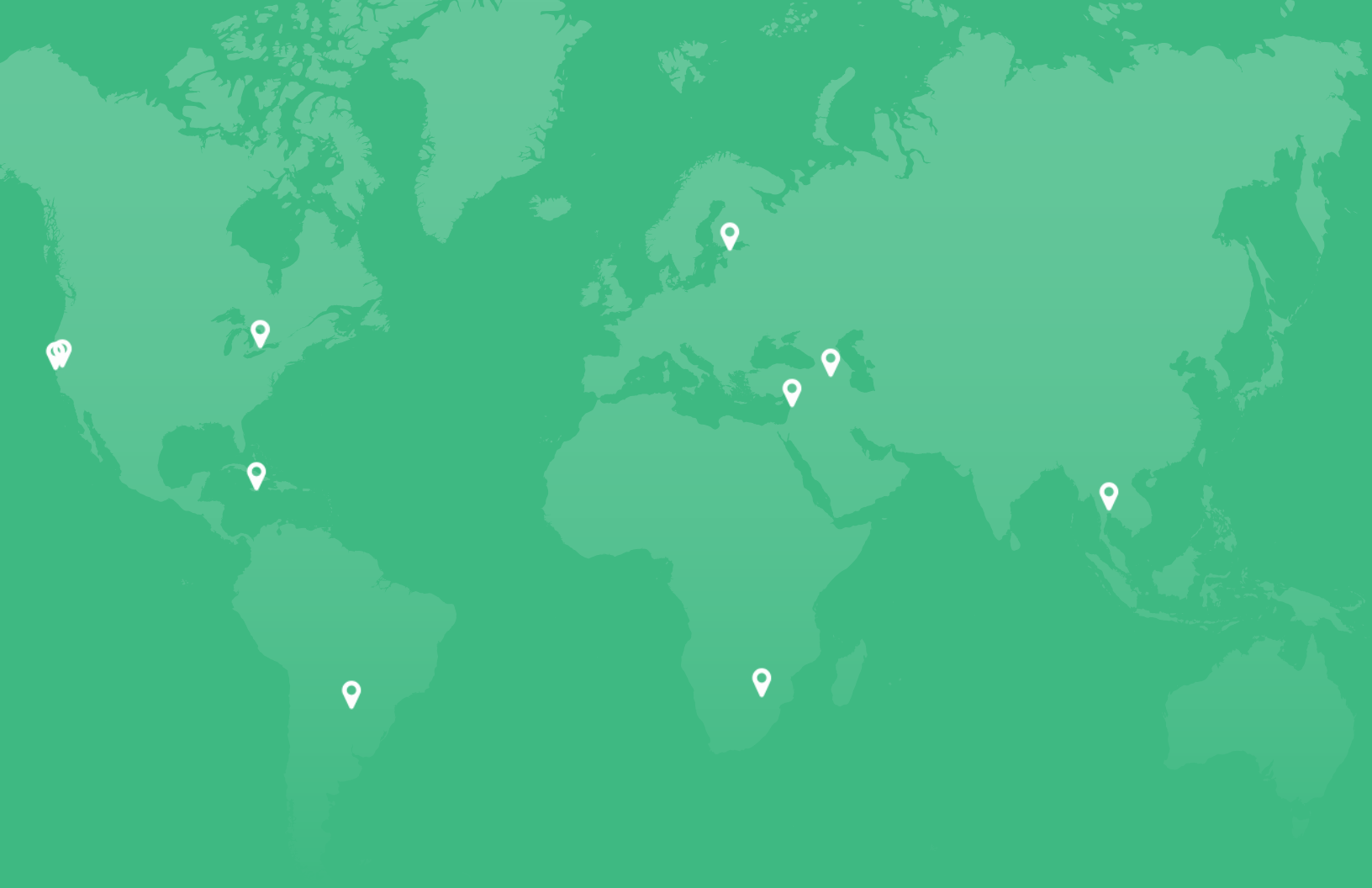


# Unity in Diversity

Achievements, Good Practices, and Lessons Learned  
from the Consortium of MSM and Transgender Networks





# Unity In Diversity:

## Achievements, Good Practices, and Lessons Learned from the Consortium of MSM and Transgender Networks

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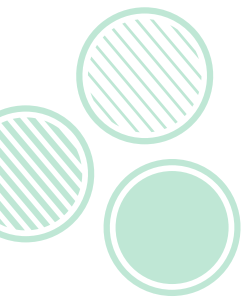
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# Contents

What is this case study? .....	5
What is the Consortium and how does it work?.....	6
What has the Consortium achieved?.....	8
What has the Consortium learned? .....	26
Annex 1: Consortium achievements and RCNF outcome indicators .....	29



# Abbreviations

## Consortium members:

ABDGN	African Black Diaspora Global Network
AMSHeR	African Men for Sexual Health and Rights
APCOM	-
CVC	Caribbean Vulnerable Communities Coalition
ECOM	Eurasian Coalition on Male Health
IRGT	Innovative Response Globally for Trans Women and HIV
M-Coalition	Middle East and North Africa MSM Network
MSMGF	Global Forum on MSM and HIV
SCN	South Caucasus Network on HIV
SOMOSGAY	-

## General terms and other organisations:

CCM	Country Coordinating Mechanism
COIN	Centre of Integral Orientation and Investigation
Consortium	Consortium of MSM and Transgender Networks
COP	Country Operational Plan
CRG	Community, Rights and Gender
CSO	Civil society organisation
ECOSOC	Economic and Social Council
EECA	Eastern Europe and Central Asia
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
ICASA	International Conference on AIDS and STIs in Africa
IAS	International AIDS Society
IDAHOT	International Day Against Homophobia and Transphobia
IOM	International Organization for Migration
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LINKAGES	Linkages across the Continuum of HIV Services for Key Populations Affected by HIV
MENA	Middle East and North Africa
MSM	Men who have sex with men
MSMIT	Implementing Comprehensive HIV and STI Programmes with Gay Men and Other MSM
OAS	Organization of American States
PAHO	Pan American Health Organization
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
RCNF	Robert Carr Civil Society Networks Fund
SDGs	Sustainable Development Goals
SOGI	Sexual orientation and gender identity
TEACH	Transgender Education plus Advocacy = Capacity for Health
TRANSIT	Implementing Comprehensive HIV and STI Programmes with Transgender People
UN	United Nations
UNAIDS	United Nations Joint Program on AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization



# What is this case study?

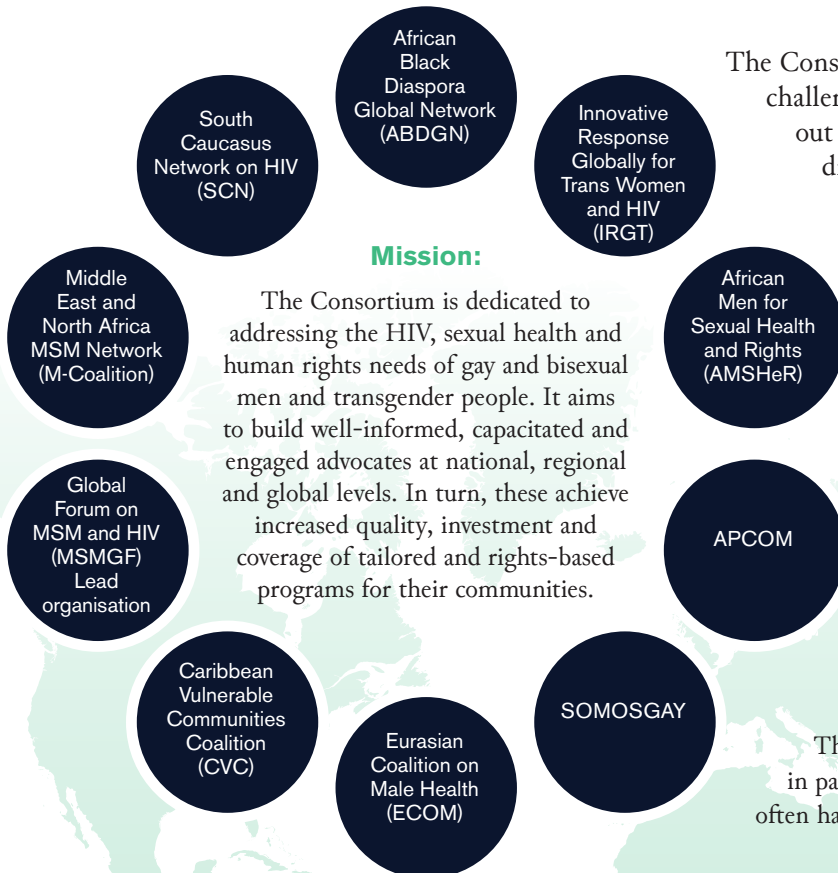
This case study is about the Consortium of MSM and Transgender Networks (the Consortium), a groundbreaking collaboration of global and regional networks by and for men who have sex with men (MSM)<sup>1</sup> and transgender people. It describes the Consortium's achievements, good practices and lessons learned, with a focus on its most recent work.

