



THE GLOBAL FORUM ON MSM & HIV

ANNUAL REPORT 2012





TABLE OF CONTENTS

Note from the Executive Director	4
Mission, Goals, Strategy, and Values	7
Governance	8
Policy	9
Programs	14
Research	17
Convening Stakeholders	20
Publications	24
Communications	26
Financial Statement	29
Thank You!	30

NOTE FROM THE EXECUTIVE DIRECTOR

When the Global Forum on MSM & HIV (MSMGF) was founded in 2006, the global AIDS landscape looked very different than it does today.

Just 7 years ago—20 years into the worldwide epidemic—there was no standard international guidance on HIV prevention and treatment for men who have sex with men (MSM), and few major international funders and implementers had dedicated strategies or funding streams for MSM. The United Nations Political Declaration on AIDS failed even to mention the existence of gay men, let alone the impact of HIV on our communities. All of this ran counter to existing epidemiologic evidence demonstrating the disproportionate HIV disease burden shouldered by MSM, a fact that was well known among community activists and service providers.

Then, as now, the response to the epidemic among MSM in most parts of the world was reliant almost entirely on local grassroots efforts run by gay men themselves, often with little financial or political support. Many of us were shamefully ignored, marginalized, or completely excluded from country-level AIDS planning processes. The silence in the halls of national and international policy forums was deafening.

The MSMGF was formed in response to these challenges. Since our inception, we have lobbied global institutions to address the



MSMGF Executive Director, Dr. George Ayala. Photo: Denis Largeron



Members of the MSMGF Youth Reference Group

This work could not have been done without the brow sweat and brilliance of our partners around the world...

epidemic among MSM, and we have worked to support the grassroots efforts that continue to form the core of the MSM response. We worked with PEPFAR and the World Health Organization to develop their respective MSM guidelines, we have advocated persistently for better policies at UNAIDS, and we have worked to increase funding for MSM programs with allies at the Global Fund. These efforts were undertaken in tandem with MSMGF initiatives to support MSM advocates and organizations around the world, as they rallied at the front lines against uninformed and discriminatory public health policy and practice.

Today, the global landscape has shifted significantly. International guidelines for HIV prevention and treatment among MSM are now available, several major funders and implementers have dedicated strategies and funding streams for MSM, and the importance of addressing the unique needs of MSM has been recognized by implementers and policy leaders across various national governments and nearly every major multilateral institution working to end AIDS.

These victories were hard won, and they have created the foundation for achieving universal access to HIV prevention and treatment for MSM. The work, however, is far from over. The fact remains that the majority of MSM around the world still lack access to even the most basic prevention and treatment services. As the landscape changes, so must our strategies.

We now face a new constellation of opportunities and challenges that must be addressed, and they require an approach that is as nuanced as it is powerful. With new guidelines comes the need to push for appropriate real-world implementation; with new funding comes the need for honest reflection that global resourcing is still grossly misaligned with actual disease burden; and as more organizations become willing to address HIV among MSM, there is a need to recognize that many established actors are still inadequately prepared to meet the needs of MSM effectively, and that many valuable voices are still sidelined, tokenized, or wholly disregarded.

Several major developments took place in 2012 that illustrate these broader shifts in terrain, as well as the MSMGF's evolving approach to advocacy and community support. As the United States government committed a total of \$37 million in **new PEPFAR funding**

initiatives for key affected populations, the MSMGF played a central role in establishing the **Robert Carr Civil Society Network Fund (RC-NF)** as part of those initiatives. As the **Global Commission on HIV & the Law** conducted its investigation into the impact of the law on the HIV response, the MSMGF drafted a **Specialist Submission** to help ensure that MSM were addressed appropriately and comprehensively. And when the US Food and Drug Administration approved the antiretroviral drug Truvada for use as **pre-exposure prophylaxis (PrEP)**, the MSMGF carried out **research with gay men across Africa** to inform the potential rollout of PrEP on the continent.

Beyond these efforts, the MSMGF continued to enhance our advocacy and support work in 2012 through the deepening of our **Speaking Out Initiative** to support grassroots advocates in the Middle East & North Africa, Central America, Southeast Asia, and Sub-Saharan Africa; the development of our community systems strengthening work through the **Bridging the Gaps** program in Botswana, Brazil, Costa Rica, Ecuador, Kenya, Kyrgyzstan, South Africa, Tajikistan, Ukraine, and Zimbabwe; the launch of the **2012 Global Men's Health and Rights Survey**; the publication of our **Compendium of Technical Bulletins on HIV Prevention for MSM**; the expansion of our membership and reference groups dedicated to transgender people and young MSM; the continuation of our watchdogging, information exchange, and communications work; and the production of the largest **conference focused on the health and human rights of MSM** ever held.

This work could not have been done without the brow sweat and brilliance of our partners around the world, and we are deeply grateful for their contributions and continued collaboration.

Moving forward, it is incumbent upon our movement to leverage new resources effectively and tackle new challenges head-on. We must continue evolving our advocacy, partnership, resource-sharing, and implementation strategies. In so doing, we must also remember to keep the frontline experiences of MSM, especially MSM living with HIV, at the heart of our work.

We must continue our collective call for thoughtful, community-led, and well-resourced programs on the ground, tailored to the needs of MSM. We must be unwavering in our resolve for policy and social environments that are free from ignorance, homophobic stigma, and anti-gay violence. We must continue insisting that safe, open space for MSM advocates be a central component to all AIDS responses, and we must use every opportunity we have to share information, exchange experiences, build coalition, and extend support to one another.

We look forward to working with you in the year ahead.

We must continue
our collective call
for thoughtful,
community-led,
and well-resourced
programs on the
ground, tailored to
the needs of MSM.

MISSION, GOALS, STRATEGY, AND VALUES

WHO WE ARE

The MSMGF is an expanding network 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. We share a particular concern for the health and rights of gay men and other 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 gay men and other MSM, including gay men and MSM living with HIV, while promoting their health and human rights worldwide.

GOALS

- Expanded coverage of quality HIV-related services for gay men and other MSM.
- Realized promotion and protection of human rights for gay men and other MSM.
- Increased investment for effective health- and rights-focused programs for gay men and other MSM.
- Improved knowledge on MSM and HIV through the promotion of research, broad-based information exchange, and communications.
- Engaged MSM advocates, linked to each other and to broader MSM networks at the global, regional, sub-regional, and national level.

STRATEGY

The MSMGF works to achieve its goals through advocacy, community systems strengthening, networking, knowledge production, and information exchange, sustained over time at the global level. Consistent with the established values of GIPA, the MSMGF strives to involve MSM living with HIV at all levels of its strategy, policy development, and implementation. Deliverables are outlined in a **Strategic Work Plan** developed triennially by the Steering Committee and the Secretariat.

VALUES

In all of our work, the MSMGF foregrounds the values of 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.

GOVERNANCE

The MSMGF is led by a 20-member Steering Committee of recognized advocates 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*

Don Baxter | Australia

Aditya Bondyopadhyay | India

Simon Cazal | Paraguay

Gus Cairns | United Kingdom

Roman Dudnik | Russia

Carlos García de León | Mexico

Shivananda Khan | India

Tudor Kovacs | Romania

Samuel Matsikure | Zimbabwe

John Maxwell | Canada

Othoman Mellouk | Morocco

Eli Abu Merhi | Lebanon

Joel Nana | South Africa

Steave Nemande | Cameroon

Midnight Poonkasetwatana | Thailand

Leonardo Sánchez | Dominican Republic

Paul Semugoma | Uganda

Daniel Townsend | Jamaica

Zhen Li | China

*This list includes members of the Steering Committee that served through December 2012.

