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26th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
22-24 June 2010

Reducing HIV transmission among men who have sex with men and transgender people

Additional documents for this item: UNAIDS/PCB(26)/10.CRP.3

Action required at this meeting - the Programme Coordinating Board is invited to:

See decision paragraph 20: *Takes note* of the report on the progress made by UNAIDS since 2009 on the implementation of the "*UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*" and *calls upon* UNAIDS and all partners to intensify efforts to meet the health needs and rights of men who have sex with men and transgender people in the context of HIV, in particular to urgently address the key economic, legal, social and technical barriers, which impede effective HIV responses and to enhance their direct participation in national, regional and global HIV policy and programming.

Cost implications for decisions: *none*

I INTRODUCTION

1. At its 24th meeting in June 2009, the UNAIDS Programme Coordinating Board: “*urged UNAIDS and other partners to support further action, particularly on decriminalization as part of the agreed Unified Budget and Workplan priorities, and also in other areas of policy and practice both inside and beyond the health sector.*” (decision 12.1). At the same meeting, the UNAIDS Programme Coordinating Board “*welcomed the promulgation of the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People and the follow-up action already underway.*” (decision 12.1).
2. Mindful of decision 3.3 of the 25th Meeting in December 2009, in which the UNAIDS Programme Coordinating Board requested that UNAIDS: “*continue to build on the UNAIDS Action Framework on Men Who Have Sex with Men and Transgender People and the UNAIDS Outcome Framework 2009-2011 to support the expansion of comprehensive programmes aimed at reducing HIV transmission amongst men who have sex with men and transgender people; and agreed to return to this decision at the 26th meeting of the Board.*” (decision 3.3), the PCB Bureau, at its meeting on 26 February identified this issue as a key item for the 26th Board meeting requiring that a Board document be consulted in draft with all stakeholders. This was duly carried out and comments received taken into account in preparation of the final text for presentation to the Programme Coordinating Board.
3. As described in the UNAIDS AIDS Epidemic Update 2009, throughout the world, men who have sex with men and transgender people are at higher risk of HIV infection, and continue to lack basic awareness about their potential exposure.¹ In every region of the world, men who have sex with men and transgender people are experiencing extremely high HIV incidence and prevalence, low coverage of HIV activities and services, and face major barriers, to accessing HIV related health services, due to homophobia, transphobia, stigma, discrimination and criminalization.^{2 3 4 5 6 7 8 9} As shown by the graph below, there is evidence from around the globe, that men who have sex with men are experiencing a higher burden of HIV than the general population.¹⁰

¹ UNAIDS. AIDS Epidemic Update 2009.

www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2009/default.asp

² Mayer KH, Mimiaga MJ, and Safren SA. Out of the closet and into public health focus: HIV and STDs in men who have sex with men in middle-income and resource-limited countries. *Sex Trans Dis* 37:4. April 2010.

³ Van Griensven F, de Lind van Wijngaarden JW, Baral S, et al. The global epidemic of HIV infection among men who have sex with men. *Curr Opin HIV AIDS* 2009; 4:300–307.

⁴ Baral S, Sifakis F, Gieghom F, et al. Elevated risk for HIV infection among men who have sex with men in low and middle income countries 2000–2006: Results of meta analysis. *PLoS* 2007; 4:e339.

⁵ Beyrer C. Hidden yet happening: the epidemics of sexually transmitted infections and HIV among men who have sex with men in developing countries. *Sex Transm Infect* 2008;84:410–412.

