

A FUNDAMENTAL Shift

The Future of
the Global MSM
and HIV Movement



A Fundamental Shift:

The Future of the Global MSM & HIV Movement



This report was commissioned by the Global Forum on MSM & HIV and edited by George Ayala.



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Disproportionate Burden of HIV among MSM

Pooled HIV Prevalence among Men who have Sex with Men by Region, 2000-2010



Executive Summary

Background

The Global Forum on MSM & HIV (MSMGF) was founded in 2006 in response to the toll HIV was taking on gay, bisexual and other men who have sex with men (MSM). Since then, MSMGF has worked closely with its partners around the world to develop a suite of advocacy and capacity building programs designed to address a range of interrelated health and human rights challenges.

In 2015, the global landscape for HIV and MSM is in the midst of dramatic changes, including but not limited to: reductions in funding and disparities in funding for community-based programming led by or serving MSM; integration of HIV within a broader global health or sexual and reproductive health agenda; unabated incidence of HIV among MSM in many parts of the world; criminalization, stigma, discrimination and violence directed at MSM; advances in bio-medical technology and in prevention, treatment and care of HIV; polarization of priority issues within the LGBT community; and reorganization of socio-political landscapes and responses to HIV.

These trends and evolving context are only evident through hindsight. While a common practice is to conduct strategic planning for the next three to five years, less common is an effort to cast ourselves farther into the future for long-term planning. To anticipate where MSMGF and the broader MSM, HIV and human rights movements might be in another 25 years, a scenario planning process was carried out. The scenario planning process and deliberations are documented in this Foresight Document.

Scenario Planning

Scenario planning is a technique used for medium to long-term strategic analysis and planning. It is used to develop policies and strategies that are robust, resilient, flexible and innovative. Scenarios are stories or narratives set in the future that describe how the world might look in many years (in this case, 25 years). They explore how the world would change if certain trends were to strengthen or diminish, or if various events were to occur. Scenario planning is about what may happen in the future, rather than what one wants to happen (visioning), or how one can get to a desired future (strategic planning).

The key strength of scenario planning is that it helps one move beyond one's own mental maps, to think the unthinkable, and to plan accordingly. A Foresight Document provides us with tools to recognize where we are heading based on trends (forerunners) and thus adjust or influence our actions to mitigate negative impacts. The scenarios describing the global response to HIV within MSM communities in 2040 will have immediate implications for today's decision makers. And, as importantly, decisions taken today will have significant effects on the reality of the global HIV and MSM movements in 2040.

Methodology

This Foresight Scenario Document was developed through an iterative process of evidence-gathering, synthesis and consultation which involved a desk review of key documents, an online survey with MSMGF's key stakeholders (57 responses), validation of key elements of the draft Foresight model by the MSMGF

Reference Group and a two-day in-person meeting of MSMGF's staff, board, member organizations, partners and other key stakeholders. The in-person consultation meeting included 50 participants who validated the plausibility of the scenarios and provided input to fully articulate the scenarios. This document is a reflection of the discussions of this meeting supported by secondary information.

We started with a simple but fundamental question: *“What will the global MSM and HIV movements look like in 25 years?”* Each element of the Scenario Planning process we followed to answer this question is described below:

Axes of Uncertainties

The *two axes method* generates four contrasting scenarios by placing a major factor influencing the future of the issue being investigated on each of two axes, which cross to form four quadrants. The horizontal axis juxtaposes two ways to focus action, with (Sexual) Health on one end, and Social Solidarity on the other end. The vertical axis juxtaposes two levels of action, with Structural/Systemic on one end, and Services/Programs on the other end (please refer to the figure on the next page).

Drivers

In scenario planning, drivers are factors that influence or have an effect on the realization and outcome of scenarios for the global HIV and MSM movements over the next 25 years. We have divided these into the categories of direct and generic drivers.

Direct Drivers – have the most direct influence on our response, and actions by policy-makers and community might have the most immediate impact on them

- Social attitudes towards gender, gender identity and sexual identity (homophobia and transphobia)
- Social attitudes towards ethnicity and nationality (racism and xenophobia)
- Criminalization of behaviors and identities
- Community leadership and capacity
- Political leadership
- Donor environment and funding
- Access to health services, social programs, and medicines
- Socio-economic status and social determinants of health
- Science and technology
- Fundamentalism and social conservatism

Generic Drivers - include much broader factors (e.g. political, economic) that influence not only the HIV and MSM movements but also society as a whole.

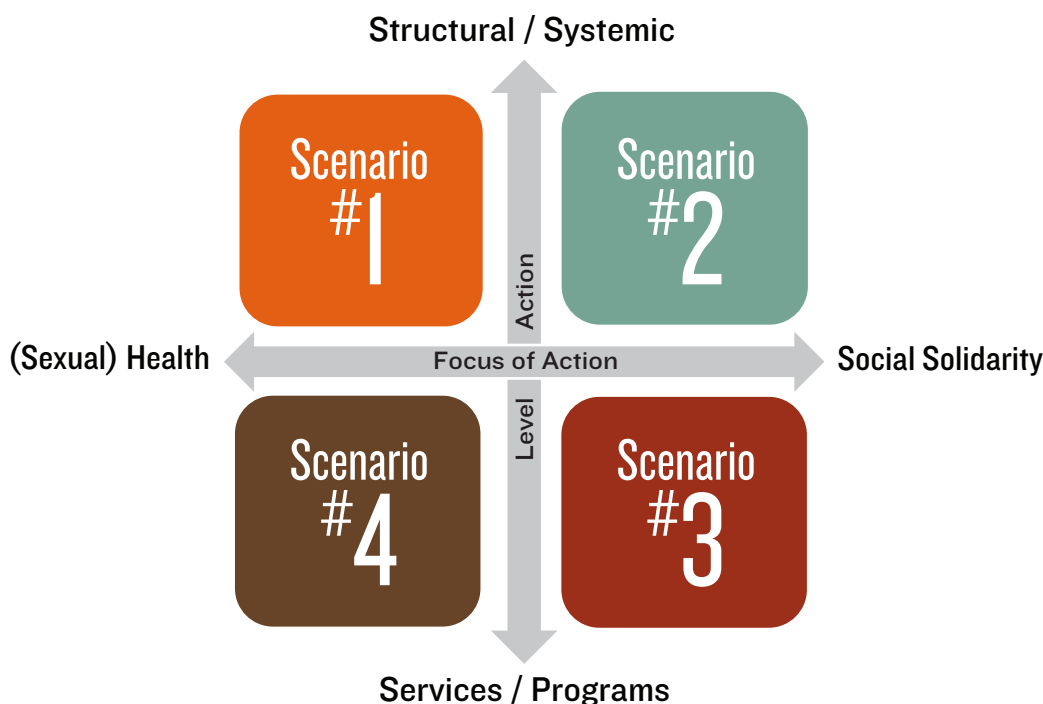
- Neo-liberalism
- Post-colonialism and economic globalization
- Major global crises or events
- Information and communication technology (ICT)

Forerunners

One method of validating scenarios is to identify indicators, trends or events that exist in the present, and that point to a scenario as a future possibility. For each scenario, key forerunners were identified that support the idea of that scenario as a plausible future. Predominant forerunners were also identified for each region in order to identify which scenarios are most likely for different parts of the world.

The Scenarios

We have given each scenario a distinctive, memorable name to capture its key characteristics in an abbreviated way. Each scenario is described in detail as it manifests in 2040, with its opportunities and threats, its key drivers, and existing trends or forerunners that indicate the plausibility of each scenario. We provide below a brief summary of some of the key characteristics for each scenario.



Scenario One: The Thin Edge of the Wedge

In 2040, the focus of the global LGBT and HIV movement is at the intersection of structural and/or systemic interventions to address health. Priority is given to: improving the overall laws, policies, systems and social norms that are needed to promote the health of LGBT people; removing policy and social barriers to accessing services that address sexual health, co-infections, mental health, substance use and addictions among marginalized populations. LGBT people and their allies recognize that health (and sexual health, in particular) is only one element of disparity that they experience in many societies, but health is seen as an issue that can act as the *thin edge of the wedge* for cracking open broader discussion and action in

other domains such as education and employment. Addressing health disparities is a politically powerful and more socially palatable way to address these overarching structural inequities experienced by LGBT communities.

Scenario Two: Pride Without Prejudice

In 2040, the strategy adopted by the global LGBT movement is much broader than addressing the direct and immediate factors that put these communities at risk of HIV—their increased biological vulnerabilities to infection. Instead, the movement is focused on three inter-related goals and strategies. First, addressing structural and systemic inequities faced by LGBT communities by promoting their human rights and protective legislation and policies.

Second, influencing social attitudes towards LGBT communities within political, religious, socio-cultural and government institutions as a step to achieve the previous goal. Third, participating in a broad-based coalition of social justice movements working on mutually supportive and complementary agendas. The focus is on the removal of the structural and systemic barriers that impede access, and the implementation of legislation and policies that protect the rights of, and prohibit discrimination against, LGBT communities. The goal truly is *Pride without Prejudice*.

Scenario Three: Activist Camp

In 2040, the focus of the global LGBT and HIV movements has shifted to the development of programs and services that promote and support social solidarity. It is believed that the HIV burden among gay men and transgender women can be alleviated by: recognizing and valuing diversity; promoting women's rights; working towards social justice and against social, economic, political and cultural disenfranchisement; and, promoting full and equal participation of these communities in economic, social, cultural and political institutions. In fact these have become goals in their own right,

not just a means to address some of the health issues—including HIV and other infectious and chronic illnesses, mental health, drug use, smoking—that disproportionately affect LGBT communities. This combined provision of LGBT-centred training, capacity building, programs and services aimed at promoting social solidarity make many feel like they are part of an *Activist Camp*.

Scenario Four: Service with Pleasure

In 2040, the global LGBT and HIV movement focuses on developing and delivering services and programs that are tailored to address the specific sexual and holistic health needs of LGBT people. *Service with Pleasure* goes beyond HIV and sexual health to include mental health, addictions, substance use and other co-morbidities. Systemic and structural issues such as the social determinants of health are not directly addressed but rather left to other community groups and social justice movements to tackle. *Service with Pleasure* has espoused a model that is arguably closest to the typical response from 25 years ago—the community health centers, LGBT health centers, rainbow clinics, AIDS service organizations, and sexual health clinics that were common in 2015.

Conclusion

This Foresight Scenario Planning document provides a global perspective on the possible futures of the MSM and HIV movements 25 years into the future. The scenarios presented in this Foresight Document can assist decision makers in assessing their assumptions, highlighting hidden mental maps, and drafting policies for the future. They are simple tools to help policy makers and advocates to envision what the world would look like if different policies or programs are implemented. These scenarios can be used to review or test a range of plans and policy options, the understanding being that different scenarios are likely to result in different outcomes with different benefits and drawbacks. Scenarios can be used to stimulate the development of new policies, or as the basis for a strategic vision. They are also a useful means of identifying early indicators of trends that may signal a shift towards a certain future outcome.

This Foresight Document provides a framework to think about how the future will evolve and how to position ourselves in order to influence the future. It explicates what policy and program decisions could lead us down a certain path, and provide guidelines about what we can do or stop doing today that might influence the future. While the Foresight Document provides four distinct and provocative future scenarios of the MSM and HIV movement's focus globally and regionally in 2040, they are meant to be read for their immediate implications for today's decision makers. And, as importantly, decisions taken today will have significant effects on the reality of the global response 2040.

Introduction

How this Document is Organized

This Foresight Document begins with background information about its purpose, and an explanation of scenario planning as an approach to long-term policy guidance. The methodology section describes the process used for developing the Foresight Document, followed by an overview of the various components: the axes of uncertainties, the four resulting scenarios, the drivers and forerunners.

Each scenario is presented with the following subsections: a general description of the scenario; opportunities (benefits of being in this scenario); threats (risks of being in this scenario); key drivers that are most influential for the scenario; and, forerunners that clearly indicate the feasibility of the scenario.

Background

The Global Forum on MSM & HIV (MSMGF) was founded in 2006 at the Toronto International AIDS Conference by an international group of activists concerned about the disproportionate HIV disease burden being shouldered by men who have sex with men (MSM) worldwide. The silence at that time about the toll HIV was taking on MSM was deeply troubling to many community members and advocates working at the frontlines.

Over the past 10 years, MSMGF has worked closely with partners around the world to develop a suite of advocacy and capacity building programs designed to address a range of interrelated health and human rights challenges MSM face globally. In fact, MSMGF now finds itself in an increasingly crowded field where a range of players are engaging in work with MSM and claiming expertise.

In 2015, the global landscape for HIV and MSM is in the midst of dramatic changes. This includes but is not limited to:

- Reductions in HIV funding and gross disparities of funding directed to community based programs led by or serving MSM;
- Integration of HIV within a broader global health or sexual and reproductive health agenda;
- Unabated (and in many instances worsening) HIV incidence among MSM;
- Criminalization and persistent (and in many instances worsening) stigma, discrimination, violence directed at MSM, undermining the HIV response;
- Convincing evidence of the HIV prevention potential of antiretroviral medication;
- Mainstreaming of HIV within a broader global health agenda and the increasing bio medicalization of the HIV response;
- Revised normative guidance on HIV prevention and treatment interventions and program implementation services that meet the needs of MSM;
- Evolving international development sector with changes in how poverty and country income are conceptualized; and
- Pressure for greater country ownership in the HIV response especially in emerging economies.

While many of these trends and evolving context might have been emerging 10 years ago, it is only through hindsight that they become evident. Indeed, it is notoriously difficult to predict the future. So how can we anticipate where MSMGF and the broader MSM, HIV and human rights movements might be in another 10 or even 25 years? As part of the process leading up to its new strategic plan, MSMGF undertook a scenario planning process, which has led to the development of this Foresight Document. Scenario planning supports strategic decision making by improving an organization's flexibility and response to new trends.