The case study is framed around eight key achievements from the Consortium's action on HIV, sexual health and human rights. Each one is illustrated by examples of the work of members. All of the examples are inter-dependent – with the efforts of one or more networks not possible without the backing of other members and the Consortium as a whole. The examples also highlight critical issues about coordinating a large and effective Consortium. This includes the importance of having agreed principles, transparency, consistent communication, strong financial and programmatic management, and skilled group facilitation, especially during tough decision-making.

<sup>1</sup> The term 'MSM' refers to gay and bisexual men and other men who have sex with men.

# What is the Consortium and how does it work?

As of 2018, the Consortium brings together 10 global and regional networks. Individually, the members are diverse in their size, capacity and focus. Combined, they cover all geographic regions and bring expertise across the spectrum of HIV, sexual health and human rights issues. The Consortium members also support a wide range of MSM and transgender communities, including those who are living with HIV, young, migrants and members of other key populations<sup>2</sup>, such as sex workers and people who use drugs.



The Consortium was started in 2013 in response to major challenges facing MSM and transgender people throughout the world. These included severe stigma and discrimination, systematic violence and human rights violations, and heightened vulnerability to HIV. Meanwhile, the civil society organisations (CSOs) set up to support such communities faced their own set of obstacles. These included a severe funding crisis, limited technical and organisational capacity, and restricted engagement and recognition in decision-making processes.

Today, these challenges – for communities and CSOs alike – persist. However, they have been intensified and/or nuanced by new and emerging trends. For example, the Consortium’s work now takes place within the framework of the Sustainable Development Goals (SDGs), which – while committing to ‘leave no-one behind’ – brings demands for the integration of HIV within wider programmes for health.

There is also yet further pressure on financial resources, in particular in countries classified as middle-income that often have HIV epidemics concentrated among key populations

<sup>2</sup> Key populations are groups who “often suffer from punitive laws or stigmatizing policies” and “are among the most likely to be exposed to HIV.” They include MSM, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people. *UNAIDS Terminology Guide*, UNAIDS, 2015

and face 'transition' from some major donors. In addition, civil society space is shrinking at a fast pace, with the sector's essential contribution to decision-making increasingly minimised or ignored in many countries.

Within this ever-changing context, the unique role of global and regional MSM and transgender networks is more critical than ever - to mobilize action, build capacity and coordinate advocacy *across* communities and contexts. However, in isolation, many such organizations remain fragile - especially those that are new, small and/or working in hostile environments.


It continues to be clear that networks can achieve much more *together* – pooling experience, expertise and energy, as a force that provides unity in diversity.

### **The Consortium has four shared objectives:**

- 1. Policy:** Ensuring that national HIV policies and plans – including for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) and the President's Emergency Plan for AIDS Relief (PEPFAR) – support the rights and needs of gay and bisexual men and transgender communities.
- 2. Engagement:** Ensuring that gay and bisexual men and transgender representatives are informed, capacitated and meaningfully engaged in national and regional HIV policy-making and planning.
- 3. Programmes:** Ensuring the development and implementation of evidence and human rights-based, good practice HIV programs for gay and bisexual men and transgender communities.
- 4. Coordination:** Ensuring that technical support, community mobilization and advocacy for gay and bisexual men and transgender communities are well coordinated within and across regions

The Consortium operates according to a set of guiding principles, such as that its decisions are made through consensus. These principles, alongside members' roles and responsibilities, are set out in a Memorandum of Understanding that is signed by every network.

The Global Forum on MSM and HIV (MSMGF) currently serves as the Consortium's Lead Organization, with overall responsibility for its coordination, administration and communications. To date, much of the work of the Consortium has been funded by the Robert Carr Civil Society Networks Fund (RCNF) – a mechanism that was set up in recognition of the critical role, but also resources gap, for global and regional key population networks. The grants have provided both core and project funding, enabling Consortium members to not only implement interventions, but strengthen their organizations.



# What has the Consortium achieved?

As the Consortium has evolved and matured, it has achieved an increasingly impressive number and range of results. In some cases, these have been focused and specific – such as enabling a network to strengthen its work in a tailored technical area by learning from other members. In other cases, they have been strategic and transformational – such as facilitating networks’ access to funding and advocacy opportunities that were previously beyond their reach.

The Consortium’s key achievements are summarised in Box 3. They are described in more detail, and illustrated by examples, in the following pages. Meanwhile, Annex 1 illustrates how these achievements align with the outcome indicators provided by the RCNF.

## Box 3: Summary of the Consortium’s key achievements



### Key achievements

1. Increasing attention to MSM and transgender issues in global forums and processes on HIV, sexual health and human rights – by collating evidence-based technical inputs, identifying joint priorities and using shared advocacy messages.
2. Enhancing the quality of HIV, sexual health and human rights programs for MSM and transgender communities – by developing high quality technical tools and promoting the use of good practice.
3. Strengthening action on regional and international commitments on HIV, sexual health, human rights of relevance to MSM and transgender communities - by developing monitoring tools and engaging in processes to hold national governments to account.



Key achievements

4. Expanding the scale and quality of national, regional and global advocacy by and for MSM and transgender communities - by building the technical and advocacy capacity of networks' members and providing small grants.
5. Raising the profile of under-addressed or emerging MSM and transgender issues within HIV, sexual health and human rights programming and policy-making – by identifying such issues, gathering evidence and developing resources or coalitions to advocate for communities' priorities.
6. Mobilising collective action on human rights within hostile environments for MSM and transgender communities - by providing a credible global platform, channelling solidarity and conducting ground-breaking campaigns.
7. Enhancing the individual and collective voice and role of regional and global networks by and for MSM and transgender communities – by strengthening their organisational capacity and sustainability.
8. Reducing competition and enhancing financial sustainability for MSM and transgender networks and programs – by facilitating access to funding opportunities and influencing the allocations of major donors.

➤ **KEY ACHIEVEMENT 1:** Increasing attention to MSM and transgender issues in global forums and processes on HIV, sexual health and human rights – by collating evidence-based technical inputs, identifying joint priorities and using shared advocacy messages.

A critical strength of the Consortium is its ability – through its members' extensive web of partners and contacts - to gather evidence of the real life issues faced by MSM and transgender people in communities across the world. In turn, it uses those inputs to identify cross-context, joint advocacy priorities and messages. This process not only ensures consistent advocacy among the Consortium's networks, but serves as a practical means to 'connect the local to the global'.

The Consortium uses its size and diversity of experiences and profiles to amplify advocacy action. The result is a significant depth and breadth of reach and influence. In addition, agreed advocacy priorities and 'ways of working' - that are pre-negotiated by the group - permit a high degree of coordination that, in turn, further amplifies the Consortium's efforts.

The Consortium utilises its growing evidence-based and collective voice to provide input into a wide range of important forums and processes related to HIV, sexual health and human rights. The work is often conducted in collaboration with other alliances and movements – serving to further expand the Consortium's reach and impact. It results in more and better inputs that, in turn, ensure not only a higher profile for MSM and transgender issues, but the potential for more responsive policies, programs and resource allocations.

Illustrations of this area of achievement are provided by the Consortium's work around the High Level Political Forum and the SDGs [see Example 1] and the Global Fund [see Example 2]. A further illustration is its contribution to the second report of the United Nations (UN) Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity (SOGI). Here, MSMGF [see <http://msmgf.org/>] used inputs gathered from the Consortium and the Advocacy Platform to Fast Track the HIV and Human Rights Responses with Gay and Bisexual Men<sup>3</sup> to make a formal submission. This highlighted the impact of HIV and related human rights violations on lesbian, gay, bisexual, transgender and intersex (LGBTI) communities and provided data and analysis on decriminalisation and destigmatisation. It requested that the Independent Expert recognise these as important entry points for his work. As a result, the following text was included in the report submitted to the UN General Assembly<sup>4</sup>, with a citation to MSMGF: "*Laws and policies which criminalize same-sex relationships and gender identity, particularly in regard to its expression, directly lead to violence and discrimination, and are also part of the background environment in which they take place. They also stymie efforts to prevent and reduce HIV transmission.*"

MSMGF also facilitated attention to MSM and transgender issues – and the engagement of networks, including Consortium members – in other UN bodies, such as those related to human rights. This included producing an online reference tool (Achieving HIV Targets Through Human Rights Instruments<sup>ii</sup>) that provides civil society stakeholders, in particular key population activists, with an overview of the mechanisms related to the Human Rights Council and the Office of the High Commissioner for Human Rights.