POLICY

The MSMGF believes that national and international policy, programming, and funding initiatives must be aligned with epidemiological burden and must reflect the expressed needs of MSM working on the ground.

The MSMGF works toward these objectives by engaging in direct advocacy with major national, regional, and global organizations; increasing the involvement of grassroots MSM activists in the decision-making processes that shape the global response to HIV; and enhancing the advocacy capacity of grassroots activists and organizations around the world.

The following section includes a selection of the MSMGF's policy activities in 2012.



Members of the UNAIDS Programme
Coordinating Board (PCB) NGO
Delegation at the 31st PCB Meeting

INFLUENCING GLOBAL POLICY THROUGH ADVOCACY

PEPFAR

Following the initial publication of **PEPFAR's Guidance on HIV Prevention for Men Who Have Sex with Men** in 2011, PEPFAR hosted its first-ever regional trainings on the new Guidance in South Africa in February 2012 and Thailand in September 2012. The trainings brought together government officials, program implementers, and HIV advocates to discuss a range of issues related to the successful implementation of HIV-prevention programs for MSM through PEPFAR.

The MSMGF advocated strongly for these practical trainings and supported their implementation by serving as a member of the planning committee, nominating members of civil society to be considered for invitations by PEPFAR Country Teams, and providing funds for members of civil society to attend. Several members of the MSMGF were invited to share their expertise at both meetings.

In addition to supporting PEPFAR's regional workshops, the MSMGF also conducted meetings with high-level policy makers on Capitol Hill throughout the year, advocating for leaders to prioritize HIV prevention for MSM, remedy the drastic proposed cuts to PEPFAR in President Obama's FY2013 budget, and establish a dedicated key populations funding pool within PEPFAR. The MSMGF submitted report language on reaching MSM through PEPFAR to key offices, supported advocates to travel to Washington to testify before the **Presidential Advisory Council on HIV/AIDS (PACHA)** on the destructive effects of HIV criminalization laws, and worked with partners to shape and implement sign-on letters to influence the development of the **PEPFAR Blueprint: Creating an AIDS-Free Generation**.

Ultimately, the proposed cuts to PEPFAR were abandoned, PACHA passed a **resolution** recommending the elimination of HIV criminalization laws, and PEPFAR established **3 new funding initiatives** dedicated to key populations. When Secretary Clinton and Ambassador Eric Goosby announced the release of the new PEPFAR Blueprint in November, it included significant language on prioritizing MSM. The MSMGF followed up with a **Community Update** for MSM advocates around the world, offering strategies to use the Blueprint to support local MSM advocacy and programming.

GLOBAL FUND

In November 2011, the Board of The Global Fund to Fight AIDS, Tuberculosis and Malaria adopted a new **5-year strategy (2012–2016)**, and the organization is undergoing significant restructuring as a result. To help ensure the Global Fund Board upholds its previous commitments to the **2009 Strategy in Relation to Sexual Orientation and Gender Identities (SOGI Strategy)** and the **2010 reserve fund for most at risk populations (MARPs)**, the MSMGF developed a **collaborative community letter** signed by a total of 140 organizations around the world and delivered to The Global Fund's General Manager, Mr. Gabriel Jaramillo, with copies to the chair, vice chair, and members of the Global Fund Board. The Global Fund's 26th board meeting took place in May 2012 and several community advocates followed up in person, urging a public response to the letter.

The MSMGF also worked to monitor changes at the Global Fund throughout the year, releasing periodic public statements to keep community advocates informed of recent developments and help shape the public dialogue on the Global Fund's relationship to MSM. In a **statement** released in January, the MSMGF applauded a decade of progress led by the Global Fund, thanking outgoing Executive Director Michel Kazatchkine for his contributions to addressing the needs of MSM and other key populations. In November, the MSMGF issued another **statement** outlining the Global Fund's transition to a new funding model under the leadership of the new executive director, Dr. Mark Dybul.

In December of 2012, the MSMGF joined the Global Network of People Living with HIV (GNP+), the International Network of People Who Use Drugs (INPUD), the International Treatment Preparedness Coalition (ITPC), and the Global Network of Sex Work Projects (NSWP) in a meeting with Dr. Dybul to discuss the concerns and needs of key affected populations, stressing the need to build accountability mechanisms for ensuring that Global Fund resources are reaching our communities. As a coalition, we offered our support to Dr. Dybul in ensuring the effective roll-out of the new funding model. We also highlighted the importance of ongoing meaningful engagement, dialogue, and partnership



Activists Develop Strategies for Local Advocacy Campaigns in Honduras as Part of Speaking Out: Central America

with the constituency-led networks of people living with HIV, MSM, people who use drugs, sex workers, and transgender people. Dr. Dybul committed to future meetings and a closer partnership with our respective organizations.

As the Global Fund's processes continue to evolve, the MSMGF will continue to advocate for meaningful and respectful engagement of civil society and key populations, and for a fully resourced funding mechanism for key populations.

UNAIDS

MSMGF Executive Director Dr. George Ayala continued to serve as 1 of 2 North American Delegates on the NGO Delegation to the Programme Coordinating Board (PCB) of UNAIDS. As an NGO delegate, Dr. Ayala participated in both UNAIDS PCB meetings that took place in 2012, advocating consistently to address issues such as non-discrimination and standards for monitoring and evaluation within UNAIDS programming. The MSMGF also worked to keep civil society organizations updated on recent developments at UNAIDS, holding briefing calls for MSM advocates to discuss the UNAIDS NGO Delegation report, the UNAIDS Technical Support Strategy, and follow up on UNAIDS activities regarding HIV and the law.

SUPPORTING GRASSROOTS ACTIVISTS

In addition to educating and lobbying major global policy institutions and funders, the MSMGF engages in community systems strengthening through technical assistance, funding support, and training. Through its **Speaking Out Initiative**, the MSMGF works to ensure that local MSM activists and organizations are prepared to advocate on their own behalf with their respective governments.



Activists Identify Potential HIV Resources for MSM in Kenya as Part of the Speaking Out Initiative

Beginning with an in-depth assessment of local advocacy capacity, Speaking Out involves multiple levels of trainings tailored to the specific conditions in each target country. Activists who participate in the trainings are then invited to develop breakthrough advocacy initiatives, which are eligible for funding support through the Speaking Out Initiative. Ultimately, the program aims to support a range of locally relevant home-grown advocacy actions designed to address the stigma, discrimination, and violence that persistently undermine the response to HIV among MSM.

Speaking Out target countries currently include in Algeria, Costa Rica, El Salvador, Guatemala, Honduras, Kenya, Lebanon, Morocco, Nicaragua, Panama, Tunisia, and Vietnam. During 2012, the Speaking Out Initiative achieved important milestones across Central America, the Middle East and North Africa (MENA), and East Africa.

CENTRAL AMERICA

In March, the MSMGF worked with local partner Asociación Kukulcan to implement a regional training in Tela, Honduras for 24 MSM and transgender advocates from Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama. The training took a highly participatory approach with interactive exercises, activities, presentations, and group discussions focused on gaining knowledge and skills to identify and tackle issues faced by MSM and transgender people in different social contexts, including access to health care, stigma and discrimination, police persecution, hate crimes, and lack of investment in effective HIV programming for MSM and transgender people.

Many of us got into advocacy because of our sheer passion for justice and equality. However, most of us have had little or no training on how to really carry forward our agenda and achieve positive results. The Speaking Out toolkit has opened our eyes to see how to keep the fire burning and how to advance the work that we do in such a way that it has a concrete impact.

—Jeffrey Kipkemboi Musa, Ishtar. Participant in Speaking Out: Kenya

The MSMGF also provided technical support and funding for graduates of the Speaking Out training in Honduras to develop 2 breakthrough initiatives focused on inclusion of sexual orientation and gender identity in the Honduran HIV anti-discrimination law and inclusion of LGBT rights in the Honduran government's Social Protection Programs, respectively.

