

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
THIRD REPLENISHMENT (2011-2013)

THE GLOBAL FUND, HIV AND SEXUAL ORIENTATION/GENDER IDENTITIES



INTRODUCTION

1. Sex workers, men who have sex with men, transgender people and other sexual minorities are among the groups and communities most affected by HIV and AIDS around the world.
2. Among men who have sex with men, HIV incidence and prevalence is high in all regions of the world. HIV prevalence rates above 25 percent have been recorded in countries in Africa and Southeast Asia. In the Caribbean prevalence often exceeds 10 percent and studies in some Latin American cities have recorded rates higher than 50 percent.
3. Among transgendered persons, HIV prevalence is usually even higher than among men who have sex with men. Studies have shown rates above 25 percent in three Latin American countries and rates ranging from 10 to 42 percent in five Asian countries.
4. In 2009, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that fewer than one in ten men who have sex with men and transgender people are reached by HIV prevention services.
5. HIV prevalence among male, female and transgender sex workers is also higher than in the general population, yet UNAIDS estimates that less than 1 percent of global funding for HIV prevention has been allocated to prevention among sex workers.
6. In 2008 and 2009, four out of every five HIV proposals to the Global Fund included a focus on sex workers, men who have sex with men, transgender people and/or other sexual minorities. Nevertheless, major challenges remain. A number of comprehensive and well-targeted funding requests were submitted, but most HIV proposals still lacked the scale, breadth and ambition necessary to turn the epidemics around for these populations. Political and technical challenges to scaling up efforts with these groups are present in many countries.
7. In many contexts sex workers, men who have sex with men, transgender people and/or other sexual minorities find it difficult to access in-country decision-making related to the Global Fund. For example, in 2008, only 10 percent of all HIV proposals submitted by Country Coordinating Mechanisms explicitly indicated that there was representation from any of these groups on the Country Coordinating Mechanism. In 2009, only 27 percent of all proposals submitted and 38 percent of the proposals that were ultimately approved for funding indicated that one or more of these groups were represented.
8. Experience has shown that greater representation can lead to strong and successful proposals. In 2009, proposals submitted by Belize, Bolivia, Colombia, India, and Mexico indicated that men who have sex with men, transgender and sex worker populations were represented on their Country Coordinating Mechanisms and all these proposals were approved for funding.

A MECHANISM FOR FINANCING PROGRAMS TARGETING THOSE “MOST AT RISK”

9. Since the Global Fund started in 2002, ensuring access to services and programs for all - and especially for those most affected by the three diseases - has been at the heart of Global Fund efforts.

10. The Framework Document of the Global Fund states that priority will be given to “the most-affected countries and communities, and to those countries most at risk” and will include efforts to “eliminate stigmatization of and discrimination against those infected and affected by HIV/AIDS, especially for women, children and vulnerable groups”.

11. In recent years, the Board and Secretariat have recognized the need to strengthen efforts to ensure that most-affected populations, including sex workers, men who have sex with men, transgender people and other sexual minorities be given appropriate priority in Global Fund policies, processes and funding.

12. In May 2009 the Global Fund Board adopted a Sexual Orientation and Gender Identities (SOGI) Strategy.

THE SEXUAL ORIENTATION AND GENDER IDENTITIES STRATEGY

13. The Global Fund’s SOGI Strategy seeks to ensure an environment that is supportive of strengthened programming targeting sex workers, men who have sex with men, transgender people and/or other sexual minorities.

14. An action plan for 2009-2012 to support the strategy’s implementation includes sections dedicated to:

- strengthening Country Coordinating Mechanisms;
- strengthening the proposal and application process;
- strengthening the expertise and capacity of the Technical Review Panel;
- ensuring that monitoring, evaluation and reporting is positively oriented toward work addressing sexual orientation and gender identities;
- ensuring partnerships work strategically in favor of the strategy’s target populations;
- mobilizing advocacy and communications to help create an empowering environment supportive of effective action;
- strengthening the capacity of the Secretariat to manage implementation; and
- strengthening Global Fund leadership and governance to help ensure the strategy maintains a high profile and to pursue wider supportive social change conducive to effective implementation.

STRATEGY IMPLEMENTATION

15. A senior advisor for sexual and gender diversity joined the Secretariat in July 2009. Work inside the Secretariat is led by an internal gender task team. Progress has been made in many areas, including the following:

16. **Country Coordinating Mechanisms:** A new Country Coordinating Mechanism funding policy has introduced flexibilities to ensure that Country Coordinating Mechanisms can receive funding for additional efforts to secure greater representation, participation and strengthened capacity in relation to marginalized groups. Proposed revisions to the Country Coordinating Mechanism Guidelines, the key reference document for Country Coordinating Mechanisms worldwide, include sections on strengthening representation from sex workers, men who have sex with men, transgender people and/or other sexual minorities and will be presented to the Board later in 2010.

17. **Applications to the Global Fund:** HIV-related proposal forms and guidance for applications to the Global Fund have been strengthened in order to ensure that the needs of sex workers, men who have sex with men, transgender people and/or other sexual minorities are adequately taken into account.