Scenario Planning and Strategic Planning

Scenario planning is a technique used for medium to long-term strategic analysis and planning. It is used to develop policies and strategies that are robust, resilient, flexible and innovative. Scenarios are stories (or narratives) set in the future that describe how the world might look in many years; for instance in 15 or 25 years. They explore how the world would change if certain trends were to strengthen or diminish, or if various events were to occur.

The future is already here; it is just unevenly distributed.

~ William Gibson (science fiction writer)

Normally two to five scenarios are developed to envision different possible futures associated with different trends and events. These scenarios are then used to review or test a range of plans and policy options, the conclusion generally being that different plans are likely to work better in different scenarios. Alternatively, scenarios can be used to stimulate the development of new policies, or as the basis for a strategic vision. They are also a useful means of identifying early warning indicators that signal a shift towards a certain kind of future.¹

Scenario planning is about what may happen in the future, rather than what one wants to happen (visioning), or how one can get to a desired future (strategic planning). **The key strength of scenario planning is that it reveals what may feasibly happen, rather than project what one wants the future to be.** Scenario planning helps one move beyond one's own mental maps, to think the unthinkable, and to plan accordingly.

Scenarios can be used as a diagnostic tool. Rather than tell us where we should go (towards which scenario), a Foresight Document provides us with tools to recognize that we are heading in a particular direction. We start to see hints or trends (called "forerunners" in scenario planning) that tell us we are heading towards one of the scenarios. We can then ask ourselves: "Is that a good thing or bad thing?" More importantly, we can adjust our actions to influence in which direction we're heading, and we can attempt to mitigate the negative aspects of being in a given scenario while maximizing the benefits of being in that scenario.

Scenario planning is as much about the here and now as it is about any distant future; in fact, it may be viewed as an intelligent but playful way to use the future as a vantage point from which to view the present. Accordingly, this becomes a radical way to discuss the current reality. A common misunderstanding is to confuse the time horizon of the scenarios with the time horizon for action in light of the scenarios. The scenarios describing the global response to HIV within MSM communities in 2040 will have immediate implications for today's decision makers. And, as importantly, decisions taken today will have significant effects on the reality of the global HIV and MSM movements in 2040.

¹ UK Government Office for Science Guidance Note (2009). Foresight Horizon Scanning Centre.

“Scenarios are tools for ordering one’s perceptions about alternative future environments in which today’s decisions might be played out... Scenarios resemble a set of stories, written or spoken, built around carefully constructed plots... Good scenarios are plausible and surprising, they have the power to break old stereotypes, and their creators assume ownership and put them to work. Using scenarios is rehearsing the future. By recognizing the warning signs and the drama that is unfolding, one can avoid surprises, adapt and act effectively.”

~ Global Business Network, ‘Scenarios’, www.gbn.org/public/gbnstory/scenarios

WHAT SCENARIO PLANNING DOES, AND WHAT IT DOES NOT

Scenario planning does provide the following information and insights:	Scenario planning does <u>not</u> , nor is it intended to:
<ul style="list-style-type: none"> ✓ stories (or narratives) set in the future, describing what the global response to HIV in MSM communities might look like in 2040 ✓ how the global response would change if certain trends were to strengthen or diminish, or various events were to occur ✓ different possible futures that can inform strategic decision making ✓ demonstrate how current realities and trends are likely to manifest into the future ‘early warning’ indicators that signal a shift towards a certain future scenario ✓ limited set of examples of possible futures that provide a valuable point of reference when evaluating current strategies or formulating new ones 	<ul style="list-style-type: none"> ✗ describe the infinite number of possible future scenarios ✗ predict which of the possible scenarios will occur ✗ provide conclusive direction for policy choices that should be made ✗ provide a value judgment regarding which scenario is the most desirable ✗ provide strategic direction nor visioning ✗ make recommendations about policy decisions

SCENARIO PLANNING VS. VISIONING VS. STRATEGIC PLANNING

These are three interdependent but quite different processes.

- **Scenario Planning** is about exploration; being intuitive, creative, inductive, disruptive; synthesising; incomplete/ambiguous information; and, generating options.
- **Visioning** is about inspiration; hoping, wishing; desired futures; ultimate outcomes; and, articulating aspirations.
- **Strategic Planning** is about implementation; being analytical, deductive; making it happen, getting things done; being pragmatic; describing actions.

Foresight is a *strategic thinking* process, not a strategic planning process. It asks the question: “*What **might** we need to do?*” **Not** the questions: “*What **will** we do?*” or “*How will we do it?*” Those questions will be addressed in the MSMGF Strategic Plan, which will evolve out of the scenario planning process.

Scenarios are narratives of alternative environments in which today’s decisions may be played out. They are not predictions. Nor are they strategies. Instead they are more like hypotheses that ask “what if?” in a disciplined way, forcing the acknowledgment of new and unforeseen opportunities or challenges for an organization.

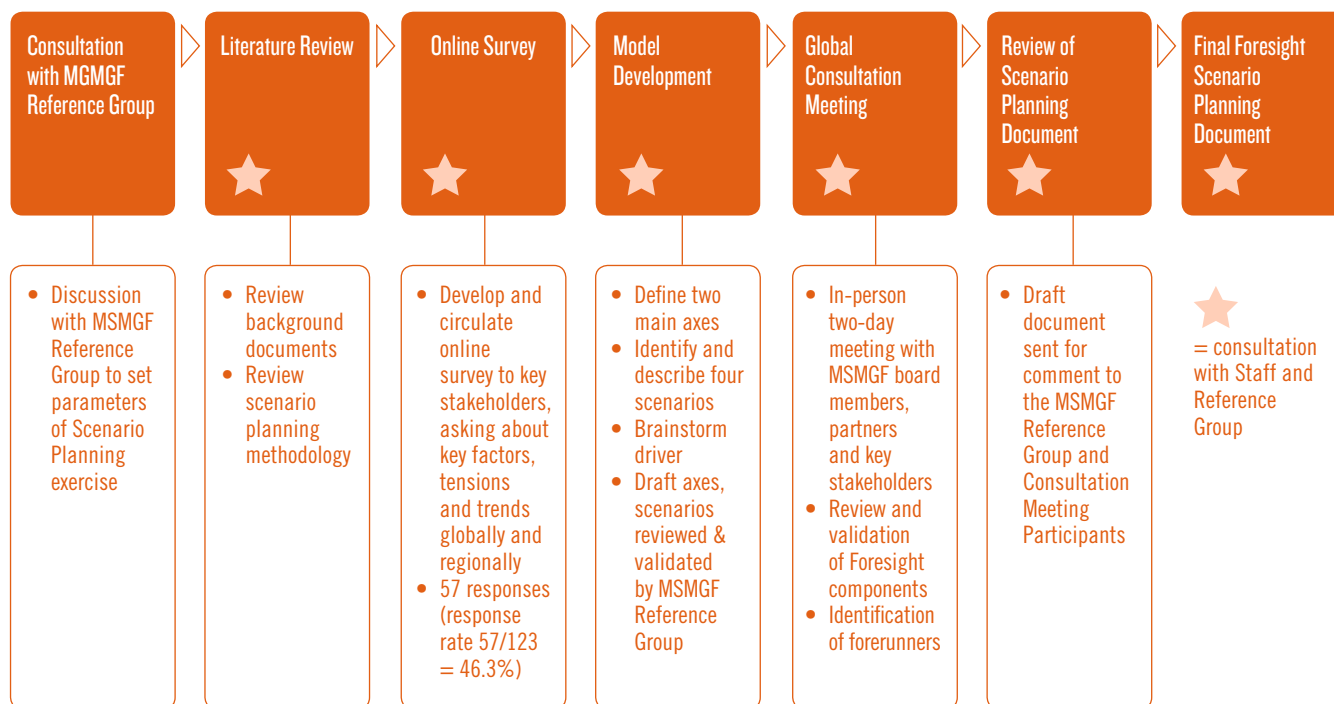
~ Global Business Network

Methodology

Consultation Process

This Foresight Scenario Document was developed through an iterative process of evidence-gathering, synthesis and consultation. Key informants were engaged in order to ensure that the scenarios were developed with high quality, diverse, visionary and expansive input. The key informants represent a wide range of backgrounds (academics, NGOs, policymakers, and service providers), perspectives (including challenging and unexpected viewpoints) and subject-matter expertise (regional-, country-, or international-level knowledge, HIV specialists, health specialists, human rights specialists). The key informants included the policy-makers, program planners, community leaders, service providers, and advocates who will subsequently use the scenarios.

The figure below illustrates the steps taken to research, develop and refine the Foresight Scenario Planning Document. Both staff and the Board-appointed Reference Group were consulted at every point along the process.



The Foresight Scenario Planning process comprised of gathering inputs through a desk review of key documents, an online survey (n=57) with MMSGF's key stakeholders, validation of key elements of the draft Foresight model by the MMSGF Reference Group and in a two-day in-person meeting of MMSGF's staff, board, member organizations, partners and other key stakeholders.

The in-person consultation meeting (May 2015 in Oakland, California) included 50 participants, with the objectives: to engage key stakeholders in validating the plausibility of the scenarios; to gather input from key stakeholders to flesh out the scenarios; and, to clarify how the Foresight Document will be used.

The meeting led key stakeholders through the following discussions and exercises:

- introduction to scenario planning methodology
- validation and refinement of the axes of uncertainty and drivers
- validation and refinement of the plausibility of the four scenarios and identification of opportunities and threats related to each scenario
- naming the four scenarios
- identification of forerunners for each scenario, and identifying towards which scenario each region may be headed
- discussion of the impact of the scenarios for MSMGF's work and how the scenarios will be linked to MSMGF's strategic planning process

Scenario Planning Components

There are various methodologies typically used for scenario planning. The most appropriate approach to answer a question with a broad scope like “What will the global MSM and HIV movements look like in 25 years?” is called the *two axes* method.

Scenario planning is a process that includes the following main components, each of which will be described in more detail below:

- Axes of uncertainty which intersect and create four possible futures (i.e., the four scenarios)
- Drivers which are key factors effecting the scenarios
- Forerunners which are trends or indicators in the present that point to a plausible future

Axes of Uncertainty

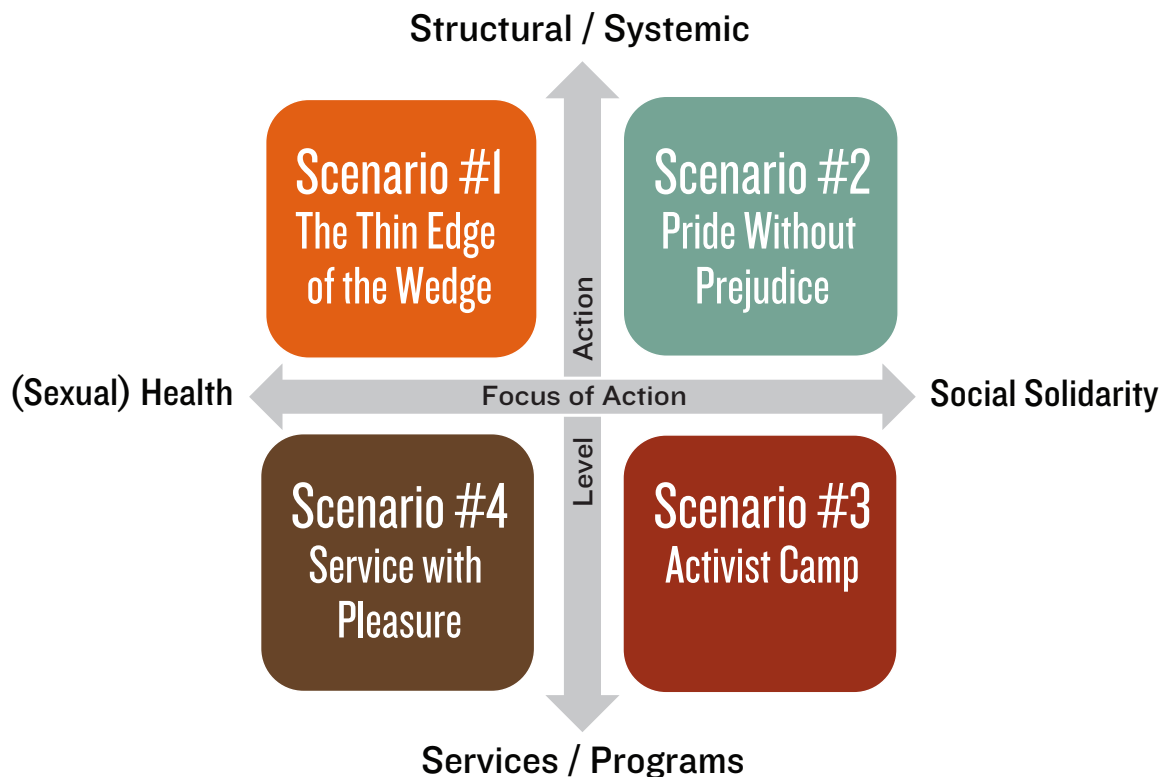
The two axes method generates four contrasting scenarios by placing a major factor influencing the future of the issue being investigated on each of two axes, which cross to form four quadrants. Axes are made up of factors which are both high impact and high uncertainty, meaning that we have no idea which of a number of plausible ways the future may go. The two ends of the axes should be easily distinguishable so that when these factors intersect, we end up with four distinct and contrasting scenarios.

Selecting the axes is more of an art than a science. The key criteria for useful axes is that there needs to be clear contrasting and logical distinctions between the two ends of the axes. While the axes represent distinct uncertainties, there should not necessarily be one end which is easily identified as desirable and the other end being undesirable (i.e., we want to avoid a clear good and bad end for each axis).

For this scenario planning process, by creating neutral axes, we have created distinct but neutral scenarios in that there is no one scenario that all stakeholders want nor one that all stakeholders want to avoid. All scenarios are plausible, each with their own pros and cons, or advantages and disadvantages. This

balanced approach generates more nuanced analysis about the subtle shifts created for our future when we choose certain policy or program directions today.

Below is a diagram of the two axes and their resulting scenarios:



HORIZONTAL AXIS: FOCUS OF ACTION

(Sexual) Health – At this end of the axis, the focus of action is on promoting sexual health (particularly HIV, STIs and reproductive health) but also includes broader issues such as co-infections, mental health, substance use and addictions.

