries. This will include working in countries in which programming and policy change seem challenging, as well as in countries where programming and policies are already on the national agenda. Given the need for evidence to evaluate and share lessons in this priority area, UNAIDS will prioritize support of situation assessments, research, monitoring and evaluation (including costing and budget tracking) conducted with and by the three key populations.

At the same time, working towards 2011 goals, UNAIDS will assist at least 15 of the low- and middle-income countries that selected this priority area to strengthen and document their efforts in key municipalities to:

- build and fortify informed, vocal and capable organizations of men who have sex with men, sex workers and transgender people that engage as partners to advance universal access;
- ensure that each key city has at least one comprehensive HIV programme that provides non-judgemental, non-stigmatizing and relevant services for men who have sex with men, sex workers and transgender people;

- provide robust rights-based programmes to inform men who have sex with men, sex workers and transgender people about their human rights; receive reporting about human rights violations; and ensure positive and appropriate responses from relevant administrative and judicial authorities.

UNAIDS will prioritize its support to national and municipal programmes and community organizations, in every region of the world, according to several criteria:

- **Community leadership.** In every region of the world, UNAIDS will support the efforts of existing and emerging community leaders and advocates. UNAIDS will prioritize work in locations where HIV advocacy and HIV interventions are already led by and for men who have sex with men, sex workers and transgender people. Where these communities are already visible and mobilized, UNAIDS can support expanded investment in helping them to scale up informed, vocal and effective HIV interventions. At the same time, UNAIDS will remain committed to playing a supportive role wherever communities are not yet organized for action, by facilitating community awareness, organizing, building capacity and developing leadership.
- **Government engagement and ownership.** In every region of the world, UNAIDS will prioritize work in locations where there are leaders from municipal, state and national authorities who are ready to expand HIV-related interventions for the three key populations, and who can help to link and integrate efforts across multiple sectors and within long-term national goals for health and human rights. At the same time, even (and especially) where the government is not ready for action, UNAIDS will remain committed to sharing global guidance, best practice examples and opportunities for new initiatives.
- **Magnitude of the HIV epidemic** among the three key populations.
- **Innovation.** Change in any setting requires pushing against the constraints of limited human and financial resources and limited formal evidence, and challenging existing norms and practices. UNAIDS will champion change aimed at improving responses around HIV and AIDS, and will be bold in supporting pilot projects that enhance the health and rights of men who have sex with men, sex workers and their clients, and transgender people.

Enabling men who have sex with men, sex workers and transgender people to prevent HIV infection, achieve full health and realize their human rights requires an extraordinary breadth and depth of commitment, collaboration and coordination, based in communities and supported by the national HIV strategic plan and broader health and human development agendas. The UNAIDS cosponsors and Secretariat have a distinctive contribution to make in support of these national and international efforts (see box). They already work together at a country level to implement the work described in this business case, under at least two unifying guidance documents: the UNAIDS Guidance Note on HIV and Sex Work (2009) and the UNAIDS Action Framework for Universal Access for Men who have Sex with Men and Transgender People (2009). UNAIDS is now implementing updated training to build capacity for working effectively with these key populations, targeted to all country-level UN staff working on HIV ("in-reach" training).

In addition, UNAIDS will mobilize global, regional and country-level partners to engage with **municipal, state and national government** duty bearers and service providers. UNAIDS will continue to collaborate closely with the **Global Fund,** providing technical guidance and support at global, regional and country levels for the Sexual Orientation and Gender Identities Strategy 2010 Implementation Plan. UNAIDS will also work with key global networks, such as the **Network of Sex Work Projects** and the **Global Forum on MSM and HIV**, and with many regional, country-level and local networks and organizations of men who have sex with men, sex workers and transgender people. Finally, UNAIDS will continue to work with and expand the large number of key **nongovernmental organizations** working on these issues, including human rights advocates, health provider associations, technical support providers, academic research institutions, philanthropic funders, and political, cultural and community leaders.

