



THE GLOBAL FORUM ON MSM & HIV

ANNUAL REPORT

2013



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NOTE FROM THE EXECUTIVE DIRECTOR



At the time of our founding in 2006— and one of the reasons for it — there was negligible discussion or inclusion of key affected populations in the global AIDS response. This exclusion permeated all aspects of the response including program implementation, policymaking, and funding streams at national and international levels. Exceptions were grassroots advocates and civil society organizations working to stem the tide of new infections within their own communities.

To address these egregious omissions, the Global Forum on MSM & HIV (MSMGF) worked to amplify and support the voices of those working on the frontlines of the AIDS response among gay men and other men who have sex with men (MSM) around the world. We have spent the past eight years building a member-based, constituency-led organization designed to serve as a platform, a support mechanism, and a forum for these grassroots leaders.

The resulting work has helped mobilize the global AIDS response to meet the needs of MSM. Today, we are encouraged to see that the Global Fund, PEPFAR, UNAIDS, and other large multilaterals meaningfully include key affected populations in their programs, policies, and funding initiatives. We are proud of our role as connective tissue, facilitating linkages between local advocates and global policy processes, ensuring that local needs and knowledge shape the global AIDS response. Local stakeholders are more involved in the design and implementation of international HIV programs and policies that affect MSM, and our grassroots and high-level constituents benefit from the best information and most valuable partnerships to address health and rights in their own communities.

This year we joined with the major regional networks of MSM in Africa, Asia, Latin America, Eastern Europe & Central Asia, Middle East & North Africa, and the Caribbean to form a new Consortium of MSM Networks, with the MSMGF leading the Secretariat. Collectively we can now pool our expertise and respective technical resources, developing and implementing complementary strategies to address the most urgent issues impacting MSM health and rights globally. We also joined together to establish the Community Leadership and Action Collaborative with the major global networks of key populations including the Global Network of People Living with HIV (GNP+), Global Action for Trans* Equality (GATE), the International Network of People Who Use Drugs (INPUD), the Global Network of Sex Work Projects (NSWP), the International Treatment Preparedness Coalition (ITPC), and the AIDS and Rights Alliance for Southern Africa (ARASA). By working together, we have exponentially increased our potential programmatic and advocacy impact, as well as our ability to secure necessary funds to further our priority initiatives.

As issues of sustainability and scalability gain momentum within the global AIDS response, we move into 2014 with an increased focus on monitoring and evaluation. We continue to engage with our partners for feedback to help refine, improve, and consolidate our approaches to technical support, a core business of the MSMGF. We have expanded advocacy mentoring and training opportunities, and we remain excited by the global reaction to the Speaking Out Initiative, which we extended to several new countries and regions in 2013. The demand for Speaking Out illustrates the importance of developing activities and tools that are grounded in local context, that can be scaled up and adapted anywhere, and that facilitate skills development for long-term impact during a time of dwindling resources for HIV and human rights work. We are extremely excited about the Curriculum for Healthcare Providers focused on the sexual health needs of MSM, developed under the Bridging the Gaps Program. As with Speaking Out, the Curriculum has the potential for wide uptake by implementers and health ministries, for long-term positive impact on the provision and quality of healthcare for MSM.

This year we further stepped up our involvement in Geneva to ensure international policies reflect the needs and experiences of our constituents, and we enhanced our monitoring of international funding flows. In particular, we intensified our focus on the Global Fund as it prepares for full rollout of its New Funding Model in 2014, serving on numerous committees and advisory groups and watchdogging urgent funding trends that are incommensurate with the disproportionate HIV disease burden across the globe. The combination of funding retrenchment and setbacks in human rights protections are a deadly combination in low-, middle- and high-income countries alike.

As a member-led organization promoting and supporting grassroots participation, we have grown with the changes to the AIDS response. Together we continue to adjust to new and emerging issues with innovation and leadership. Our efforts and our achievements would not be possible without the fabulous team that makes us who we are: our constituents, our staff, our consultants, our Steering Committee, our in-country partners, and our donors. I wish to extend a special thanks to all of you for your role in the important work of protecting and promoting the health and rights of socially disenfranchised communities worldwide.

A handwritten signature in dark ink, appearing to read 'George Ayala', with a stylized, flowing script.

George Ayala

WHO WE ARE



Members of the MSMGF Global Steering Committee

The Global Forum on MSM and HIV (MSMGF) is an expanding network of advocates and other experts in health, human rights, research, and policy, working to ensure an effective response to HIV among gay men and other MSM.

Our coalition shares a particular concern for the health and rights of MSM who are living with HIV, are young, are from low- and middle-income countries, are poor, are migrants, belong to racial/ethnic minority groups or indigenous communities, engage in sex work, use drugs, and/or identify as transgender.