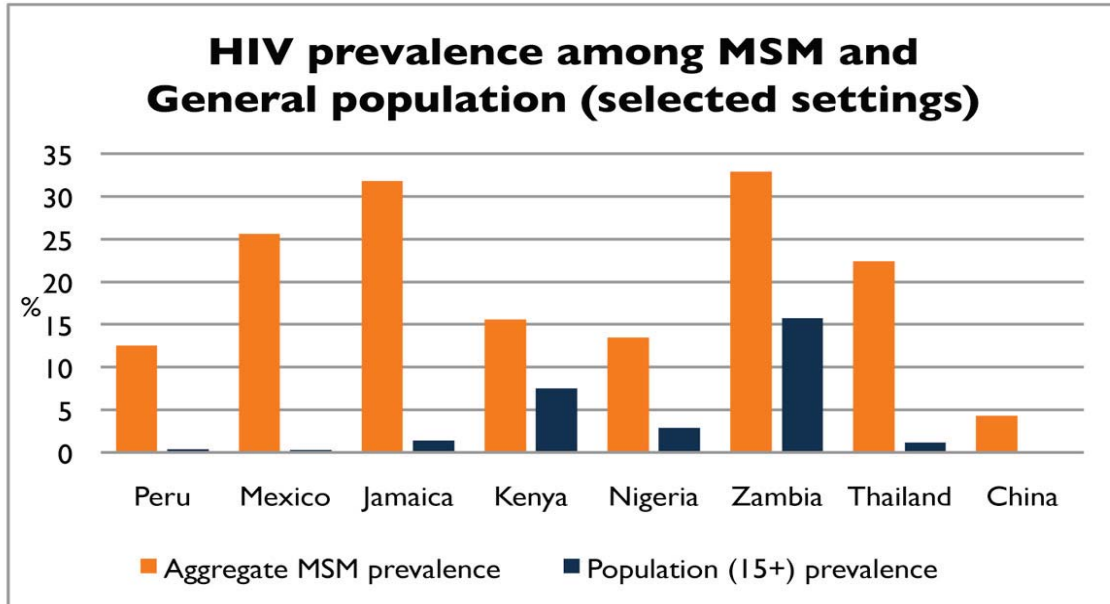
⁶ Singh Setia M, Brassard P, Jerajani HR, et al. Men who have sex with men in India: a systematic review of the literature. *Journal of LGBT health research*. 01/01/2008; 4(2-3):51-70.

⁷ Smith A, Tapsoba P, Peshu N, Sanders E, and Jaffe H. Men who have sex with men and HIV/AIDS in sub-Saharan Africa. *Lancet* 2009; 374: 416–22. press.thelancet.com/msmafrica.pdf

⁸ Baral S, Trapence G, Motimedi F, Umar E, Lipinge S, Dausab F, et al. HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. *PLoS One* 2009; 4(3):e4997.

⁹ Gruskin S and Ferguson L. Government regulation of sex and sexuality: in their own words. *Reproductive Health Matters* 2009;17(34):108118

¹⁰ Global MSM Forum, Reaching Men Who have Sex with Men (MSM) in the Global HIV & AIDS Epidemic. February 2010.



Source: Stefan Baral MD MPH, Center for Public Health and Human Rights, Johns Hopkins School of Public Health. Powerpoint presentation, *USCA MSM Institute San Francisco, California. October 29, 2009*

- Evidence shows that a combination of HIV interventions, at individual, community and structural levels, of sufficient breadth, quality, intensity, duration and scale, can reduce the incidence of HIV among men who have sex with men and transgender people.^{11 12 13 14} In these populations, as in all communities, people can acquire the skills to negotiate safer sex and drug use practices, and to access HIV prevention, treatment, care and support. Successful programmes reducing the rates of HIV infection among men who have sex with men and transgender people have been demonstrated in many national settings, principally in high income countries. Tremendous opportunity exists to decrease HIV transmission rates through appropriately targeted programmes which support health and human rights of men who have sex with men and transgender people.
- It should be noted that the populations of men who have sex with men and of transgender people are themselves extremely diverse with differing HIV risk contexts. There is a range of social and sexual identities in different cultural contexts, and a range of sexual practices which may or may not include sex between men and sex between men and women. It is important that this diversity, and its differential impact on HIV risk, be recognized in policy and programmatic responses.

¹¹ Global HIV Prevention Working Group. www.globalhivprevention.org

¹² WHO. Priority interventions for HIV/AIDS prevention, treatment and care in the health sector. April 2009. www.who.int/hiv/pub/priority_interventions_web.pdf