The role of UNAIDS

The actions recommended for UNAIDS in this priority area reflect the mandates and strategic strengths of the UN joint and cosponsored programme:

- **Human rights mandate.** The UN is mandated to promote human rights under Article 1 of the UN Charter. Promotion of human rights is a core obligation of all UN staff, particularly staff of UNAIDS under its role and responsibility to address barriers to universal access to HIV prevention, treatment, care and support. Already, the highest level of UN leadership—including the UN Secretary General and the UNAIDS Executive Director—has championed the rights of all people, regardless of sexual orientation, gender identity or engagement in sex work.
- **Norm setting and policy development.** With a mandate to provide global leadership and normative guidance on HIV responses, UNAIDS is well positioned to advocate for improved legal, social and regulatory environments to support health and human development. UNAIDS will share global standards, propose alternative paradigms and frameworks, and support production of policy guidance for promoting human rights in specific contexts, such as employment (including sex work), education, health care, humanitarian crises and migration.
- **Convening power.** Through its presence in countries throughout the world, its multisectoral cosponsors, and the Joint Programme's mandate to support both government and civil society, UNAIDS has the ability to understand the power structures and dynamics for potential change in each country. UNAIDS Joint Country Teams on AIDS convene a diverse array of stakeholders, including ministries of health, education, justice and interior; parliamentarians; donors; and civil society, including people living with HIV and other key populations. This creates opportunities for dialogue, and forges and nurtures the strategic, multisectoral partnerships that are required to increase investments and to secure political support.
- **Technical and policy advisory support.** Drawing on the mandates and expertise of its 10 cosponsors, UNAIDS is uniquely positioned to provide coordinated technical and policy assistance to stakeholders in a wide range of sectors, including health, development, education, law, law enforcement, employment and humanitarian response, to address health and human rights environments. UNAIDS also provides expert and "honest broker" support to mobilize and leverage donor investments and to support civil society mobilization.

Ensuring accountability and measuring progress

To guide and monitor the work outlined in this business case, UNAIDS will use existing advisory and governance bodies, including the UNAIDS Advisory Group on HIV and Sex Work and the UNAIDS Reference Group on HIV and Human Rights. The outcomes and impact of UNAIDS activities under this business case will be measured using existing mechanisms such as UNGASS country reporting, the UNGASS National Composite Policy Index, and data collected by cosponsors and from civil society sources. Strengthening data collection and data reporting against the objectives described in this plan will be one of the activities under this priority area. If new indicators are developed to track progress in this priority area, they will be required to provide information of value not only for this area, but also for measuring progress towards the Millennium Development Goals and other development goals.

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3 Among sex workers, the UNAIDS 2008 *Report on the global HIV/AIDS epidemic* notes HIV prevalence rates as high as 35% in west Africa, 10% in Latin America and higher than 10% across Asia and eastern Europe.

4 Data presented by the International HIV/AIDS Alliance at "The hidden HIV epidemic: a new response to the HIV crisis among transgender people" press conference, 4 August 2008, Mexico City, Mexico.

5 Baral S, Sifakis F, Cleghorn F, Beyrer C. Elevated risk for HIV infection among men who have sex with men in low and middle income countries 2000–2006: a systematic review. *PLoS Med*, 2007, 4:e339.

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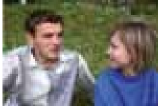
Joint Action for Results

UNAIDS Outcome Framework:



We can reduce sexual transmission of HIV.

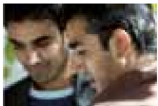
We can prevent mothers from dying and babies from becoming infected with HIV.

We can ensure that people living with HIV receive treatment.

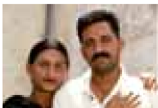
We can prevent people living with HIV from dying of tuberculosis.

We can protect drug users from becoming infected with HIV.

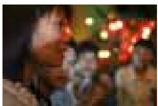
We can meet the HIV needs of women and girls and can stop sexual and gender-based violence.



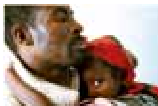
We can remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS.



We can support the ability of men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realise their human rights.



We can empower young people to protect themselves from HIV.



We can enhance social protection for people affected by HIV.

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