MISSION

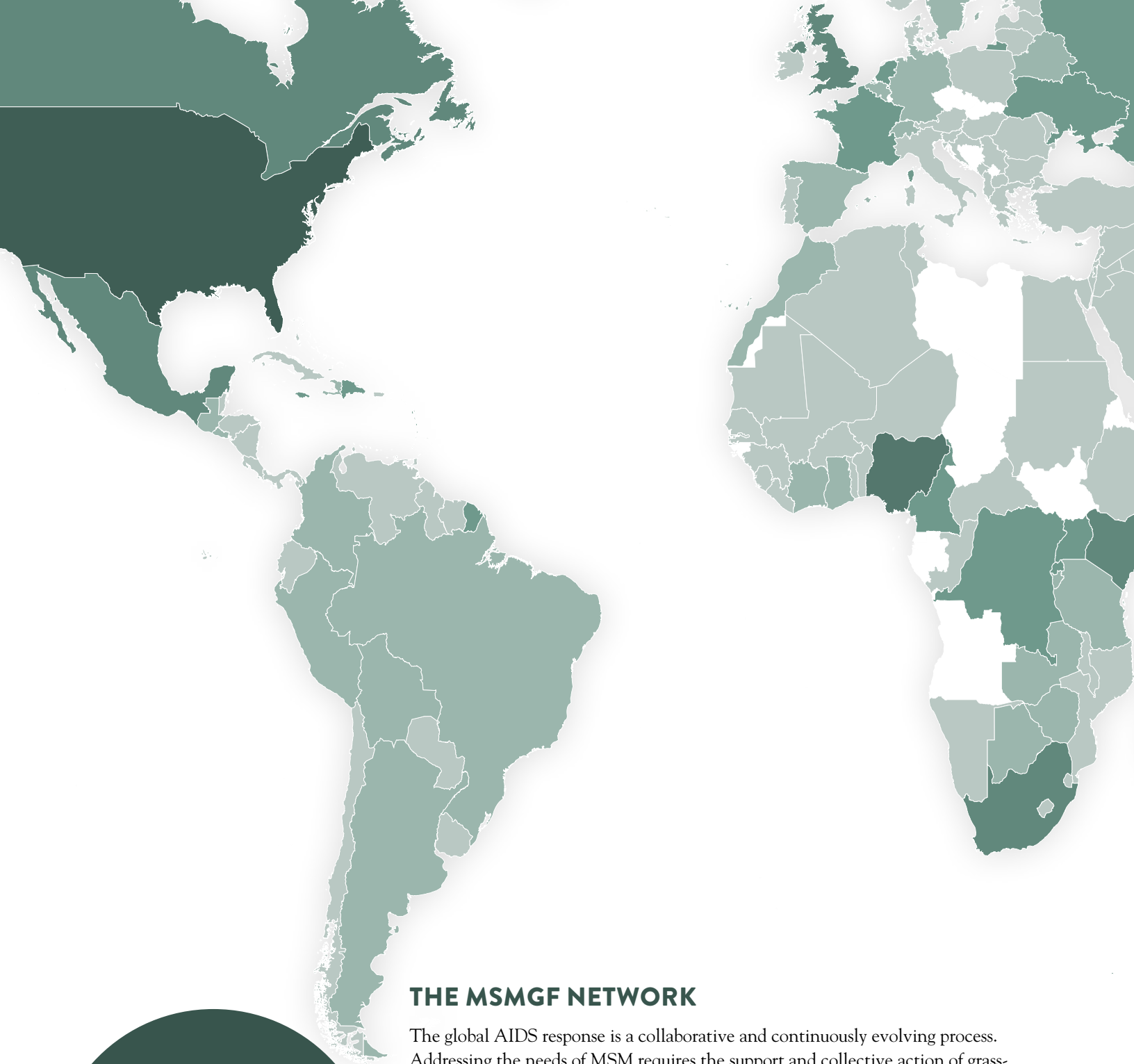
To advocate for equitable access to effective HIV prevention, care, treatment, and support services for MSM, including those living with HIV, while promoting their health and human rights worldwide.

VALUES

In all of our activities we focus on human rights, self-determination, and working in coalition. We employ approaches that are community-led, strengths-based, sex positive, critically reflexive, evidence-informed, and results-oriented. By integrating these values into our policy, programs, research, and communications strategies, we strive to combine the full range of contributions generated by our constituents with methods that achieve smart, effective, and cost-efficient outcomes.

GOALS AND STRATEGY

The MSMGF's goals and strategy are outlined in the [MSMGF's Strategic Plan for 2012-2016](#).



GLOBAL REACH

THE MSMGF NETWORK

The global AIDS response is a collaborative and continuously evolving process. Addressing the needs of MSM requires the support and collective action of grass-roots stakeholders, researchers, healthcare providers, and high-level policy makers, aided by appropriate resources, information, and skills. In just seven years, we grew from a founding group of 21 activists from 18 countries who joined together to work collectively toward a common goal, to a vast global network of over 3000 individual members representing over 1800 organizations across more than 160 countries.

Communication and collaboration across regions and disciplines has the power to exponentially increase the impact of the global AIDS response. Our global network allows us to monitor the real impact of policies and programs on the ground, and it helps us ensure that local and international stakeholders have the information and resources they need to develop and implement effective initiatives.

CONSORTIUM OF MSM NETWORKS

In addition to the broad global network, the MSMGF convenes specialized consortia and working groups focused on specific issues and sub-populations. The MSMGF now leads a formal Consortium of MSM Networks, established in April of this year, that includes the major regional MSM networks in Africa, Asia, Latin America, the Caribbean, Eastern Europe & Central Asia, and the Middle East & North Africa. The Consortium will work to support frontline MSM organizations around the world through advocacy, emergency support, and documenting the role of community-based organizations in responding to HIV among MSM.

Highlights in 2013

International Networks of Gay Men Unite to Fight HIV

MSMGF YOUTH REFERENCE GROUP (YRG)

The MSMGF YRG brings together young MSM (YMSM) activists from around the world to advise and coordinate our work on youth issues. Including 18 advocates from Kenya, Nigeria, Egypt, Singapore, Peru, United States, Armenia, Ireland, Paraguay, Guyana, Lebanon, and Jamaica, the YRG played a central role in producing the MSMGF's 2013 policy brief entitled 'Young Men Who Have Sex with Men: Health, Access, and HIV.' The first publication of its kind, the brief highlighted the unique vulnerabilities of YMSM in the global AIDS epidemic and was ultimately used to inform debate in the Parliaments and National AIDS Planning agencies of numerous countries around the world.

Highlights in 2013

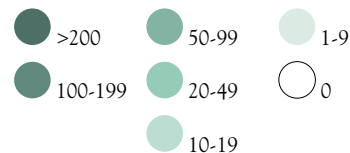
Young MSM: Health, Access, and HIV

Young Gay Men and HIV/AIDS: A Global Epidemic (Infographic Adapted by TheBody.com)

Observer's Intervention on Youth Thematic at UNAIDS PCB Meeting

MSMGF MEMBERS*

Activist/Advocate	1722
Artist	242
Capacity Building Specialist	464
Donor/Funder	122
Educator	985
Faith-based	134
For-Profit Business Professional	96
Government Officer/Employee	128
Legal Professional	89
Legislator	57
Medical Professional	270
Member of the Media	128
Multilateral / Intergovernmental Agency	103
Prevention/Care Program Manager/Staff	1191
Program Implementer	511
Researcher	852
Volunteer	685
Writer/Journalist	343



*Some MSMGF members identify with more than one role and those members are counted once under each role. Country affiliation is limited to one country and only counted once.

