



2008 MSM Pre-Conference
Friday, August 2, 2008

TRANSCRIPT

Question & Answer Session David Winters & Jeffrey O'Malley

Thank you very much Jeff and David for those very thought-provoking and very rich remarks. They leave a lot for scope of work for the future, which many of us in this room are very interested in to see how we can take any of the ideas that have been put onto the table, how we can partner with you. You laid out a very clear way of engaging the Global Fund structure, David, and that really is an important challenge for the fund. We will also need to work with you, because in many of our countries, the Global Fund is a very important player. Jeff, as well, the UN's leadership role is critical. I know that I can speak for us in the Caribbean, if it weren't for the UN system, partnerships, civil society groups that we work with would not have had a voice at the Caribbean level, to the extent that we have now. I think it's a very important partnership for all of us in many different regions of the world. That said, we're running a little late, but we think it's still important if we have a chance to dialogue around what we just heard. We're gonna take 10-15 minutes for you to ask questions, to give feedback, and for us to have a discussion on what we just heard. George? Henry? You'd like to ask a question? If we could use the same system we used yesterday...if we could just line up in the aisle. What we'll do is take three comments, or three questions from each side, and then give the panelists a chance to respond.

Q. Good morning. I'm Andre Mercedes from the Dominican Republic. I'm a member of CCM. My question is for David. You talk about the ?? and the role of the ?? (track 24 0:40) ...but when we already, last week we submit a proposal, an RCC for the Global Fund. It was hard work, believe me. Then, in the RCC, 55% of the RCC was...many things, the 10% was a ?? Just 20% was for prevention. That 20% of prevention came...the PMT, MC, the condoms, the BCT, and when you have, you have maybe less than 10% for work in prevention for all the vulnerable population, and general population, too...then when you cut, by the time you get to MSM, gay, trans, you maybe have 1 or 2% of the budget. Then the local fund agent, they don't care about the interventions of MSM, they only worry about the account, the money they've received. They don't care about the intervention. That's my question. How to work the intervention in vulnerable people – MSM, gay, trans—because I don't think it's working, the relationship between the fund and the necessity.

Q: I'm Emmanuel Finadou from a French organization called AIDE. I just have a proposal to the Global Fund. What happened last year at the board meeting in

China created a momentum around travel restrictions of HIV positive people. Don't you think that the Global Fund should revise its policy on holding major meetings in countries where legislations against gay men are in place. I know that by the end of the year, there will be a meeting in India where a piece of legislation is still in place.

- Q: My name is Daniel, I'm from Singapore. I'm just wondering what is going to happen to developed Asia? I think UNAIDS just released an article saying that Asia is highly hit with AIDS, much like the US was 20 years ago (especially in) Thailand and Vietnam. But what about places like Hong Kong, Singapore, Japan, and Taiwan? We are totally left out half of the time. You cannot assume that being developed, we are highly supported, I mean I come from a place where I'm still a criminal back home. How can I do a program on MSM? The government is not gonna fund us lots of money. There's a lot of restriction. And even when we look at sexuality issues, we cannot get any funding at all. When I started a GLBT organization focusing on counseling and mental health, there was zero funding from anybody. It's impossible. Look at the regional institutions...it's always developing countries like India, Thailand and they kind of block all of our scholarships, so...what's going to happen to us? So I hope that all funders, and UNAIDS can remember developed Asia. Thanks.
- Q: I'm Christian from the US Government, PEPFAR program. I guess, what I would like to focus on is the need for collaboration amongst donors. And there are 2 things I wanna focus on. One is that last week the US Congress had reauthorized the second phase of the PEPFAR program and has gone from \$18 billion, to \$48 billion for the next five years. We're talking about a lot of money. When we're talking about a country, we cannot ignore PEPFAR. I do acknowledge that a lot of issues facing PEPFAR has been self-imposed by the US government, by their own policies, by the conservative nature of various policies, but I do think that there's a strong need by all donors to collaborate on the ground. The second thing I want to talk about is what PEPFAR has been doing on MSM, given that this is the Global Forum on MSMs. Everywhere, from Algeria, Tunisia, to China, now increasingly looking at Latin America, there are different MSM programs going on. It behooves us to work with donors—I've been working with Jeff Stanton to talk about some collaborative funding, and how to expand our scope and the depth and breadth of our programs, and I hope that we can do the same thing.
- Q: Thank you for your excellent presentations. Carlos Caceres from Lima, Peru...in many countries, (their) national responses to AIDS are heavily driven by the Global Fund, at present. Certainly, the CCM (Country Coordination Mechanism) strategy is positive, in a sense that it tries to avoid high concentrations of power and one single actor, and it tries to create a more democratic process. However, and this is a bit but, we cannot eliminate power differences across actors and states, professional...people in secularly excluded populations. We cannot say that we have a democratic process there. There are all kinds of structural barriers to achieve democratic process, and the problem is, we end up with the illusion