Individual Consortium members have also made important contributions to specific forums. For example, the African Black Diaspora Global Network (ABDGN) [see <http://abdgn.org/>] used its observer status at the International Organization for Migration (IOM) and attendance at the first thematic session of the UN Global Compact on Migrants and Refugees, to advocate on the intersection of HIV, key populations and migration. Similarly, SOMOSGAY [see <http://somosgay.org/en>] used advocacy at the General Assembly of the Organization of American States (OAS) to express concern about the anti-human rights agenda being promoted.

Individual and combinations of Consortium members have also brought their expertise to the technical and advisory bodies of key regional and global institutions. For example, in relation to the Global Fund: MSMGF is a member of the Community, Rights and Gender Advisory Group for the Secretariat; and AMSHeR, CVC and SOMOSGAY are members of the Developing Country NGO Delegation to the Board. Members have also been providers of technical support for MSM and transgender groups involved in the Global Fund. For example, AMSHeR, CVC and ECOM are approved technical support providers for key populations, while MSMGF coordinates the Community Action and Leadership Collaborative, a global initiative that provides technical expertise on key affected populations.

Beyond the Global Fund, examples of Consortium members' advisory roles to other institutions include that: CVC is a member of the Pan Caribbean Partnership Against HIV/ AIDS and the UNAIDS HIV and Human Rights Reference Group; SOMOSGAY is a member of the NGO Delegation to the Programme Coordinating Board of UNAIDS; and MSMGF convenes the Advocacy Platform to Fast Track the HIV and Human Rights Responses with Gay and Bisexual Men which advises the Executive Director of UNAIDS.

3 The Platform is composed of human rights defenders, researchers and global and regional experts – including members of the Consortium - who provide on-going strategic advice and guidance to UN agencies, global donors (such as the Global Fund and PEPFAR) and other stakeholders. The Platform was formed in recognition that HIV responses for gay and bisexual must be accelerated and scaled-up to reach global targets for ending the epidemic. See: <http://msmgf.org/msmgf-launches-global-platform-to-fast-track-the-hiv-and-human-rights-responses-among-gay-and-bisexual-men-and-other-men-who-have-sex-with-men/>

## Conducting joint advocacy at the High-Level Political Forum for the SDGs

In early 2017, the Consortium's members met with the Advocacy Platform to Fast Track the HIV and Human Rights Response with Gay and Bisexual Men to set shared advocacy priorities for the coming year<sup>iii</sup>. These were identified to be: international funding and domestic investment; national targets and commitments; human rights violations and structural barriers; and combination prevention, testing and treatment, and holistic sexual health programming. Based on these priorities, the Platform – which includes Consortium members - developed an advocacy plan for the High-Level Political Forum<sup>iv</sup> (the main UN platform for monitoring the Agenda 2030 for Sustainable Development and the SDGs). This was supported by a series of initiatives by different stakeholders, including an analysis of SDG3 ('ensure the health and well-being of all people at all ages') by the Platform, MSMGF and OutRight International. The study was conducted through the lens of LGBTI communities and emphasised target 3.3 ('By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'). The report, combined with an action alert<sup>v</sup> and set of fact sheets, provided civil society advocates - including Consortium members and their constituents - with the tools needed to lobby their national governments, such as to address HIV issues and engage LGBTI stakeholders in their Voluntary National Reviews (part of the SDG accountability mechanism).

MSMGF also used the Consortium and Platform's advocacy priorities to shape the language that it submitted to the UN Economic and Social Council (ECOSOC) and the Women's Major Group (which represented civil society at the High-Level Political Forum) for inclusion in the Draft Ministerial Declaration. Ultimately, HIV was mentioned twice in the Declaration and, while LGBTI people were not named in the text, the concluding remarks of the President of ECOSOC cited ending discrimination against such communities as a priority.

## EXAMPLE



## Expanding community engagement in Global Fund processes

MSMGF has worked with other members of the Consortium to promote the meaningful engagement of MSM and transgender people in the work of the Global Fund – to ensure that the institution is responsive to the unique HIV-related needs of such communities. This has included conducting an independent review<sup>vi</sup> of how to improve engagement, in particular in the stages of grant making and implementation. The review's preliminary findings were validated through community consultations in seven countries (Cameroon, Dominican Republic, Kenya, Moldova, the Philippines, Suriname and Tunisia) and discussions with 19 community key informants from diverse regions. The report of the review proposed a definition of meaningful community engagement based on four principles:

- » Effective and proportional representation in planning and decision-making bodies and processes.
- » Adequate time and resource allocation to communities to understand systems, derive shared priorities, contribute to debate and discussion, and deliver programs.
- » Ongoing independent oversight of grant negotiations and implementation.
- » Ongoing efforts to strengthen the capacities of community organizations and community leaders, so that they are able to take on increasing responsibilities and have greater impact.

The report also provided a series of recommendations about how the Global Fund can expand and enhance engagement in all phases of its grants moving forward. Some of these – such as relating to changes to the role and structure of Country Coordinating Mechanisms (CCMs) – have already been implemented.

## EXAMPLE



➤ **KEY ACHIEVEMENT 2:** Enhancing the quality of HIV, sexual health and human rights programs for MSM and transgender communities – by developing high quality technical tools and promoting the use of good practice.

A major asset of the Consortium is that, cumulatively, its members bring decades of experience of designing, implementing and evaluating responses to HIV, sexual health and human rights for MSM and transgender communities. This has resulted in an invaluable bank of lessons learned about ‘what works’ and, in turn, has informed the development of resources on international good practice.

Key examples of such resources are the ‘Implementation Tools’ for HIV programming. These were developed by global key population networks - including MSMGF and Innovative Response Globally for Trans Women and HIV (IRGT) [see <http://transglobalactivism.org/>] - in collaboration with their partners and other stakeholders. Consortium members continue to actively disseminate these tools – ensuring that they reach a wide audience and are put into practice within programming. For example, GayLatino and Grupo Dignidade – partners of SOMOSGAY - organised the first ever training on Implementing Comprehensive HIV and STI Programs with Gay Men and Other MSM (known as the ‘MSMIT’) in Brazil. This involved over 30 leaders and experts from different parts of the country, with the tool translated into Portuguese. Likewise, Eurasian Coalition on Male Health (ECOM) [see <http://ecom.ngo/en/>] translated the MSMIT into Russian and developed a training manual to deliver workshops on the tool to community activists, experts and public officials from municipal and government healthcare agencies in Eastern Europe and Central Asia (EECA). Meanwhile, IRGT used the Implementing Comprehensive HIV and STI Programmes with Transgender People Implementation Tool (known as the ‘TRANSIT’) as the foundations for much of its work [see Example 3].

A further example of this type of achievement was provided by African Men for Sexual Health and Rights (AMSHeR) [see <https://www.amsher.org/>], which, through a regional consultation process, developed an African Key Populations Scorecard. This tool supports advocacy by key population organisations to hold governments to account for their performance against global guidance, such as the Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations by the World Health Organization (WHO).

The exchange of tools and good practices has been aided by Consortium activities to bring members together to share their experiences and lessons. For example, in 2017, a three-day reflection meeting was held in Bangkok, involving representatives from all of the members and providing an opportunity to discuss the Consortium’s identity, confirm its advocacy priorities and develop joint initiatives.

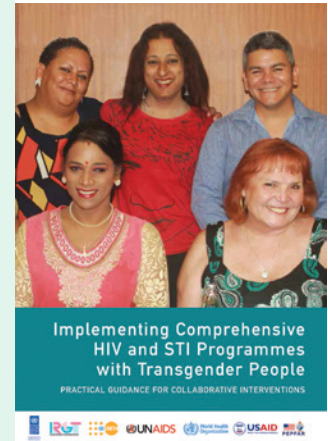
## Building understanding and use of the TRANSIT - IRGT

IRGT is composed of members from across the world and works to lead, initiate and promote advocacy on transgender health and rights in relation to HIV. In Central America, it became aware that – as in many other regions - transgender women are disproportionately affected by both gender-based violence and HIV. In response, it collaborated with regional and national partners (Asociación RED TRANS and RED Trans Peru) to convene a capacity building and advocacy meeting in Managua, Nicaragua. This involved over 40 participants from eight countries (Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama). The original number increased due to additional support being secured from WHO and PEPFAR's Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) program. The participants worked in country teams. Most of the teams included trans men as well as trans women and were composed of a representative of the Ministry of Health, a health provider and a transgender activist. The overall aim of the meeting was to increase support to transgender people living with or at risk of HIV, including by building understanding about and use of the TRANSIT.

The sessions at the meeting in Managua combined presentations, videos and group work [see photo]. Each chapter of the TRANSIT was supported by resources, such as the Pan American Health Organisation (PAHO) Blueprint for the Provision of Comprehensive Care to Transgender People in Latin America and the Caribbean. The meeting culminated with each country team developing an action plan to implement the good practice strategies that they had learned about and explored.