DIRECT HIGH-LEVEL ADVOCACY

MSMGF Sr. Policy Advisor Nadia
Raff at the UNAIDS Programme
Coordinating Board Meeting



As a global forum, we work to facilitate linkages to meet the needs of local constituents and inform global stakeholders. At the policy level, this entails working to build grassroots advocacy and programming capacity, as well as conducting high-level advocacy that targets major national, regional, and global organizations.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS, AND MALARIA

The Global Fund was created in 2002 as an international financing institution to fight AIDS, tuberculosis, and malaria. As of 2013, the Global Fund supported programs in more than 140 countries, including over US\$ 13 billion toward HIV and AIDS. The Global Fund's current strategy (2012 - 2016) commits to working increasingly with countries and local partners and facilitating collaborations to ensure that funding effectively serves those most affected by the diseases.

The Global Fund launched a New Funding Model in early 2013, selecting El Salvador, Zimbabwe, and Myanmar as early applicants. With permission from constituents involved, the Global Fund approached the MSMGF to help develop a confidential contact list of key MSM and transgender advocates in countries receiving Global Fund grants, ultimately resulting in a list of over 100 advocates interested in and willing to participate in the country dialogue process under the New Funding Model.

The MSMGF was subsequently invited to represent LGBT interests at a technical partners meeting convened by the Global Fund Secretariat to discuss rollout and the incorporation of human rights and sexual orientation and gender identity strategies within the new model. Next steps include finalizing a key affected population action plan and following up on actual rollout, particularly in countries with anti-gay legislation and human rights abuses.

The current transition to the New Funding Model presents a unique opportunity to reassess the roles civil society can and should play in the development and implementation of Global Fund grants. Together, we have an unprecedented opportunity to shape implementation of the model, ensuring it is responsible to key affected populations and responsive to their health and human rights concerns.

Highlights in 2013

- Technical assistance to advocates in El Salvador, Zimbabwe, Myanmar, and Democratic Republic of Congo.
- Monitored roll out of New Funding Model in El Salvador, Zimbabwe, Myanmar and Democratic Republic of Congo to identify challenges for MSM programming and relay them to the Global Fund Secretariat
- Presented MSM and transgender experiences with the New Funding Model at the Global Fund Joint NGO and Board Meeting, contributing to reports and portfolio managers meetings.
- Lobbied Global Fund leadership for more inclusive eligibility requirements to maintain support to key populations in middle-income countries across Eastern Europe, the Middle East, Latin America, and the Caribbean.
- Facilitated a session on models for coordination and support at the Joint Civil Society Action Plan Meeting, helping to develop a mechanism to coordinate information sharing, watchdogging, and support for rollout of the New Funding Model.
- Reviewed and contributed to the Global Fund's Key Populations Action Plan 2014-2017.

JOINT UNITED NATIONS PROGRAM ON HIV/AIDS (UNAIDS)

UNAIDS unites eleven UN organizations and works closely with stakeholders to achieve a meaningful and significant coordinated global AIDS response. The current UNAIDS strategy is a roadmap for achieving zero new infections, zero discrimination, and zero AIDS-related deaths. “Zero” is intimately linked to the countdown to 2015, the deadline year for the Millennium Development Goals (MDGs), which were developed in the year 2000 when AIDS was identified as a priority global issue. A UN System Task Team is currently advising a post-2015 development agenda that aims to continue building upon the momentum generated by the MDGs.

Through our active participation in meetings, contributions to reports, and provision of feedback, we are actively working to shape the UNAIDS Zero strategy and post-2015 work as it involves and affects MSM globally.

UNITED STATES GOVERNMENT

Through the President’s Emergency Plan for AIDS Relief (PEPFAR), the US government is the leading bilateral provider of AIDS assistance, accounting for nearly half of all global funding. The US has also demonstrated leadership on LGBT issues, affirming the linkage between public health outcomes and human rights promotion and protections. With the passage of the PEPFAR Stewardship and Oversight Act, PEPFAR funding was extended for another five years.

By working with PEPFAR, advising and influencing PEPFAR processes, and watchdogging policy and strategy implementation, the MSMGF helps ensure that issues impacting key populations including MSM and transgender people are recognized and addressed based on evidence from the ground.

WORLD HEALTH ORGANIZATION

WHO is working closely with the MSMGF and other key stakeholders to advocate for the implementation of an evidence-based approach to prevent and treat HIV and other sexually transmitted infections among MSM and transgender people, as well as monitor performance and impact. New consolidated guidelines under development will affect MSM and other key affected populations around the world. By working directly on development of the guidelines, we aim to ensure that the voices of our constituents help to shape them. Once the guidelines are implemented, we will be active in adapting them for use by civil society advocates and local providers.

Highlights in 2013

- Shaped key advocacy messages via membership on the HIV Civil Society Working Group on the Post-2015 MDGs.
- Coordinated activities concerning MSM and other key populations across UN agencies via membership on the UN Interagency Work Group on Key Populations.
- Represented MSM community voices within Post-2015 MDG debates at the UNAIDS Program Coordinating Board and the UNAIDS and Lancet Commission on Defeating AIDS and Advancing Global Health.
- Lobbied on behalf of MSMGF constituents for more meaningful participation, support for community systems strengthening, and better monitoring and evaluation in 3 UN working papers on HIV processes.
- Co-organized activities, side events, and strategy sessions focused on MSM treatment access and human rights at the UN General Assembly Meeting.
- Co-drafted a brief on access to HIV medicine among key populations, which served as the basis for breakout sessions at the UNAIDS Consultation on Access to HIV Medicines in Middle Income Countries.

Highlights in 2013

- Fielded numerous requests from grassroots advocates to facilitate connections with PEPFAR administrators to resolve in-country challenges.
- Published community updates on the importance of PEPFAR and Country Operating Plan processes to key affected populations, outlining concrete steps that can be taken by community to be meaningfully engaged.
- Participated in PEPFAR strategy setting and reauthorization through the Global AIDS Policy Partnership.
- Represented grassroots partners in the Kaiser Family Foundation’s meeting on the US government’s role in global LGBT health.
- Helped organize the Latin America and Caribbean technical exchange on HIV prevention, care, treatment for MSM and transgender people.
- Moderated a panel on increasing political and financial stability of HIV services by working in collaboration at PEPFAR’s regional summit on Latin America.
- Supported emergency response to LGBT rights violations through outreach to US Department of State, Office of the Global AIDS Coordinator, and in-country USAID offices.

