



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

The Global Fund's Sexual Orientation and Gender Identities Strategy

http://www.theglobalfund.org/documents/publications/other/SOGI/SOGI_Strategy.pdf

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Improving HIV Outcomes

The SOGI Strategy approved in May 2009 outlines **the urgent need to ensure more resources** reach a number of key populations disproportionately affected by HIV including:

- Sex workers (male, female and transgender)
- Men who have sex with men
- Transgender communities
- Women who have sex with women and other sexual minority groups

Improved Global Fund Processes = Improved Outcomes

The Strategy outlines **19 actions** for the Global Fund Secretariat and Board – including:

- Support to Country Coordinating Mechanisms
- Guidelines for Proposals
- Strengthening the Technical Review Panel
- Strengthening Monitoring, Evaluation and Reporting
- Building Strategic Partnerships
- Advocacy and Communications
- Strengthening the Secretariat's Capacity
- Strengthening Global Fund Leadership and Governance

Global Fund in EECA

GFATM key funding source across the region:

- Learning through implementation across the region – well before the Strategy was developed (Russia, Macedonia, Romania, Moldova)

GFATM a key source for validating evidence and data:

- Baseline coverage for MSM as described in GFATM grant submissions was low, averaging around 1–2%, with the exception of Romania and Serbia, where it was slightly higher

Strengthening evidence: MSM and HIV in the region

HIV epidemic in MSM well established in Croatia, Estonia, Latvia, Moldova, Poland, Ukraine, Uzbekistan and some cities in the Russian Federation

MSM - frequent commercial sex activities and partnerships with women

STI services for MSM are still rare

Stigma, weak evidence and data and low funding are challenges for HIV prevention

Epidemiology



HIV epidemics among men who have sex with men in central and eastern Europe

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Male-to-male sex is the major route of HIV transmission in high-income countries, and the emerging data from low-income and middle-income countries indicate that men who have sex with men (MSM) bear a substantial burden of HIV epidemics there as well.^{1,2}

It is estimated that 1.5 (range 1.1–1.9) million people were living with HIV in the countries of central and eastern Europe (CEE) in 2007, with an estimated adult prevalence (15–49 years old) of 0.8% (range 0.6%–1.1%).³ Injecting drug use remains the main mode of HIV transmission in the 15 countries of the former Soviet Union, though there has been an increase in the number of reported heterosexually acquired infections.⁴ In the other countries of eastern Europe, the main modes of transmission are sexual: both heterosexual and through male-to-male sex.⁵ MSM remain the group at the greatest risk of HIV in western Europe, because of high levels of HIV-related risk behaviours and increasing incidence of sexually transmitted infections (STIs).^{6,7}