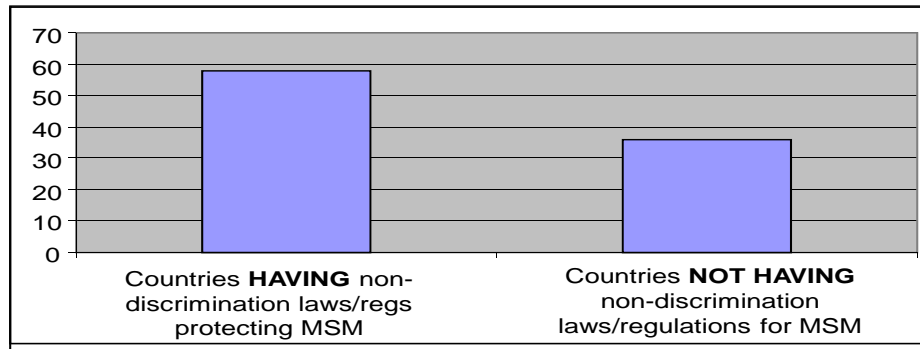
¹³ The Global Forum on MSM & HIV (MSMGF). REACHING Men Who Have Sex With Men (MSM) In the Global HIV & AIDS Epidemic. February 2010. www.msmsgf.org/documents/MSMGF_ReachingMSM.pdf

¹⁴ APCOM and USAID. Investing in HIV prevention for men who have sex with men: Averting a 'Perfect Storm'. 30 Sept 2009. www.msmandhiv.org/documents/AS_HOME_PerfectStorm.pdf

II UNAIDS ACTION FRAMEWORK FOR UNIVERSAL ACCESS FOR MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER PEOPLE

6. Launched in May 2009 on the International Day Against Homophobia, the "*UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*" is structured around three mutually reinforcing strategic objectives: promoting human rights, strengthening evidence, and supporting capacity and partnerships for action.
7. UNAIDS actions are grounded in an understanding of, and commitment to, human rights, as defined and recognized in the 1945 Charter of the United Nations¹⁵, the 1966 International Covenant on Economic, Social, and Cultural Rights (ICESCR)¹⁶, the 2001 UN General Assembly Declaration of Commitment on HIV/AIDS¹⁷, and the 2006 Political Declaration on HIV/AIDS¹⁸.
8. All human beings, including men who have sex with men and transgender people, should have access to information, access to health commodities such as condoms, water-based lubricants, STI (sexually transmitted infections) treatment and HIV treatment, and sufficient autonomy and social empowerment to navigate and negotiate healthy lives. The graph below shows that where non-discriminatory laws and regulations exist protecting the rights of men have sex with men, a remarkably higher percentage of men who have sex with men can be reached with HIV prevention services. A rights-based approach can ensure that men who have sex with men, transgender people, and their sexual partners can access essential HIV and health services and social support and exercise their right to health.

Median percentage of MSM reached with HIV prevention services
Adapted from UNAIDS 2008 Global Report



Decriminalization as HIV Prevention: Structural Responses for MSM and IDU¹⁹

¹⁵ www.un.org/en/documents/charter/

¹⁶ www2.ohchr.org/english/law/cescr.htm

¹⁷ data.unaids.org/publications/irc-pub03/aidsdeclaration_en.pdf

¹⁸ UN Resolution 60/262. data.unaids.org/pub/Report/2006/20060615_hlm_politicaldeclaration_ares60262_en.pdf

¹⁹ Beyrer C. Decriminalization as HIV Prevention: Structural Responses for MSM and IDU. May 2010.

9. As at May 2009 80 countries in the world had laws criminalising consenting adult same-sex behaviour.²⁰ In these and many other countries, men who have sex with men and transgender people faced serious barriers to HIV interventions due to stigma, discrimination, homophobia, transphobia, criminalisation and violence.²¹ Based on its mandate, UNAIDS has long advocated AIDS programming that incorporates human rights for all people, including the rights of people who are transgender or who engage in consensual adult same-sex sexual relations.²² To support this effort, in 2009 UNAIDS, alongside key partners, published a “Review of Legal Frameworks and the Situation of Human Rights related to Sexual Diversity in Low- and Middle-Income Countries”.
10. In 2009, as compared to 2008, there was a higher level of explicit UNAIDS promotion of human rights of men who have sex with men and transgender people and new demand for UNAIDS support for rights-based work in many countries and regions. UNAIDS’ current policy efforts are a continuation of many previous years of effort to provide guidance, targeted communications, and technical assistance to countries toward a rights-based response to the HIV pandemic. As in previous years, during 2009 there were highly politicised debates on HIV, sexual orientation and gender identity in some countries. UNAIDS, in partnership with key partners, made a substantial effort to encourage national debates to address effective, evidence-based HIV responses, grounded in respect for and the realization of fundamental human rights.. Still a stronger effort is needed to overcome the serious barriers to scaling up effective HIV programmes for men who have sex with men and transgender people.
11. UNAIDS’ actions to support country responses must be informed by evidence and available information on good practice. UNAIDS has long supported the collection, compilation, and communication of data and good practice about HIV among these populations throughout the world.^{23 24 25 26} There are over 50 countries, from all regions, where estimates exist of the size of the population of men who have sex with men and estimates of the levels of HIV in this population²⁷. Information on AIDS responses among men who have sex with men is available from 66 low and middle income countries²⁸. However, more can be done to increase the quality of data collection and data reporting about the scale and attributable fraction of HIV risk and HIV burden related to men who have sex with men and transgender