KEY POLICY COMMITTEES

In 2013, our high-level advocacy work included serving on numerous key policy committees that influence the development of policies, programs, and funding streams to support MSM health and human rights. They included:

- The HIV Civil Society Working Group on the Post-2015 Millennium Development Goals (MDGs)
- International AIDS Society Advisory Group on Key Affected Populations
- WHO Guidelines Development Workgroup on Brief Sexuality-related Communications
- WHO Civil Society Reference Group
- WHO Working Group on Consolidated Guidelines for Key Affected Populations, and this group's Peer Review Advisory and Working Groups
- United Nations Interagency Work Group on Key Populations
- Global Fund Joint Civil Society Action Plan Task Team
- Global Fund Key Population Expert's Group
- Inter Organizational Task Team for Community Systems Strengthening, including co-chairing the Research Agenda Working Group
- International Advisory Group on Hepatitis C
- Global Advocacy Policy and Partnership Coalition



The MSMGF Global Steering Committee Meeting in April 2013

STRENGTHENING COMMUNITY SYSTEMS & TRAINING ADVOCATES



CAPACITY BUILDING & TECHNICAL ASSISTANCE

There is increasing recognition that strengthening communities is essential to sustainably and effectively improving health and human rights outcomes. Through the Speaking Out Initiative and Bridging the Gaps Program, we work together with local partners to strengthen quality of healthcare provision, managerial and fundraising capacity, and in-country participation in advocacy activities. Improved monitoring and evaluation processes ensure advocacy and programming are better informed, shaped, and reinforced across our departments – research, policy, and education – and across regions and countries where we have presence. Information dissemination supports in-country partners by providing findings and data upon which to develop actions, as well as good practices and lessons for local adaptation and implementation.

SPEAKING OUT INITIATIVE: Advocacy Training & Activities

Speaking Out is as an international collaboration supporting HIV advocacy efforts and leadership development at the grassroots level, conducted by and on behalf of LGBT people. The Initiative provides local advocates with the skills and capacities to identify, name, map, and conduct advocacy on issues that impinge upon their ability to access HIV services and fulfill their human rights. It is based on our recognition that when human rights are protected, fewer people become infected, and those living with HIV and their families are better able to cope with the virus.



The Speaking Out process begins with in-depth assessments of local context and advocacy capacity. Following this, country-level partners adapt the MSMGF's Speaking Out global skills training toolkit for local utilization. Community advocates then attend a tailored training-of-trainers after which graduates are invited to develop Breakthrough Advocacy Initiatives eligible for small grants and technical support through the Speaking Out Initiative.

KEY MENA REGION PARTNERS

Association de Lutte Contre le Sida (ALCS) in Morocco
MARSА Sexual Health Center in Lebanon
Arab Foundation for Freedom and Equality (AFE) in Lebanon

KEY MENA REGION FUNDERS

Hivos
ViV Healthcare Positive Action

KEY CENTRAL AMERICAN PARTNERS

Asociación Kukulcán in Honduras

KEY CENTRAL AMERICAN FUNDERS

Levi Strauss Foundation
ViV Healthcare Positive Action

KEY SUB-SAHARAN AFRICA PARTNERS

ISHTAR MSM in Kenya

KEY SUB-SAHARAN AFRICA FUNDERS

Dutch Ministry of Foreign Affairs

KEY SOUTHEAST ASIAN PARTNERS

Rainbow Community Kampuchea (RoCK) in Cambodia
Thanh Danh Development and Research Consultant Company Limited (GLink) in Viet Nam

KEY SOUTHEAST ASIAN FUNDERS

Levi Strauss Foundation

IN FOCUS

SPEAKING OUT FOR LGBT RIGHTS IN HONDURAS

Ivan Banegas began working as a political activist in his hometown of Amapala, Honduras, and is now the executive director of Colectivo Violeta, a Honduran organization that advocates for LGBT rights nationally.

“From a young age I liked to be involved in politics, supporting and defending the community into which I was born,” Ivan explains. “I did this work without much experience or knowledge, but with a lot of conviction.”

Ivan was one of the participants involved in the first pilot training of Speaking Out in Honduras and has since become a training co-facilitator. He likes that the training approach is highly experiential and gives participants a realistic impression of what advocacy work is.

The first training in 2011 inspired a six-month political advocacy initiative in 2012 called Accion Diversa (Diversity Advocacy). This initiative sought to promote the visibility of the Honduran LGBT community. It targeted the country’s decision makers and put LGBT rights on the agenda for the Universal Periodic Review (a review that each member state of the United Nations undertakes every four years, tracking their own human rights record and their efforts to improve human rights).

In June 2013, strongly inspired by the Speaking Out training, Ivan helped launch another advocacy initiative called Sexual Diversity, Democracy, and Justice. In the run-up to the national presidential and congressional elections in November 2013, the project sought to reach agreements with political parties to safeguard the rights of LGBT people.

Both advocacy initiatives have slowly chipped away at the dominant strain of homophobia in Honduran culture, helping LGBT organizations create and claim space on the political map, where just a few years ago they were invisible.

On a personal level, Ivan notes that Speaking Out taught him how to lead a group as well as how to debate effectively with important decision makers in the national political arena. Speaking Out not only helped Ivan in his LGBT activism, but it provided him with better tools as he continues to offer targeted help and advice to people in his native Amapala. He stays involved in political actions that benefit local people, and is now regularly consulted by his local government on many issues that affect the municipality.



Speaking Out: Honduras



Speaking Out: Cambodia

In 2013, Speaking Out funded and provided technical advice in support of several Breakthrough Initiatives developed by Speaking Out participants:

- Middle East & North Africa: Established a new MSM Advocacy Platform, organizing well-trained advocates working in coordination across the region to advance MSM health and human rights.
- Lebanon: Campaign to sensitize legal decision makers to the negative effects of discrimination against sexual minorities, ultimately aiming to abolish the prohibition of same-sex relationships in the Lebanese penal code.
- Lebanon: Campaign to raise awareness of MSM sexual health and rights among psychology students to reduce homophobic stigma within the healthcare system.