MIDDLE EAST & NORTH AFRICA

In June, the MSMGF worked with L'Association de Lutte Contre le Sida (ALCS) to conduct a 5-day regional training of trainers (TOT) for 12 advocates from Algeria, Lebanon, Mauritania, Morocco, and Tunisia. Participants included a range of MSM advocates, people working with MSM and transgender communities, people living with HIV, and leaders and trainers from non-government organizations.

The TOT created a unique opportunity to convene advocates from all over the MENA region who have been working in separate challenging contexts, offering a space where participants shared and learned from each other about their respective responses to the AIDS epidemic, challenges posed by anti-homosexuality laws, and tactics adopted by MSM advocates when working in different contexts. The exchange of ideas, experiences, and strategies led the participants to create an e-group where they can continue to communicate and solicit input from one another about specific projects they are working on. As a result of their participation in Speaking Out, participants are in the process of founding a new regional network devoted to the health and human rights of MSM in the region.

EAST AFRICA

The MSMGF partnered with local MSM-led community organization Ishtar to implement the Speaking Out Initiative in Kenya. After undergoing an in-depth analysis of local advocacy capacity in Kenya, the MSMGF developed and released an English-language version of the Speaking Out toolkit tailored to the East African context. Following completion of the East Africa toolkit, the MSMGF worked with Ishtar to hold a training for 20 local advocates, where they worked to develop their advocacy skills by addressing a pressing advocacy issue in East Africa—the reintroduction of the Anti-Homosexuality Bill in neighboring Uganda. These efforts were undertaken as a strategy both to impact the current legislation in Uganda and to introduce a model for future advocacy efforts in the MENA region.

PROGRAMS

The MSMGF believes that advocacy for appropriate policies at the global level must be complemented by efforts to support implementation of effective programming at the local level, where the need is greatest.

With the establishment of the Program Division in July of 2012, the MSMGF has now formalized its role as a technical support provider, working to: ensure a human rights framework is employed in the response to HIV among MSM; integrate the specific sexual health concerns of MSM and transgender people into mainstream health services; and build the capacity of MSM advocates working locally to adopt and adapt evidence-based HIV-related programs. As with the Speaking Out Initiative, our program work at the country level is carried out through partnerships with community-based organizations focused on redressing the structural barriers to health and rights among MSM. The MSMGF conducts trainings and face-to-face meetings with community-based organizations, government health officials, and health service providers, building organizational capacity and sharing good practices for MSM and LGBT health service provision.

Workshop on HIV among Transgender Men Who Have Sex with Men in the MSM Networking Zone at AIDS 2012. Photo: Omar Baños

BRIDGING THE GAPS

Bridging the Gaps is an international HIV initiative focused on the health and rights of LGBT people, sex workers, and people who use drugs. Funded by the Dutch Ministry of Foreign Affairs, the program was developed and is implemented in 16 countries by an alliance of 5 Dutch-based organizations, 4 global key population networks, and more than 100 local partner organizations.

As an alliance member, the MSMGF focuses on global-level advocacy and country-level technical assistance. In its first year, the MSMGF focused on finalizing program assessments in 10 target countries across Africa, Latin America, Eastern Europe, and Central Asia, as well as hosting 2 regional meetings with 16 local organizations. Among other outcomes, these efforts have led to the development of strategic plans for the creation of 2 regional centers of excellence in HIV programs for MSM and transgender





MSMGF Program Director Christian Fung, MSMGF Youth Reference Group Member Joseph Akoro, AMSHeR Executive Director Joel Nana, and MSMGF Program Associate Keletso Makofane.
Photo: Denis Largeron

In October, the MSMGF collaborated with COC Netherlands to organize a week-long workshop and training in Johannesburg for 13 Bridging the Gaps partnering organizations from Kenya, Botswana, Zimbabwe, and South Africa. The training focused on operationalizing technical assessments into work plans. Together with COC, the MSMGF provided technical support on advocacy, organizational development, financial management, and in-country funds mobilization. The training was attended by 19 civil society representatives, LGBT leaders, health service providers, and health officials. Following the workshop and training, MSMGF program staff travelled to Zimbabwe (Harare) and Kenya (Nairobi and Mombasa) to complete country technical assistance plans tailored to the needs of each partner organization in those countries.

In December, the MSMGF worked with COC Netherlands to design and facilitate an equivalent Spanish-language workshop in Quito, Ecuador for country partners from the Latin American region. Under the name “From Needs Assessments to Work Plans,” the workshop stressed the importance of adapting organizational work plans to changes in the AIDS sector. The MSMGF also organized a separate 2-day consultation with 8 transgender community leaders to produce a strategy for training health personnel on transgender issues. Representatives from civil society, including transgender leaders and health providers as well as representatives from the Ministry of Health in Ecuador, participated in the meeting. A report on the consultation and a strategy for training of health care providers in transgender health will be made available in early 2013.

WEBINARS

In 2012 the MSMGF continued our successful series of webinars to enhance global knowledge of HIV prevention and related health services for MSM.

Through various engagements with constituents around the world, we learned that gay men and their providers want more information about both existing and emerging

prevention strategies. We responded with webinars about **Serosorting and Strategic Positioning: Harm Reduction Strategies for Gay Men and Other MSM**, and **Post-Exposure Prophylaxis (PEP): The Basics That MSM Should Know**. Recognizing the ongoing innovations in HIV diagnostics and the importance of testing as a gateway to other services, we also presented **Recent Developments in HIV Diagnostics and Testing**. Finally, in keeping with our charge to disseminate research more broadly, we showcased **Preliminary Results from the 2012 Global Health and Rights Survey: What MSM Are Telling Us**, offering key insights into factors that affect access to HIV prevention and treatment services for gay men and other MSM.

Altogether the webinar series reached more than 200 people in 27 countries around the world. Evaluations indicated that webinar participants were highly likely to use the information they learned in the webinars in their respective professional practices. In 2013 the webinar series will expand to include up-to-date information on a number of topics, including HIV and co-infections such as tuberculosis and hepatitis.

TECHNICAL SUPPORT ON ABSTRACTS FOR AIDS 2012

In order to ensure better representation of MSM and transgender abstracts at the 2012 International AIDS Conference, the MSMGF organized a webinar on the development of effective abstract writing skills for MSM and transgender authors. The MSMGF supplemented the webinar by assembling a panel of highly qualified volunteer reviewers to support authors submitting abstracts focused on these populations. In total, the MSMGF Abstract Assistance Team provided assistance on 48 different abstracts, authored by researchers and practitioners from Bangladesh, Cameroon, China, Colombia, El Salvador, India, Indonesia, Kenya, Nepal, Nigeria, Pakistan, Romania, Slovenia, South Africa, South Asia (Regional), Sri Lanka, Tajikistan, and the United States.

A preliminary evaluation conducted with abstract authors who used the program indicated that participants found the Abstract Assistance program valuable both in terms of improving their abstracts and building their capacity to write abstracts in general.

The help of the MSMGF was huge... having a chance to have our proposal be read by others in our field provided us with an opportunity to refine our idea and ensure we used the right words and format. The process reminded us that we are not alone, that there is a community of people committed to this work.

—Ted Kerr, Visual AIDS
Participant in the MSMGF
Abstract Assistance Program

RESEARCH

The MSMGF believes that the most effective advocacy, programs, and services are those grounded in solid evidence combined with cogent, community-led analysis of structural disparities.