that we have a democratic process, when in fact, it is not. So the processes, in the end, are full of negotiations and compromises. Unfortunately, in many cases, they reflect, in terms of socially excluded groups like sexual minorities, sexually diverse groups, they reflect stereotyped images, and in that, (the recommendation of) simplistic intervention models. So we need to really find ways to improve this, because this is a huge investment in some countries. In my country, for instance, close to 70 million US\$, and I'm not sure that we're really getting something in all of that investment in terms of prevention and changing the course of the epidemic. And we really need to find ways of discussing what works, to improve discussions, technical discussions, so that the proposals will reflect that knowledge, then educate the reviewers, because they're the ones who approve the proposals and fund the proposals. An additional need is to find best indicators of success. So far, the fund is heavily driven by quantitative indicators that are usually epidemiologic, and if we're dealing with social exclusion, we need all kinds of indicators that can actually reflect proposals that are addressing vulnerabilities. In some cases, they're not translating to numbers. We need to find ways of evaluating proposals this way. Thanks.

Q: Hi, I'm Mike Toole from the Burnet Institute. I wanna apologize to those who are in concurrent sessions yesterday, where I made the same comment. I've been a member of the technical review panel since round 4, and I think it's fair to say, at least since round 6, if any HIV proposal for HIV prevention does not refer to the issue of men who have sex with men, we routinely ask for clarification for why that is so. The other problem we face is that many proposals do, in a long list, mention men who have sex with men as a vulnerable group, but then they go on to say, but we don't know who they are, where they are. So my question is, in the guidelines, I'd ask you specifically...countries and CCMs can ask for Global Fund support to actually do the studies to find out who these men who have sex with men are. I think it's fair to say that the Technical Review Panel has been aware of the need to include men who have sex with men, no matter what country the proposal is coming from.

Q: Hello, I am Zoyan from Ukraine, and I have two quick remarks and I will try to be as brief as I can. My first remark is I would like to speak for Eastern Europe and Central Asia. We heard yesterday that we have 14 representatives here from Eastern Europe, from 7 countries there, and 3 or 4% of delegates here is not a proportionate representation, I think. So I think we need to think a lot of how we make it possible (for) Eastern Europe and Central Asia (to be) proportionately represented everywhere, especially in these kinds of important meetings. How do we make sure that MSM issues are proportionately addressed in Eastern Europe and Central Asia, because as far as I understand, money donors find it difficult to work in Eastern Europe and Central Asia. How do we make sure they do come and work, because there is a need for support. Second comment, I want to thank Jeff for his point that HIV epidemics can only be adequately responded to by community and community organizations. That refers me to recent evaluations of Ukrainian response to HIV epidemics that we had, and it was by UNAIDS. It says, current Ukrainian capacity to work with MSM is very low, and current

coverage is 3 or 6 percent, so the goal of coverage of 60% of MSM is too ambitious, so it has to be lower, like 30 or 40 percent. So how do we make sure that the argument that community is not developed, and that there is not enough capacity in the country, is not used against the community, and is not used to lower the goals, targets and resources for the community.

David: Great questions, thank you. Yes, the LFA (Local Fund Agent) needs to be educated and, it's a critique of the LFA that there are these auditors in the field and that all they care about are financial spreadsheets. That does not only come from you but comes from many other communities and constituencies, as well. I have to say that that is being addressed in a new contract that we're developing, where having programmatic experience is a key feature in hiring new LFAs to do this work. So, it's a step forward. We hear the criticism and we're trying to work with LFAs to increase their programmatic expertise.

On the travel restrictions. I have to be very careful with my response with that. I was personally very unhappy that we had the meeting in China, and that's a very personal, David Winters opinion. That's not the Global Fund speaking. It was very involved, and there were many negotiations I realize, and there (were) many from civil society organizations that worked very closely with our board relations team and members of the board to try and rectify what seemed to be an impossible impasse. I believe that they believe they had done a good job, that these...bringing the Chinese government to a point where no one will be refused from the conference, and that there will be an ongoing committee looking into these policies and travel restrictions so that they can work towards changing those policies. That said, I was disappointed that there was not more activism around that meeting. I was disappointed that our community did not act up a little more around that. But again, that was my personal view. But I believe that there's progress made on that front. I think the Global Fund will certainly think twice about holding an international meeting in a country that has travel restrictions for HIV positive people. I'm HIV positive myself. I've been positive more years than I care to remember, and it's a dilemma for me. Do I go to this China meeting, or do I not? I ended up going because I'm representing the Global Fund, but I was really disappointed at the lack of advocacy around it. It was a non-issue after we got there.