- Morocco: Convened a national stakeholders meeting including civil society, the Moroccan Ministry of Health, UNAIDS, and the Global Fund to debate the Ministry of Health's guidelines on MSM and HIV.
- Honduras: Engagement of Honduran politicians and political parties in dialogue on the inclusion of LGBT rights in the parties' political platforms.
- Panama: Advocacy with Panama's health department to implement a non-discrimination policy at public health clinics and train healthcare providers on the Pan American Health Organization's Blueprint for the Provision of Comprehensive Care to MSM in Latin America and the Caribbean.
- Kenya: Advocacy campaign to increase the meaningful involvement of MSM in decision-making processes and advocate for mental health services for MSM.
- Vietnam: Participants established and implemented plans to develop and strengthen a new national MSM network.
- Vietnam: Production of *Waiting for the Wind*, a short film focused on the lives of gay men in Viet Nam and their experiences with discrimination, HIV, and sex work.

Speaking Out: Highlights in 2013

- Implemented Speaking Out trainings with more than 100 activists across 4 regions: Central America, Southeast Asia, Sub-Saharan Africa, and the Middle East & North Africa.
- Published Speaking Out toolkits in French, Spanish, and Vietnamese. Translation is currently being finalized in Russian and Khmer.
- Conducted an in-depth independent evaluation assessing the the program's processes and ultimate impact.
- Launched a new Speaking Out website featuring videos and participant testimonials on advocacy, family support, and challenges they face as activists.

BRIDGING THE GAPS PROGRAM

Bridging the Gaps is an international HIV initiative focused on the health and rights of LGBT people, sex workers, and people who use drugs. The program is implemented by an alliance of five Dutch-based organizations, four global key population networks, and more than 100 local partner organizations across 16 countries. The MSMGF serves as a global network partner, building alliances and global-level advocacy, and as an implementing partner, providing technical support to in-country partner organizations in five East and Southern African and Latin American countries. These organizations deliver tailored HIV-related programs to improve the health and human rights of local LGBT communities.

Beginning with yearly work planning, the MSMGF and partner organizations jointly design organizational capacity strengthening programs to assist local partner organizations. The MSMGF provides ongoing and on-demand technical assistance to improve program quality, financial oversight and management, communications, and donor reporting. Support helps ensure that program activities are community-led, locally responsive, and relevant to locally identified needs. Our collaboration with local partners helps build models for community engagement and leadership in developing health- and rights-based programs where minimal resources are available.

In order to better align activity reporting with the global monitoring and evaluation framework provided by the lead agency, Aids Fonds, the MSMGF developed planning, budgeting, and reporting tools for partners. These tools are available in English, Spanish, and Portuguese.



Training for healthcare providers on providing sensitive services to MSM in Mombasa, Kenya, supported by Bridging the Gaps

KEY EAST AND SOUTHERN AFRICAN PARTNERS

GALZ in Zimbabwe
ISHTAR MSM in Kenya
Liverpool VCT Care and Treatment (LVCT) in Kenya
Persons Marginalized and Aggrieved (PEMA) in Kenya

KEY EAST AND SOUTHERN AFRICA DONORS

Dutch Ministry of Foreign Affairs

KEY LATIN AMERICAN PARTNERS

Associacao Brasileira Interdisciplinar de AIDS (ABIA) in Brazil
Iris de Cidadania LGBT (GAI) in Brazil
Grupo de Resistência Asa Branca (GRAB) in Brazil
SOMOS in Brazil
Centro de Investigación para America Central de Derechos Humanos (CIPAC) in Costa Rica
Kimirina in Ecuador
Equidad in Ecuador

Latin America: Provided partner organizations in Brazil, Costa Rica, and Ecuador with direct financial support and technical assistance to scale up programs and high-level interactions with funders and policy makers, including the Global Fund. With MSMGF support, local partners completed a number of projects in 2013:

Brazil: ABAI and GAI conducted online and local outreach to foster dialogue and mobilize young people around issues of gender and sexuality.

Brazil: SOMOS conducted political engagement and online education on prevention and care for their local community.

Brazil: GRAB conducted analysis of local plans to monitor delivery and implementation of HIV interventions, helping civil society to monitor health service delivery at the state level.

Brazil: ABAI, GAI, SOMOS, and GRAB held a series of 7 meetings to strengthen intergenerational dialogues and knowledge transfer between senior and younger LGBT activists.

Costa Rica: CIPAC improved and delivered materials on self-care and HIV prevention.

Costa Rica: CIPAC trained 55 healthcare workers on sensitivity to LGBT issues.

Costa Rica: CIPAC presented results from a 2012 survey on healthcare provider knowledge of LGBT issues to the Vice Minister of Public Health.

Ecuador: Kimirina and Equidad designed and distributed leaflets on LGBT health information to clinics throughout Ecuador.

Ecuador: Kimirina and Equidad conducted public campaigns and flash mobs to increase visibility of LGBT issues among the broader community.

CURRICULUM FOR HEALTHCARE PROVIDERS

Based on an expressed and identified need to build skills among providers of care for MSM, our program staff, in partnership with the Johns Hopkins University School of Public Health, developed a nine-module training curriculum for use in resource-constrained settings. The aim is to increase relevant clinical knowledge, initiate an examination of provider attitudes around homosexuality, and provide necessary skills to effectively manage the unique health needs of MSM. A Technical Advisory Board of 15 experts from around the world assembled to provide feedback and guidance at critical stages during development. The curriculum will be piloted in early 2014.

The curriculum's nine modules include:

1. Overview;
2. Sex, Sexuality and Sexual Health;
3. Mental Health Promotion;
4. Overcoming Barriers;
5. Creating a Friendlier Environment;
6. Health Implications of Sexual Practices;
7. Assessing Health Status;
8. Interventions for HIV and STI Prevention;
9. Clinical Care for HIV and other STIs.

“Since our involvement with *Bridging the Gaps*, we have learned how to use different and specific methodologies to work better with key affected populations. For example, a methodology to work with MSM in general is not going to work well because MSM are not all the same. We forget that we have young, middle aged, old, poor, rich, and more within MSM. We participated in a training on how to create methodologies and programs that focus on specific segments of key affected populations, ensuring we make an impact. We apply the learnings from this training every day in our work, including work outside of *Bridging the Gaps*.”

—Bridging the Gaps implementing partner

ORIGINAL RESEARCH

At the MSMGF, we believe that the most effective advocacy initiatives, programs, and services are those grounded in solid evidence and cogent analysis of structural disparities. To help generate this evidence base and fill important knowledge gaps, we conduct innovative community-based research that is developed, delivered, analyzed, and disseminated in collaboration with our local partners and global constituents. The MSMGF's substantial research portfolio includes multiple peer-reviewed publications and several large-scale studies on access to HIV services among MSM globally.