IRGT also conducted training on the TRANSIT in a number of other regions. For example, in New Delhi, India, it implemented a workshop for 20 trans women from the region. Here, the participants expressed a strong need for the strategies promoted by the TRANSIT and for the supporting materials to be available in Hindi to help their future work. In the Caribbean, IRGT collaborated with the Caribbean Vulnerable Communities Coalition (CVC), a fellow Consortium member, to conduct training sessions on the TRANSIT within the Coalition's work to mobilise and build the capacity of transgender organisations in their region [see Example 8, including photo]. Meanwhile, IRGT also collaborated with PEPFAR's LINKAGES program to include training on the TRANSIT within a five-day meeting on Laying the Foundation Towards Building a Community Driven African Transgender Roadmap. The latter took place in Nairobi and involved country teams from Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.

## EXAMPLE



IRGT, TRANSIT training, Managua, Nicaragua, 2017

- **KEY ACHIEVEMENT 3:** Strengthening action on regional and international commitments on HIV, sexual health, human rights of relevance to MSM and transgender communities - by developing monitoring tools and engaging in processes to hold national governments to account.

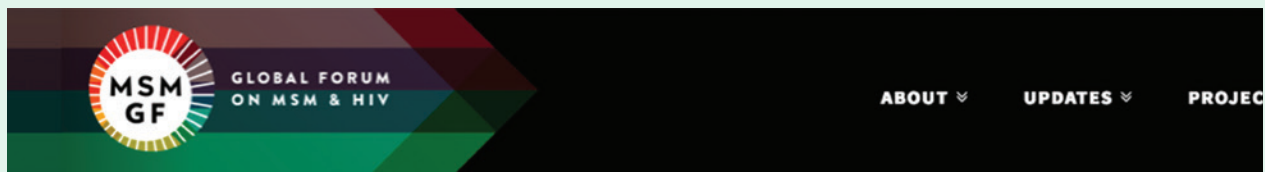
A further example of the Consortium's role as a connector of different levels of action is its work to hold national governments to account for their progress on regional and international commitments of relevance to MSM and transgender communities. An example is the follow-up process to the 2016 High-Level Meeting on AIDS that led to the Political Declaration on HIV and AIDS [see Example 4]. By mobilising multiple constituents, and providing them with the required information and tools, the Consortium's members can help to ensure that such commitments are not forgotten and that civil society plays an active role in scrutinizing the performance of governments.

## Holding Member States to account on the Political Declaration on HIV and AIDS

## EXAMPLE

Back in 2016, at the UN General Assembly's High-Level Meeting on Ending AIDS, MSMGF led a global coalition of key population networks and gay activists, including other members of the Consortium, to advocate for an equitable, effective and sustainable response to HIV. Meanwhile, Midnight Poonkasetwattana, Executive Director of Consortium member APCOM, made the Closing Plenary Statement<sup>vii</sup>. The Meeting resulted in the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight Against HIV and to End the AIDS Epidemic by 2030 - a commitment that, while weak in its attention to key populations, serves as an important tool for advocacy at national, regional and global levels.

In 2017, MSMGF collaborated with Consortium members to maintain interest in the Political Declaration and hold governments to account for their performance. Its actions included: issuing a blog<sup>viii</sup> that critiqued the Declaration; publishing an update on relevant processes; and collating a [video archive](#), with footage of representatives of 30 Member States making statements at the High-Level Meeting that referenced key populations [see image]<sup>ix</sup>. These served as tools for MSM and transgender networks and their constituents to track governments' attention to key populations, including within their Voluntary National Reviews of the SGDs and their interventions at the High-Level Political Forum [described in Example 1]. In addition, MSMGF reached out to UN agencies to ensure that the Global AIDS Monitoring tool – the formal, annual format used for countries to report against the Declaration – engages civil society and addresses key populations.



### Watch the videos from the HLM below:



El Salvadore



Cameroon



Brazil

- **KEY ACHIEVEMENT 4:** Expanding the scale and quality of national, regional and global advocacy by and for MSM and transgender communities - by building the technical and advocacy capacity of networks' members and providing small grants.

“Obstacles such as stigma, discrimination, violence, and criminalization pose serious threats to achieving the ambitious target of ending AIDS by 2030. While the Political Declaration was strong on some of the issues we cared about, the final version spoke sparsely to the disproportionate HIV disease burden shouldered by key populations, including gay men, other men who have sex with men, transwomen, sex workers, and people who use drugs ..... Civil society must remain vigilant to ensure that Member States do not shirk responsibilities and take concrete action toward meeting targets.”

George Ayala, MSMGF

While their role has been increasingly acknowledged, the constituents of the Consortium's members – local MSM and transgender networks and organisations on the frontline of responses - have often had limited capacity. This, in turn, has restricted the scale and impact of their engagement in national decision-making processes for HIV, sexual health and human rights. In response, capacity building is a core component of the work of many Consortium members. Such efforts have sometimes

focused on building understanding and skills in key technical areas – such as pre-exposure prophylaxis (PrEP), as in the case of the South Caucus Network (SCN) that provided training to partners from Armenia, Azerbaijan and Georgia. Other times, they have addressed broader capacity building related to human rights and advocacy. For example, in June-July 2017, using co-funding from the Global Fund, CVC [see <http://www.cvcoalition.org/>] conducted national trainings on legal literacy in Jamaica and Belize. These involved MSM and transgender community members and served to increase their knowledge of human rights, national laws and mechanisms to seek redress for rights violations. As a further example, CVC also conducted an advocacy and communications workshop in Trinidad and Tobago. This built the capacity of 25 journalists in relation to HIV and human rights – leading to better quality reporting, as well as increased access to the media for MSM and transgender leaders.

Many Consortium members have conducted research to better understand the context and capacity needs of their constituents. For example, SOMOSGAY implemented: a situational analysis on gay men in Latin America, using the findings to develop a GayLatino Advocacy Plan covering 21 countries; and a mapping of the capacity of its members in 18 countries in relation to resource account-

ability. In addition, GayLatino developed a Regional e-Learning Platform (<https://gay-latino.org/index.php/foro>) to improve its constituents' skills in programming and advocacy by providing a digital forum for theme-related discussions, such as on PrEP, human rights and LGBTI movements.

In some cases, Consortium members complement capacity building with the provision of funding. An illustration of this is seen in ECOM's Together for Our Rights project that allocated small grants for partners' work to reduce stigma, discrimination and human rights violations [see Example 5].

## Providing small grants to address stigma in health services – ECOM

## EXAMPLE

ECOM is a network with individual and organizational members involved in HIV prevention and treatment for gay men and other MSM and transgender people, from 14 countries in EECA. Within the Consortium, its work has included Together for Our Rights – a project providing small grants to partners in Kyrgyzstan, Russia, Tajikistan and Ukraine. The grants supported action to reduce stigma, discrimination and human rights violations against gay men, MSM and transgender people, in particular in healthcare settings and in relation to HIV services. The work also aimed to increase the availability of medical services to community members through cooperation with healthcare workers, administrators and local authorities. The core components of the grantees' work included: conducting rapid assessments of stigma, discrimination and rights violations in healthcare settings (resulting in national reports); monitoring rights violations; and providing legal support.

“MSM stigma and discrimination in health care institutions are still very common in the region, but we hope that .... medical workers will become more tolerant and the number of discrimination cases will decrease significantly. Everybody and everyone, whoever he/she is, has the right to respect and the right to health.”

Elena German, ECOM

ECOM further supported its grantees by gathering existing resources on stigma and discrimination in the region and developing a training module in Russian. It also held a three-day workshop for grantees. This enabled: detailed planning of grantees' work; training in human rights and responses to stigma and discrimination in health care settings; and capacity building on the documentation of rights violations. The workshop was multi-media, using advocacy posters, videos and role-plays. Pre and post surveys showed a strong increase in participants' knowledge. As a follow-up, ECOM developed a briefing on what helps and hinders the engagement of communities, with recommendations on how to strengthen cooperation among different stakeholders to ensure the safety of services for gay men, MSM and transgender people.

## ECOM grantee: Gender Z

## EXAMPLE

Gender Z works in Zaporizhzhia, a region of Ukraine with high levels of homophobia and transphobia in both society and the health sector. With its small grant from ECOM, it implemented an advocacy project to improve action on stigma and discrimination within the provision of HIV voluntary counselling and testing (VCT) in civil society and government-run health care settings. This started with 'secret clients' visiting 95 institutions to monitor the quality of VCT services and counsellors' reactions to people 'coming out' about their sexual orientation or sexual practices. This identified multiple shortcomings, such as discriminatory attitudes among staff and a lack of technical knowledge about medical care for key populations. Using the results of their research, and with support from the Regional Health Department, Gender Z organized training on addressing SOGI issues and providing counselling for MSM and LGBTI communities. This involved 100 representatives from all of the VCT institutions in the region. In addition, Gender Z used its evidence to make recommendations to the Zaporizhzhia Department of Health on practical steps that it could take to reduce stigma and discrimination.