²⁰ ILGA. State-sponsored homophobia. Updated facts and statistics at www.ilga.org

²¹ Baral, S. et al. HIV Prevalence, Risks for HIV Infection, and Human Rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. *PLoS One*. Among other findings, this study correlates HIV prevalence and reported HIV risk with reported experience of human rights violations, such as violence, blackmail, history of arrest, and history of rape,

²² UNAIDS. Strengthening work with MSM in Africa: Social mobilization to challenge homophobia. May 2008. Available at: <http://www.stigmaindex.org/42/feature-articles/strengthening-work-with-msm-in-africa.html>.

²³ APCOM and UNAIDS. Men who have Sex with Men (MSM) – Updates for ICAAP, Bali, 2009. www.aidsdatahub.org

²⁴ UNAIDS. ICASA 2008: Men who have sex with men and HIV in Africa. December 2008.

www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20081207_msm.asp

²⁵ Cáceres C, Pecheny M, Frasca T, Rios R. Review of Legal Frameworks and the Situation of Human Rights related to Sexual Diversity in Low and Middle Income Countries. A Study Commissioned by UNAIDS. December 2009.

²⁶ WHO Regional Office for Europe. HIV prevalence and risks among men who have sex with men in Moscow and St. Petersburg. 2007. www.euro.who.int/Document/E90854.pdf

²⁷ See Cáceres CF, Konda K, Segura ER, Lyerla R. Epidemiology of male same-sex behaviour and associated sexual health indicators in low- and middle-income countries: 2003-2007 estimates. *Sex Transm Infect*. 2008 Aug;84 Suppl 1:i49-i56; van Griensven F, de Lind van Wijngaarden JW, Baral S, Grulich A. The global epidemic of HIV infection among men who have sex with men. *Curr Opin HIV AIDS*. 2009 Jul;4(4):300-7..

²⁸ Adam, Philippe C G; de Wit, John B F; Toskin, Igor; Mathers, Bradley M; Nashkhoev, Magomed; Zablotska, Iryna; Lyerla, Rob; Rugg, Deborah Estimating Levels of HIV Testing, HIV Prevention Coverage, HIV Knowledge, and Condom Use Among Men Who Have Sex With Men (MSM) in Low-Income and Middle-Income Countries *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 52():S143-S151, December 2009.

people, and about the scale-up, accessibility, and effect of appropriate and comprehensive rights based interventions.

12. There is a robust evidence base about the combination of core interventions to address HIV amongst men who have sex with men and transgender people. Core intervention types and their effects include the following: promotion and distribution of, and education about, condoms and water-based or silicone-based lubricants, which can significantly reduce rates of HIV transmission²⁹; early access to HIV and STI testing, treatment, and care which can significantly reduce rates of illness and onward transmission^{30 31 32 33 34 35 36}; counselling and sustained psychosocial support which can significantly build people's motivations, skills, values, confidence, and trust regarding potential actions for HIV prevention and treatment³⁷; and social and structural interventions which can significantly impact the ways that people access and benefit from HIV interventions^{38 39 40 41}.
13. Effective and sustainable country action against HIV among men who have sex with men and transgender people requires capacity and partnership among many actors and sectors, including affected communities, their allies, governments, donors, civil society, the private sector and the UN family. More can be done to increase the capacity of men who have sex with men and transgender people to themselves avoid HIV infection, document and report human rights violations, and to seek and access essential services and support. More can be done to support informed policy dialogue to advance the goal of universal access for men who have sex with men and transgender people in all settings. And more can be done to develop and strengthen multi-sectoral partnerships for appropriate country, regional and global AIDS responses. UNAIDS has a common and unique mandate and ability to work with a range of partners to leverage resources and create a more enabling environment for HIV prevention, treatment, care and support in the long term, while taking advantage of multiple entry points and opportunities for impact in the short term.