THE MSMGF RESEARCH GROUP

The MSMGF Research Group (MRG) is an interdisciplinary team of researchers, public health practitioners, and program implementers committed to advancing the health and human rights of MSM worldwide. The MRG strives to gather cutting edge empirical data from MSM globally to help shape the AIDS response to reflect the most pressing needs on the ground.

GLOBAL MEN'S HEALTH AND RIGHTS

Conducted every two years by the MSMGF in close consultation with the MRG, the Global Men's Health and Rights (GMHR) Survey is a study of factors that impact MSM health and quality of life, including stigma, discrimination, community involvement, sexual happiness, and access to high-quality services.

Nearly 6000 MSM across 165 countries participated in the 2012 GMHR. Including an online survey and in-person focus group discussions, the project aimed to identify barriers and facilitators that affect access to HIV services for MSM, placing access to HIV services in the broader context of sexual health and lived experiences of MSM globally.

Following the official 2012 survey report, launched in December 2012, the MRG further analyzed survey results and presented findings in peer-reviewed articles, conference abstracts, policy briefs, fact sheets, and closed-door meetings.

PUBLICATIONS

Access to Basic HIV-related Services and PrEP Acceptability among Men Who Have Sex with Men Worldwide: Barriers, facilitators and implications for combination prevention



Journal of Sexually Transmitted Diseases, June 2013

Using data from the 2010 GMHR, this publication examines access to basic HIV-related services and the acceptability of PrEP among MSM worldwide, revealing low levels of access to condoms, lubricants, HIV testing, and HIV treatment.

Homophobia as a Barrier to HIV Prevention Service Access for Young Men Who Have Sex with Men
Journal of Acquired Immune Deficiency Syndromes, August 2013

This Letter to the Editor uses data from the 2012 GMHR to examine the impact of homophobia on access to HIV prevention services for young MSM globally, revealing that significantly fewer young MSM reported access to services compared to older MSM.



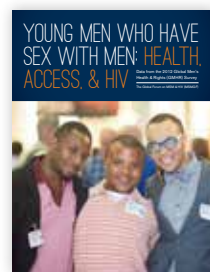
Fact Sheet: 2012 Global Men's Health and Rights Survey
MSMGF, February 2013

Available in English, Chinese, French, Russian, and Spanish, this fact sheet presents findings from the report "Access to HIV Prevention and Treatment for Men Who Have Sex with Men: Findings from the 2012 Global Men's Health and Rights Study."



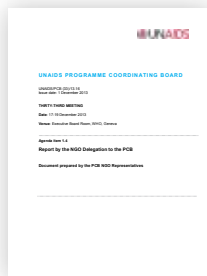
Young Men Who Have Sex with Men: Health, Access, and HIV
MSMGF, April 2013

Provides the results from secondary analysis of the 2012 GMHR survey, highlighting the higher levels of homophobia, unstable housing, and violence experienced by young MSM compared to older MSM.



The Equity Deficit: Unequal and Unfair Access to HIV Treatment, Care and Support for Key Affected Communities
UNAIDS, December 2013

Generated by the UNAIDS Program Coordinating Board NGO Delegation using 2012 GMHR data, this report helped buttress the case for removing barriers to HIV treatment and care for key affected populations.



Predictors of Survey Drop-out in a Global Survey of Diverse MSM

Presented at the 21st Annual Meeting of the Society for Prevention Research Symposium Session that featured the GHMR.

Syndemic Conditions Associated with Increased HIV Risk in Global Sample of MSM

Presented at the 21st Annual Meeting of the Society for Prevention Research Symposium Session that featured the GHMR.

Structural, Community and Individual Factors Related to Sexual Happiness: Sexual Health among a Global Community of MSM

Presented at the 21st Annual Meeting of the Society for Prevention Research Symposium Session that featured the GHMR.

Using Information and Communications Technology for Global Research with MSM: The 2012 GMHR Survey

Presented at the AIDSTAR-One Technical Consultation on Innovative Uses of Communication Technology for HIV Programming for MSM and Transgender Populations in May 2013.

PRESENTATIONS

Social/Structural Predictors of Access to HIV Services among African MSM: Implications for program design and delivery
Abstract presented at the 7th SAHARA Conference in October 2013.

Understanding HIV Service Barriers and Facilitators among Men Who Have Sex Worldwide Utilizing Community-based Survey Methods

Presented at the 21st Annual Meeting of the Society for Prevention Research Symposium Session that featured the GHMR.



Contributors to the Sex Work and HIV Implementation Tool (SWIT), including representatives of the MSMGF, meet to review the final document in Accra, Ghana

INFORMATION EXCHANGE & DISSEMINATION



SENSE contributor
Abdellah Taïa

PUBLICATIONS

Advocates and service providers work most effectively when equipped with clear, comprehensive analysis of relevant policies and developments. To meet this need, we engage in knowledge translation and information exchange, generating numerous publications on issues that impact MSM health and rights at regional and global levels. Our publications focus on parsing complicated policy developments, explaining the fundamentals of existing resources, and illuminating processes that impact MSM.

SENSE

January 2013

The MSMGF's publication by and for MSM living with

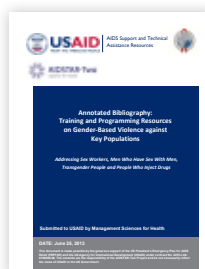
HIV, this third edition included contributions from MSM in Viet Nam, Guyana, Nigeria, and the United Kingdom.



Annotated Bibliography: Training and Programming Resources on Gender-based Violence against Key Populations

June 2013

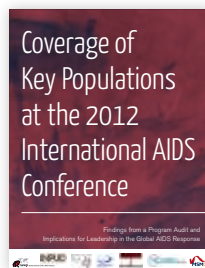
We partnered with AIDSTAR-Two and USAID to produce this publication documenting existing training and programming resources on gender-based violence, examining the quality of existing resources, and documenting gaps in existing resources.



Coverage of Key Populations at the 2012 International AIDS Conference

June 2013

In coalition with other global advocacy organizations, this audit revealed that only 17% of all abstracts were exclusively focused on MSM, transgender people, people who inject drugs, or sex workers, and that nearly two-thirds of all abstracts on key populations

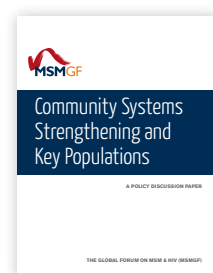


were focused on ten countries alone. The report was released with a global sign-on letter calling on conference organizers to take several concrete steps to increase meaningful coverage of key populations at future conferences.