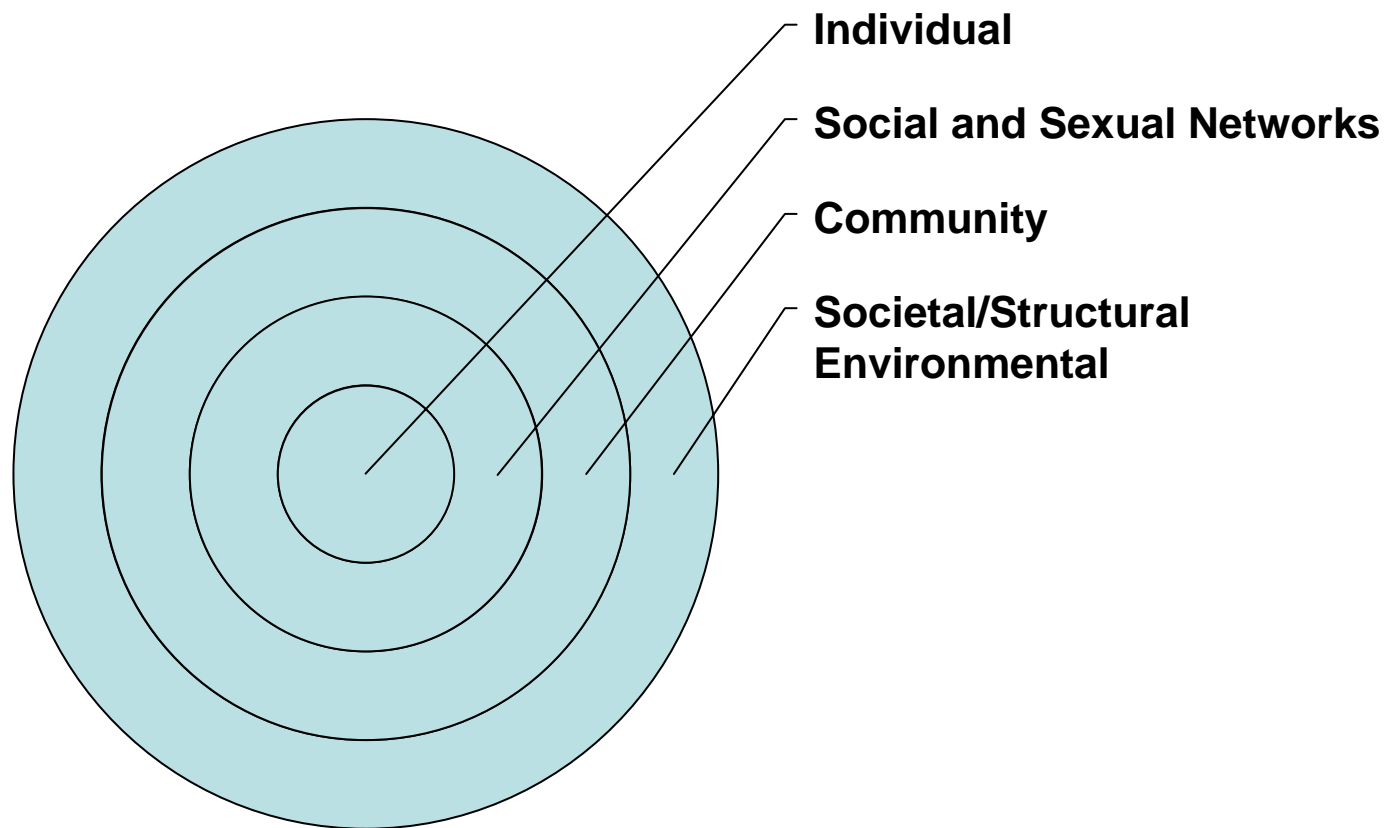
In the CEE, data on the epidemiology of HIV among MSM are less available compared with other vulnerable groups, which has partly been attributed to specific social conditions and stigmatisation of homosexuality in post-communist, transitional societies.^{8,9} In the recently published assessment of the quality of HIV sero-surveillance in low-income and middle-income countries, only one country of eastern Europe and central Asia (Ukraine) was assessed as having a fully functioning surveillance system.¹⁰ The key weaknesses

(EuroHIV), which groups the CEE into a central region (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Hungary, the former Yugoslav Republic of Macedonia, Poland, Romania, Serbia and Montenegro, Slovakia, Slovenia, Turkey), and an eastern region (Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan).

