

UNAIDS Joint Outcome Framework

Business Case

UNAIDS Priority: We can empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection, achieve full health, and realise their human rights.

1. WHY THIS IS A PRIORITY AREA

1.1 The importance of this priority area

In every region of the world, high HIV prevalence (of 5 percent or more) has been documented among men who have sex with men, sex workers, and transgender people. This is the case not only in countries known to have concentrated epidemics but also in countries (largely in East and Southern Africa) with generalised epidemics.

These high levels of HIV prevalence indicate that in all regions of the world, these three key populations -- men who have sex with men, sex workers, and transgender people -- do not have sufficient ability to negotiate safer sex, safer drug use, or access to HIV treatment and care. This is confirmed by research and reports from many countries that these three key populations face many factors of vulnerability, including exposure to violence, poverty, homelessness, undue arrest, and rejection from health and other services.

All three of these key populations face harsh legal and policy environments and practices that increase their vulnerability to HIV and AIDS. Compounding this, allocations of HIV-related resources in most countries – including financial and human resources – are not in proportion to the HIV risk and HIV burden in these key populations, and are completely insufficient to control and reverse these HIV epidemics.

The aim of all UNAIDS programming is that every person should have the ability to avoid HIV infection and achieve full health and realisation of human rights. Mitigating crucial factors of HIV vulnerability such as gender inequality, poverty, and rejection by health services can help people to negotiate safer sex, safer drug use, and access to HIV treatment and care. This in turn can lower HIV infection rates, increase access to HIV treatment and care, and ultimately control and reverse the global HIV pandemic. This Business Case outlines a focussed set of UNAIDS targets and actions related to men who have sex with men, sex workers, and transgender people to achieve these aims.

Defining the three populations

People engage in sex work and in homosexual sex, and identify as transgender, in all communities and societies and in many varied social and economic contexts. People are not easily labelled, particularly because all people transition in and out of behaviours and identities throughout their lives and may not self-identify by international or behaviour-based terms. However, for the purposes of global strategy and action, UNAIDS uses the following terms and definitions to describe these three overlapping populations:

Men who have sex with men: This term includes all men who engage in consensual male-to-male sex, including those self-identifying as gay, bisexual, or heterosexual in their sexual orientation, and including men who are sex workers.

Sex workers: Sex workers include female, male and transgender adults who receive money or goods in exchange for sexual services, either regularly or occasionally.

Transgender people: This term describes people whose innate sense of gender identity is different from the gender (male or female) assigned to them at birth, and includes people adopting or seeking social identities or gender modification and enhancement to reflect their self-identified gender.

1.2 Goal and summary strategy

Goal: Men who have sex with men, sex workers and transgender people will be empowered to prevent HIV infection and to claim their human rights.

Bold Results: In at least 15 countries by the end of 2011, and at least 50 countries by the end 2015, large municipalities will work in partnership with communities to ensure that:

1. 50% of large municipalities have informed, vocal and capable organisations of men who have sex with men, sex workers and transgender people that are recognized as partners to advance universal access.
2. 50% of large municipalities have at least one comprehensive HIV programme that provides non-judgemental, non-stigmatising, and relevant services for men who have sex with men, sex workers and transgender people.
3. 25% of rights and law violations reported by men who have sex with men, sex workers and transgender people benefit from a positive and appropriate response from relevant administrative or judicial authorities, rising to 50% by 2015.

This goal and these intended results build from existing UNAIDS strategies, including the UNAIDS Guidance Note on HIV and Sex Work (2009) and the UNAIDS Action Framework for Universal Access for Men who have Sex with Men and Transgender People (2009). This Business Case is different and complementary to other UNAIDS Business Cases by emphasizing actions specific to the contexts and needs of men who have sex with men, sex workers, and transgender people:

- A focus on **empowerment**: For all marginalised populations, empowerment is the first foundation for action. A core aim of UNAIDS programming will be that men who have sex with men, sex workers, and transgender people should be empowered to avoid HIV infection and achieve full health and realisation of their human rights.
- A focus on **evidence**: For these three key populations in every region of the world, programmes should already be implementing evidence-based interventions against defined HIV epidemics. National budgets and programming should be allocated in alignment with known attributable fraction of HIV risk and HIV burden. Design, targeting, and scale-up of HIV interventions for the three key populations can be improved based upon an improved understanding of people's experience of sex work, male-to-male sex, and transgender identity. UNAIDS will therefore prioritise support of situation assessments, research, monitoring and evaluation, and budget tracking, conducted with and by the three key populations.
- A focus on **major metropolitan areas**: Around the world, major urban centres are frequently the settings of high HIV prevalence and high level of HIV exposure. Large cities are also frequently the locations for the best HIV-related services, and in which municipal authorities have autonomy in setting policies and administering local health services, social and legal services, and policing. Municipal HIV programming can therefore complement national efforts and contribute important evidence and momentum for national change. UNAIDS will therefore focus efforts toward attaining change for the large populations of men who have sex with men, sex workers, and transgender people in cities.