To support such efforts, the MSMGF conducts innovative community-based research that is developed, delivered, analyzed, and disseminated in collaboration with our global constituents. Through the newly established MSMGF Research Group (MRG), the MSMGF benefits from more than 2 decades of accumulated experience in rigorous community-based participatory and action research methods. The MSMGF has leveraged this experience to build a substantial research portfolio, including multiple peer-reviewed publications and several large-scale studies on access to HIV services among MSM across more than 160 countries. Together with the MRG, the MSMGF is committed to rapid dissemination and application of research findings in the service of promoting health and rights among MSM worldwide.

These research initiatives support the achievement of universal access for MSM by providing activists with data to advocate for appropriate funding and services, and providing implementers with valuable information for the development and delivery of effective MSM programs.

2012 GLOBAL MEN'S HEALTH AND RIGHTS STUDY

The highlight of the MSMGF's research this year was the 2012 Global Men's Health and Rights Study (2012 GMHR), an online survey which reached more than 5000 MSM in over 160 countries. Conducted in Chinese, English, French, Georgian, Russian, and Spanish, the study explored barriers and facilitators that impact access to HIV services for gay men and other MSM around the world.



FACTSHEET

Access to HIV Prevention and Treatment for Men Who Have Sex with Men

Findings from the 2012 Global Men's Health and Rights Study (GMHR)

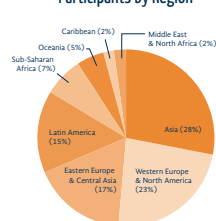
In early 2012, the Global Forum on MSM & HIV (MSMGF) conducted the second biennial Global Men's Health and Rights Study (GMHR). Including both a global online survey component and focus group discussion component, the 2012 GMHR aimed to A) identify barriers and facilitators that affect access to HIV services for men who have sex with men (MSM), and B) place access to HIV services in the broader context of sexual health and lived experiences of MSM globally.

GLOBAL ONLINE SURVEY

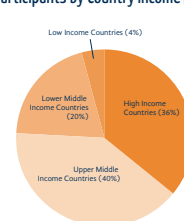
Participant Characteristics

A total of 5779 MSM from 165 countries participated in the global online survey.

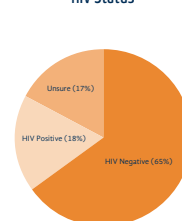
Participants by Region



Participants by Country Income Level

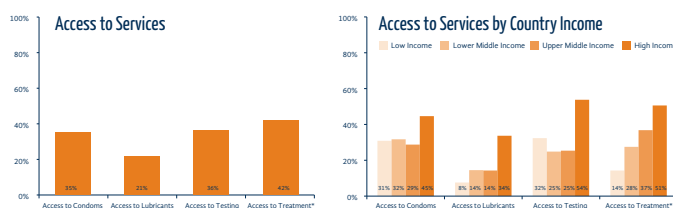


HIV Status



Access to Services

A low percentage of respondents reported that condoms, lubricant, and HIV services were easily accessible.



*Access to HIV Treatment was measured only among respondents who reported living with HIV.

MSMGF | Access to HIV Prevention and Treatment for Men Who Have Sex with Men

1

On World AIDS Day 2012, the MSMGF launched the first major report based on data from the 2012 GMHR, entitled **Access to HIV Prevention and Treatment for Men Who Have Sex with Men**. The report reveals that the majority of MSM worldwide do not have access to basic HIV services such as condoms, lubricants, HIV testing, and HIV treatment. We found that homophobia and mistreatment by service providers were key barriers to service access, whereas community engagement was a key facilitator. We also found that access to services varied by country income level, with access most limited in low-income countries yet also disturbingly low in middle- and upper-middle-income countries as well. These findings have important implications for context-specific service implementation strategies and coordinated advocacy efforts, particularly as global funding models are shifting and shrinking.

The report also featured findings from in-depth qualitative research conducted in collaboration with African Men for Sexual Health and Rights (AMShR) and community-based organizations in 5 cities across Kenya, Nigeria, and South Africa. A total of 71 focus group participants shared insights about the importance of social engagement and safe spaces, the considerable challenges caused by stigma and discrimination, and the value of community mobilization. Participants also noted how service providers can reduce access to services through stigma and discrimination, or increase access through ethical professionalism and cultural sensitivity. Our findings suggest that community-based organizations led by MSM are a crucial component in meeting the health needs of gay men.

PEER-REVIEWED PUBLICATIONS

In order to more widely disseminate the findings from the MSMGF's research and programmatic efforts, the MSMGF develops scholarly articles for publication in peer-reviewed journals. In 2012, we authored an article focused on strategies and lessons learned from our development of the MSMGF's global digital advocacy and information network for gay men. The article was entitled **"Local Languages, Global Exchange: Digital Networking, Communication and Collaboration for the Health and Human Rights of Men Who Have Sex with Men,"** and it appeared in the journal *Digital Culture & Education*.

MSMGF leadership and staff also authored or co-authored numerous articles on the broader health and human rights of MSM in peer-reviewed journals in 2012.

Men who have sex with men inadequately addressed in African AIDS National Strategic Plans | *Global Public Health*

From personal survival to public health: community leadership by men who have sex with men in the response to HIV | *The Lancet*

RESEARCH AND PRACTICE

Modeling the Impact of Social Discrimination and Financial Hardship on the Sexual Risk of HIV Among Latino and Black Men Who Have Sex With Men

George Ayala, PsyD, Trista Bingham, PhD, MPH, Junyong Kim, PhD, Darrell P. Wheeler, PhD, MPH, Gregorio A. Millett, MPH

Men who have sex with men (MSM) continue to make up the most disproportionately affected risk group for HIV/AIDS, representing more than half of all people living with HIV/AIDS and more than 60% of all new HIV infections in the United States.¹⁻³ HIV seroprevalence among Latino and Black MSM is particularly troubling, with estimates ranging from 17% to 46%.⁴⁻⁶

Several theories have attempted to explain the individual-level and ethnic differences in HIV prevalence and infection rates among MSM.⁷ Although the HIV behavioral research literature has documented important associations among psychosocial variables, substance use, and sexual risk for HIV, little evidence has suggested a strictly behavioral basis for racial and ethnic disparities in HIV seroprevalence and seroincidence.^{8,9}

Several investigators¹⁰⁻¹³ have begun examining macro- or social-level factors that may contribute to disparities in HIV rates among Latino and Black MSM. This important shift in focus away from individual-level and mainly behavioral correlates of sexual risk can ultimately expand available prevention opportunities to include those for which the locus of intervention is not the individual.¹² For example, experiences of social discrimination (self-reported experiences of homophobia and racism) and financial hardship have been shown to be associated with heightened risk for HIV infection among Latino and Black MSM¹⁰⁻¹³ and have led to interventions that range from social marketing initiatives to community mobilization efforts designed to educate the public and instigate social action.¹⁴⁻¹⁷ However, few investigators have explored the precise psychosocial or situational mechanisms through which experiences of social discrimination affect the risk of HIV acquisition and transmission. One exception worth noting is that of et al.,¹⁷ who developed a 10-item scale that