Social Solidarity – At this end of the axis, the focus of action is on promoting belonging and acceptance of diverse and disadvantaged populations, recognizing and valuing diversity, working towards social justice and against social and economic disenfranchisement and realizing full and equal participation in economic, social, cultural and political institutions.

VERTICAL AXIS: LEVEL OF ACTION

Structural/Systemic – At this end of the axis, the level of action is on addressing structural and systemic barriers in order to create supportive legal, socioeconomic and political environments

Services/Programs – At this end of the axis, the level of action is on developing and delivering services and programs

In reality, MSMGF and its partners are highly aware that these axes pose false dichotomies. The future will likely be a blending that spans elements of all four scenarios. There is analytical value in presenting four distinct possible outcomes; though there will be overlap, it facilitates the discussion and analysis about trends that will help stakeholders to create desirable outcomes and mitigate factors that are less desirable.

Drivers

In scenario planning, “drivers” are factors that influence or have an effect on the realization and outcome of scenarios. We have grouped the drivers of change that might have an impact on the global HIV and MSM movements over the next 25 years into categories of direct and generic drivers.

Direct drivers are those that have the most direct influence on our response, and those for which actions by policy-makers and community might have the most immediate impact. Generic drivers include much broader factors and even global forces—political, economic, social, cultural, and environmental—that influence not only the HIV and MSM movements but also society as a whole. They will have an impact on the HIV and MSM movements, but in more indirect ways. Likewise, stakeholders will have a more indirect impact on these drivers.

DIRECT DRIVERS	DESCRIPTION
1. Social attitudes towards gender, gender identity and sexual identity (homophobia and transphobia)	The levels of acceptance or exclusion of MSM, gay and bisexual men, transmen and transwomen. Levels of stigma and discrimination surrounding same-sex behaviours and gender expression. The extent of sexism versus gender equity in attitudes towards women and the positions women hold in society. Levels of violence against sexual minorities.
2. Social attitudes towards ethnicity and nationality (racism and xenophobia)	The levels of acceptance or exclusion, and levels of stigma and discrimination based on ethno-racial background and nationality, both within MSM/gay/trans communities and broader society. The extent to which human rights are protected. The extent to which social supports are in place. Levels of violence against individuals and groups based on ethno-racial background and citizenship/migration status.
3. Criminalization of behaviours and identities	The extent to which legal and human rights frameworks protect the rights of gender and sexual minorities, or same-sex behaviours and relationships are criminalized. The extent to which sex work and drug use are criminalized. The extent to which non-disclosure of HIV status is criminalized. The legal framework surrounding residency status.
4. Community Leadership and Capacity	The strength, capacity and role of the community-based response to advocate for policy change, create programming and influence social values and norms. The degree to which community leadership is strong and inclusive. The degree to which agendas are mutually supportive or competitive and fragmented (HIV-positive/HIV-negative; gay men/trans communities; Global North/Global South; HIV/health/sexual minorities). The degree to which the community-based response is valued, supported, funded, and included in decision-making spaces at local, national and global levels.

DIRECT DRIVERS	DESCRIPTION
5. Political Leadership	The degree to which political leaders support or oppose human rights, and advocacy for policy change and protective laws for gender and sexual minorities and for people living with HIV, and civil society engagement.
6. Donor Environment and Funding	The level and sources of commitment, investment and resources for MSM and HIV related programming and research. The extent to which there are dedicated funding sources for MSM and HIV related work or funding priorities are focused on broader health and development goals.
7. Access to health services, social programs, and medicines	Considers the responsibilities and capacities of governments, private sector and civil society to provide health services for MSM and people living with HIV. Considers the ability for these populations to afford, access and utilize these services without impediments. Includes access to HIV-specific services (testing, prevention, care, treatment and support) as well as access to sexual health, general health, and social services. Includes issues of intellectual property, trade agreements and regulations, and human rights frameworks that impact access to essential and life-saving medications such as ARVs. The extent to which social supports are in place. The extent to which access to services, housing and employment are protected.
8. Socio-economic status and social determinants of health	The degree of inequalities in the economic and social conditions under which MSM and people living with HIV live that may determine their health, safety and social inclusion. This includes issues around poverty, housing, employment, self-efficacy, access to services, migration, aging, as well as consideration of MSM living with concurrent communicable and chronic diseases, and the concept of syndemics.
9. Science and technology	The impact of advancements in biomedical HIV research (preventive and therapeutic vaccines, functional and sterilizing cures, new treatments, vaginal and rectal microbicides, pre-exposure prophylaxis, treatment-as-prevention, testing and monitoring technologies). The relative space occupied by biomedical interventions in relation to socio-behavioral and structural interventions.
10. Fundamentalism and social conservatism	The extent to which conservative heteronormative and sexist social values affect the rights of MSM, gay, bisexual and transgender people, and women, their marginalization, and their increased vulnerability. These values could stem from religious or fundamental doctrines that are misogynist, impose restrictions on or criminalize same-sex and non-gender-conforming behaviours and identities, and impede access to programs and services.

GENERIC DRIVERS	DESCRIPTION
11. Neo-liberalism	The extent to which political, economic and social forces emphasize individualism and individual responsibility (versus concern for a common good with an emphasis on individual rights). Neo-liberal policies include: free trade (the rule of the market); privatization of public enterprise; minimal government intervention in business (deregulation); reduced public expenditure on social services (including health and education).
12. Post-colonialism and economic globalization	The impacts of colonial legacies and the current day influences of the Global North on political, economic, legal and social contexts (social values, norms and laws) of low and middle income countries (LMICs). How the overarching economic structures influence the donor-recipient relationship, and the ability of LMICs to adequately respond to health and social issues.
13. Major global crises or events	Political instability; instability in global or national economies; other pandemics; environmental crises. Major national or global events that cause a significant shift in policy priorities and the way resources are allocated (such as away from the health care system). Natural disasters affect marginalized populations more significantly.
14. Information and communication technology (ICT)	The impact of advances in ICT on access to information, how we learn, and how we connect to each other as individuals and as communities of MSM and people living with HIV at local, national and global levels. How ICT influences: how individuals connect to each other for support, sex, or information exchange; the dynamics of the HIV epidemic; and, local, national and global MSM and HIV movements.

The drivers are neither linear nor mutually exclusive, but they are interconnected in different ways. In each scenario the driver can have a more significant impact than other drivers depending on the context and the scenario. Each driver could have context-specific examples (e.g. criminalization of same sex behaviors would be different in each country). While thinking about each scenario, it is useful to look at some of the drivers and how they interface within the scenario.

Forerunners

One method of validating scenarios is to identify indicators, trends or events that exist in the present, and that might point to a scenario as a future possibility. In other words, what are some of the precedents, or forerunners, that exist today that could lead us towards a particular scenario? For each scenario, key forerunners were identified that support the idea of that scenario as a plausible future. Predominant forerunners were also identified for each region in order to identify which scenarios are most likely for different parts of the world.

Terminology

MSM, LGBT and Beyond

“Men who have sex with men” and the corresponding acronym “MSM” refer to all men who engage in sexual and/or romantic relations with other men or who experience sexual attraction towards the same sex. As used in this document, the term is inclusive of diverse self-determined sexual identities and forms of sexual and social associations (“communities”). “Men who have sex with men” can include men who identify as gay or bisexual or men who use culturally-specific terms to describe their feelings and experiences. Some men who have sex with men do not associate themselves with any particular identity or community. Despite this diversity of identities and terms used to describe one’s sexual practices or feelings, many men who have sex with men share common experiences of social exclusion, marginalization, stigma, discrimination and/or violence. They may also have common experiences of support, affinity, friendship, love and community.

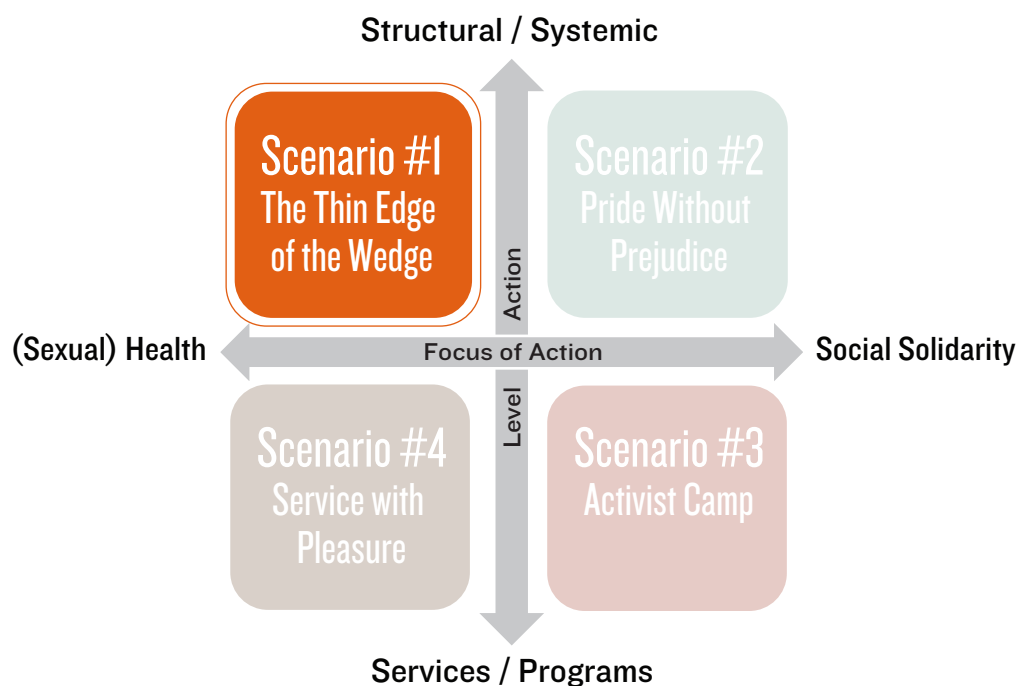
The phrase “Lesbian, Gay, Bisexual and Transgender community” (or “LGBT community”) refers to a broad coalition of groups that are diverse with respect to gender, sexual orientation, race/ethnicity, and socioeconomic status. Thus while this report broadly references the community that is encapsulated by the acronym LGBT, we also wish to highlight the importance of recognizing that the various populations represented by “L,” “G,” “B,” and “T” are distinct groups, each with its own special health-related concerns and needs. At the same time, these groups have many experiences in common, key among them being the experience of stigmatization. Thus, we use the general term LGBT throughout this document to refer to the coalition of people who are sexual minorities and share the common experience of social marginalization within heteronormative societies.

We can imagine 2040 as a time when (some) societies freely adopt the terms lesbian, gay, bisexual, transgender, two-spirited, queer, etc. and respects other culturally-specific terms people use to affirmatively refer to their sexual orientation or gender identity. By the year 2040, clinically or behaviourally labeling terms like ‘MSM’ will likely be antiquated and obsolete. Thus, throughout this document, whenever we are situating ourselves in the year 2040 we will use the global term LGBT, with the acknowledgement that it is intended as an umbrella acronym to reflect the full range of human sexual and gender diversity.

Global North / Global South

It is also important to note that there will continue to be clear disparities between regions and countries in terms of access to resources and social values. While the international development field has traditionally used terminology such as “Global North / Global South” or “high-income / middle-income / low-income” to demarcate the socio-economic and political divides between various parts of the world, this classification is inadequate in the context of LGBT issues. While the North may traditionally have been defined as the richer, more liberal region and the South as the poorer, more conservative region, many more factors differentiate between the two global areas in the context of LGBT issues. Some of the richest countries (e.g., in the Middle East) are the most repressive in terms of gender and sexuality rights. Further, the rise of religious fundamentalism is not unique to some Muslim countries. Evangelical Christianity has gained tremendous political influence in several “Global North” countries. Thus, even in 2015 the global rifts in terms of level of progressiveness vs. oppression with respect to LGBT communities cannot neatly be drawn along the lines of rich/poor or geographic north/south. It is likely that each driver and forerunner will play out quite differently between regions and between countries in 2040.

Scenario I: The Thin Edge of the Wedge



It is the year 2040. In the scenario *The Thin Edge of the Wedge*, the focus of the global LGBT and HIV movement is at the intersection of structural and/or systemic interventions to address health. Priority is given to: improving the overall laws, policies, systems and social norms that are needed to promote the health of LGBT people; removing policy and social barriers to accessing services that address sexual health, co-infections, mental health, substance use and addictions among marginalized populations.

LGBT people and their allies recognize that health (and sexual health, in particular) is only one element of disparity that they experience in many societies, but health is seen as an issue that can act as the **thin edge of the wedge** for cracking open broader discussion and action in other domains such as education and employment. The value of *The Thin Edge of the Wedge* approach is that addressing health disparities is a politically powerful and more socially palatable way to address these overarching structural inequities experienced by LGBT communities. LGBT people and their allies see their disproportionate burden of health problems (such as addiction, mental illness, and sexually transmitted infections, including HIV) as merely one symptom of upstream issues such as homophobia and heterosexism. LGBT people face disproportionate levels of sexual health and mental health issues in part because they face barriers accessing health programs. These barriers include stigma, discrimination, marginalization, gender-related subordination, barriers to participation and others.

In the year 2040, not only is the right to health widely recognized and enshrined in many international human rights declarations, but also advancements have been made in convincing policy makers and social leaders to value health among their citizens, if not for social justice reasons, then for economic productivity and human security reasons. As national economies become increasingly globalized, citizen productivity

and improved healthcare become important determinants of economic performance. Making the “investment case” has become the dominant framework for shaping assistance and advocacy around HIV and other health issues.

Just as a health focus helps to make inroads into discussion and action on the upstream social determinants of health, in turn, HIV has served as an entry point for broader health issues. In 2040, the concept of health is much more holistic, encompassing not only physical, mental, social and spiritual elements, but also connections to the environment and sustainable development. In turn, health interventions are much more integrated in terms of merged funding sources and organizational mandates, making the health system more patient-centric and making patient pathways through the health system easier to navigate, by integrating two or more social and health services (either by co-locating them in one organization or clinic, or coordinating patient pathways between them).