²⁹ Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev* 2002(1):CD00003255.

³⁰ WHO HIV testing and counseling (TC) toolkit. www.who.int/hiv/topics/vct/toolkit/en/index.html

³¹ Denison JA, O'Reilly KR, Schmid GP, Kennedy CE, Sweat MD. HIV voluntary counseling and testing and behavioral risk reduction in developing countries: a meta-analysis, 1990--2005. *AIDS Behav.* 2008;12(3):363-73.

³² Ibid.

³³ Holtgrave D, McGuire J. Impact of Counseling in Voluntary Counseling and Testing Programs for Persons at Risk for or Living with HIV Infection. *Clinical Infectious Diseases* 2007; 45(s4):S240-S243.

³⁴ Marks G, Crepaz N, Senterfitt JW, Janssen RS. Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States: implications for HIV prevention programs. *J Acquir Immune Defic Syndr* 2005; 39(4):446-453.

³⁵ Vernazza P, Hirschel B, Bernasconi E, Flepp M. HIV transmission under highly active antiretroviral therapy. *Lancet* 2008; 372(9652):1806-1807.

³⁶ Pao D, Pillay D, Fisher M. Potential impact of early antiretroviral therapy on transmission. *Curr Opin HIV AIDS* 2009; 4(3):215-221.

³⁷ UNAIDS. Sexual Behaviour Change and HIV/AIDS: Challenges and Experiences. In.

Amsterdam: share-net: Netherlands Network on Sexual & Reproductive Health and AIDS; 2003.

³⁸ Gupta GR, Parkhurst JO, Ogden JA, Aggleton P, Mahal A. Structural approaches to HIV prevention. *Lancet* 2008; 372(9640):764-775.

³⁹ Kippax S. Understanding and integrating the structural and biomedical determinants of HIV infection: a way forward for prevention. *Curr Opin HIV AIDS* 2008; 3(4):489-494.

⁴⁰ Ibid.

⁴¹ Peacock D, Stemple L, Sawires S, Coates TJ. Men, HIV/AIDS, and human rights. *J Acquir Immune Defic Syndr* 2009; 51 Suppl 3:S119-S125.

14. This progress report provides an update of progress made by countries in meeting the needs of men who have sex with men and transgender people in 2009-2010 and efforts undertaken by UNAIDS to support countries in advancing the achievement of universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

III PROGRESS IN THE EXPANSION OF COMPREHENSIVE PROGRAMMES AIMED AT REDUCING HIV TRANSMISSION AMONGST MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE

15. There is an increasing level of national action to address the continuing, and in many cases, growing, HIV epidemics amongst men who have sex with men and transgender populations. National efforts in a number of countries and regions have sought to deliver full-scale programmatic efforts to achieve universal access to HIV prevention, treatment care and support. Of particular note are the increased efforts in South, South-East and East Asia and in Latin America. There has been some notable progress in national settings in a few of the countries of Eastern Europe and Central Asia, but in this region there is little recognition of the scale of the epidemic amongst men who have sex with men and transgender people. In the Caribbean, there is a very mixed picture of progress in some countries but little action, hampered by political opposition, in others. In East and Southern Africa there has been a much stronger recognition of the need to increase national efforts in relation to these populations in recent years, while in West and North Africa programmes have also expanded.

16. In 2009-2010 notable global, regional and national action has included:

Global level actions:

- Statements of political commitment from UN Secretary General Ban Ki Moon, UNDP Administrator Helen Clark, and UNAIDS Executive Director Michel Sidibé.
- A network of judicial leaders to address issues relating to sexual orientation and gender identity was established.
- A review of effective HIV interventions for men who have sex with men, including costing.
- Supported a multi-country study on political and social factors that enable MSM HIV programming.
- Drafted new Operational Guidelines for Monitoring & Evaluation for HIV Prevention among men who have sex with men.
- Facilitated an Interagency Working Group on Most-at-Risk Young People, and support for a global technical meeting on HIV prevention among most-at-risk adolescents.
- Produced International Technical Guidance on Sexuality Education, which include recognition of the need for sexuality education to be inclusive of sexual diversity and to address homophobia.
- Updated Guidance on Priority Interventions: HIV/AIDS Prevention, Treatment, and Care in the Health Sector.
- Updated Integrated Management of Adolescent and Adult Illness (IMAI) District Clinician Manual and Acute Care Guidelines.
- Piloted an in-reach UN staff training and drafted new in-reach training materials which include a component on men who have sex with men