Gender Z (ECOM sub-grantee), Advocacy training on Stigma and Discrimination, Ukraine, 2017.



➤ **KEY ACHIEVEMENT 5:** Raising the profile of under-addressed or emerging MSM and transgender issues within HIV, sexual health and human rights programming and policy-making – by identifying such issues, gathering evidence and developing resources or coalitions to advocate for communities' priorities.

With its diverse membership, the Consortium provides an important mechanism to identify and raise the profile of strategic issues that are of concern to MSM and transgender people, but neglected or under-addressed within responses to HIV, sexual health and human rights. The networks bring experience across technical subjects, geographic areas, communities and programmatic interventions. The Consortium serves to pool and exchange such expertise. It also serves as a means to coordinate the moral and practical support needed to advocate publicly on issues that, for individual networks, might, otherwise, be too challenging or even dangerous.

Recently, Consortium members have successfully raised the profile of neglected technical issues within action at the: global level, such as with ABDGN's work on the intersection between migration, key populations and HIV [see Example 6]; regional level, such as with CVC's work to raise the profile of transgender issues in the Caribbean [see Example 8]; and national level, such as with SCN's work to highlight the specific needs of transgender people living with HIV in Azerbaijan. With the latter, SCN worked with its national partner to raise awareness of the heightened levels of stigma and discrimination faced by such community members. As part of the State Working Group on HIV, the partner advocated for transgender people to be cited as a specific group in the government's HIV prevention strategy (rather than being in the general list of 'risk groups') - to facilitate providing specific training to medical personnel to work with these populations. The organisation used evidence from a focus group discussion with transgender people to demonstrate the real life nature and impact of stigma and discrimination within health services. In response, the leadership of the AIDS Center of Azerbaijan questioned the data, claiming that it was not valid because it was produced by civil society. However, they also acknowledged that stigma, discrimination and stigmatizing attitudes among medical personnel present a barrier to people undergoing VCT and reduce the effectiveness of HIV prevention. As a result, SCN's partner was invited to develop a module on the impact of discrimination on adherence to HIV prevention and treatment and also to train medical personnel.

Some Consortium members also conducted initiatives to draw attention to the specific needs of sub-groups of MSM and transgender people. For example, SOMOSGAY appointed a Youth Reference Group that launched a campaign (#SexSalud2017) for World Sexual Health Day. This seeks to highlight the challenges and needs of young MSM in Latin America in relation to comprehensive sexual health. It involves community members taking photos of themselves with posters and messages, which are then disseminated through social media, such as Facebook and Instagram.



AMSHeR, ICASA key populations pre-conference, Cote D'Ivoire, 2017

Similarly, AMSHeR emphasised young people in its work at the 19<sup>th</sup> International Conference on AIDS and STIs in Africa (ICASA), held in Cote D'Ivoire [see photo]. This included a two-day Youth Key Populations Pre-Conference attended by 192 participants, including representatives of young key populations from across Africa, as well as donors, UN agencies and political bodies, such as the African Commission. The Pre-Conference led to the Abidjan Declaration, the first ever declaration by African key population networks on young people. The work built on an AMSHeR flagship programme - The Sexual Health and Rights Institute on Young Key Populations and Sexual and Reproductive Health and Rights. This seeks to build the technical capacity of AMSHeR members and affiliates through

skills building, peer-to-peer learning and movement building. In 2017, the two-day residential Institute was attended by 50 representatives of young key populations from across Africa.

AMShEr also supported some of its national partners to identify and address the needs of LGBT communities in remote areas. For example, it provided technical support to Out-Right Namibia [see photo] to expand its services beyond the capital city and coastal towns and, in turn, to find and offer services to previously unidentified victims of homophobic discrimination and violence.

## Building awareness on the intersection of migration, key populations and HIV – ABDGN

## EXAMPLE

ABDGN is the only network of its kind, with a focus on African, Black, Diaspora, Migrant and Refugee key populations and a commitment to addressing intersectional issues related to health and HIV. As part of its work within the Consortium, it has developed an online resource ([www.hivandmigration.com](http://www.hivandmigration.com)). This includes eight country profiles (on Australia, Canada, France, Jamaica, Spain, Sweden, United Kingdom and United States) that use engaging graphics and epidemiological data to tell the story of migration and HIV. The resource was launched at the International AIDS Society (IAS) Conference in 2017, including through the distribution of 3,000 promotional cards, plus social media and e-mail dissemination to 2,500 contacts. Within 30 days of the launch, the website had received 1,500 unique visitors. In the lead-up to the Conference, ABDGN also successfully applied to be a member of the Key and Affected Population Community Declaration Committee. This gave it an opportunity to consult with its constituents and submit recommendations for inclusion in the Declaration. The network's Chair was invited to be one of the civil society presenters at the launch of the Declaration.

The production of ABDGN's new resource and its participation in the IAS Conference were a milestone – significantly raising the profile of both the network and its core issue. These gains were extended through further advocacy opportunities in 2017. For example, ABDGN moderated sessions and implemented two oral and three poster presentations at ICASA. It also participated in the Joep Lange Institute Meeting on the use of differentiated service delivery to scale-up and sustain the response to HIV. This brought together representatives of civil society, alongside the Global Fund, WHO and United Nations Joint Program on AIDS (UNAIDS). Prior to the meeting, ABDGN consulted with other Consortium members, as well as its regional and global stakeholders, to ensure a strong evidence-base for its interventions. The meeting served as a strategic opportunity to build awareness on the under-investment in migrant-specific interventions for HIV. It also further raised the profile of ABDGN. For example, the network was able to build a stronger relationship with UNAIDS – from which it gained contacts for country-level surveillance stakeholders (who are critical targets for advocacy to ensure that epidemiological data includes higher quality information on migrants).

“Being a part of the Consortium has impacted ABDGN’s ability to be more inclusive of migrant MSM and transgender populations in our broader advocacy efforts. This has been an important outcome in leveraging our participation in the Consortium and realizing its limitless potential for deeper impacts that reflect the intersectionality of our lives”

Kwaku Adomako, ABDGN



## Advocating for harm reduction programming – SCN

### EXAMPLE

SCN is a partnership that leads and inspires action in the South Caucasus region to achieve universal access to HIV prevention, treatment, care and support for MSM and transgender communities.

“The South Caucasus is not Eastern Europe. Among post-Soviet countries, there are deep cultural and social differences that continue to affect the HIV response. It is important for us to remain in close partnership with other regional and international organizations so we are able to raise the voice of our communities.”

Karen Badalyan, SCN

In Azerbaijan, SCN supported its partner organisation to collaborate with other CSOs addressing HIV prevention for key populations. The work included developing a joint petition to the President and the Chair of the NGO Support Committee. This advocated for the need to continue state funding for a harm reduction programme for people who use drugs, noting that – with the closure of Azerbaijan’s Global Fund programme – HIV prevention work among vulnerable communities could end. As a result, in the Autumn 2017 session of the Parliament, the national budget for 2018 featured positive decisions about resource allocations for harm reduction.

## Supporting the establishment of a regional transgender network – CVC

### EXAMPLE

CVC is a coalition of community leaders and CSOs that advocates and service providers for and with populations that are especially vulnerable to HIV or neglected in access to treatment and healthcare programs. The Coalition has become increasingly aware that, across the Caribbean, transgender people experience especially high levels of discrimination and human rights abuses – reflecting harsh social stigma and punitive national legal environments. Such community members also experience disproportionate prevalence of HIV (8-31% among transgender women), yet have few programmes to meet their specific needs.



CVC and IRGT, TRANSIT training, Jamaica, 2017

Previous efforts to mobilize transgender communities in the Caribbean had largely neglected the English-speaking part of the region. However, CVC identified a growing interest among organizations to work collaboratively. In response, in January 2018, with funding from the Consortium and a Regional Global Fund grant, it convened a meeting of what came to be known as the United Caribbean Trans Network. CVC informed the meeting through a mapping of transgender organizations and programs and a draft Action Plan (identifying priority issues for each country represented). The meeting, which was attended by 20 people from 11 countries, led to the establishment of a nine-member Steering Committee to take the Network forwards, including by developing a governance structure and advocacy action plan. These were further refined at a subsequent meeting of the Steering Committee, co-funded by CVC, which also facilitated the election of post-holders. In the future, the Network will facilitate increased participation for the transgender community in national and regional forums, championing their rights and holding decision-makers to account. For its part, CVC will continue to support the Network, including by providing grants for the development of national transgender networks and the operationalisation of advocacy plans.