In 2040, strongly connected global movements to promote essential health services and to realize the right to health have created global solidarity among socially excluded and criminalized persons. In many countries, there is an ongoing inherent tension between prioritizing work to decriminalize same sex behaviours versus ensuring access to health services. Among LGBT communities in some repressive societies, there is a sense that first we have to focus on helping people survive and thrive well enough before they can work on decriminalization. LGBT communities and their allies realize that breaking barriers to health equity is only the thin edge of the wedge for generating more fundamental shifts in social inclusion.

In socially conservative countries, reform is more appealing for the promotion of health rather than for the full realization of human rights of LGBT communities. While homophobia may be firmly entrenched in the social values of many countries, inroads can be made with respect to access to health and social services. Health services create the space and structures for a dialogue on inequalities.

Historically, HIV has provided a strong organizing framework for social action and advocacy around health issues for LGBT populations. In 2040, HIV is no longer a major global health crisis, although in some regions, HIV still disproportionately impacts MSM and transgender women, and attention is still needed on international and national policy issues. Key areas of action are health systems strengthening, community systems strengthening (CSS), improving access to medicines by removing intellectual property and trade barriers, decriminalizing HIV non-disclosure, decriminalizing sex work and drug use, implementing and enforcing anti-discrimination policies in healthcare settings, and evolving normative guidance for health services.

In other parts of the world, thanks to major advancements in biomedical interventions around treatment and prevention, HIV no longer garners much attention. Without HIV as a rallying point and key funding source, LGBT people and their allies are having to find other health issues (e.g., mental health, addictions, tobacco reduction) to unite them as a community. Coalitions at global and regional levels have proven their endurance and resilience over the last decades, and have become well-organized and well-connected through information and communication technologies in their resistance against oppression. Gay, bisexual and other men who have sex with men have started to work strategically (mostly online) through coalition building with allies from other marginalized communities, especially other sexual minority groups, to address shared systemic issues and collaborate on structural interventions.

A major structural intervention underway in 2040 is to modify the relationship between gender norms and health care both at institutional and individual levels, and to remodel health delivery in order to bring LGBT people to the services. Like many men, gay and bisexual men have a problem with utilization of health care services. Men tend to ascribe to concepts and expressions of masculinity that act as barriers to accessing health care services, and taking personal care of their health. Men tend to use health care services only when they're sick, and thus have low uptake of preventive care or early diagnostic services.

While changing harmful social norms around masculinity is a massive social-structural project, the issue of health service utilization acts as the thin edge of the wedge in creating dialogue and strategies to broader create social change.

Another major structural intervention underway in 2040 is to develop and deliver universal education curricula and training programs for health care workers about sexual diversity and sexual health among LGBT communities. Working with national medical associations and post-secondary educational institutions that are responsible for training physicians, LGBT civil society is working with other marginalized communities (e.g., migrant, cultural, religious and linguistic minorities) at a structural level to ensure that health care systems are more inclusive and respectful of diversity. While formal education and in-service training of health care providers is a key structural intervention in 2040, it exists alongside CSS approaches that hold community members as experts and structural authorities.

In 2040, a third systems-level intervention for addressing inequities in health status and in access to healthcare is documentation of these inequities through improved data collection. LGBT communities recognize the importance of data collection for driving policy change and for creating tailored interventions: *“No data, no problem. No problem, no funding.”* Data collection is entirely online and linked across jurisdictions and across sectors through electronic records. Just as gender and ethnicity/race are documented and measured as key demographic variables in health and census studies, so too should sexual orientation and gender identity. By ensuring that the health disparities experienced by LGBT communities are documented across all health issues, attention can be brought to policy makers and service providers. While thorough data collection systems won't by themselves reduce health inequities, they provide the launching point by documenting necessary cost-effectiveness and outcome information that in turn help to make the case for holistic and structural changes that will.

Opportunities

LGBT communities around the world are becoming more adept at designing and implementing structural-level health interventions. With their strong grounding in grassroots organizing, LGBT communities are playing a more central role and providing community input throughout all phases of health care planning, training, development and delivery.

With a strong focus on CSS, LGBT communities are stronger in the areas of advocacy; building community networks, linkages, partnerships and coordination; organizing and delivering community activities and services; building community organizations and leadership; and taking a lead in their own programs' monitoring, evaluation and planning. Meaningful engagement of LGBT communities has become systematized, and there is universal understanding that LGBT people are the experts in their own well-being, health and bodies. They are also ensuring that data is collected to measure and document inequities in a broad range of health issues. It is also more politically and religiously palatable for health sectors to work on changing concepts of masculinity and how men in general interface with the health care system. While there may no longer be HIV-specific funding for LGBT populations, documentation of health disparities may result in LGBT-specific funding sources in mental health, addictions, tobacco reduction, housing, community development, job development, and youth services.

Threats

The most obvious threat and limitation of this scenario is that health systems can change to create more health equity for LGBT people, but social norms and attitudes may not necessarily change towards greater inclusion. Thus, while LGBT people may have better healthcare services and better health, they continue to experience oppression and marginalization in other domains of life. The trend in some parts of the world

towards deepening religious fundamentalism blocks progress for LGBT people, even if they have access to deluxe healthcare infrastructures.

With HIV no longer being a key global health focus, there are fewer HIV-specific funding sources for LGBT communities. While CSS brings a stronger civil society response and democratization to meeting the health service needs of LGBT people, there will need to be funding supports for CSS-oriented initiatives and those that do exist are confined to health-related issues. The health sector tends to be dominated by technocrats; people who have specific sets of skills and technical knowledge have the most power in setting policy. A key challenge in *The Thin Edge of the Wedge* is to move beyond community consultations to more meaningful forms of community organizing.

In some cases, the loss of HIV as a focus for funding and programming has meant a loss of momentum for broader sexual health issues, and social, psychological, and emotional aspects of well-being among LGBT people. Eventually all the gains from this strategy may be exhausted. In progressive countries where HIV- or sexual health disparities are eliminated for LGBT people, there is a concern for losing a cohesive organizing issue and loss of expertise and community competence.

Key Drivers

Social Attitudes towards Gender and Sexual Identity (Homophobia and Transphobia)

The success of *The Thin Edge of the Wedge* relies heavily on the extent to which social attitudes can be shifted among policy makers, health care providers and gay men. Although social values have become more progressive and inclusive in some regions of the world, other regions or countries have become more entrenched in opposition to LGBT inclusion.

Perceptions of masculinity relate to an array of physical and psychological health problems for gay men (substance use that is harmful and sexual behaviour that isn't mindful). *The Thin Edge of the Wedge* requires health care policy makers and frontline workers to have more open attitudes regarding sexual diversity and sexual health among LGBT people, and a core understanding that gender and sexual orientation exist on a continuum and that binaries are socially constructed and limiting. Ideally, health service providers learn to be sex-positive and respectful of diversity as part of their core training, they take comprehensive sexual histories of their patients, and recognize how gay men endeavoring to conform to masculine norms and notions of “manliness” might be acting in unhealthy ways. In terms of gay men themselves, *The Thin Edge of the Wedge* encourages shifts in attitudes and changes in concepts and expressions of masculinity that act as barriers to accessing health care services, and to taking personal care of their health.

Social Attitudes towards Ethnicity and Nationality (Racism and Xenophobia)

In 2040, there is recognition that the “otherness” of LGBT people is the basis for stigma and its attendant prejudice, discrimination, and violence. It also underlies society's general lack of attention to their health needs, which leads to many of the health disparities experienced by the community. For some, this “otherness” may be complicated by additional dimensions of inequality such as race, ethnicity, socioeconomic status, and immigration status resulting in stigma at multiple levels.

Criminalization of Behaviours and Identities

Although HIV may no longer be a key driver of stigma and discrimination against MSM in some parts of the world, sexual minorities will continue to be marginalized and persecuted. LGBT communities existed long

before HIV, and will transcend HIV once it's equalized. Our commonality has been, and continues to be, gender- and sexuality-based structural inequality and oppression. In 2040, the HIV movement is no longer held responsible for, or the main leader in, fighting against all of the human rights difficulties of people who are excluded from health services because of complex factors such as criminalization and social exclusion.

Instead, the LGBT movement works with allies, such as public health practitioners, to draw attention to the health-related consequences of homophobic legislation, emphasizing that the persecution of LGBT people has important implications for their access to health and social services. They point out that health systems can't implement interventions and improve access to services or even talk openly about sexuality if certain behaviours and identities are criminalized.

Political Leadership

In this scenario, while LGBT civil society is working with government, health and social service providers to create structural-systemic changes, there could be opposition from religious institutions and leaders. Health sectors tend to be the most conservative wings of government because of religious influence (whether Evangelical, Catholic or Muslim), particularly in the areas of sexual and reproductive health (e.g., health care provision of contraception, abortion, sexual reassignment surgery, harm reduction services). Politically speaking, many countries' health sectors have proven to be weak and often slow to progress in matters of evidence-based equity-driven interventions versus dominant cultural/religious values.

Donor Environment and Funding

The Thin Edge of the Wedge requires support for structural interventions. Funding for such activities has remained a challenge for at least a generation, ever since the global donor architecture moved away from disease-specific funding. When the focus was on issues such as HIV, the case could be made for interventions aimed at removing structural barriers that contributed to vulnerabilities among specific populations. However, with a move towards more general health systems strengthening and healthcare delivery for all populations, the structural barriers faced by specific communities such as MSM and transgender women have become invisible. The LGBT movement faces considerable challenges in identifying donors willing to address the structural barriers faced by the community.



Forerunners

There are several forerunners – or key trends and indicators – which would indicate that *The Thin Edge of the Wedge* is a plausible future scenario:

Scientific and technological developments

- In the last 10 years, biomedical research around HIV testing, transmission and prevention has increased dramatically. These advancements in the biomedical knowledge of HIV have provided the scientific basis for the development of new testing technologies and new HIV prevention technologies, such as non-occupational post-exposure prophylaxis (nPEP), pre-exposure prophylaxis (PrEP) and the use of treatment as prevention, and have led to the adoption of behavioral strategies to reduce the risk of HIV transmission, such as serosorting and strategic positioning. This is particularly true for gay men. The continued rollout of more effective and easier to use drug regimes for both prevention and treatment in some regions provide cause for optimism regarding HIV rates.

Ongoing vulnerability of some MSM

- Despite the optimism generated by prevention and treatment advancements from a biomedical perspective, vulnerability of MSM will continue in many regions due to criminalization and persistent (and in many instances worsening) stigma, discrimination, violence directed at men who have sex with men – all of which undermine the HIV response. In many regions, there will be unabated HIV incidence among men who have sex with men.²
- Concepts of community, traditional roles, religiosity, and cultural influences associated with race and ethnicity shape an LGBT individual's experiences. The racial and ethnic communities to which one belongs affect self-identification, the process of coming out, available support, the extent to which one identifies with the LGBT community, affirmation of gender-variant expression, and other factors that ultimately influence health outcomes³. Key structural factors that disproportionately affect racialized LGBT people include high rates of poverty, incarceration, unemployment, and low education in certain communities, all of which in turn affect health status.
- LGBT individuals' experiences in society vary depending on their educational level and socioeconomic status. As higher educational levels tend to be associated with higher income levels, members of the community who are more educated may live in better neighborhoods with better access to health care and the ability to lead healthier lives. On the other hand, members of the LGBT community who do not finish school or who live in poorer neighborhoods may experience more barriers in access to care and more negative health outcomes.⁴

Global funding changes

- There have been, and will continue to be, significant changes in the international development framework goals and funding models (PEPFAR and Global Fund), with withdrawal or shrinking of funding

2 K Makofane et al (2014). Homophobic legislation and its impact on human security, *African Security Review*, 23:2, 186-195.

3 Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities Board on the Health of Select Populations (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.

4 Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities Board on the Health of Select Populations (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*.

by global donors. The Global Fund's "new funding model" assigns funding totals to countries using a formula based on income and disease burden to calculate the appropriate funding envelope, a method that disadvantages middle income countries, except the majority of people living with HIV and TB live in middle-income countries (MIC), just as the majority of the world's poor now also live in MICs. Moreover, many HIV and TB epidemics concentrated in politically unpopular "key populations"—such as people who inject drugs and MSM—are also largely in MICs.⁵

- Large global funding programs such as PEPFAR and the Global Fund will continue to evolve, and human rights may continue to be sidelined in favour of more direct health services. For example, during Round 11 of the GFATM, it was specified that "essential services" but not "critical enablers" would be eligible for funding, with human rights classified as an "enabler" to good programs along with mass media, program communication and research. Activists fear that rights-centred approaches to HIV are becoming an add-on element that can be cut when money is tight.⁶
- The language and practice of global health assistance is evolving. In the UN, making the "investment case" became the dominant framework for shaping HIV assistance and advocacy.⁷

Mobilization around a global health agenda

- Civil society's mobilization around HIV will continue to shape global health debates in the 21st century.⁸ HIV will increasingly be mainstreamed within a broader global health agenda and a key leverage point will be realizing health as a human right⁹. The right to health is already widely recognized and enshrined in many international human rights declarations¹⁰. Health is an important issue as the thin edge of the wedge because policy makers and social leaders tend to value health among their citizens, if not for social justice reasons, then for economic productivity and human security¹¹ reasons.
- Some countries' movements towards decriminalisation of homosexuality have been driven by health professionals within the context of addressing the HIV/AIDS pandemic, and attempts to stem the spread of HIV have opened a "back door" for advocacy in favour of tolerance and decriminalisation, not just as a human rights issue, but as an issue of national health.¹²

5 Csete J (2015). Discussion Paper - Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund? Open Society Foundations

6 Csete J (2015). Discussion Paper - Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund? Open Society Foundations

7 Hay, DI (2007). Developing a Canadian Economic Case for Financing the Social Determinants of Health Report on the April 2007 Roundtable.