Community Systems Strengthening and Key Populations

September 2013

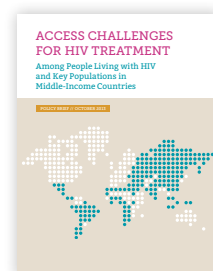
This policy discussion paper outlines opportunities and challenges under the current approach to community systems strengthening (CSS). It includes actions that can be taken by stakeholders at all levels of the AIDS response to help ensure CSS works as effectively as possible for addressing HIV among key populations.



Access Challenges for HIV Treatment Among People Living with HIV and Key Populations in Middle-income Countries

October 2013

This policy brief was released jointly with GNP+, ITPC, INPUD, and NSWP. Available in English, Spanish, and French, it articulates how prevailing economic and trade interests compromise access to life-saving generic drugs, resulting in a devastating impact on communities of people living with HIV and key populations, including MSM, transgender people, sex workers, and people who inject drugs.



PRESS RELEASES & STATEMENTS

Throughout 2013, the MSMGF worked to shape the global dialogue on MSM health and human rights by conducting targeted media outreach and generating more than 20 high-visibility press releases. With each media initiative, we aim to increase visibility and nuanced understanding of pressing issues concerning MSM health and human rights.

DAVID KATO VISION & VOICE AWARD

In early 2013, the MSMGF was selected to serve as the new Secretariat for the prestigious David Kato Vision and Voice Award (DKVVA). The DKVVA recognizes leaders who work to uphold the sexual rights of LGBTI people globally, particularly in hostile contexts, providing the recipient with a global media platform and a \$10,000 grant to support their work.

This award was founded in 2011 in recognition of Ugandan activist David Kato's life and courage. Today, 76 countries around the world still criminalize same-sex sexual acts between consenting adults, with punishments ranging from fines to imprisonment and the death penalty in some cases. The DKVVA helps celebrate examples of positive change regarding the human rights and dignity of LGBT and intersex (LGBTI) people, while raising public awareness and giving momentum to local activists in the global movement.

This year, in collaboration with the AIDS Project Los Angeles and the City of West Hollywood, the MSMGF hosted filmmakers, activists, and community members for a screening of one of this year's most critically acclaimed films, 'Call Me Kuchu.' Named as a potential Oscar contender by both The Hollywood Reporter and Indiewire, the documentary follows David Kato and retired Anglican Bishop Christopher Senyonjo as they work against the clock to defeat Uganda's 'Anti-Homosexuality Bill.' The evening began with a screening of the film, followed by a panel discussion featuring the film's co-directors Malika Zouhali-Worrall and Katherine



Call Me Kuchu directors Malika Zouhali-Worrall and Katherine Wright with George Ayala and Ugandan activist Frank Mugisha at LA screening

Fairfax Wright, as well as visiting Ugandan LGBTI activist, Frank Mugisha, winner of the prestigious Robert F. Kennedy Human Rights Award. The screening was highly successful, garnering significant media coverage in the US and African press.

The 2013 DKVVA was awarded to Ali Erol, a leading LGBTI activist in Turkey. Ali Erol founded Kaos GL in 1994, the first organization of its kind in Turkey, at a time when homosexuality was taboo and 'coming out' could lead to death threats. Ali Erol and Kaos GL are now at the forefront of the campaign for the reform of the Turkish constitution, pushing for a clause on non-discrimination of LGBTI people.

Over the last year, Ali Erol and Kaos GL have engaged in a wide range of advocacy and programming to support the human rights of LGBTI people in Turkey. Efforts included a focus on LGBTI rights in the work place through collaborations with unions, direct advocacy with Turkey's Parliament and numerous other legislative bodies, and broad-based advocacy through public demonstrations and publication of Kaos GL's magazine.

The MSMGF and MSMGF projects were cited in over 90 reports and articles over the course of 2013, featured in numerous high-circulation outlets including *Kenya Star*, *The Independent Uganda*, *African Press International*, *IRIN PlusNews*, *AIDS MAP*, *POZ.com*, *TheBody.com*, *U.S. Centers for Disease Control and Prevention*, *Think Progress*, *EDGE*, *Outrage Magazine*, *The Rainbow Times*, and *Fridae.asia*.

All citations in reports and articles can be found on the MSMGF's [website](#).

COMMUNITY UPDATES

The MSMGF issued 28 community updates throughout 2013, aiming to keep local MSM advocates informed of policy changes and discussions at the regional and global level. Key topics included the Global Fund's New Funding Model and decisions made that the Global Fund Board Meeting, which impact grassroots advocates and service providers; new information on civil society engagement with PEPFAR; and announcements on nominations, upcoming webinars, research being conducted or published, sign-on action alerts, fact sheets, and opportunities to participate in policy decision-making processes.

WEBSITE MSMGF.ORG

The MSMGF website serves as a platform to share the latest information on the health and human rights of MSM globally, helping to inform advocacy strategies, program design, and collaborative partnerships. In 2013, the website received over 51,000 visits from over 35,000 unique visitors, with about one-third of visits in languages other than English. Over 1200 new articles, opportunities, and announcements were circulated to advocates, service providers, researchers, and policy makers through our [Eblast](#) newsletter and social media channels.

BLOG

The MSMGF collaborates with our members around the globe to produce [blog postings](#) on recent developments concerning MSM. Postings are meant to share insights on MSM health and rights in different regions and increase awareness within our global community about who our members are and the work they do. Highlights include:

- [Waiting for the Wind: A Short Film Depicting the Lives of Gay Men in Viet Nam.](#)



- [MSM in Lebanon: A Look at Current HIV Prevention and Sexual Health Initiatives.](#)

- [Adonis Tchoudja on Fighting HIV among Male and Transgender Sex Workers in Cameroon.](#)
- [Selected Works of Original Poetry and Painting by Omar Baños.](#)

DIRECT INFORMATION SUPPORT

Advocates, service providers, funders, networks, multilateral agencies, and other individuals and organizations regularly contact us with requests for direct information support on a multitude of topics, which we provide as a triage service. The MSMGF fielded over 200 requests in 2013.