18. **Technical Review Panel:** Efforts started in 2009 and are continuing in 2010 to strengthen the independent Technical Review Panel by recruiting members with expertise on gender and sexual minorities.

19. **Monitoring and evaluation:** The Secretariat is strengthening the way in which it monitors programs targeting sexual minorities. New indicators will soon be phased in.

20. **Secretariat capacity:** Efforts are underway to increase the skills, expertise and capacity of staff on issues related to the SOGI Strategy. By March 2010, learning opportunities and induction seminars had reached more than 250 staff. The internal gender task team has helped identify skilled and experienced staff to help drive implementation of the SOGI Strategy, and qualified staff from the target communities are encouraged to apply for staff vacancies.

21. **Partnership and outreach:** A global consultation (co-hosted by the Global Fund Secretariat, UNAIDS and the Coalition of Asia Pacific Regional Networks on HIV/AIDS) was held in Bangkok in October 2009 with United Nations, civil society and community experts and partners. The meeting helped inform the three-year action plan and a complementary communication and stakeholder engagement plan. Outreach to partners has also included participation in several global and regional AIDS conferences and World AIDS Day events. Regional meetings in Latin America, South Asia, Middle East and North Africa, Eastern Europe and Central Asia and West and Central Africa have supported country and regional discussion on how to implement the strategy.

22. A strong partnership with the Global Forum on MSM & HIV is emerging and links with the Network of Sex Worker Projects have been strengthened. The Global Fund is also exploring how it could best collaborate with and assist a proposed global network of transgender communities.

23. Technical partners are actively supporting the implementation of the SOGI Strategy. For example the United Nations Development Programme (UNDP), UNAIDS and the United Nations Population Fund (UNFPA) all participated in the October 2009 consultation and have developed materials to support applicants seeking to address the needs of sex workers, men who have sex with men, transgender people and/or other sexual minorities in their proposals.

24. **Analysis of proposals from Rounds 8 and 9:** An analysis of the results of HIV proposals submitted in 2008 and 2009 (Rounds 8 and 9) has been undertaken. The number of proposals recommended for funding by the Technical Review Panel that included a comprehensive package of services for sex workers, men who have sex with men, transgender people and/or other sexual minorities increased between Rounds 8 and 9. For example, the percentage of funded proposals that included activities aimed at addressing stigma and promoting the human rights of sex workers, men who have sex with men, transgender people and/or other sexual minorities increased from 13 percent in 2008 to 43 percent in 2009. Similarly, the proportion of proposals that included provision of care and support for sexual minorities rose from 29 percent in 2008 to 50 percent in 2009.

25. **Board leadership:** The Global Fund Board committed to reviewing its own operations, membership and capacity to ensure the Board can provide leadership in this area. The SOGI Strategy calls for targeted advocacy and outreach should a Board meeting take place in a country where same-sex sexual activity is illegal. The November 2009 Board meeting took place in Ethiopia, a country that criminalizes homosexuality. Global Fund advocacy encouraged policy-makers to confront the harms associated with the criminalization of same-sex sexual activity in the East Africa region. This involved cosponsoring the 4th African Conference on Sexual Health and Rights in Addis Ababa in February 2010. The conference theme was "Sexuality, HIV and AIDS in Africa" and key sessions included a plenary on the criminalization of same-sex sexual relationships in Africa.

CASE STUDIES

26. In South Asia, in recent years Global Fund-supported HIV prevention services have focused more on the populations at greatest risk of new infections: sex workers, men who have sex with men, and people who inject drugs. Overall, the coverage of prevention services remains low, but the Global Fund is providing increased funding for prevention efforts. For example, it has become the single largest supporter of efforts targeting sex workers in countries in Asia, with the exception of India. In Lao (People's Democratic Republic), one program targeting sex workers has achieved a coverage level of 80 percent. China and the Philippines are among the countries where large numbers of men who have sex with men are being reached by prevention services financed by the Global Fund. Coverage of services for men who have sex with men will increase in the coming years, thanks to a regional proposal for prevention efforts among men who have sex with men that was approved in 2009 and will cover South Asian countries.

27. In Latin America and Caribbean, the Dominican Republic - with Global Fund support - is reaching more than 2 million people with HIV prevention activities, including 800,000 sex workers, men who have sex with other men, migrants, youth and prisoners.

28. A Caribbean regional proposal was successful in Round 9. The proposal seeks to encourage greater access to services for people who use drugs, men who have sex with men, transgender people and prisoners, in addition to promoting rights-based approaches to HIV programming.

CONCLUSION

29. Since the approval of the SOGI Strategy in May 2009, significant work has been undertaken to ensure that the Global Fund addresses the vulnerabilities and needs of men who have sex with men, transgender people, sex workers and other sexual minorities, recognizing that these populations continue to face numerous challenges in being able to access or benefit from Global Fund grants.

30. Efforts undertaken have complemented both work undertaken to implement the Gender Equality Strategy and ongoing work to strengthen community systems and health systems, particularly at the programmatic level through a focus on detection and treatment of sexually transmitted infections as well as other sexual and reproductive health and rights services.

31. The SOGI Strategy also provides an important focus for efforts to ensure greater value for money and targeting of investments to ensure the communities most affected by HIV receive the interventions they need.

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