Data collection

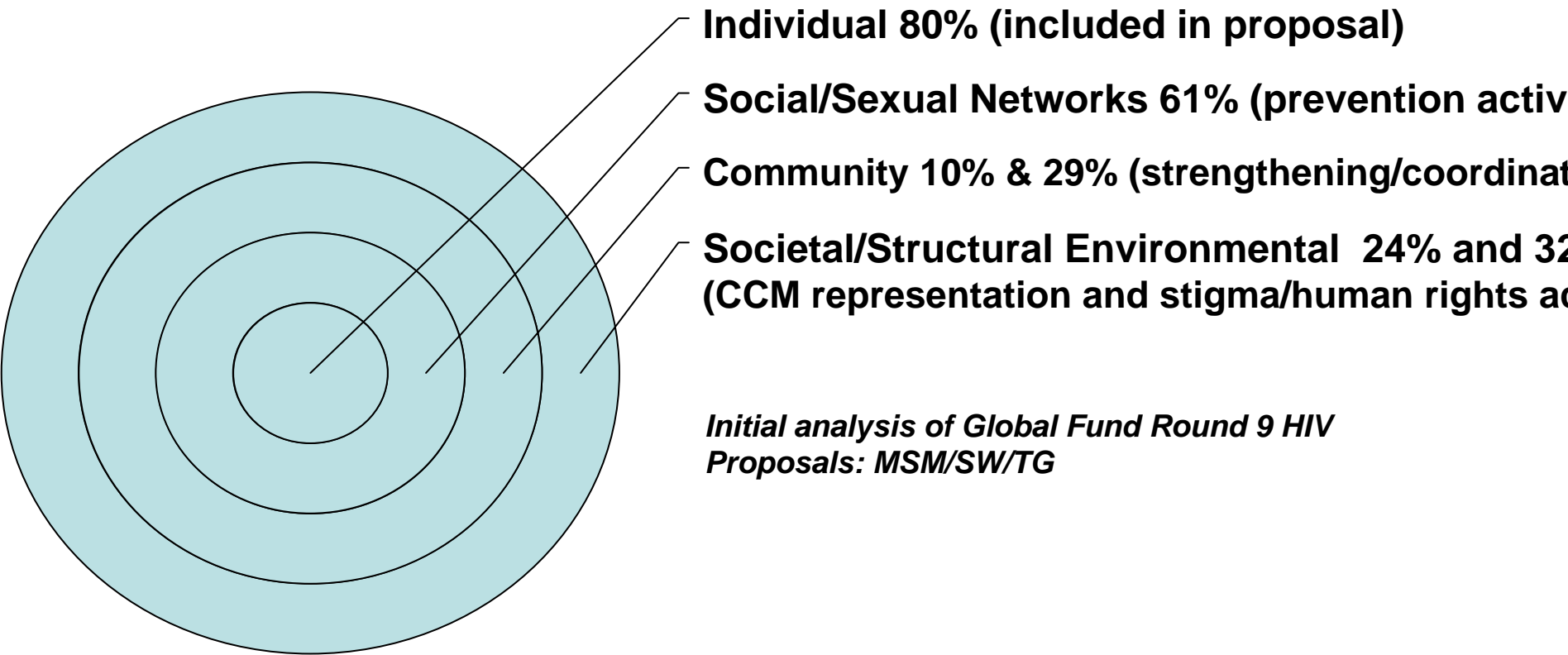
In each country, researchers proposed by WHO/EuroHIV were asked to collect the literature on HIV epidemiology among MSM, prevention responses and stigma and discrimination in the local language and/or in English, published between 1 January 2000 and 1 February 2008. Where data were not available after 2000, we asked country collaborators to send us the latest available data. The literature included published papers and reports on HIV, STIs and behavioural surveillance surveys, research studies carried out among MSM, published abstracts, conference reports and “grey” literature available in the country. In order to receive comparable reports, all collaborators were sent a template of a country report and a list of 17 biological and behavioural indicators with specific time frames. If these data were not available, collaborators in the countries were asked to provide existing data and state the time frame for each indicator.

Social Ecology model for HIV work with MSM, transgender and sex workers



An effective response = strong response and strategic activities at every level

Programs not yet covering all levels



Further attrition from proposal stage to program implementation.....

Key Challenges

- Access
- Scale
- Resistance: stigma and discrimination
- Catch-22 cycle – Evidence/Action
- Ensuring context and realities are in processes
- Building in flexibilities to existing programs to ensure they can adapt to dynamic epidemics (Phase 2)