Africa:

- Region-wide there has been increasing attention to the extent of HIV among men who have sex with men and transgender people. Regional advocacy efforts have increased with a new coalition of African Men for Sexual Health and Rights (AMSHeR), which has received the support of UNAIDS, as well as support for lesbian, gay, transgender and intersex advocates and organisations to participate in the 45th Conference of the African Commission for Human and People’s Rights.
- Senegal has studied the impact of human rights violations on HIV prevention and health outcomes, including access to services; in Cameroon, Cote D’Ivoire, Burkina Faso, Guinea, Nigeria, Sierra Leone and Togo research about men who have sex with men has been conducted and the capacity of front-line community organizations assessed with the support of UNAIDS.
- The impact of punitive laws has been examined in Malawi, Rwanda, Burundi, Uganda, together with capacity assessments of community organizations, and Kenya has conducted multi-sectoral dialogue on gender and sexual orientation.
- Research about men who have sex with men and the proportion of the HIV epidemic in this population has been studied in Lesotho, Mauritius, Zambia, and Zimbabwe, and the capacity of community organizations assessed in Mozambique, and South Africa. National networks of men who have sex with men, transgender people, and other sexual minorities participated in policy dialogue in Lesotho and South Africa with the support of UNAIDS.

Asia and Pacific:

- A regional review of laws relating to men who have sex with men and transgender people is being conducted and findings will be published in 2010. In order to support epidemiological estimation, UNAIDS conducted a regional training on methods for population size estimation and developed a report on the HIV epidemiology and responses among men who have sex with men. The UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People has been regionally adapted to define a comprehensive package of services, together with the development of a Practitioners Guide. The Asia Pacific Coalition for Male Sexual Health (APCOM) continues to support region-wide initiatives.
- India has conducted national stakeholder consultations around the s.377 decision ⁴² in which the Delhi High Court held that the Indian Penal Code provision criminalising sodomy was invalid in respect of consenting adults when measured against the equality and privacy provisions of the Indian Constitution. India has also held the first national consultation on transgender people and HIV. In Afghanistan, sexual exploitation issues of young men who have sex with men in the context of HIV, health and protection have been assessed. National advocacy networks of men who have sex with men, transgender people, and other sexual minorities in Bangladesh, Sri Lanka, and Nepal have expanded their work with the support of UNAIDS.
- The Philippines has developed a nationally recommended “comprehensive package of services” for men who have sex with men and in Fiji and Papua New Guinea research and mapping of issues and networks has been conducted, along with multi-sectoral dialogue and training.
- Vietnam has developed national guidelines and training toolkits for men who have sex with men and HIV interventions, and convened national and provincial men who have

⁴² Delhi High Court's decision on Section 377, anti-sodomy law
Available at http://www.lawyerscollective.org/sites/default/files/naz_judgment020709.pdf

sex with men working group meetings, trainings, and capacity-building. China and Cambodia have also supported national networks and capacity building efforts.

Eastern Europe and Central Asia:

- Regional MSM-related meetings including training on methods for population size estimation were supported in April 2009, and at the third Eastern European and Central Asian AIDS Conference in Moscow in October 2009. A seven-country assessment of HIV and sexual health programming for most-at-risk adolescents was sponsored by UNAIDS.
- Ukraine has reviewed legal barriers to HIV interventions for men who have sex with men, and a human rights defenders' network and human rights monitoring has been supported by UNAIDS.
- An evaluation of HIV prevention interventions for men who have sex with men was conducted in Belarus.
- Tajikistan assessed the social contexts, social networks, sexual networks, and HIV risks of men who have sex with men.
- Multi-sectoral dialogue, sensitivity trainings and capacity-building workshops related to gender, sexual orientation, and HIV were conducted in Russia and Ukraine.