8 Csete J (2015). Discussion Paper - Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund? Open Society Foundations

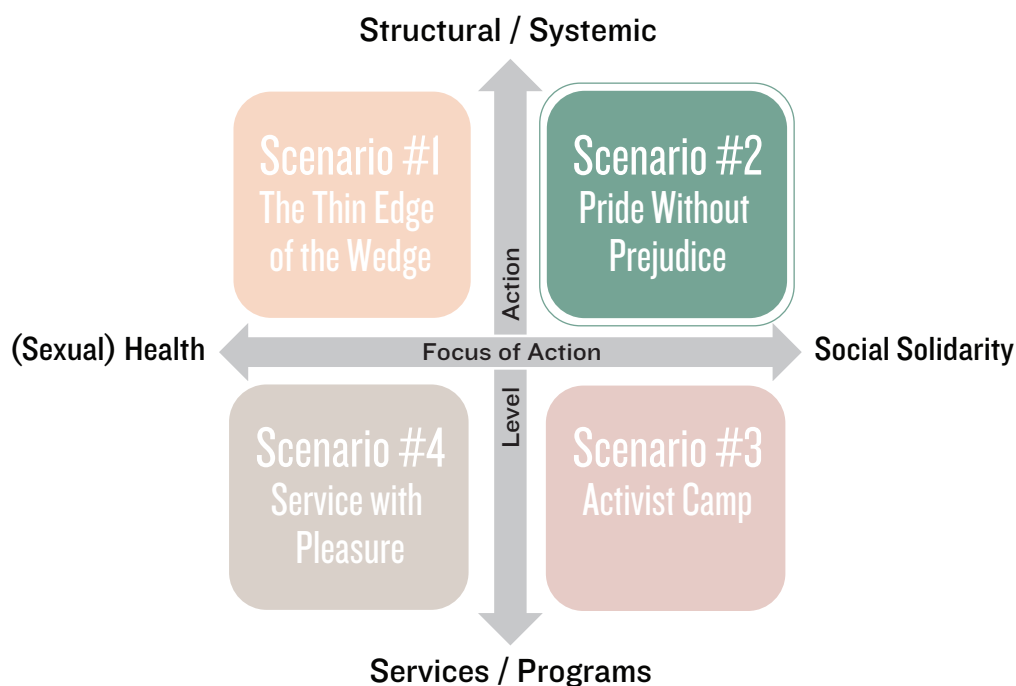
9 NOI Polls, Bisi Alimi Foundation, The Initiative for Equal Rights in Nigeria (2015). In a national poll, 30% of Nigerians agree that LGBT people should have access to healthcare, housing, and education.

10 The Human Right to Health is protected in: Article 25 of the Universal Declaration of Human Rights; Article 12 of the International Covenant on Economic, Social and Cultural Rights; Article 24 of the Convention on the Rights of the Child; Article 5 of the Convention on the Elimination of All Forms of Racial Discrimination; Articles 12 & 14 of the Convention on the Elimination of All Forms of Discrimination Against Women; Article XI (11) of the American Declaration on Rights and Duties of Man; Article 25 of the Convention on the Rights of Persons with Disabilities

11 PEPFAR (2009). Overview: The Role of America's Partnerships in the Worldwide Fight Against HIV/AIDS. Fifth Annual Report to Congress on PEPFAR.

12 Joseph Gaskins Jr, "'Buggery" and the Commonwealth Caribbean: a comparative examination of the Bahamas, Jamaica, and Trinidad and Tobago' in Corinne Lennox & Matthew Waites (eds) Human Rights, Sexual Orientation and Gender Identity in The Commonwealth: Struggles for Decriminalisation and Change (University of London, 2013), p. 444.

Scenario 2 – Pride Without Prejudice



It is 2040 and while HIV is no longer the major global crisis it once was, in many contexts gay men and transgender communities continue to experience a disproportionate HIV burden. Partly as a reflection on this situation, the strategy adopted by the global LGBT movement is much broader than addressing the direct and immediate factors that put these communities at risk of HIV—their increased biological vulnerabilities to infection. Instead, the movement is focused on three inter-related goals and strategies. First, addressing structural and systemic inequities faced by LGBT communities by promoting their human rights and protective legislation and policies. Second, influencing social attitudes towards LGBT communities within political, religious, socio-cultural and government institutions as a step to achieve the previous goal. Third, participating in a broad-based coalition of social justice movements working on mutually supportive and complementary agendas.

In many ways, those who are engaged in the LGBT and HIV movements today in 2040 think that the strategies and priority issues espoused by the previous generation's HIV and MSM movements were quaint and naïve. It's obvious to them that the focus on the development and access to behavioural and biomedical interventions (such as condoms and lubricant, PEP, PrEP, testing, and treatment) and on the legalization of same-sex marriage, as well as the insular ways that the HIV and LGBT movements worked, are a clear case of not being able to see the forest for the trees.

While there is still much work happening to ensure access to a range of programs, service and interventions for LGBT communities, the focus is not on the development of those programs, services and

interventions. It is on the removal of the structural and systemic barriers that impede access, and the implementation of legislation and policies that protect the rights of, and prohibit discrimination against, LGBT communities. The goal truly is *Pride without Prejudice*.

However, the emphasis is not on creating a culture of “sameness” where the only goal is to ensure that “everyone is welcome” to access mainstream services. Rather, there is widespread recognition that there are both similarities and differences within LGBT communities, and between the LGBT communities and “mainstream” society. As such, the movement is built on respecting difference and valuing diversity. This requires action aimed at specific barriers for LGBT communities—the decriminalization of same-sex behaviours; the recognition of a range of gender identities and expressions; protection from discrimination in employment, housing, education, healthcare; and respect for multiple and diverse family forms and sexual relationships.

Hand in hand with this legislative and policy strategy, the movement is engaged in work to shift social attitudes towards LGBT communities. There is recognition that in order to achieve broad structural and systemic changes, the movement must instil positive attitudes towards LGBT communities within society as a whole—and among the political and religious leadership in particular. This includes departments of justice, law enforcement agencies, health, education, labour, housing. This is achieved not only through social marketing campaigns, but also through the active and visible engagement of members of the LGBT communities in social, economic, cultural, religious and political institutions, wherever it is safe to do so.

Of course this plays out differently in different parts of the world. There are huge regional and country-level differences. In some places there is tremendous progress in the respect of human rights while in others there is significant regression and repression. There are several inter-related factors at play. A key variable that is highly correlated with social inclusion or exclusion of LGBT people within any given country or region is the legal, economic and social status of women. In 2040, it is recognized that homophobia and transphobia are rooted in sexism and misogyny, and therefore addressing sexism is centrally important to the LGBT movement’s strategy. In 2040, there is strong recognition that where there are gains with regard to women’s rights, there will be corresponding gains in the LGBT movement. As a result, some of the strongest coalition work is forged between the LGBT and women’s rights movements.

Fundamentalism and the role of religious institutions are a significant limiting factor in many contexts. There is a mutual influence at the structural and systemic level between sectors. For example, while there are legal protections against discrimination in many places, in others the legal framework is based on sharia law or is heavily influenced by religious (Evangelical, Catholic or Muslim) fundamentalism. This greatly impedes access to healthcare in some contexts, while in others, religious leaders call for compassion and actively promote non-discrimination.

As many countries have become more economically independent over the past 25 years leading up to 2040, the international influence of progressive donor countries has declined. However, countries with the greatest economic power still attempt to exert moral influence through trade sanctions against some countries with the most egregious human rights records, at least when those countries are not among their most important trade partners (for example, countries with important reserves of fuel or other natural resources). Occasionally, other international mechanisms such as UN Commissions and the International Human Rights Tribunal also continue to attempt to influence respect for human rights for a range of communities, including LGBT communities.

In many contexts, there has been a growing backlash against what is seen as the Global North’s historical tendency to morally influence other countries. This is especially true in some countries and regions that have been distancing themselves from their historic donor-recipient relationship and moving toward a truly

post-colonial era. However, for some countries, part of this movement has been a critical examination of the origins of their legislative frameworks. In some cases, in recognition of the historical lack of punitive laws against same-sex behaviours and multiple gender identities, the colonial-influenced anti-homosexuality laws have been reformed.

The rise in religious fundamentalism in some parts of the world, and the political backlash against the historical undue “moral” influence of the Global North are inextricably linked, while in others they operate independently. In both cases, the global, regional and local LGBT movements must adopt a variety of flexible strategies to achieve their goals. In some cases, they batten down the hatches against repressive laws, policies and blatant discrimination. In others, they fight to keep the hard-won protections they had achieved a generation ago, and which can no longer be taken for granted. In other regions still, there are tremendous gains and successes in the recognition of the rights of LGBT communities.

Everywhere, youth are seen as a key to success. The role of youth is vital and the LGBT movement has taken great effort to engage, support and cultivate its youth leadership. In many ways, youth have become a battleground—both the LGBT movement and opposition groups have become more visible, vocal, and effective at attracting youth.

A common strategy used across the globe is to work with broad-based coalitions that include other social justice and human rights movements, including women’s rights groups, racialized communities, students, immigrant communities, sex workers, drug users, Indigenous communities, anti-poverty groups, and environmental groups. These coalitions work together to ensure greater visibility and social acceptance of marginalized groups and to promote their human rights. By working with such coalitions, the movement articulates more clearly and more specifically an intersectional approach, successfully integrating issues of gender, gender expression, ethnicity, HIV status and health, sexual orientation, age, income, legal status and colonization.

Opportunities

Where it has achieved the greatest success, *Pride Without Prejudice* has had a broad impact across a range of sectors and for significant portions of the community. The legislative and policy frameworks that protect the rights of the LGBT communities improve health outcomes through gender equality, more secure employment, housing and access to services and programs. In fact, the coalition-based work with other social justice movements improves outcomes across a broad range of issues—legal status for immigrants, protections for sex workers and drug users, etc.

Furthermore, in those instances where individuals still face discrimination despite supportive legislative and policy frameworks, they benefit from the support of a well-organized, mobilized movement that can defend their rights and advocate on their behalf.

Public education, community awareness and sensitivity training are shifting public opinion toward more favourable views of LGBT communities, making it easier to engage fully as citizens in our communities. As a result, we face much lower levels of stigma and discrimination in 2040 than ever before.

Coalition-based work facilitates support from donors, who welcome the crosscutting analysis and impact of the movement’s efforts. Working in consortia also greatly improves the sustainability of social justice movements, including the LGBT movement. We avoid competition and duplication while achieving greater influence, greater visibility, greater respect. More than ever, we understand and are able to incorporate successfully an intersectional approach to our work.

Threats

While *Pride Without Prejudice* has achieved tremendous gains in some parts of the world, the focus on legislative and policy changes means that it's in many ways “all or nothing”, with some countries and regions not having seen progress. In fact, attempts to entrench the rights of LGBT communities in legislative and policy frameworks has led to a significant backlash in some countries and regions. In some cases, there is now more regressive legislation than there was before, including places that prohibit “special rights” protections (code words used to designate LGBT communities). This is often accompanied by a rise in blatant discrimination, persecution and violence against members of LGBT communities.

Furthermore, with energies focussed on structural and systemic change, there has been less attention paid to program and service delivery. As such, some communities have noticed a deterioration in the quality and breadth of services and programs designed to meet the needs of LGBT communities, and of the specific needs of specific communities in particular (gay-identified men, men who have sex with men who don't self-identify as gay, transgender men and women, lesbians, bisexuals...).

Ironically, this is true both in contexts where the movement has been most successful and least successful. In countries and regions where there is still much repression, it is of course difficult or impossible to provide comprehensive services and programs that meet the range of needs of LGBT communities. However, even in contexts with the strongest legislative and policy frameworks, this has led to a deterioration of programs and services. The LGBT movement having experienced much success in achieving its goals, the community has turned its focus to other social justice issues, with no one left to focus in a concerted way either on LGBT issues, nor on their ongoing need for programs and services. In some ways, the LGBT community is a victim of its own success, as it continues to experience disproportionate levels of certain health issues (e.g., HIV among gay-identified men, men who have sex with men and transgender women) even in 2040.

Even in contexts where there is still a strong LGBT movement, working in coalitions with a range of other social justice movements has led to mission drift. HIV-specific needs get lost among a range of other health issues, and health issues are diluted within a range of other social justice issues.

All of these conditions have led to a loss of credibility for the LGBT movement. Gone are the days where a focus on HIV and on the specific needs of MSM and trans communities led to specific, but tangible, recognizable, high-impact results. It is difficult to point to specific contributions of the LGBT movement when so much work is done through coalitions. The movement goes through an identity crisis. Is there such a thing as an LGBT movement? Do we need one? What defines us as an LGBT community, especially in contexts where we are not united by a common oppressive legal framework, discrimination or stigmatizing attitudes?

There are considerable funding challenges to doing *Pride Without Prejudice* style work in middle-income countries. There is a great need to focus on the human rights of the LGBT community, yet there is little external funding for these middle-income countries and domestic support is often non-existent.

Key Drivers

Social attitudes towards gender and sexual identity (homophobia and transphobia)

The ability to enact structural and systemic level changes—indeed the very need to do so at all—is greatly predicated on the levels of acceptance or exclusion of gay and bisexual men, transmen and transwomen. Levels of stigma and discrimination as well as the status of women in society more generally, largely dictate the extent to which human rights are protected and promoted. The status of women in any country is often a gauge for how

LGBT people are treated, including the rates and types of violence people experience, and the degree of social integration. The LGBT movement in 2040 is focused on improving the status of women and legal frameworks surrounding same-sex behaviours and gender expression as ways to support access to services, housing and employment. The levels of acceptance or exclusion and levels of stigma and discrimination based on gender and gender expression, both within LGBT communities and broader society are intrinsically linked in 2040. Levels of violence against sexual minorities are an issue in some contexts, particularly where sexism, religious fundamentalism, and social conservatism greatly affect attitudes towards gender and sexual identity.

Political leadership

Enacting legislative and policy frameworks that protect the rights of LGBT communities requires strong political leadership. The LGBT movement is focused on influencing political leaders to support human rights, as well as advocating for policy change and protective laws for women, gender and sexual minorities as well as for people living with HIV.