CVC has complemented this work through capacity building for transgender leaders and activists, such as, in collaboration with fellow Consortium member IRGT, conducting training sessions on the TRANSIT [see photo].

➤ **KEY ACHIEVEMENT 6:** Mobilising collective action on human rights within hostile environments for MSM and transgender communities – by providing a credible global platform, channelling solidarity and conducting ground-breaking campaigns.

A critical role of the Consortium is its provision of mutual support – moral, technical and advocacy – to address human rights violations against MSM and transgender people in specific countries or regions. Such violations – committed within persistently hostile environments – have severe impacts, not only on the health and well being of individuals, but on the ability of organisations to provide high quality interventions, including for HIV, sexual health and human rights.



Through ‘strength in numbers’, Consortium members support each other and each other’s constituents to develop urgent, brave and practical responses to human rights violations. For example: ECOM and MSMGF have advocated for the rights of LGBTI people in Chechnya<sup>x</sup>; and APCOM [see <https://apcom.org/>] has collaborated with others in Asia Pacific to address violations against LGBTI people in Indonesia. With the latter, APCOM used its increasing profile as a regional network to join a coalition of 39 organisations and individuals in a joint statement, disseminated by MSMGF, following the unfair detention, arrest and/or charging of over 150 men<sup>xi</sup>. Meanwhile, APCOM’s many other interventions in this area included the participation of

its Executive Director in a video made by the Consortium about HIV and human rights among MSM and transgender people [see image and <https://www.youtube.com/watch?v=Wi1WklaeN6U>].

Further examples of Consortium members’ multiple initiatives to promote human rights include that CVC has: conducted qualitative data collection on rights (to produce media features and audio-visual materials); hosted an event on International Human Rights Day; and collaborated with the University Rights to Advocacy Project to coordinate an evaluation meeting about the Universal Periodic Review and Human Rights Reporting. The latter resulted in a report<sup>xii</sup> that strengthened the capacity of Caribbean CSOs to conduct effective advocacy on key population issues within international human rights reporting.

A highlight of the work of SOMOSGAY has been finalising the first Stigma and Homophobia Index to be developed in Latin America. This serves as a tool to gather systematic data on human rights violations and access to services for gay men, MSM and transgender people, and, in turn, to inform strategic advocacy. SOMOSGAY was also one of several Consortium members to develop a mechanism for an emergency response to human rights violations. Its Mecanismo de Respuesta Inmediata [see <https://gay-latino.org/index.php/peticiones>] enables its members to be alerted to violations and to take immediate action, such as through marches and street actions.

Other examples of emergency mechanisms included that: CVC developed, maintained and disseminated to its member CSOs, the Caribbean’s first-ever on-line database to document human rights violations against key populations; and AMSHeR implemented an Emergency Response Project. The latter included meetings and workshops to build stakeholders’ understanding and skills for a regional response and resource mobilization in instances of severe human rights violations against LGBT communities. For example, action was mobilized on deteriorating situations in Burundi and Tanzania. AMSHeR reinforced this work through workshops with law enforcement officials – enabling them to become champions and whistle-blowers and to facilitate emergency responses. Meanwhile, other examples of AMSHeR’s many initiatives related to rights included: supporting an LGBT activist

from Liberia to participate in the 61<sup>st</sup> session of the African Commission on Human and People's Rights; and supporting LGBT advocates to engage with government officials and state institutions during countries' reviews at the UN Human Rights Council.

As Consortium members, some networks have gained the confidence and inspiration to conduct groundbreaking campaigns in their regions. A striking example of this is seen in the work of the Middle East and North Africa MSM Coalition (M-Coalition) [see <http://m-coalition.org/>], working in the Middle East and North Africa (MENA) region [see Example 9].

## Campaigning on LGBTI rights in a hostile environment – M-Coalition

## EXAMPLE

The mission of M-Coalition is to coordinate at local, regional and international levels in order to increase access to prevention, care and treatment services for MSM. It achieves this through advocacy, capacity building, research, exchanging good practice and collaborating with health and human rights institutions. Working in MENA – a region with intense social stigma and legal oppression against LGBTI communities – M-Coalition has gained ideas and moral support from other Consortium members to conduct public campaigns. These have included participation in Gay Star News Digital Pride – a project that enables people to celebrate Pride virtually in contexts where it is not safe to do so physically. M-Coalition's participation involved liaising with partners across the region and requesting LGBTI people to submit short videos, within which they spoke about what they take pride in. M-Coalition then collated the videos (from Algeria, Egypt, Lebanon, Morocco, Sudan, Syria and Tunisia) into a video collage [see image and <https://www.youtube.com/watch?v=W-1BrLYZkhk8>]. The film was particularly significant because, for the first time, it gave a face to the LGBTI community



“As individual networks we work hard to make a difference and improve the quality of life, like a stream that nourishes a meadow. Our networks working together in a Consortium are like many streams coming together to form a powerful river which can easily break through mountains.”

Elie Ballan, M-Coalition

in the region. A spokesperson for M-Coalition says: “Messages from community members from all over the region filled our inboxes ... people could now see that they are not alone ... people now know that they have a voice and are feeling a little stronger and more able to do more. The video is an important advocacy tool.” A further example of M-Coalition's work was a campaign for the International Day Against Homophobia and Transphobia (IDAHOT), with a powerful mini video about a family overcoming homophobic insults [see <http://m-coalition.org/portfolio-items/idahot-2017-campaign/>].

Overall, these efforts have enabled M-Coalition to dramatically improve its profile on social media and, in turn, increase the engagement of its constituents – critical steps for an emerging network. While, in 2016, its videos typically had a few hundred views, one released in 2017 had 23,000. M-Coalition now receives daily requests for help from individuals all over the MENA region – to which it can respond with high quality on-line information and referrals to stigma-free services.

➤ **KEY ACHIEVEMENT 7:** Enhancing the individual and collective voice and role of regional and global networks by and for MSM and transgender communities – by strengthening their organisational capacity and sustainability.

A key success factor for the Consortium is that, through access to core funding, its members have not only been able to strengthen their advocacy and programming work, but their own organizations. While important for all networks, this has been essential to those that are small, emerging and/or undergoing a period of change.

Some of the multiple examples of this area include that, in 2017: ECOM deepened its partnerships with other stakeholders in the EECA region; M-Coalition strengthened its governance structure; and ABDGN's Managing Director built skills in financial accountability, contract development and monitoring and evaluation. In Latin America, SOMOSGAY and GayLatino conducted a “strengths, weaknesses, opportunities, threats analysis and planning process” among LGBTI stakeholders, resulting in a revised Strategic Plan for 2017–21 and updated workplan.

As shared in Example 10, AMSHeR conducted multiple meetings among its constituents - Board, Steering Committee, Advisory Groups and members – as part of a comprehensive restructuring process. Meanwhile APCOM implemented a series of activities to reflect on its 10 years as a leader within the response to HIV in Asia Pacific [see Example 11]. Meanwhile, many of the Consortium's members, such as IRGT, produced new Strategic Plans, in response to the changing environment and a new phase in the development of their networks.

Across the Consortium, members were typically able to: pay the salaries of coordination staff; strengthen financial systems; pay office rent; develop communications resources (such as websites); refine administrative policies; and develop monitoring and evaluation frameworks. Such steps enabled the networks to become more stable and sustainable – being better able to survive changes in HIV funding, leverage additional resources and deal with opposition from external stakeholders. Overall, they have put the members in a better position to conduct effective advocacy work, both as individual organizations in their regions and as a collective voice globally.

In many cases, efforts by Consortium members to strengthen the capacity of their own organizations have been mirrored through technical support to local partners to do likewise. For example, SCN has not only strengthened its own capacity (including through annual board meetings to make strategic decisions), but provided support to its partners in subjects such as governance structures and resource mobilization. Similarly, IRGT worked in partnership with MSMGF to implement Transgender Education plus Advocacy = Capacity for Health (TEACH) as a means to support the organizational development of local and national transgender-led organizations.

## Strengthening organisational governance and strategy - AMSHeR

### EXAMPLE

AMSHeR is a pan-African coalition of 18 MSM and LGBT-led organizations in 15 countries, working to promote non-discrimination (particularly based on SOGI) and access to quality healthcare services for MSM and LGBT people. Its work within the Consortium has involved member organizations in Burundi, Cameroon, Cote D'Ivoire, Ghana, Kenya, Malawi, Mozambique, Namibia, Nigeria, South Africa, Tanzania, Togo, Uganda, Zambia and Zimbabwe.