2. WHAT NEEDS TO BE DONE

2.1 What is working well and should be expanded

In recent years, the global response to HIV is showing increased attention to key populations, driven by new evidence about concentrated epidemics, new evidence about the failure of untargeted HIV programming, and new advocacy by affected communities in every region. This increased attention has meant that two decades of relative silence about HIV epidemics among men who have sex with men, sex workers, and transgender people has given way to increased visibility and high-level commitments.

One result of this greater global attention is that an increasing number of countries are now willing to examine the extent of HIV epidemics and other health and human rights challenges among men who have sex with men, sex workers, and transgender people within their own borders. In turn, following the evidence and country action, multilateral and bilateral donors are now clarifying and strengthening their support to countries to respond to the documented needs of these key populations. Reviews of country reports to UNAIDS and proposals to the Global Fund indicate an year-by-year increase in what countries can or are willing to report and propose regarding implementation of evidence-informed interventions for HIV prevention, treatment, care, and support for these three key populations.

These country-level and international actions should be expanded. Under the actions described in this Business Case, the UNAIDS Secretariat and the ten UNAIDS Cosponsors (hereinafter referred to collectively as UNAIDS) will intensify collective actions to promote human rights, advocate for improved legal and regulatory environments for health and human development and rights, bring together partners to forge more effective multisectoral national AIDS responses, and secure funding and technical support.

2.2. Proposed UNAIDS actions

Under this Priority Area, UNAIDS will focus its actions to effect change in the major metropolitan areas and municipalities in which many men who have sex with men, sex workers, and transgender people live and work, focusing on four combined actions:

- UNAIDS will support informed, vocal, and effective advocacy and interventions by men who have sex with men, sex workers, and transgender people, and their community leaders and other advocates, to better advance the goal of universal access to health and rights in all settings.
- UNAIDS will support and document good-practice urban health and other services serving men who have sex with men, sex workers and their clients, and transgender people, to help advance enhanced coverage and access to quality combination HIV interventions for these populations.
- UNAIDS will support and document programmes and actions at municipal, state, and national levels that increase protection against, and redress for, human rights violations suffered by men who have sex with men, sex workers, and transgender people, to reduce factors increasing HIV vulnerability and increase people's ability to negotiate safer sex, safer drug use, and access to HIV treatment and care.
- UNAIDS will support HIV-related assessments, data collection, data analysis, and research about health and human rights environments, focusing particularly on processes and methods that meaningfully involve men who have sex with men, sex workers and their clients, and transgender people, and their community leaders and advocates.

UNAIDS will seek to implement these actions in every region of the world, in countries large and small, and in countries in which programming and policy change seem challenging as well as where programming and policies are already on the national agenda.

At the same time, UNAIDS will focus and hold itself accountable by aiming for measureable results in major municipalities in at least 10% of the world's 144 low and middle income countries by the end of 2011, and at least one major municipality in a minimum of a third of these countries by the end 2015. In every region of the world, UNAIDS will prioritise where it focuses action according to several criteria:

- **Community leadership:** In every region of the world, UNAIDS will support existing and emerging community leaders and advocates to build their efforts. UNAIDS will prioritise work in locations where HIV advocacy and HIV interventions are already led by and for men who have sex with men, sex workers, and transgender people. Where communities are already visible and mobilised, UNAIDS can support expanded investment in helping those communities to scale up informed, vocal, and effective HIV interventions.
- **Government engagement and ownership:** In every region of the world, UNAIDS will prioritise work in locations where there are leaders from municipal, state, and national authorities who are ready to expand HIV-related interventions for the three key populations, and who can help to link and integrate efforts across multiple sectors and within long-term national goals for health and human rights.
- **Magnitude of the HIV epidemic** among the three key populations.
- **Innovation:** Change in any setting requires pushing against the constraints of limited human and financial resources and challenging existing norms and practices. UNAIDS will champion change aimed at improving responses around HIV and AIDS, and will be bold in supporting pilot projects that enhance the health and rights of men who have sex with men, sex workers and their clients, and transgender people.

3. THE ROLE OF UNAIDS

3.1 The added value of UNAIDS in the priority area

The recommended actions in this Business Case reflect the mandates and strategic strengths of UNAIDS:

- **Human rights mandate:** The UN is mandated to promote human rights under Article 1 of the UN Charter. Promotion of human rights is a core obligation of all UN staff, and is particularly an obligation of staff of UNAIDS under its role and responsibility to address barriers to universal access to HIV prevention, treatment, care, and support. Already, at the highest level, UN leadership – including the UN Secretary General, the UNDP Administrator and the UNAIDS Executive Director – has championed the rights of all people, regardless of sexual orientation, gender identity, or engagement in sex work.
- **Norms and principle setting:** Based on its human rights mandate, UNAIDS will advocate for improved legal, social and regulatory environments to support health, and human development. UNAIDS will share global standards, propose alternative paradigms and frameworks, and support production of policy guidance for promoting human rights in specific contexts such as employment (including sex work), education, healthcare, humanitarian crises and migration.
- **Convening power:** In every country of the world, UNAIDS will act as a non-partisan 'honest broker' and will convene a diverse array of stakeholders, including Ministries of Health, Education, Justice, and Interior, Parliamentarians, donors, and civil society, including people living with HIV and other key populations, to forge more effective multisectoral national responses, increase investments, secure political and technical support, and sustain partnerships.
- **Technical and policy advisory support:** UNAIDS will continue to provide technical and policy assistance from all UNAIDS Cosponsors to stakeholders in a wide range of sectors, including health, development, education, law, law enforcement, employment and humanitarian response sectors, to address health

and human rights environments. UNAIDS will also mobilise and leverage donor investments and will support civil society mobilisation.