Criminalization of behaviours and identities

The *raison-d'être* of the LGBT movement in 2040 is to advocate for legal and human rights frameworks that protect the rights of women, gender, and sexual minorities. That includes revoking laws that criminalize same-sex behaviours and relationships, as well as non-disclosure of HIV status, sex work (including the conflation of sex work with human trafficking), and drug use. This is pursued through coalition-based work with sister social justice movements, especially women's rights movements.

Fundamentalism and social conservatism

In many contexts around the world, social attitudes towards gender identity, political leadership, and the criminalization of behaviours and identities are all highly influenced by (deeply misogynist) religious fundamentalism and social conservatism. The LGBT movement in 2040 must therefore operate within this context, which varies greatly from region to region, and country to country.

Social attitudes towards ethnicity and nationality (racism and xenophobia)

The LGBT movement in 2040 addresses a broad range of issues through work with social justice coalitions. This greatly facilitates a focus on intersectionality, which in any case is seen as essential to reaching the movement's goals. The levels of acceptance or exclusion, and levels of stigma and discrimination based on class, ethnoracial background, and nationality, both within MSM/gay/trans communities and broader society are intrinsically linked in 2040. In many contexts, homosexuality is seen as a literal and figurative "import" from outside the region. This rejection of otherness is embodied in negative social attitudes and discriminatory legal and policy frameworks against racialized communities. Ironically and sadly, the racism and xenophobia found in mainstream society is all too often replicated within LGBT communities.

Forerunners

There are several forerunners – or key trends and indicators – which would indicate that *Pride Without Prejudice* is a plausible future scenario:

Mainstreaming of HIV within a broader global health agenda and an increased focus on human rights

- Criminalization and persistent (and in many instances worsening) stigma, discrimination, violence

directed at men who have sex with men are recognized as critical factors undermining the HIV response.¹³

- There are strategies proposed for addressing the criminalization of same-sex behaviours.¹⁴
- There are calls to integrate a focus on human rights and social justice into efforts to address HIV among most affected communities.^{15,16,17}
- There are frameworks for comprehensive sexual rights and women's rights.¹⁸
- Global health and development goals, as well as the underpinning donor architecture, are shifting from disease-specific to broader health, human rights, and development goals.^{19,20,21,22}

Regional differences

- While the focus of LGBT movements in some Global North countries has been on same-sex marriage, the focus in many countries within the Global South is often on countering existing and new criminalization of same-sex behaviours.²³ However, there are areas of progress, with recognition of trans identities in some countries.²⁴

Backlash against influence of the Global North

- A number of African leaders criticize attempts by Global North countries to influence legislation criminalizing same-sex behaviours. For example, President Museveni of Uganda decries "... attempts[s] at social imperialism, at imposing social values".²⁵ The Gambian President states that he will slit the throats of gay men and "no white person can do anything about it", making reference to the loss of European humanitarian aid because of The Gambia's human rights record.²⁶

Efforts to encourage youth leadership

- The Global Forum on MSM and HIV has a youth Reference Group.²⁷ The Global Network of People Living with HIV has a young people living with HIV Steering Committee (Y+).²⁸

13 K Makofane et al (2014). Homophobic legislation and its impact on human security, *African Security Review*, 23:2, 186-195.

14 P Gerber (2014). Living a Life of Crime - The ongoing criminalisation of homosexuality within the Commonwealth. *AltLJ Vol 39:2*

15 *F van Griensven (2014)*. The HIV care continuum in black MSM in the USA. *The Lancet*.

16 UNAIDS (2014). The Gap Report 2014. Gay men and other men who have sex with men.

17 Global Commission on HIV and the Law. Risks, rights and Health (2012). Risks, rights and Health.

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20 Excerpt from Annual Retreat Reference Materials - Human Rights Reference Group - March 24-26, 2015

21 Global Fund (2015). Evolving the Global Fund for Greater Impact in a Changing Global Landscape: Report of the Development Continuum Working Group.

22 <http://www.sdgfund.org/mdgs-sdgs>

23 The Guardian. "Global LGBT community still gripped by homophobic state-sponsored violence", 26 June 2015. <http://www.theguardian.com/world/2015/jun/26/lgbt-same-sex-marriage-homophobia-violence-world>

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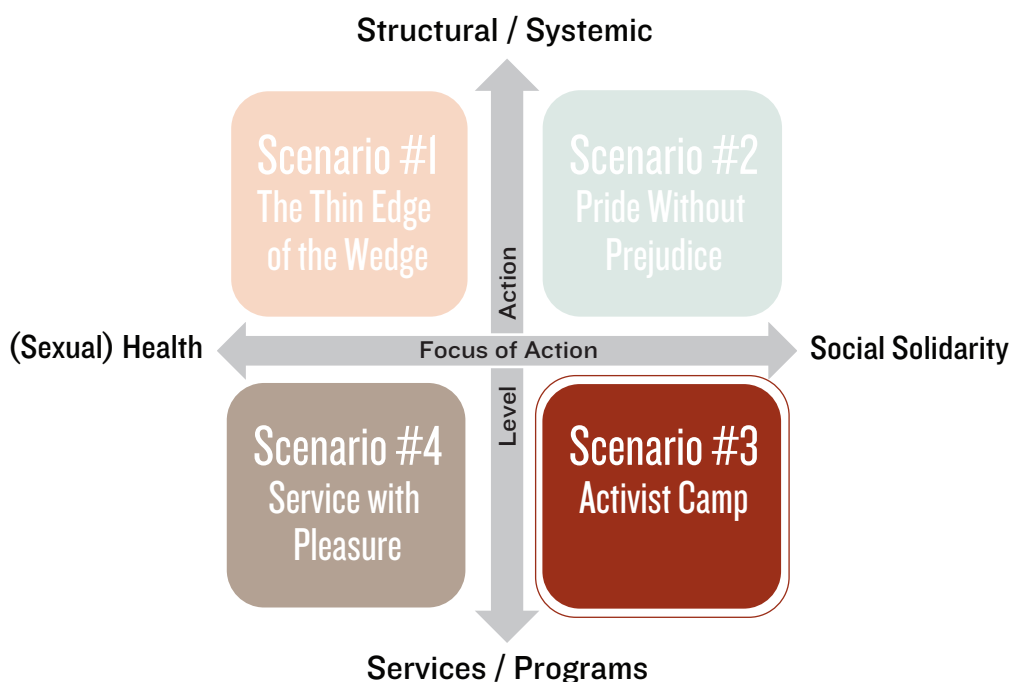
25 The Washington Post. "Ugandan leader signs harsh anti-gay bill despite warning from Obama administration", 24 February 2014. https://www.washingtonpost.com/world/africa/ugandan-leader-signs-harsh-anti-gay-bill-despite-warning-from-obama-administration/2014/02/24/88486066-9d63-11e3-878c-65222df220eb_story.html

26 The Washington Post. "Gambia's president threatens to slit the throats of gay men", 12 May 2015. <https://www.washingtonpost.com/blogs/worldviews/wp/2015/05/12/gambias-president-threatens-to-slit-the-throats-of-gay-men/>

27 http://www.msngf.org/files/msngf/About_Us/MSMGF_YRG_ToR_2012.pdf

28 http://www.gnplplus.net/assets/wbb_file_updown/4023/ToRs%20for%20Y+%20Steering%20Committee-Final.pdf

Scenario 3 – Activist Camp



It is 2040 and while HIV is no longer the major global crisis it once was, in many contexts gay men and transgender communities globally continue to experience a disproportionate HIV burden. Partly as a reflection on this situation, the focus of the global LGBT and HIV movements has shifted to the development of programs and services that promote and support social solidarity. It is believed that the HIV burden among gay men and transgender women can be alleviated by: recognizing and valuing diversity; promoting women's rights; working towards social justice and against social, economic, political and cultural disenfranchisement; and, promoting full and equal participation of these communities in economic, social, cultural and political institutions. In fact these have become goals in their own right, not just a means to address some of the health issues—including HIV and other infectious and chronic illnesses, mental health, drug use, smoking—that disproportionately affect LGBT communities.

As such, the work of LGBT movements has shifted in the last generation towards two major areas of work: capacity-building and service delivery.

First, LGBT organizations work closely with other groups to deliver workshops and trainings to community members and service providers, in order to develop their skills in developing services and programs that meet the needs of LGBT communities. Many organizations are developing and delivering leadership workshops for LGBT youth, counseling skills for service providers, and training on the holistic needs of LGBT, including syndemic conditions that affect our communities.

Second, they develop and deliver programs and services that are tailored to meet the needs of LGBT communities. Some of the common services provided in communities around the world include support services for LGBT people, legal clinics around issues of LGBT- and HIV-based discrimination as well as migration status, LGBT community health centres, income support programs, and hosting of LGBT community events.

This combined provision of LGBT-centred training, capacity building, programs and services aimed at promoting social solidarity make many feel like they are part of an *Activist Camp*. This includes providing skills and support not only to members of the LGBT communities themselves, but also to allies.

Indeed, much of this work is done in coalitions to ensure recognition of crosscutting issues and to avoid duplication. LGBT community based organizations work closely with educators, human rights workers, lawyers, and service providers in healthcare settings to ensure the existence of culturally competent and community-centered programs and services that meet the needs of LGBT communities.

This combined provision of LGBT-centred training, capacity building, programs and services is also part of a strategy focused on community systems strengthening. This is recognized as an important way not only to address the unmet needs of LGBT communities, but also to promote overall community development and social solidarity.

Mindful of the fact that the movement risks being dominated by older generations of gay-identified men, there are concerted efforts to engage young people and transgender members of the community. There are not only programs and services tailored to meet their specific needs, but youth and trans leadership is nurtured through mentoring and leadership development training. Community based organizations have institutionalized mechanisms for youth involvement, leadership, and decisions making at the highest levels. These form a core element of *Activist Camp*, which aims to mobilize and train the next generation of activists.

Stand-alone HIV-specific services for gay men are no longer in place. The previous generation's approach has been turned on its head—instead of using HIV as an entry point to touch on a number of health-related and health-impacted issues (e.g., human rights, social attitudes towards LGBT communities, income, housing), HIV and health in general are merely one component among many others that are addressed within social programs and services. This has led to a loss of expertise in HIV-specific matters, as well as an erosion of HIV-specific programs, which especially affect gay men and transgender women.

This situation has evolved differently in different regions over the course of 25-30 years, but has nonetheless led to the same result. In some regions, the focus on HIV and gay men was always untenable because of prevailing social, cultural and religious values. Fundamentalism and social conservatism made it not only difficult but also dangerous to operate under such a model. In other regions, the shift occurred as part of a recognition that the disproportionate HIV burden among gay men and transgender women was not only driven by biological vulnerabilities, but also by the lack of programs and services that were friendly, accessible, and specifically targeted to the needs of LGBT communities.

Opportunities

In *Activist Camp*, members of LGBT communities have access to programs and services that are tailored to meet their needs. Furthermore, when they access programs and services aimed at the “mainstream” population, they experience less stigma and discrimination from service providers who have benefited from the training and capacity building offered by the LGBT movement.

Services and programs are developed through coalition-based work and in a crosscutting fashion. As a result, when community members access a service for a particular presenting issue, they are more easily referred to a suite of inter-related services. HIV, legal services, mental health, income supports, and community engagement programs are more seamlessly interlinked through referral services. Service users do not merely feel like clients, but they gain a greater sense of community by accessing services and engaging in community empowerment programs.

The holistic and comprehensive approach to interrelated programs and services—with capacity building and training to support them—is attractive to donors and is conducive to collaboration-based work. It is recognized as a cost-effective and generally more successful way to reach key populations. Community systems strengthening and leadership programs help build a vibrant and mobilized community.

As the community is increasingly successful in its *Activist Camp* approach, it begins to realize its goal of “working itself out of a job”. Stigma and discrimination against members of the LGBT community and against people living with HIV decrease. A greater range of programs and services tailored to meet their needs is available.

Threats

Sustainability and funding are considerable challenges in the context of *Activist Camp*. There is a need to perpetually deliver training and capacity building as service provider personnel change, as new generations of community members emerge, and as the community context changes. Otherwise, skills, fundamental attitudes and values in the community do not evolve.

Likewise, developing and delivering programs and services are very resource-intensive activities that need to be sustained over long periods of time. The LGBT movement is constantly faced with significant resource mobilization challenges and the need to demonstrate the impact of its work. It becomes increasingly difficult for the LGBT movement to argue for continued funding without appearing to be unsuccessful in its approach and in its efforts. Ironically, the reverse is true as well. As social solidarity is increasingly achieved, it becomes harder and harder to make case for dedicated services and funding.

Part of the need for perpetual work is also the lack of focus on systemic and structural interventions (as seen in *The Thin Edge of the Wedge* or *Pride Without Prejudice*). *Activist Camp* cannot exist in a vacuum. Stigma- and discrimination-free access to programs and services that are culturally competent and tailored to the needs of LGBT communities requires supportive legislative and policy frameworks.

As mentioned earlier, in contexts where *Activist Camp* is most successful, the global LGBT movement has in a sense “worked itself out of a job”. This leads to an identity crisis. What holds together the LGBT movement? Should the movement be maintained? What is its role within coalitions with other social justice movements?

Key Drivers

Social attitudes towards gender and sexual identity (homophobia and transphobia)

The ability to develop and deliver training, capacity building, programs and services that are tailored to the needs of LGBT communities is greatly predicated on the levels of acceptance or exclusion of gay and bisexual men, transmen and transwomen, as well as the societal status of cis-gendered women. Since the LGBT movement in 2040 is not focused on legal frameworks surrounding same-sex behaviours and gender expression, work is severely compromised in contexts where religious fundamentalism and social conservatism greatly affect attitudes towards gender and sexual identity.



Community Leadership and Capacity

Effectively delivering a range of training, capacity building, programs and services for the LGBT community, and working in coalition with other social justice movements requires a strong and inclusive community leadership and effective community systems strengthening. It also requires groups to work together on mutually supportive agendas (HIV-positive/HIV-negative; gay men/trans communities; Global North/Global South; HIV/health/social development).