In 2017, AMSHeR faced a critical moment in its evolution – with increased tensions around MSM and human rights issues in Africa, combined with the need for organizational change, including the recruitment of a new

“It has been great to be part of the Consortium as one thing you do get is the sharing and learning from other Consortium members in other regions ... [you can] try to use or adapt what worked in that region for the region you work on. “

Jean-Eric Nkurikiye, AMSHeR

Executive Director. During the year, with resources from the Consortium, the network conducted an organizational audit. It also held four face-to-face meetings of its Board, as well as a retreat and an induction for new members. The meetings served to decide AMSHeR's future directions (by mapping out a framework for its Strategic Plan 2019-22) and governance structure. The latter consists of a Steering Committee made up of the Executive Directors of the network's member organizations. The Committee is responsible for AMSHeR's mandate and meets once a year to review the Strategic Plan and feed communities' experiences into program design. AMSHeR's attention to its organizational and governance structure has enabled it to strengthen its reputation as a civil society leader in the region and secure a five-year grant from the Ford Foundation.

## Organizing a summit to reflect on strategic regional issues - APCOM

### EXAMPLE

APCOM is a regional coalition - of community based organisations, CSOs, governments and UN partners – that works together to advocate on issues relating to HIV that affect the lives of MSM and transgender people, including in relation to rights, health and well-being. In 2017, it organized a Rights, Resources and Resilience Asia Pacific Summit<sup>xiii</sup> to mark its 10<sup>th</sup> anniversary. This aimed to take stock of the response to HIV and situation for SOGI, health and rights in the region, as well as to evaluate the work of APCOM. With resources mobilised through the Consortium, APCOM funded the participation of 12 members of its Regional Advisory Group and MSM representatives. The latter included people from Hong Kong and Mongolia - countries that are often neglected in regional processes. Overall, the three-day Summit involved over 300 delegates, speakers, media and special representatives (such as from national governments and international organizations), from South Asia, Greater Mekong, Southeast Asia, Developed Asia and Pacific Islands.

APCOM's Summit combined plenary and panel sessions with receptions, dinners, Ambassadorial events and a two-day community forum (focused on capacity building and planning). It was divided into three themes: rights, resources and resilience. The first day addressed rights-based frameworks in the context of sexuality, gender identity and HIV healthcare. The second provided a platform to discuss more tangible topics related to securing human and health rights, as well as the current barriers faced by LGBTI communities. The third day focused on building resilience for the community going forward. The key word used during the day was 'momentum' – to provide a space to facilitate unlikely allies and alternative approaches to building resilience. The Summit combined with other initiatives – including a Regional Impact Study – to provide a comprehensive critique of APCOM's performance to date and inform its future role as a leader in the response to HIV in Asia Pacific.

➤ **KEY ACHIEVEMENT 8:** Reducing competition and enhancing financial sustainability for MSM and transgender networks and programmes – by facilitating access to funding opportunities and influencing the allocations of major donors.

The Consortium's final, but critical, area of achievement relates to strengthening the financial viability and sustainability of its members and their work.

Within the implementation of its most recent grant from the RCNF, the Consortium has made notable progress in leveraging funds both for its member networks and for advocacy and programming for MSM and transgender communities. Through strengthened organisational capacity – as described in Key achievement 7, including attention to financial systems and strategic plans – the Consortium's members are now in a stronger position to successfully apply for, absorb and manage funds. For example, after two years of being fully reliant on RCNF core funding, M-Coalition secured additional sources of funding and applied for grants in collaboration with other regional bodies.

Several Consortium members successfully applied for and/or continued to implement programmes resourced by the Global Fund. For example, ECOM became the Principal Recipient of Right to Health, a regional programme covering five countries (Armenia, Belarus, Georgia, Kyrgyzstan and Macedonia) that aims to strengthen the participation of gay men, MSM and transgender people in relation to HIV, human rights, sustainability and the use of high quality data. SOMOSGAY and GayLatino coordinated a consultation process in Latin America to develop a multi-country proposal to the Global Fund focusing on the sustainability of health services for key populations [see Example 12]. Meanwhile, CVC, having secured a five-year regional grant from the Global Fund in 2016, implemented activities across the Caribbean region in conjunction with the Centre of Integral Orientation and Investigation (COIN), a partner CSO in the Dominican Republic. The Concept Note for the regional grant was developed through extensive coordination meetings, including eight national and three regional consultations with key populations. The grant seeks to: address legal barriers for key populations; strengthen community systems, including regional key population networks; and build cooperation in health systems between National AIDS Programmes and CSOs that support key populations.

In the Africa region, AMSHeR conducted Global Fund Investments in Key Populations in Africa – an analysis of HIV prevention programming for key populations in funding requests and grant agreements during the 2014-16 Funding Cycle. This aimed to explore the importance of on-going engagement by key population organisations throughout the funding model and also to identify why budgets for key population programmes are often reduced during the grant-making stage.

A successful cross-regional submission, coordinated by MSMGF, was also made to the Global Fund's Community Rights and Gender (CRG) Initiative. The resulting three-year grant aims to support the engagement of key populations in Global Fund processes, including through participation in CCMs, watchdogging the implementation of national and regional grants, and supporting the development of evidence-based HIV-related programs. It enables MSMGF to expand its geographic and demographic coverage – by not only continuing support to the seven regional networks involved in the Consortium and to partners in the Bridging the Gaps programme<sup>xiv</sup>, but adding three new national partners in francophone Africa (in Cameroon, Côte d'Ivoire and Ghana).

In addition, members of the Consortium – individually, as combinations and as a whole – have played an increasingly important role in shaping the scale and nature of resource allocations by major donors to programming for MSM and transgender communities. As described in Example 13, two key examples are PEPFAR (including the LINKAGES program) and the Global Fund. Meanwhile, some Consortium members have scaled-up their exploration of alternative sources of funding, beyond traditional donors and grants. For example, APCOM conducted a study on Corporate Giving and High Net Worth Individuals to assess the climate and trends in Asia Pacific in relation to philanthropic and corporate giving to civil society. The research identified potential alternative revenue streams for APCOM and its partners and advocated for corporate social responsibility.



## Consulting constituents for a multi-country Global Fund proposal – SOMOSGAY

### EXAMPLE

SOMOSGAY is an LGBTI CSO based in Paraguay. It serves as the Regional Secretariat for GayLatino – a network of gay men and LGBTI human rights activists who are involved in the response to HIV and are committed to liberty, equality and access to health and justice.

In 2017, GayLatino undertook a consultative process to define and prioritize activities for inclusion in a multi-country proposal to the Global Fund, addressing the sustainability of health services for key populations. The priorities

“We see the Consortium as a driving force for strengthening the member networks, and to learn how we remain relevant. We don’t have much time, and we need to build the future right now.”

Sergio Lopez, SomosGay

were informed by the network’s existing Strategy that outlines four key areas: 1. Conducting political advocacy to increase national resources; 2. Supporting key population organizations to mobilize resources and work in partnership; 3. Reducing structural barriers to access to services; and 4. Supporting the availability of strategic information. The proposal emphasized sustainability – within the context of the Global Fund’s transition and withdrawal from many countries in the region classified as middle-income. It was informed by epidemiological data, demonstrating disproportionately high levels of HIV among key populations and increasing epidemics in countries such as Argentina, Brazil and Chile. The programme aims to build a multi-sectoral response, including by improving coordination between civil society and health authorities.


## Influencing the allocation of resources by major donors

### EXAMPLE

At the global level, MSMGF – in partnership with Consortium members and other international CSOs and key population networks – has been instrumental in increasing the accountability of key donor agencies. Notably, it plays a lead role in advocacy to PEPFAR to ensure that the US Government’s investments in global health are responsive to the unique HIV-related needs of gay and bisexual men and other MSM. This has included pushing for community priorities within the design and focus of key initiatives, such as the LINKAGES programme, LGBT Rapid Response Fund and Key Populations Investment Fund. It has also included – through the dissemination of Community Alerts and conduct of advocacy capacity building – increasing the engagement of national partners in the review of PEPFAR Country Operational Plans (COPs). This has contributed to concrete results, such as an increase in program targets for gay and bisexual men and other MSM in the COP for Botswana.

MSMGF has also worked with others to ensure that PEPFAR’s overall Strategy for 2017-20 commits to appropriate levels of investment in, and engagement of, key populations in the over 50 countries where it operates.

MSMGF and other Consortium members have played a similarly critical role in relation to the allocations and strategies of the Global Fund. At the country level, they have supported the training of MSM and transgender advocates to engage in high-level, national processes – leading to representatives having seats on CCMs, Technical Writing Committees and other key mechanisms related to proposal development. In turn, this has contributed to increased resource allocations, such as, in Cameroon, 2% of the budget in the country’s Concept Note being earmarked for programmes for MSM and other key populations - an increase on past submissions.