Arab States:

- Across the region, eight studies on HIV and sexual diversity in the Arab region have been disseminated, which examine the religious and cultural barriers to outreach with men who have sex with men, the practices of men who have sex with men, as well as the print and e-media messaging on homosexuality. UNAIDS supported a review in 14 Arab countries of penal codes that criminalise men who have sex with men, and documented impacts of these policies and practices on implementation of and access to HIV interventions.
- Programme and policy leaders in the region have participated in a regional workshop entitled: "Advanced Course on Community Mobilization for HIV Prevention among Most at Risk Populations", facilitating continued dialogue about appropriate HIV interventions and fulfilment of human rights.

Latin America and the Caribbean:

- Several Latin American countries have adopted new laws and policies protecting the rights of lesbian, gay, bisexual and transgender people. The Inter American Parliamentary Group to undertake a comparative analysis of national laws including a focus on men who have sex with men and transgender people in ten Latin American countries, with UNAIDS support. The UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People was regionally adapted and a "Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men Who Have Sex with Men" launched together with a report on "Health Promotion and the Provision of Care to Men Who Have Sex with Men in Latin America and the Caribbean".
- Several regional multi-sectoral meetings were held in follow-up to the Mexico Declaration on "Preventing through Education", and helped collect data about the sexual health needs of young men who have sex with men to inform the development of national sex education curricula.
- Transgender people participated in the General Assembly of the Organisation of American States (OAS) with the support of UNAIDS a new educational and advocacy video "*Translatina*" was launched.

- An ECOSOC review meeting in Jamaica marked the International Day Against Homophobia by issuing a joint call to eliminate homophobia, and supported advocacy for rights-based policies and programming through.
- In 14 localities in Argentina a research study considered the vulnerability of men who have sex with men to HIV and barriers to health. ,
- Peru developed a guidance document on HIV prevention, treatment, care, and support for transgender sex workers in.
- Analysis of gaps in services and support to national networks and capacity building was provided in Panama, Guyana and Trinidad and Tobago.

IV Resource mobilization issues

17. The past several years have seen a global recalibration in efforts to address HIV among men who have sex with men and transgender people, driven by new evidence about concentrated epidemics, evidence about the failure of inappropriately targeted HIV programming, and powerful advocacy by affected communities in every region across the world. Key markers of this global recalibration include the May 2009 launch of the UNAIDS Action Framework and the May 2009 Global Fund strategy on sexual orientation and gender identities.⁴³ In addition, attention is being paid to these issues by donors including PEPFAR (United States President's Emergency Plan for AIDS Relief), DfID (United Kingdom's Department for International Development) and other bilateral donors, and increased action is visible at community, national, and regional levels throughout the world.
18. During 2009 and 2010 UNAIDS provided technical and implementation support to the Global Fund's Sexual Orientation and Gender Identities Strategy including:
- Southern Africa process for the development of a Regional Global Fund proposal on LGBTI (Lesbian, Gay, Bisexual, Transgender people, Intersex people) issues for Round 11.
 - Successful South Asia multi-country Global Fund Round 9 proposal.
 - Successful Pan-Caribbean AIDS Programme (PANCAP, Pan Caribbean Partnership Against HIV and AIDS) multi-country GFATM Round 9 proposal, together with support for a PANCAP all-general meeting in October 2009, and PANCAP training programmes throughout 2009.

V MOVING FORWARD

19. As described in section 3 above, the results of the considerable and on-going efforts at country level and across UNAIDS in the previous years are becoming evident. Yet the need and demand for addressing the needs and rights of men who have sex with men and transgender people in the context of HIV continue to outstrip the response. The "UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People" and UNAIDS "Joint Action for Results" Outcome Framework 2009- 2011 offer both a sound basis and a timely opportunity to take forward strategic action for addressing the rights and needs of men who have sex with men and transgender people in the context of HIV.

⁴³ The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities (SOGI). Available at: <http://www.theglobalfund.org/documents/replenishment/2010/The%20Global%20FUND%20SOGI%20Strategy%20Update.pdf>

20. The Programme Coordinating Board is invited to agree the following:

Takes note of the report on the progress made by UNAIDS since 2009 on the implementation of the *"UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People"* and *calls upon* UNAIDS and all partners to intensify efforts to meet the health needs of men who have sex with men and transgender people in the context of HIV and to ensure non-discrimination, in particular to urgently address the key economic, legal, social and technical barriers, which impede effective HIV responses, and to enhance their direct participation in national, regional and global HIV policy and programming.

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