Objectives. We examined the impact of social discrimination and financial hardship on unprotected anal intercourse with a male sex partner of serodiscordant or unknown HIV status in the past 3 months among 1081 Latino and 1154 Black men who have sex with men (MSM; n=2235) residing in Los Angeles County, California; New York, New York; and Philadelphia, Pennsylvania. **Methods.** We administered HIV testing and a questionnaire assessing 6 explanatory variables. We combined traditional mediation analysis with the results of a path analysis to simultaneously examine the direct, indirect, and total effects of these variables on the outcome variable. **Results.** Bivariate analysis showed that homophobia, racism, financial hardship, and lack of social support were associated with unprotected anal intercourse with a serodiscordant or sero-unknown partner. Path analysis determined that these relations were mediated by participation in risky sexual situations and lack of social support. However, paths between the explanatory variable and 2 mediating variables varied by participants' serostatus. **Conclusions.** Future prevention research and program designs should specifically address the differential impact of social discrimination and financial hardship on lack of social support and risky sexual situations among Latino and Black MSM. (*Am J Public Health*. Published online ahead of print March 8, 2012; e1-e8. doi:10.2195/AJPH.2011.300641)

measured participation in contexts, settings, and situations that, according to Latino MSM focus-group participants, made it difficult to practice safe sex. In their study, difficult situations included sex in interpersonal relationships of unequal power, sex under the influence of drugs or alcohol, and sex in someone else's home. Mays et al.¹⁷ pointed out the importance of possible links among social inequality, culture, social support, and interpersonal relationships in HIV-related risk. However, no previous study has examined mediating factors linking social discrimination and financial hardship with the sexual risk for HIV acquisition and transmission among HIV-positive and HIV-negative Latino and Black MSM across multiple large urban areas.¹⁸

The Brothers & Hermans research project was a multisite study funded by the Centers for Disease Control and Prevention to identify the sociocultural, psychosocial, and behavioral predictors of HIV infection among Latino and

Black MSM. Using respondent-driven sampling techniques, we administered HIV testing and a survey questionnaire to assess experiences of racism, homophobia, financial hardship, lack of social support, situations that made using condoms during sex more difficult—such as exchange sex, having sex in a casual partner's home, or having a more masculine sex partner—and recent unprotected anal intercourse with a male sex partner of serodiscordant or unknown HIV status (hereinafter termed serodiscordant or unknown-status unprotected anal intercourse). In this study, we examined the associations among experiences of social discrimination, financial hardship, and serodiscordant or unknown UAI among Latino and Black MSM living in Los Angeles County, California; New York, New York; and Philadelphia, Pennsylvania. Moreover, we assessed whether specific variables—namely, lack of social support and situations that make using condoms during sex

Published online ahead of print March 8, 2012 | American Journal of Public Health

Ayala et al. | Peer-Reviewed | Research and Practice | e1

Using GRADE methodology for the development of public health guidelines for the prevention and treatment of HIV and other STIs among men who have sex with men and transgender people | *BMC Public Health*

Modeling the Impact of Social Discrimination and Financial Hardship on the Sexual Risk of HIV Among Latino and Black Men Who Have Sex With Men | *American Journal of Public Health*

Structure, Agency, and Sexual Development of Latino Gay Men | *Journal of Sex Research*

Trends in HIV prevalence among men who have sex with men in China 2003-2009: a systematic review and meta-analysis | *Sexual Health*

HIV Testing Among Men Who Have Sex with Men in China: A Systematic Review and Meta-Analysis | *AIDS and Behavior*

Predictors of knowledge and interest for PEP & PrEP use to prevent HIV

Results from a global, multilingual survey of men who have sex with men (MSM)

Glenn-Milo Santos^{1,2}, George Ayala³, Pato Hebert⁴, Patrick Wilson⁴



Ab. N. 13967

Institution(s):
1. UCSF, School of Medicine,

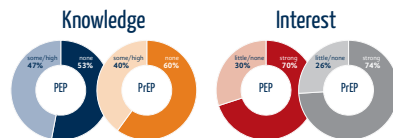
Epidemiology and Biostatistics, 2. San Francisco Dept. of Public Health, HIV Prevention Section, 3. Global Forum on MSM & HIV (MSMGF), 4. Columbia University, Mailman School of Public Health, Dept. of Sociomedical Sciences

METHODS: In 2010, we conducted a global online survey (in Chinese, Russian, Spanish, French, and English) among 5,046 MSM and collected data on PrEP and PEP knowledge and interest; access to basic HIV prevention services; perceived levels of external homophobia, self-esteem. We used multivariable logistic regression to evaluate predictors of knowledge and interest for PrEP and PEP, controlling for age, region ("referent group: Global North/Australia") and HIV-status, and excluding health providers.

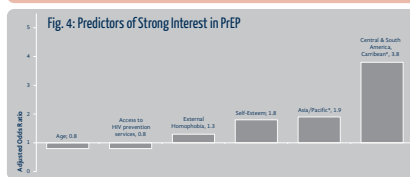
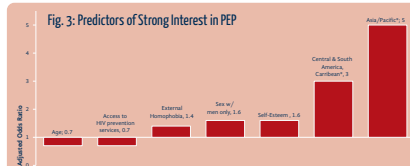
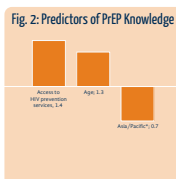
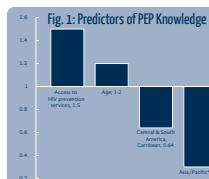
CONCLUSIONS: In this sample, knowledge of PEP and PrEP were not widespread globally. MSM with lower access to HIV prevention services, of younger age, and MSM from Central & South America, Caribbean or Asia and Pacific regions had lower odds of having any knowledge about PEP and PrEP. However, overall, MSM expressed considerable interest in learning about the use of PEP and PrEP to prevent HIV. MSM with lower access to HIV prevention services, of younger age, higher self-esteem, higher perceived external homophobia, MSM who have sex exclusively with men exclusively, and MSM from the Central & South America, Caribbean or Asia and Pacific regions reported the strongest interest in learning more about the use of biomedical interventions such as PEP and PrEP to prevent HIV. At the global-level, educational campaigns to increase awareness about PrEP and PEP are urgently needed. Our findings suggest considerable variation among subgroups of MSM with regard to levels of knowledge and interest in PEP and PrEP. Moreover, it appears that regions of the world where interest in PEP and PrEP was the strongest also had the lowest access to HIV prevention and lowest levels of knowledge about these biomedical strategies. Tailored efforts targeted for diverse MSM subgroups and from different regions may be warranted in order to promote acceptability of PEP and PrEP among all MSM.

BACKGROUND: Post-exposure prophylaxis (PEP) and Pre-exposure prophylaxis (PrEP) of antiretroviral medications have decreased the risk of HIV-infection in observational studies and randomized controlled trials. As PEP and PrEP are rolled out, it is imperative to assess awareness and interest for PEP and PrEP among populations disproportionately impacted by HIV, including MSM.

RESULTS: "No knowledge" of PEP and PrEP was reported by 53% and 60% of MSM, respectively. "Strong interest" in the use of PEP and PrEP to prevent HIV was reported by 70% and 74% of MSM, respectively.



Knowledge of PEP and PrEP was significantly associated with predictors shown in figure 1 and 2, respectively. Strong interest in PEP and PrEP was significantly associated with predictors shown in figure 3 and 4, respectively. (All adjusted odds ratios below have $p < 0.05$).



POSTERS AND PRESENTATIONS

The MSMGF is committed to ensuring that crucial information about gay men and other MSM is disseminated at major international gatherings. Toward this end we delivered 3 presentations at the 2012 International AIDS Conference in Washington, DC.

Homophobia and Access to HIV Services among Young Men Who Have Sex with Men (YMSM)

Predictors of Knowledge and Interest for PEP and PrEP use to prevent HIV: Results from a global, multilingual survey of men who have sex with men (MSM)

PrEP, HIV Testing and Treatment Access among Gay and Other Men Who Have Sex with Men: Social and structural barriers and facilitators in the Global South and Global North

All of these presentations sought to share insights from our grassroots constituents, utilizing findings from our community-based research efforts to inform and shape global discourse about the needs of gay men and other MSM.

CONVENING STAKEHOLDERS

The MSMGF believes that collaboration and network building across regions and disciplines has the power to increase the impact and efficacy of the global AIDS response exponentially.