The issue about Singapore, Japan, Hong Kong being left out. The Global Fund has a very...we have a scale of how countries are eligible to the Global Fund. And it's based on income level, and it's also based on prevalence of the epidemic in a given community, in a given affected population. I can't quote you the calculus right here, but if you are an upper income country, which would be the case for Japan, Singapore and Hong Kong, chances are, you would be ineligible for funding, because you are in an upper income country, and the epidemic in your respective countries is not at a point that would put you in the eligibility category. We can take this conversation offline and go into more detail about that.

Carlos, you raised a very interesting point about power differentials on the CCMs in Peru. CCMs reflect national, political structures, and national, cultural contexts. I think power is very much a part of that. There's really not much that we can do from Geneva, other than work with all of our partners to create a structure that gets people to the table. Once people are at the table, then I think it's a whole different ballgame. We've just done a review of a number of countries, and we're finding that leadership is absolutely critical to how well a CCM work, or if it doesn't work; whether a leader is inclusive or is not inclusive. For many CCMs, the Minister of Health shows up, kinda waves a finger at everybody, "You will do this, and you will do that." And then he goes home, and that's not making a very constructive engagement. But we do have (other) cases, and Peru, was actually an example of a very inclusive leadership. But there are going to be power differentials on the CCM. India is a great example where it did not work so well. You have a very strong and vibrant civil society, but actually, they feel very cowed sitting at the CCM. And it's because there's a leadership that hasn't actively involved civil society and engaged them, but then it turns around and says, "You don't engage because you don't have the capacity to engage." They have the capacity to engage. But it's the leadership that has not engaged the community, so it's a complex situation. But, I hear the point about power differentials.

I will conclude my remarks there, other than the last comment about indicators. I just remind you that you create the indicators. We don't create the indicators in Geneva. You create them. I encourage you to be actively involved in the proposal development. I encourage you to question the indicators that are being put forward. And I encourage you to really put your issues well represented in indicators that reflect your needs. So, I throw the ball back into your court on that one and say, develop indicators that make sense for you. Thank you.

Jeff: Let me make a few brief remarks. We're obviously running short on time. In terms of Eastern Europe and Central Asia, I think although there are needs everywhere, certainly in talking about MSM, that's a region where there's been a particular lack of both technical and political, AND financial investment on MSM issues, and where we need to do much, much more. If you look at the data from those countries, it's a region of the world where many governments have very large percentages of infections as unexplained transmissions. We all know what that means. So, just to say that it's very important.

Quickly about higher and middle-income countries, not just developed Asia, but also other countries around the world in similar situations. It is a complex situation. Within the United Nations, different organizations have different relationships to richer countries. WHO in particular, is very clear that it works in every country in the world, and so, WHO is a very important partner. The UN system, again, is a bad place to look for money, even in low-income countries. And so the UN is not going to be a source of money. What the UN can be, in developed Asia and elsewhere, is an advocate for raising issues. And I think what we all have to do when we're talking about global or international initiatives,

is making sure that we do not forget the epidemics in richer countries, poorer people in richer countries, and also the interactions between richer and poorer countries.

On the issue of community capacity, and there are some related issues, getting money for policy and advocacy work, getting money for community mobilization work, getting money for organizational development work for groups like CBC, it's almost impossible for any funder to get money for those, themselves. What is usually possible is to get money for those things as part of a larger proposal. It's very, very important...I should also mention technical assistance and cooperation, there's less and less money in and of itself for that...so it's very important, whether with the funder or other donors, to build those needs in for programmatic proposals because you almost never get funded for that, in and of itself.

The final thing I wanna say just to wrap up is that, we didn't really talk about the division of labor at all in the UN system. But I do want to say that thanks to this half a million dollars of extra funding I mentioned briefly in my remarks, we are going to create some new posts, as well as some new activities. One of them will be a post in New York to lead on our MSM and HIV work. It will be posted on the UNDP recruitment website, probably by the end of August. I'm looking at a roomful of 400 potential applicants, so please monitor the website. In particular, I think it's important as David from the US and Jeff from Canada said, (that) we really need to bring strong people from the global south into leadership positions in the multilaterals. So I ask you, if you're from the south to consider (applying for this) visible leadership position. Thank you.