Donor Environment and Funding

As an approach, *Activist Camp* is resource intensive. It will only succeed in contexts where there are dedicated, committed, and substantial levels of funding that are focused on broader health and development goals, while being supportive of work with LGBT communities and of HIV/health related work.

Criminalization of behaviours and identities

The ability of the global LGBT and HIV movements to successfully implement an *Activist Camp* approach is tremendously dependent upon the extent to which: 1) legal and human rights frameworks protect the rights of gender and sexual minorities; 2) same-sex behaviours and relationships are criminalized; and, 3) non-disclosure of HIV status is criminalized. Delivering training, capacity building, programs and services that are tailored to the needs of LGBT communities is severely compromised in contexts of criminalization.

Forerunners

There are several forerunners – or key trends and indicators – which would indicate that *Activist Camp* is a plausible future scenario:

Move away from disease-specific approaches and funding by linking HIV work to broader health, human rights, and social justice issues

- There are calls to integrate a focus on human rights and social justice into efforts to address HIV among most affected communities.^{29,30,31}
- There are models of integrating HIV into a broader range of biomedical, behavioural and structural interventions that address social justice and human rights.³²
- There are frameworks for comprehensive sexual rights.³³
- Global health and development goals, as well as the underpinning donor architecture, are shifting from disease-specific to broader health, human rights, and development goals.^{34,35,36,37}

Focus on community systems strengthening, community-level service delivery and task shifting

- There is recognition of the importance of community systems strengthening,^{38,39} particularly for key populations.⁴⁰ In this context, there are calls for an enhanced and refined approach to CSS, particularly in relation to key populations such as MSM.⁴¹

Efforts to encourage youth and trans leadership

- The Global Forum on MSM and HIV has a Youth Reference Group⁴² and a Transgender Reference Group.⁴³ The Global Network of People Living with HIV has a young people living with HIV Steering Committee (Y+).⁴⁴
- There are an increasing number of leadership programmes for gay, bisexual, trans and queer youth, including Totally Outright.⁴⁵

29 *F van Griensven (2014)*. The HIV care continuum in black MSM in the USA. *The Lancet*.

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34 J Csete (2015). Discussion Paper - Solidarity Sidelined: Is there a future for human rights-driven development assistance for health at the Global Fund?

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40 The Global Fund to Fight AIDS, Tuberculosis and Malaria. *Key Populations Action Plan 2014-2017*.

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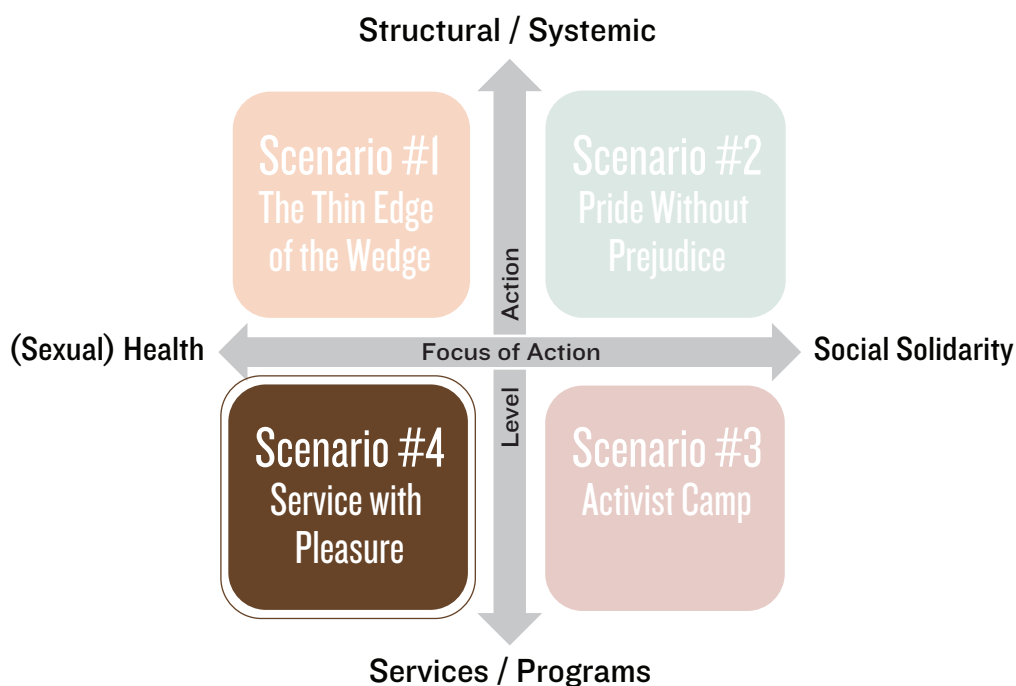
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45 <http://checkhimout.ca/totallyoutright/>

Scenario 4 – Service with Pleasure



In 2040, the global LGBT and HIV movement focuses on developing and delivering services and programs that are tailored to address the specific sexual and holistic health needs of LGBT people. *Service with Pleasure* explicitly focuses on the holistic health and well-being, going beyond HIV and sexual health to include mental health, addictions, substance use and other co-morbidities. Over the past 25 years, there has been a fundamental shift in services, from HIV-centric services—such as anonymous HIV testing, access to prevention options such as condoms, PEP and PrEP, and access to HIV treatment care and support—to a more holistic approach that considers broader health issues affecting the community. Systemic and structural issues such as the social determinants of health are not directly addressed but rather left to other community groups and social justice movements to tackle.

Service with Pleasure has espoused a model that is arguably closest to the typical response from 25 years ago—the community health centers, LGBT health centers, rainbow clinics, AIDS service organizations, and sexual health clinics that were common in 2015. However, *Service With Pleasure* builds upon the legacy of the previous generation’s HIV response. Since biomedical and communication technological innovations have been effectively incorporated in many parts of the world, the LGBT movement is able to operate in a realm where HIV is no longer the most pressing health concern. It can also build on the tradition of LGBT self-efficacy to demand and access services in the face of socio-cultural barriers.

In *Service with Pleasure*, the movement pursues multiple strategies to ensure that gay men can access culturally competent services and programs that meet their holistic health needs. Holistic health approaches

include the integration of physical and mental health issues, and include spaces where the exploration of same-sex relationships in their multiple forms is openly discussed. The sexual concerns of LGBT people are addressed as part of a holistic approach, including topics like pleasure, intimacy, sexual dysfunction, dating, aging, raising a family, sexual negotiation, and building alternate communal and conjugal living arrangements.

With HIV no longer being the main focus for health resources, funding can be redirected to other issues, giving LGBT communities more equitable access to health services and eliminating some disparities in health outcomes. These strategies vary across regions and contexts. They include: dedicated or specialized population-specific services for gay men; comprehensive services such as one-stop shops; ensuring that services integrated into mainstream services are friendly to gay men; and, making services available through technology (m-health and e-health platforms), thus improving access in remote areas and in areas where stigma and discrimination still pose significant barriers to accessing service programs in person. Outreach and community service provision would be focused on holistic health and would incorporate technological innovation and social media.

Stable and continued financial resources are necessary for *Service with Pleasure*. Governments provide support and funding through the health system as well as to clinics and organizations that offer health service delivery. However, this funding is not disease-specific. Policy responses focus on service delivery and access issues for gay men.

Civil society plays an important role in the delivery of health and social services in settings where homophobia prevents LGBT communities from accessing services through mainstream providers. Rather than focusing on traditional health care infrastructures (healthcare professionals, clinics, hospitals), LGBT communities are looking beyond health systems strengthening to community systems strengthening (CSS). Community plays an important role in designing the health system that they need (e.g., LGBT-specific one-stop-shops and/or accommodation within mainstreamed services) depending on the context (e.g., large urban centres vs. rural areas). ICT plays an important role in facilitating more exchange about, and creating for demand for, the full range of health and social services among LGBT people.

In *Service with Pleasure*, there are various capacity building and training programs for health service providers. This includes cultural competency training to be sex-positive and respectful of diversity, to take comprehensive sexual histories of their patients, and to recognize how gay men's conformity to masculine norms might be affecting their health behaviours. Labels such as MSM have become obsolete and there is better recognition of the full diversity of human sexual and gender identities. Training would also be provided in effective media and communication technology to be responsive to the needs of gay men. Along with capacity building for health care providers, there is strong consumer representation in designing, planning, evaluating and delivering health care services.

If this scenario is done well, the health needs of gay and bisexual men will be met and will significantly improve the quality of life for this population. The impact will go beyond HIV to encompass holistic health, including sexually transmitted infections, co-morbidities, mental health, substance use and addictions. However, without addressing systemic issues such as stigma and discrimination based on gender, ethnicity, age or immigration status, even a good health service delivery mechanism may fail to meet the needs of many populations or specific individuals within the LGBT community. Some parts of the community will be left out because of poverty, intersectionalities of marginalization and health inequities.

Opportunities

Service with Pleasure has expanded beyond the HIV-centric approach of 25 years ago to look at broader health issues among LGBT people. The LGBT movement turned the loss of HIV-specific funding and the poor response to other health needs of this community into an opportunity to build upon the best practices of addressing the holistic health needs of LGBT people and to apply the lessons learned from HIV to broader health issues. Thus, *Service With Pleasure* offers a unique opportunity to grow a holistic approach to LGBT well-being. The broader LGBT movement has developed capacity to deliver responsive services that target specific marginalized populations through specific interventions that are accessible to all – services that now go well beyond HIV and that address other critical health issues of the LGBT community.

Threats

Service with Pleasure's expansion to include broader health issues beyond HIV results in a loss of focus on HIV. Many organizations with narrower scopes and mandates but specific areas of expertise, for example in the area of HIV, have disappeared. In some cases, this also means there are fewer organizations providing population-specific programming. As a result, in some contexts, LGBT people continue to face barriers to accessing services tailored to meet their needs and there is an ongoing need for service delivery models that are sensitive to the needs of LGBT people. The health delivery approach sometimes creates a greater divide between prevention and treatment, with a need for greater balance between prevention, health promotion, and healthcare. The focus has shifted on meeting needs rather than decreasing needs. The interface between linking health services and community/social services is still weak and this scenario widens this gap, which could have adverse effects on marginalized individuals within the LGBT community. Without addressing other social determinants and addressing the social/structural issues, the gains made with this scenario risk being short-term and unsustainable.

Key Drivers

Social attitudes towards gender and sexual identity (homophobia and transphobia)

Issues of homophobia and transphobia may still influence *Service with Pleasure*, particularly if there is a greater focus on ensuring that services are mainstreamed (and therefore not population specific), rather than on developing and delivering services that are tailored and targeted specifically to gay men. Longstanding evidence indicates that gay men and other men who have sex with men experience significant barriers to quality health care due to widespread stigma against homosexuality in mainstream society and within health systems. Gay men may delay or avoid seeking health or HIV-related information, care, and services as a result of perceived homophobia within these systems. Because *Service with Pleasure* doesn't focus on addressing such systemic issues, these barriers will endure. The specific health needs of other members within the LGBT community would also require attention. There would likely be significant regional and country-level differences in the experience of stigma and discrimination from health service providers, greatly impacting levels of access to services.

Science and Technology

Ongoing HIV-related and general biomedical advancements have a significant impact on *Service With Pleasure* as they affect the modality and type of services delivered in treatment, prevention, care and support. This trend was already obvious 25 years ago, when considerable progress was made in biomedical research. A greater range than ever of effective prevention tools, diagnostics and treatments are available if gay men can access them. *Service with Pleasure* is focused on identifying the individuals who are most

appropriate candidates for these interventions, facilitating access and delivery, providing adequate supports, follow-up, and so on.

Information and Communication Technology

Advances in information and communication technology significantly influence how health services are accessed and delivered, and how target populations can be reached. *Service with Pleasure* takes full advantage of the ways communities can be reached and engaged. ICT is changing how health care is delivered, how information on health is accessed, and how health decisions are made. In an environment where homosexuality is criminalized, providing information through communication technology helps reach marginalized groups. Furthermore, gay men who cannot easily be reached due to geographic isolation or other factors can sometimes be reached through ICT. This empowers gay men to make informed health decisions and to access to services. ICT brings several efficiencies to health service delivery from keeping track of clients through electronic records, prompting reminders for follow-up, and improving referral processes.



Donor Environment and Funding

Service with Pleasure is resource intensive and requires long-term funding to be available to offer quality services and programs to offer holistic health services to gay and bisexual men. This requires sustained funding from governments within health systems or from external donors. The challenge is making gay men's health issues relevant and a priority to donors. The Rich-Poor / Progressive-Fundamentalist global divide is significant in terms of governments and funding being able to support holistic services for key populations such as gay men. However, many countries do have specialized services for sexual health, particularly for young people, which can be leveraged to reach gay men.

Access to health services and medicines

While *Service with Pleasure* focuses on development and delivery of services and programmes, access to these services might still be an issue, particularly for marginalized individuals within the community. This may be especially true in contexts where gay men's sexuality remain purposely hidden due to reasonable fears of social exclusion, stigma and persecution. The success of *Service with Pleasure* and the ability to address health inequities therefore in part rests on the existence and efficacy of social justice movements that focus on structural and systemic barriers. Mainstreamed holistic health services may reduce the associated stigma to HIV and homophobia and allow marginalized individuals to access health services.