As such, the MSMGF makes a sustained global effort to convene stakeholders both in person, by holding meetings and establishing standing reference groups, as well as virtually, by creating online spaces for information sharing and collaboration.

MSMGF PRE-CONFERENCE AT AIDS 2012

The MSMGF organized its fifth Pre-Conference event focused on HIV among MSM and transgender people at the 2012 International AIDS Conference (IAC) in Washington, DC. To our knowledge, this was the largest global gathering of activists, researchers, implementers, and donors focused on the health and human rights of MSM and transgender people to date.

Titled, **“From Stigma to Strength: Strategies for MSM, Transgender People and their Allies in a Shifting AIDS Landscape,”** the Pre-Conference offered a skills-building and networking platform free of charge to more than 650 attendees, representing over 500 organizations from more than 100 countries,





MSMGF Pre-Conference Participants During Morning Plenary Speeches. Photo by Denis Largeron.

We must remember that HIV is an enemy to the whole human family, and that it concerns 2 epidemics: the epidemic of HIV and AIDS, and the epidemic of prejudice, discrimination, and hostility to sexual minorities in all parts of our globe.

—The Honorable Michael Kirby,
speaking at the MSMGF
Pre-Conference

50% of whom were from the Global South. The MSMGF provided scholarship support to 65 participants who would not have otherwise been able to attend the Pre-Conference or the IAC itself. Plenary sessions featured simultaneous translation into French and Spanish and were live-streamed online by advocates and stakeholders around the world who were unable to attend the event.

The Pre-Conference opened with powerful plenary speeches by the Honorable Congresswoman Barbara Lee, former High Court Judge Michael Kirby, and Dr. Kevin Fenton, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. The plenary sessions also included a live video feed to Kolkata, India, where the Global Network of Sex Work Projects (NSWP) was hosting its own pre-conference event, the “**Sex Worker Freedom Festival**,” as legal restrictions prevent sex workers from entering the United States. Finally, Jamaican activist Maurice Tomlinson delivered the first annual Robert Carr Memorial Lecture, named after the well-respected international AIDS activist and former MSMGF Steering Committee member who passed away in 2011.

The MSMGF Pre-Conference program included 3 plenary presentations and 21 skills-building workshops and seminar sessions focused on changes in the research, programmatic, and policy landscape and their implications for MSM and transgender people. These sessions had particular urgency given the recent 2011 United Nations Political Declaration on AIDS, the release of promising new findings in research concerning ARV-based prevention strategies (including PrEP), the evolution of investment frameworks for the global AIDS response, and the release of the final report from the Global Commission on HIV and the Law.

WORLD BANK RECEPTION

The MSMGF Pre-Conference was preceded by a joint welcome reception to the IAC, co-hosted by the MSMGF, the Global Network of People Living with HIV (GNP+), and the World Bank. More than 700 researchers, implementers, health officials, and activists were in attendance. UNAIDS Executive Director Michel Sidibe and World Bank Vice President for Human Development, Tamar Atinc presented keynote addresses that elevated the critical importance of human rights in the global HIV response among gay men and other MSM. Over months of planning, the MSMGF deepened its strong working relationship with GLOBE, the World Bank’s LGBT network, and looks forward to future collaborations.

MSM NETWORKING ZONE

The MSMGF partnered with several regional MSM networks, including AMSHeR, APCOM, ASICAL, COC, PSN, China MSM Forum, NBGMAC, and the South Asian DIVA Project, as well as other stakeholders and allies to plan, coordinate, and implement the MSM Networking Zone at AIDS 2012. Entitled “MSM Networking Zone: Connect, Communicate, Collaborate,” the zone was devoted to providing a safe and creative space for MSM advocates to network, share experiences, exchange ideas, and coordinate advocacy strategies toward stronger, more inclusive HIV responses across our respective regions.

The MSM Networking Zone had an average of 300 visitors per day, from Monday, July 23, to Thursday, July 26, for an estimated 1200 visits during the week. Visitors and attendees included MSM and transgender advocates, researchers, health educators, people living with HIV, doctors, students, and community members from the DC area and around the world.

The networking zone included a photo booth, condoms and lubricants, policy documents on MSM and HIV, HIV prevention materials and human rights information, as well as small-group sessions, presentations, and workshops where participants engaged in conversations and exchanged experiences and ideas. The networking zone hosted a total of 18 small-group sessions during the week. On average, each session had between 15 and 30 attendees. Sessions covered a wide range of topics for a diverse set of constituents, including MSM and transgender advocates, researchers, health providers, and policy officials.

MSMGF YOUTH REFERENCE GROUP

Recognizing that Young MSM (YMSM) are particularly at risk and grossly underserved globally, the MSMGF has established a Youth Reference Group (YRG) to advise and help to coordinate the work of the MSMGF on YMSM issues. The YRG seeks to advocate and empower YMSM within the global HIV response through skills-building, cross networking, and meaningful participation in the decision-making processes that affect YMSM.

In order to bring greater regional representation and additional skill sets to the MSMGF YRG, the YRG launched an open global recruitment process early in 2012. After 2 months of recruitment and an unprecedented number of applications, the YRG added 11 new members to the group, expanding the YRG to a total of 16 youth advocates representing Paraguay, Guyana, Nigeria, Armenia, Kenya, Ireland, Jamaica, Peru, Lebanon, Singapore, and the United States. The YRG also held its first face-to-face meeting in 2012, which



Youth Voices Count Program
Coordinator Tung Bui Poses in the Photo
Booth at the MSM Networking Zone.

included a full morning of presentations on the current state of health and human rights for YMSM in each member's respective country and region, followed by an afternoon of strategic planning to address the needs, challenges, and opportunities identified in the morning presentations. A work plan and timeline was set for developing a global strategy to address these issues, which should be complete by the second quarter of 2013.

MSMGF TRANSGENDER REFERENCE GROUP

The MSMGF Transgender Reference Group (TRG) was established in January 2011 as a partnership between the MSMGF and 11 collegially appointed transgender activists to strengthen joint advocacy and strategizing between MSM and transgender advocates at the regional and global level. Current members of the TRG come from Argentina, Australia, India, Malaysia, Netherlands, Peru, Romania, South Africa, Sweden, and the United States.

In 2012, the MSMGF continued its support of the TRG by assisting the meaningful participation of its members at AIDS 2012. The participation of the TRG increased transgender representation across all AIDS 2012 activities and events, helping to leverage critical advocacy, networking, and information exchange opportunities on behalf of the broader transgender community. The MSMGF reserved space for a transgender track at the MSMGF Pre-conference, and officially convened the TRG face to face for the first time during AIDS 2012, providing an opportunity to help strengthen the TRG's global advocacy agenda.

THE MSMGF ONLINE COMMUNITY

Beyond organizing stakeholders to meet in person, the MSMGF also provides an online forum for advocates, researchers, service providers, and funders to connect, collaborate, and share information through MSMGF.org. Over the course of 2012, MSMGF.org gained over 1500 new members from 140 different countries, representing more than 1000 different organizations working with MSM around the world. This brings the MSMGF's total membership to 4298 members, representing nearly 2000 different organizations worldwide. Of all new MSMGF members joining in 2012, 33% are from Western Europe, Northern Europe, or North America; 25% are from Sub-Saharan Africa; 17% are from Asia; 9% are from Latin America; 5% are from Eastern Europe and Central Asia; 5% are from the Caribbean; 4% are from the Pacific; and 2% are from the Middle East and North Africa.

The MSMGF also expanded its Facebook and Twitter networks in 2012 to more than 2600 members and 1500 followers respectively.

PUBLICATIONS

The MSMGF believes that MSM advocates and service providers work most effectively when equipped with clear, comprehensive analysis of relevant policies and developments in the field.