WEBINARS

The MSMGF produced a series of [webinars](#) in 2013 aimed at sharing information, educating, and encouraging information exchange between our global constituents and partners. Topics ranged from emerging HIV prevention strategies to innovative research and advocacy updates, and presenters included thought leaders from various sectors of the AIDS community. Live presentations reached a wide group of advocates and healthcare providers worldwide, and are frequently viewed post-event through our website.

- [The Future of PEPFAR: What Should Funders Know.](#) April 14.
- [Treatment as Prevention \(TasP\).](#) June 20.
- [Hepatitis B/C and HIV Co-infection.](#) July 25.
- [Human Rights Defenders at Risk: Data Security for MSM Advocates and Service Providers in Hostile Contexts \(Part 1, Part 2\).](#) October 9.
- [La seguridad digital para los defensores de los DDHH: cómo proteger a sí mismo y a sus colegas en contextos hostiles.](#) November 7.

FINANCIAL STATEMENT

	2013			2012 TOTAL
	Unrestricted	Temporarily Restricted	TOTAL	
Grants	\$1,714,630	-	\$1,714,630	\$538,220
Contributions	53,217	454,971	508,188	928,766
Other Income	5,000	-	5,000	-
Contributed Goods and Services	551	-	551	-
Net Assets Released from Purpose Restrictions	296,950	(296,950)	-	-
TOTAL REVENUE	2,070,348	158,021	2,228,369	1,466,986
Salaries and Wages	786,629	-	786,629	555,426
Professional and Contracted Services	557,313	-	557,313	354,024
Staff Development and Travel	355,859	-	355,859	326,069
Indirect Cost Charges	220,354	-	220,354	148,998
Payroll Taxes and Employee Benefits	160,652	-	160,652	107,509
Occupancy	109,704	-	109,704	69,324
Materials, Equipment and Supplies	75,269	-	75,269	28,725
Promotions and Outreach	67,950	-	67,950	8,223
Communications	32,523	-	32,523	21,164
Legal and Accounting	22,317	-	22,317	-
Printing and Duplication	10,275	-	10,275	10,703
Support to Other Organizations	5,000	-	5,000	1,000
Postage and Delivery	2,650	-	2,650	2,814
Insurance	125	-	125	-
TOTAL EXPENSES	2,406,620	-	2,406,620	1,633,979
CHANGE IN NET ASSETS	(336,272)	158,021	(178,251)	(166,993)

The fiscal year for the MSMGF begins July 1st and ends June 30th; revenue and expenses expected after June 30th are not reflected here.

SUPPORT

GOVERNANCE

The MSMGF's governance is a reflection of its commitment to upholding a diverse global perspective on issues concerning the health and human rights of MSM. The MSMGF is led by a 21-member Steering Committee of recognized advocates and HIV and AIDS professionals representing every major region of the world. All Steering Committee members are appointed through an open, peer-vetted application process. More information on the MSMGF's governance can be found in the MSMGF's [Terms of Reference](#).

Steering Committee Members:

Shale Ahmed	Bangladesh
Cornelius Baker	USA
Don Baxter	Australia
Aditya Bondyopadhyay	India
Simon Cazal	Paraguay
Gus Cairns	UK
Roman Dudnik	Russia
Carlos García de León	Mexico
Dustan Kasmamytov	Kyrgyzstan
Tudor Kovacs	Romania
Samuel Matsikure	Zimbabwe
Steve Miralles	Peru
Othoman Mellouk	Morocco
Eli Abu Merhi	Lebanon
Midnight Poonkasetwatana	Thailand
Ifeanyi Kelly Orazulike	Nigeria
Kevin Osborne	South Africa
Leonardo Sánchez	Dominican Republic
Adonis Tchoudja	Cameroun
Daniel Townsend	Jamaica
Fei Yu	China

FUNDERS

During 2013, nearly 25 individual donors and seven funding institutions supported our work globally, including our financial sponsor, AIDS Project Los Angeles (APLA). We extend our deepest gratitude to you. Your backing makes it possible to pursue activities with and in support of gay men and other men who have sex with men globally.

Funders during 2013:

- AIDS Project Los Angeles
- Dutch Ministry of Foreign Affairs
- Hivos
- International Planned Parenthood Federation for the David Kato Vision & Voice Award
- Levi Strauss
- Robert Carr Civil Society Network Project
- ViiV Healthcare Foundation

Recognized individual donors include:

A. Alvarado	E. Dayton	A. Koh
B. Aoki	P. de Rebello	K. Morrison
S. Arreola	T. Do	A. Pass
M. Asencio	N. Giuliano	B. Plumley
G. Ayala	E. Hopkins	A. Quamina
F. Chang-Muy	K. Hsiao	R. Schaffer
P.G. Curtis	C. Hutchinson	L. Tieu
Q. Dang	P. Kaul	J. Tokumoto

STAFF

We would like to acknowledge and thank all of our staff at the MSMGF for their hard work and dedication, including those who left us in 2013.

George Ayala, PsyD, Executive Director
Noah Metheny, Esq, MPH, Director of Policy
Jack Beck, Director of Communications
Nadia Rafif, Senior Policy Advisor
Pato Hebert, MFA, Senior Education Associate
Mohan Sundararaj, MBBS, MPH, Senior Public Health Associate
Lily May Catanes, MBA, Contracts and Grants Manager
Omar Baños, Policy Initiatives Field Manager
Carlos Alicea, Operations Associate
Goldie Negelev, Communications Associate
Keletso Makofane, MPH, Senior Research and Programs Associate
Christian G. Fung, (former) Director of Programs
Sonya Arreola, PhD MPH | Senior Research Advisor
Micah Lubensky, PhD MS - Manager, Community Mobilization



The Global Forum on MSM & HIV (MSMGF) is a coalition of advocates working to ensure an effective response to HIV among MSM. Our coalition includes a wide range of people, including HIV-positive and HIV-negative gay men directly affected by the HIV epidemic, and other experts in health, human rights, research, and policy work. What we share is our willingness to step forward and act to address the lack of HIV responses targeted to MSM, end AIDS, and promote health and rights for all. We also share a particular concern for the health and rights of gay men/MSM who: are living with HIV; are young; are from low and middle income countries; are poor; are migrant; belong to racial/ethnic minority or indigenous communities; engage in sex work; use drugs; and/or identify as transgender.

MSMGF

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