# What has the Consortium learned?

As the Consortium has evolved, it has amassed multiple lessons learned about ‘what works’ and ‘what doesn’t work’ within conducting multi-partner and multi-level initiatives on HIV, sexual health and human rights for and with MSM and transgender communities. Examples of these include that:

- » **Shared principles and objectives are vital foundations for joint strategizing and effective working.** While benefitting from a diverse membership, it is important that the Consortium is rooted in a set of common principles and objectives that are agreed by everyone. These serve as the foundations for the networks’ collaborations – ensuring that, while working in different ways and on different initiatives, everyone is ‘heading in the same direction’ and ‘working as one’.
- » **Unity and ‘strength in numbers’ are invaluable assets, especially in challenging times.** As civil society space shrinks, funding for HIV declines and human rights abuses persist, the Consortium provides a vital mechanism to not only facilitate financial and technical resources for MSM and transgender networks, but enable such organisations to provide each other with moral and political support. This means that, even when working in the most hostile of environments, people are not alone.
- » **A well-functioning Consortium requires both mutual trust and formal systems.** At the heart of the Consortium lies its members’ commitment to collaboration – not just to access funding, but to improve what they do and build a united movement. Emotional buy-in to working together is essential – with a willingness to listen to and learn from each other. However, it is also vital to have formal, agreed and transparent systems by which the Consortium operates. In such a large and diverse alliance, tensions can easily arise around decision-making, while individual members can face organizational crises. As such, systems are needed to cover all eventualities.
- » **Consensus is a vital principle, but a challenging practice.** While members agree that the Consortium’s decision-making on key issues should be conducted through consensus, in practice this can be time-consuming and difficult among 10 organisations with different priorities and ways of working.

“Being part of the Consortium means that we are plugged into important conversations and opportunities at all levels. This facilitates our role as a regional network – strengthening the connection between our national partners and the global level.”

Midnight Poonkasetwattana, APCOM

As such, it is important for all members to have a pragmatic approach to consensus-building (based on taking decisions ‘for the collective good’) and for the lead organization to have clear guidance on what type of decisions do or do not require such a method.

- » **Budgetary constraints threaten a Consortium’s full potential for collaboration.** The scale and allocation of financial resources can present challenges to both individual members and the Consortium as a whole. With individual members, tensions can emerge about the equitable distribution of resources, such as between networks that are established or emerging. Meanwhile, limited finances for collective activities mean that the Consortium as a whole is rarely able to conduct member-wide initiatives, such as face-to-face meetings for joint reflection and work planning.
- » **A Consortium is more than ‘the sum of its parts’ and needs an identity of its own.** Since its establishment, the Consortium has struggled with issues of identity – in terms of the extent to which it is a collection of independent members or an entity in its own right. Stakeholders argue that, without a stronger identity and brand, the Consortium will continue to have a low external profile, to risk confusion with other initiatives, such as the Advocacy Platform to Fast Track the HIV and Human Rights Responses with Gay and Bisexual Men. A clearer identity is seen as an important step for the Consortium’s future, both in terms of furthering the buy-in of its members and increasing its potential to secure funds from additional sources.
- » **Core funding and organisational development are essential, not ‘optional extras’.** While the Consortium members’ advocacy and programmatic work is vital, much of it would not be possible without access to core funding – which enables the networks to ‘look in’ and ensure that they are viable and effective organisations. Such resources help each member to put in place the building blocks – such as a strong Strategic Plan, sound financial system and accountable governance structure – that, in turn, enable them to ‘look out’, as advocates and leaders in their fields. With the need to ensure adequate core funding for the lead agency of large consortia, especially if the lead agency is also an active and contributing member of the Consortium it is leading;
- » **Differences are inevitable, but can be an opportunity rather than threat.** Within such a diverse and relatively large Consortium, it has been important to acknowledge that – while united by common objectives – members bring different priorities and ways of working. While this has the potential to cause tensions, it can also be a significant opportunity – in terms of the Consortium benefiting from a wide set of opinions, experiences and passions. For example, individual Consortium members do not need to be experts in all subjects related to MSM and transgender communities, as they can leverage expertise from each other. They can also use each other as ‘sounding boards’, such as to critique and test-out positions on emerging issues within a safe and supportive environment.

“The core funding from Robert Carr has allowed us to continue to engage in our capacity building work regionally and globally. Our ability to share information with IRGT members and the regional trainings that we have engaged in has had a synergistic effect on small grants received from other partners.... Our need for core funding and staffing remains acute. Without access to these funds, we would not have been able to reach the hundreds of stakeholders being impacted by our regional trainings.”

IRGT

- » **Coordinating a successful Consortium takes time, resources, skill and commitment.** The role of Lead Organisation is critical for the efficient and effective management of the Consortium. However, it is not an easy task – not only requiring financial and technical resources, but patience and dedication by both the staff and the organisation. The challenges have become more apparent over time as the Consortium has faced increasing demands for due diligence, as well as ever-changing or incrementally more and unnecessarily complicated reporting requirements.

The role of Lead Organisation also requires the development – and Consortium-wide agreement of – clear and accountable systems, such as for monitoring and evaluation. In addition it benefits from the ability to create space for collective ownership of an advocacy agenda, commitment to operational transparency and skilled facilitation of group decisions, in particular regarding sensitive issues such as funding.

- » **Evaluating a Consortium should consider the value-added of the whole, as well as the results of individual members.** The Consortium has been challenged by working within evaluation frameworks that focus on the results of individual networks or countries, rather the collaborative entity. It would benefit from indicators that move beyond the ‘wins’ of participating networks and, instead, focus on the ability to, for example: strengthen member networks through peer exchange; coordinate complex efforts across organisations; address differences between members through skilled facilitation; amplify the impact of advocacy; provide cover for individual member networks when political circumstances become risky or difficult; unify behind high-priority positions to stand with one voice; and retain operational flexibility through a changing policy environment..

“The MSMGF holds the Consortium together – the nuts and bolts of how it functions. But they have also built a relationship that is very collegial. Everyone is welcome in the space and everyone’s opinion is valued.”

Carolyn Gomes, CVC



# Annex 1: Consortium achievements and RCNF outcome indicators

The following maps the Consortium’s achievements (as described in this case study) against the outcome indicators of the RCNF grant under which the Consortium is currently operating.

## Consortium achievements

## RCNF outcome indicators

1. Increasing attention to MSM and transgender issues in global forums and processes on HIV, sexual health and human rights – by collating evidence-based technical inputs, identifying joint priorities and using shared advocacy messages.	Outcome 4: # of networks showing increased influence and capacity to unite and mobilize movements
2. Enhancing the quality of HIV, sexual health and human rights programmes for MSM and transgender communities – by developing high quality technical tools and promoting the use of good practice.	Outcome 6: # of networks contributing to increased access to HIV services and programs
3. Strengthening action on regional and international commitments relating to HIV, sexual health, human rights and MSM and transgender communities - by developing monitoring tools and engaging in processes to hold national governments to account.	Outcome 5: # of networks contributing to an improved human rights environment for at least 1 inadequately served population
4. Expanding the scale and quality of national, regional and global advocacy by and for MSM and transgender communities - by building the technical and advocacy capacity of networks’ members and providing small grants.	Outcome 4: # of networks showing increased influence and capacity to unite and mobilize movements
5. Raising the profile of under-addressed or emerging MSM and transgender issues within HIV, sexual health and human rights programming and policy-making – by identifying such issues, gathering evidence and developing resources or coalitions to advocate for communities’ priorities.	Outcome 7: # of networks contributing to increased quality of HIV services and programs
6. Mobilising collective action on human rights within hostile environments for MSM and transgender communities - by providing a credible global platform, channelling solidarity and conducting ground-breaking campaigns.	Outcome 5: # of networks contributing to an improved human rights environment for at least 1 inadequately served population
7. Enhancing the individual and collective voice and role of regional and global networks by and for MSM and transgender communities – by strengthening their organisational capacity and sustainability.	Outcome 4: # of networks showing increased influence and capacity to unite and mobilize movements
8. Reducing competition and enhancing financial sustainability for MSM and transgender networks and programmes – by facilitating access to funding opportunities and influencing the allocations of major donors.	Outcome 3: # of networks showing increased fiscal capacity and sustainability



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- xi *International Coalition Calls for Public Support to End Increasing Persecution of LGBT People In Indonesia*, 6 June 2017.
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GLOBAL FORUM  
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**The Global Forum on MSM & HIV (MSMGF)** has worked since 2006 to encourage targeted, tailored, better-resourced, and rights-based sexual health services for gay men and other men who have sex with men (MSM) worldwide through its advocacy and technical support work. As a global network, MSMGF has successfully influenced HIV responses at the local level through shifts in global-level policies and has effectively utilized public health as an entry point for advancing the human rights of LGBT people. MSMGF is directly linked with 120 community-based organizations across 62 countries.

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