To meet this need, the MSMGF engages in knowledge translation and knowledge production, generating numerous publications on issues that impact MSM health and human rights at the regional and global level. These publications focus on parsing out complicated policy developments, explaining the fundamentals of existing resources for MSM, illuminating processes that impact MSM, and drawing attention to important information or issues that may have otherwise been overlooked.

The MSMGF's publications in 2012 included:

Community Update for MSM Advocates: PEPFAR Blueprint: Creating an AIDS-Free Generation: What does it mean for MSM?

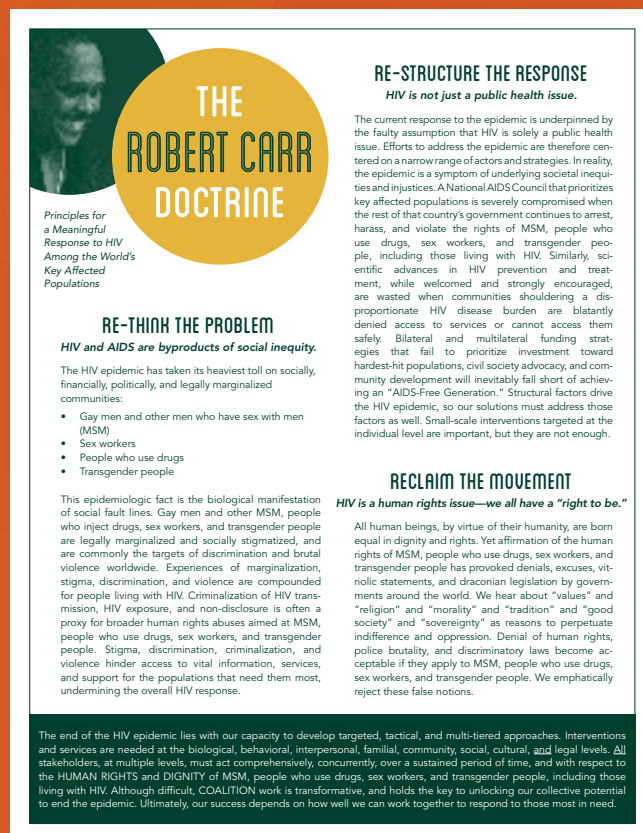
This community update highlights aspects of the new PEPFAR Blueprint relevant to MSM advocates and service providers, as well as opportunities to use the Blueprint to support local MSM programming.

Community Update for MSM Advocates: Changes at the Global Fund to Fight AIDS, Tuberculosis and Malaria

This community update highlights the major developments at the Global Fund relevant to HIV advocates dedicated to advancing the health and human rights of MSM, including new mechanisms for civil society engagement and next steps for continued advocacy.

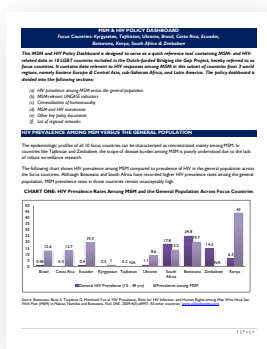
The Robert Carr Doctrine

The product of a collaboration between global networks of gay men, people who use drugs, sex workers, transgender people, and people living with HIV, the Carr Doctrine calls on all stakeholders to rethink the global response to AIDS, urging actors to recognize that HIV is not just a public health issue, but rather a symptom of underlying societal inequities and injustices. The Doctrine stresses the importance of a coordinated strategy at community, social, and structural levels.



The Technical Bulletins will definitely help me a lot in my advocacy. It makes it so much easier to just have all the references to published articles in one place, and it also helps gain a more comprehensive kind of perspective for people who believe that just one strategy is the silver bullet.

—Tudor Kovacs, PSI Romania



MSM & HIV Policy Dashboard

The MSM & HIV Policy Dashboard serves as a quick reference guide for HIV prevalence among MSM; UNGASS indicators relevant to MSM reported in 2008 and 2010; criminalization and legal environment for MSM; and HIV investments targeting MSM in Kyrgyzstan, Tajikistan, Ukraine, Brazil, Costa Rica, Ecuador, Botswana, Kenya, South Africa, and Zimbabwe.



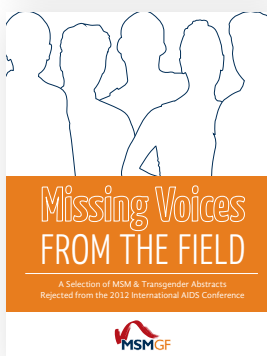
Compendium of Technical Bulletins on HIV Prevention and Treatment for MSM

Available in Chinese, English, French, Spanish, and Russian, this compendium includes 12 technical bulletins that provide in-depth explanations of the latest intervention strategies in the field of HIV prevention and treatment for MSM, as well as detailed information about diagnostic technology and HIV coinfection with tuberculosis and viral hepatitis.



Access to HIV Prevention and Treatment for Men Who Have Sex with Men: Findings from the 2012 Global Men's Health and Rights Study (GMHR)

This publication reports the main findings from the 2012 GMHR global online survey and regional focus groups conducted with MSM in Kenya, Nigeria, and South Africa.



Missing Voices from the Field: A Selection of MSM & Transgender Abstracts Rejected from the 2012 International AIDS Conference

"Missing Voices" features over 100 abstracts on gay men, other MSM, and transgender people that were rejected and therefore omitted from the 2012 International AIDS Conference, highlighting important new and previously unseen data from around the world.

COMMUNICATIONS

The MSMGF believes that strong communication is the lifeblood of a vibrant, responsive, effective global movement.

As such, the MSMGF works to ensure that global dialogues on MSM health and human rights are informed by the voices of diverse MSM around the world, and that MSM advocates and service providers have access to the most up-to-date information to support their work. The MSMGF's communications strategies include engagement of the international press through targeted media outreach, global circulation of the latest research and reports on MSM health and human rights, and production of new material on the current state of MSM health and rights through the MSMGF Blog.

MSMGF Blog Contributor Anthony Adero

ENGAGING THE PRESS

Throughout 2012, the MSMGF helped to shape the global dialogue on MSM health and human rights by conducting targeted media outreach and generating high-visibility press releases. With each media initiative, the MSMGF aims to increase visibility and nuanced understanding of pressing issues concerning MSM health and human rights.

Over the year, the MSMGF and MSMGF projects were cited in over 160 articles published in media outlets around the world. Coverage included major mainstream news outlets such as *The Washington Post*, *The Nation*, *USA Today*, *KQED*, *The Huffington Post*, *Prensa Latina*, *L'Orient-Le Jour*, *Trinidad Express*, and *Radio Habana Cuba*. Coverage also included major special-interest outlets such as *The Advocate*, *Towleroad*, *The Bilerico Project*, *Windy City Times*, *Fridae.asia*, *allAfrica*, *Behind the Mask*, *POZ.com*, *TheBody.com*, *NAM aidsmap*, *Positive Lite*, *AIDSMEDS.com*, *Physicians Research Network*, *Science Speaks*, and *Global Health Magazine*. Articles were published in Australia, Cuba, France, Hungary, India, Italy, Jamaica, Japan, Lebanon, Mexico, the Philippines, South Africa, Trinidad & Tobago, the United Kingdom, and the United States.



“I often visit MSMGF.org for advertisements of upcoming conferences, meetings and also for funding deadlines. This is my surest source of information on funding calls.”

—MSMGF Member,
Uganda[Identity Protected]

COMMUNITY UPDATES

In addition to promoting broader awareness and understanding through the press, the MSMGF also issues periodic Community Updates to keep MSM advocates and service providers informed of the most recent developments in policy, funding, research, and programs. The MSMGF also uses these updates to make statements about recent developments, providing support to local MSM advocates and organizations and offering a larger context for the impact of certain events on the health and human rights of MSM.