3.2 Leveraging the assets of UNAIDS

In every country, UNAIDS operates as a collective of UN agencies, each with complementary mandates and strengths in advancing the health and rights of men who have sex with men, sex workers, and transgender people:

- The **UN Population Fund (UNFPA)** leads on addressing HIV among sex workers, developing and disseminating technical guidance and support for the health and human rights of sex workers.
- The **UN Development Programme (UNDP)** leads on addressing HIV among MSM and transgender people, working to advance programmes and policies for human rights, human development and gender equity.
- The **UNAIDS Secretariat** leads on strategic information and advocacy, coordinating development and dissemination of harmonized policies to support Universal Access for all populations.
- The **International Labour Organization (ILO)** leads on HIV interventions in the workplace.
- The **UN Educational, Scientific and Cultural Organization (UNESCO)** leads on HIV interventions and other health and human rights responses in educational institutions and educational settings.
- The **UN Refugee Agency (UNHCR)** leads on addressing HIV among refugees and in crisis settings.
- The **UN Children's Fund (UNICEF)** leads on HIV prevention, treatment, and care among young people.
- The **UN Office on Drugs and Crime (UNODC)** leads on technical guidance and support for HIV-related interventions for people who may be drug users or incarcerated.
- The **World Bank** leads on implementation support to enhance country capacity and systems at all levels to implement comprehensive and integrated national AIDS responses.
- The **World Health Organisation (WHO)** leads on health sector responses, including improved evidence, technical guidance and tools, and technical support for national health agencies.

UNAIDS already has unified global collaboration for the work described in this Business Case, including the UNAIDS Guidance Note on HIV and Sex Work (2009) and the UNAIDS Action Framework for Universal Access for Men who have Sex with Men and Transgender People (2009). UNAIDS is also now implementing an updated in-reach training effort about these key populations, targeted to all country-level staff working on HIV. To guide and monitor the work outlined in this Business Case, UNAIDS will use existing advisory and governance bodies, including the UNAIDS Advisory Group on HIV and Sex Work and the UNAIDS Reference Group on HIV and Human Rights.

3.3 Engaging external partners and other stakeholders

To further augment action for the health and rights of men who have sex with men, sex workers, and transgender people, UNAIDS will work closely with **municipal, state, and national governments** in every country. UNAIDS will also collaborate closely with the **Global Fund**, which already looks to the UNAIDS Cosponsors for technical guidance and support at global, regional, and country levels for the Sexual Orientation and Gender Identities Strategy 2010 Implementation Plan. UNAIDS will also work with key global networks, such as the **Network of Sex Work Projects (NSWP)** and the **Global Forum on MSM and HIV (MSMGF)**, and with many regional, country-level, and local networks and organisations of men who have sex with men, sex workers, and transgender people. Finally, UNAIDS will continue to work with and expand the large number of key **non-governmental organisations** working on these issues, including human rights advocates, health provider

associations, technical support providers, academic research institutions, philanthropic funders, and political, cultural and community leaders.

3.4 Ensuring accountability and measuring progress

This Business Case was drafted in June 2010 and *is being reviewed for input and revisions during June, July, and August 2010* by experts and stakeholders from all three key populations, all UNAIDS Cosponsors, and key governmental and non-governmental partners in every region of the world.

An Operational Plan to implement this Business Case during 2011 will be developed in August 2010, to be framed around the goal and the four bold results. Given the dynamic nature of the epidemic and the focus of this priority area, progress will be assessed before the end of 2011 and key results for the following years will be established.

Indicators of achievement are outlined on the first page of this Business Case, and will be described in detail in the forthcoming Operational Plan. Indicators will be drawn from sources such as the UNGASS Country Reporting, the UNGASS National Composite Policy Index (NCPI), data collected by Cosponsors and civil society sources. The strengthening of data collection and data reporting against the objectives described in this plan will be one of the activities under this priority area. Any new indicators developed will provide valuable information not only for this area, but also for measuring progress towards the Millennium Development Goals (MDGs) and other development goals.

UNAIDS will be accountable for achieving the four bold results in at least 20 of the world's 144 low and middle income countries by the end of 2011, with clear allocation of effort and responsibility in each region and country. UNAIDS will report its progress to existing advisory and governance bodies, including the UNAIDS Programme Coordinating Board (PCB), the UNAIDS Advisory Group on HIV and Sex Work and the UNAIDS Reference Group on HIV and Human Rights, to guide and monitor this work.