Forerunners

There are several forerunners – or key trends and indicators – which would indicate that *Service with Pleasure* is a plausible future scenario:

Different modalities in health service delivery

- One-stop shop type services that offer comprehensive services to specialized services - focusing on gay men's health clinics e.g. Gay men's Health services⁴⁶
- For example, there is a UNAIDS Guidance Note on services for gay men and other men who have sex with men⁴⁷ which considers comprehensive prevention and treatment approaches that look beyond HIV and STIs to include substance abuse etc.
- There have been calls for service delivery models sensitive to the needs of MSM and to the supportive role of communities in linking and retaining MSM in services⁴⁸

Changing landscape of HIV funding

- Reductions in HIV funding - In 2013, the most recent year for which there are data, donor government commitments for HIV fell to US\$8.07 billion, a 3% drop from 2012.⁴⁹
- Funding for HIV-related harm reduction programs globally is in crisis⁵⁰

46 <http://gaymenshealth.org/>

47 UNAIDS, 2014. Guidance note on Services for Gay men and other men who have sex with men http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_servicesforMSM_en.pdf

48 Ayala et al. (2014) HIV Treatment Cascades that Leak: Correlates of Drop-off from the HIV Care Continuum among Men who have Sex with Men Worldwide

49 UNAIDS & The Henry J. Kaiser Family Foundation (2014) ' Financing the Response to HIV in Low- and Middle-Income Countries: International Assistance from Donor Governments in 2013' <https://kaiserfamilyfoundation.files.wordpress.com/2014/07/7347-10-financing-the-response-to-hiv-in-low-and-middle-income-countries.pdf>

50 The funding crisis for harm reduction. http://www.ihra.net/files/2014/09/22/Funding_report_2014.pdf.

- Disparities of funding directed to community-based programs led by or serving MSM. In Eastern Europe and Central Asia, MSM and transgender people are absent from the Global Fund country dialogue.⁵¹ PEPFAR interventions and Global Fund are focusing on high impact interventions of key populations but in countries with high epidemic burdens.^{52,53}

Shifting focus from HIV to broader health/social issues

- NGOs shifting focus e.g., Terrence Higgins Trust shifting focus from HIV to SRH
- AIDS Service Organizations (ASOs) and CBOs shifting focus - Diminishing role of AIDS Service Organizations⁵⁴
- Donors shifting focus - EU shifting focus to HIV/STI prevention through Sexual Reproductive Health⁵⁵
- “mainstreaming” of HIV into broader health systems and programs including Integration of HIV within a broader health or sexual and reproductive health agenda⁵⁶
- SDGs considering at HIV within broader health context⁵⁷

Information and Communication Technology

- Advances in ICT will significantly influence how health services are accessed and delivered. There will be innovations in sexually transmitted disease and HIV prevention, with internet and smart phone delivery vehicles for global diffusion. ICT will play an increasingly significant role in behavior change interventions and in conveying messages to target populations. Patients will also be able to access health care virtually (e.g., diagnostics, health monitoring, prescriptions, health counseling and advice and supports) through ICTs, reducing the amount of in-person contact between patients and care providers.^{58,59}
- Information on health is more accessible in remote areas of the world and through the internet and this influences health decision making and might promote more self-care and support work. ICT brings several efficiencies to health service delivery from keeping track of clients through electronic records, prompting for reminders and follow-up and improving referral processes.⁶⁰

51 <http://ecomnetwork.org/msm-and-transgender-people-are-absent-from-the-global-fund-country-dialogue-in-eastern-europe-and-central-asia/>

52 The PEPFAR Blueprint: Creating an AIDS-free Generation. <http://www.pepfar.gov/documents/organization/201386.pdf>

53 Global Forum on MSM and HIV (2013). Community Systems Strengthening and Key Populations: A Policy Discussion Paper.

54 For 30 years now, AIDS service organizations have played the role of advisor, caregiver, and friend, but they need to consolidate -- or die. Dec 01, 2011. The Atlantic. <http://www.theatlantic.com/health/archive/2011/12/were-going-to-be-in-trouble-aids-groups-plan-for-funding-cuts/249160/>

55 <http://ecdc.europa.eu/en/publications/Publications/HVI-STI-prevention-comprehensive-approach-in-the-context-of-sexual-health-EU-EEA.pdf>

56 http://www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Vulnerable-Populations.pdf

57 <http://www.sdgfund.org/mdgs-sdgs>

58 Swendeman D, Rotheram-Borus MJ. Innovation in sexually transmitted disease and HIV prevention: Internet and mobile phone delivery vehicles for global diffusion. *Current opinion in psychiatry*. 2010;23(2):139-144. doi:10.1097/YCO.0b013e328336656a.

59 Chang BL, Bakken S, Brown SS, et al. Bridging the Digital Divide: Reaching Vulnerable Populations. *Journal of the American Medical Informatics Association : JAMIA*. 2004;11(6):448-457. doi:10.1197/jamia.M1535.7

60 How Mobile Devices are Transforming Healthcare. Darrell West <http://www.brookings.edu/~media/research/files/papers/2012/5/22-mobile-health-west/22-mobile-health-west.pdf>

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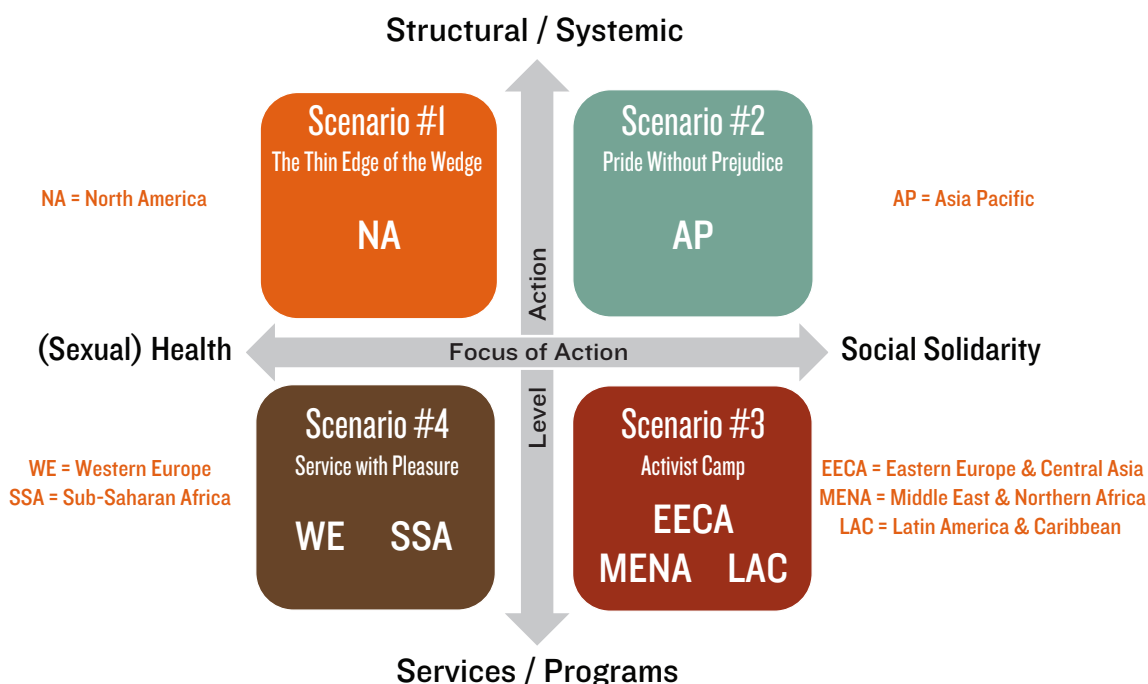
Working worldwide against HIV for the health
and human rights of men who have sex with men.

Handwritten notes on a whiteboard, including the word "Topic" and several lines of illegible text.



Regional Foresight: Where are We Headed?

MSMGF works in 6 highly diverse regions. As part of the Scenario Planning consultation, participants from each region discussed their impressions of which scenario seemed most likely to describe their region's future.



Western Europe, Eastern Europe, and Central Asia

Eastern Europe and Central Asia are likely heading towards *Activist Camp*.

- Why? They are seeing an increase in community-based services, strengthening solidarity of LGBT activism due to the backlash against equal rights and increased engagement in the global movement for LGBT rights

Western Europe is likely heading towards *Service with Pleasure*.

- Why? They are seeing a range of diverse services available in community, state or private spheres. However, participants debated other possibilities.

- *The Thin Edge of the Wedge*. Why? There are broad systemic changes happening in the areas of health and increased community-government partnership.
- *Pride Without Prejudice*. Why? This may be more aspirational for such a diverse region—some areas are moving towards equal rights while other are seeing a backlash.

Middle East and North Africa

This region is likely heading towards *Activist Camp*.

- Why? There is a push toward rights and capacity building of activists.

Sub-Saharan Africa

This region is likely heading towards *Service with Pleasure*.

- Why? Given the region is bearing the brunt of the epidemic, there is an emphasis on service delivery, while there is little data on prevalence among MSM (to justify efforts and funding), and focussing on human rights is difficult in conservative contexts which often criminalize.

North America

This region is likely heading towards *The Thin Edge of the Wedge*.

- Why? Because of an emphasis on barriers in access to healthcare (e.g., Affordable Care Act in the US) and on the criminalization of non-disclosure.

However, participants debated other possibilities.

- *Service With Pleasure*. Why? The increased attention given to biomedical interventions such the preventive effects of ARVs.

Latin America and Caribbean

This region is likely heading towards *Activist Camp*.

- Why? There is a strong focus on rights issues. Though activism is waning, there is a strong tradition of resilience. Despite intra-regional differences, in a context of common challenges (evangelism and religious fundamentalism; retreating donor funding with middle-income reclassifications; rights rhetoric with little action), there is a good opportunity for intra-regional collaboration, support, learning, and sharing to reinvigorate activism and to foster a new generation of youth leadership.

Asia and Pacific

This region is likely heading towards *Pride Without Prejudice*.

- Why? There is increased collaboration among civil society and community groups battling for inclusion and diversity and aiming to shift the systemic and policy environments of government.

Next Steps

This Foresight Scenario Planning document provides a global perspective on the possible futures of the MSM and HIV movements 25 years into the future. The scenarios presented in this Foresight Document can assist decision makers in assessing their assumptions, highlighting hidden mental maps, and drafting policies for the future. They are simple tools to help policy makers and advocates to envision what the world would look like if different policies or programs are implemented. These scenarios can be used to review or test a range of plans and policy options, the understanding being that different scenarios are likely to result in different outcomes with different benefits and drawbacks. Scenarios can be used to stimulate the development of new policies, or as the basis for a strategic vision. They are also a useful means of identifying early indicators of trends or patterns that may signal a shift towards a certain future outcome. The Foresight Scenario Planning document is useful and applicable to a wide range of stakeholders who have interest in advocacy and capacity building to address the interrelated health and human rights challenges faced by gay men and other men who have sex with men globally. The Foresight Scenario Planning document also provides a useful analytical tool for the MSMGF as it moves forward in strategic planning for the next four years (2015-2018).

The main value of the Foresight Document is as a tool for diagnosis, not prescription.

The scenarios also raise awareness of current worldviews about the MSM and HIV movement and increase the level of understanding between stakeholders by creating a common language about the dilemmas faced and choices that need to be made. Scenarios are useful in the simplicity with which they point out the gaps that need to be addressed, and thus they can creatively assist us in drafting strategies and policies for a better future. Scenarios enable the most insight when they are read as a unit.

The Foresight Document is intended to present a set of scenarios that enable MSMGF and its partners to envision the possible future, understand how drivers may lead us towards certain scenarios, and provide a framework for policy analysis and advocacy. This can help stakeholders anticipate if and when the MSMGF response may be tending too far towards one outcome or another. The Foresight Document broadens the perspective of the MSM and HIV movements' response regionally and globally to frame it within broader health care systems and within societies as a whole. It provides a robust tool for advocates, policy makers, and program developers to identify the direction the HIV response is headed in, and to identify what needs to be done to bring about a desired outcome.

The Foresight Document can be used in a number of ways, such as:

- Use the Foresight Document to examine the implications, benefits and potential downside of pursuing certain community initiatives
- Use the Foresight Document with Boards of Directors to guide strategic planning and as a diagnostic tool for the organization's own directions towards one or more scenarios. It can be used, for example, when an organization is developing or revisiting its mission statement and mandate. What does an organization's approach say about its ideology and the way it values one or more scenarios over others? What is missing by leaning this way?

- Use the Foresight Document to inform design and targeting of education campaigns, awareness raising efforts, and systemic advocacy.
- Use the Foresight Document as an education tool for students in health and social services, to discuss the pros and cons of focusing our response to HIV in various ways.
- Use the Foresight Document to complement outcome mapping exercises, bringing together thinkers (such as board members, community leaders and service providers) to force analysis beyond the immediate context, to the future, and how an organization can be a leader in pushing drivers towards a certain positive direction.
- Use the Foresight Document as a monitoring and evaluation tool: to broaden the discussion of the benefits and problems of setting policies or programs in a certain direction.

This Foresight Document provides a framework to think about how the future will evolve and how to position ourselves, in order to influence the future. It explicates what policy and program decisions could lead us down a certain path, and provide guidelines about which and how can we do or stop doing today that might influence the future.

This Foresight Document is a policy guidance tool to identify the conditions and decisions of today that could lead us in certain directions over the next 25 years. No one scenario is ideal in its entirety, and each can bring both opportunities and threats for MSM. Whether any given scenario proves to be beneficial for MSM will be determined by the extent to which they are guided by values of human rights and evidence-based decision making, and ultimately by the leadership from governmental and civil society leaders. The actual reality in 2040 is likely to be some blending of the four scenarios presented in this Foresight Document. It is up to us if this blending takes the best, or the worst, from each scenario.

While the Foresight Document provides four distinct and provocative future scenarios of the MSM and HIV movement's focus globally and regionally in 2040, they are meant to be read for their immediate implications for today's decision makers. And, as importantly, decisions taken today will have significant effects on the reality of the global response 2040.

The next steps are to apply this Foresight Scenario Planning document to the MSMGF's Strategic Planning process. Given that these scenarios are plausible futures, each with their own pros and cons, MSMGF will consider what actions it and its partners can take today and over the next four or five years to influence the future of the global HIV and MSM movements. In developing the strategic plan, MSMGF will develop concrete plans for MSMGF over the next four to five years to prepare themselves for and shape possible futures, many of which are region-specific. It will decide what optimum "fifth scenario" it should aim for, and how its current decisions about how to place its energy and talents will get us closer to that optimum future.



The Global Forum on MSM & HIV (MSMGF) is a 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. 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.

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