Over the past year, the MSMGF issued over 30 community updates on topics ranging from new policy developments at the global and local level to scientific and regulatory advances concerning new biomedical prevention options.

MSMGF.ORG

The MSMGF also works to promote global information exchange and collaboration through MSMGF.org, the MSMGF Eblast, and the MSMGF Discussion Forums. The MSMGF supplements these information services by providing direct information support to MSM advocates and community members who reach out to the MSMGF Secretariat for assistance.

In 2012, the MSMGF Web site received a total of 93 524 visits, of which 64 312 were absolute unique visitors. This is a 44% increase over the total number of visits in 2011. Over the course of the year, MSMGF staff identified and uploaded over 1,000 new resources on MSM health and human rights to MSMGF.org, circulating all new items to MSMGF members through the MSMGF Eblast in Chinese, English, French, Portuguese, Russian, and Spanish. Circulated items include a diverse range of resources that can be used to support the development and implementation of MSM advocacy, research, and programs, such as peer-reviewed research, news articles, program reports, gray literature, and opportunities for funding, employment, and participation in key decision-making processes.

THE MSMGF BLOG

The MSMGF revitalized the **MSMGF Blog** in the second half of 2012, collaborating with MSMGF members around the world to produce reports on recent developments concerning the health and human rights of MSM. The reports are meant to share insights on MSM health and rights in different regions, as well as increase awareness within our global community about who our members are and the work they do.

- **Strategies for Supporting MSM in the Caribbean: Kenneth Van Emden Discusses SMU's Work in Suriname** | December 18, 2012
- **Advocating from Experience: Advocate Micheal Ighodaro Discusses How MSM Living with HIV Are Organizing across Africa** | December 10, 2012

- **What we need to do to support diverse young MSM in the HIV response**
| December 3, 2012
- **Personal Reflections on AIDS 2012: Singaporean Youth Advocate Thu Yain Shares His Experiences** | October 16, 2012
- **A Tribute to the Indomitable Stéphane Tchakam: Blaise Yankeu Shares These Words in Honor of Stéphane's Legacy** | September 14, 2012
- **LGBT in Lebanon: A Chance for Change** | August 15, 2012

MSMGF DISCUSSION FORUMS

There were more than 100 posts on the MSMGF Discussion Forum this year, with topics including safety and accuracy of home HIV testing; LGBT activism in the Middle East; human rights violations and responses in Sudan and Zimbabwe; peer education and decriminalization in Cameroon; HIV among black gay men in the United States; the personal safety of gay men in Nigeria; the Global Fund's new funding model; current end-of-AIDS rhetoric; the impact of laws banning homosexual propaganda in Eastern Europe and Central Asia; the impact of anti-gay stigma on service access among MSM living with HIV in West Africa; and various opportunities for jobs and consultations.

DIRECT INFORMATION SUPPORT

The MSMGF is contacted on a regular basis by advocates, service providers, funders, networks, multilateral agencies, and other individuals and organizations for direct information support. The MSMGF provides this information support as a triage service, including providing resources on funding; resources on capacity building; consultation opportunities; connecting journalists with informants; connecting refugees with support resources; providing information on specific topics related to MSM health and human rights; circulating information on MSM projects; connecting advocates with relevant funders; connecting organizations with relevant partners; and offering technical support on communications initiatives.

Over the past year, the MSMGF provided more than 300 instances of tailored information support to individuals and organizations in Antigua, Argentina, Australia, Bangladesh, Belize, Bolivia, Brazil, Cambodia, Cameroon, Canada, China, Colombia, Democratic Republic of Congo, Ethiopia, Germany, Guatemala, Guyana, Honduras, India, Israel, Jamaica, Kazakhstan, Kenya, Lebanon, Mauritania, Mexico, Morocco, Nepal, New Zealand, Nigeria, Pakistan, Peru, Poland, Portugal, Russia, South Africa, Sudan, Sweden, Syria, Tanzania, Thailand, the Netherlands, the Philippines, the United States, Uganda, Ukraine, the United Arab Emirates, Vietnam, Zambia, and Zimbabwe.

FINANCIAL STATEMENT

The MSMGF's 2012 fiscal year does not correspond with the calendar year. The financial report that follows therefore reflects the 12-month period that began July 1st, 2011 and ended June 30th, 2012.

	Unrestricted	Temporarily Restricted	TOTAL	2011 TOTAL
Grants	\$538,220	—	538,220	440,595
Contributions	428,763	500,003	928,766	1,208,217
Contributed Goods and Services	—	—	—	51,911
Net Assets Released from Purpose Restrictions	746,381	-746,381	—	—
TOTAL REVENUE	1,713,364	-246,378	1,466,986	1,700,723
Salaries and Wages	555,426	—	555,426	548,982
Professional and Contracted Services	354,024	—	354,024	259,186
Staff Development and Travel	326,069	—	326,069	235,068
Indirect Cost Charges	148,998	—	148,998	247,478
Taxes and Benefits	107,509	—	107,509	106,957
Occupancy	69,324	—	69,324	72,461
Materials, Equipment and Supplies	28,725	—	28,725	18,160
Communications	21,164	—	21,164	12,187
Printing and Duplication	10,703	—	10,703	16,590
Promotion and Outreach	8,223	—	8,223	61,939
Postage and Delivery	2,814	—	2,814	14,804
Support to Other Organizations	1,000	—	1,000	—
TOTAL EXPENSES	1,633,979	—	1,633,979	1,593,812
CHANGE IN NET ASSETS	79,385	-246,378	-166,993	106,911

THANK YOU!

This report would not be complete without expressing our deepest gratitude to our partners and funders around the world. Your steadfast support has made all of this work possible. We would also like to thank the members of the MSMGF Reference Groups, as well as Mauro Cabral of GATE*, JoAnne Keatley of UCSF, Daniel Townsend of ICASO, and George Victor Owino of Ishtar for their vision, leadership, and generous contributions to the TRG and YRG, respectively. Finally, we would like to reserve a special thank-you for the members of our staff and Steering Committee who left us in 2012—Shivananda Khan, Paul Semugoma, John Maxwell, Zhen Li, Joel Nana, and Krista Lauer. Your influence continues to be felt in the MSMGF's day-to-day work. We are incredibly grateful for all that you have done and continue to do, and we look forward to partnering with you in 2013.

THANK YOU TO ALL OF OUR FUNDERS WHO SUPPORTED US IN 2012:

Aids Fonds

AIDS Project Los Angeles

AIDS United

AIDSTAR-One

American Jewish World Service

amfAR, The Foundation

for AIDS Research

Bill and Melinda Gates Foundation

Center of Excellence

for Transgender Health

COC Nederland

Danida - Ministry of Foreign Affairs of

Denmark

Dutch Ministry of Foreign Affairs

Fernando Chang-Muy

FHI 360

FUKIT

Futures Group

Gay Men's Health Crisis (GMHC)

Global AIDS Program, US Centers

for Disease Control and Prevention

Hivos

International HIV/AIDS Alliance

International Planned Parenthood

Federation (IPPF)

Legacy Community Health Services

Levi Strauss Foundation

National Alliance of State and Territorial

AIDS Directors (NASTAD)

National Black Gay Men's

Advocacy Coalition

Open Society Foundation

Pangaea Global AIDS Foundation

Population Services International

Roche Molecular Diagnostics

RTI International

San Francisco AIDS Foundation

Sidaction

UNAIDS Joint United Nations

Programme on HIV/AIDS

United Kingdom Department for

International Development (DFID)

United Nations Development Program

ViiV Healthcare's Positive Action Program

Opposite Photo: Denis Largeron.



