

# Integration of HIV/AIDS Prevention Programs for MSM and Trans in Africa- why should Everyone's care?



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There have been an increase in groups and organizations working on MSM HIV prevention programs in Africa but not our Human Rights agenda. They say “ they have HIV/AIDS and we are helping them deal with it to prevent spread into our community”, but they hate us and tolerating us. Tolerance is different from understanding which translates into respect and support for our people.



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## Selected HIV/AIDS High-Prevalence Areas in Ghana



(a) HIV prevalence rate in Ghana among GP is

**1.9%?** (< one in 50 GP)

(b) HIV/AIDS Prevalence in MSM in Accra and Tema:

**>25%** (> one in 4 MSM)

Sources: (a) NACP 2010;

(b) SHARP, CEPEHRG, MAY DAY, 2006-07



## Some intervention programs

- Condom and lubricant sells
- Counseling and testing
- Call me, text me, flash me, chat me
- Referrals
- ART services
- Drop-in centres
- Abstinence /be faithful



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## What works /what cannot work?

- Integrated HIV programs which will;
- Address structural problems e.g.. Legal, socio cultural, religious issues, violence , harassment, self esteem, internalized homophobia
- Bringing in the issues of rights and respect
- How do we tap into the resources from the Human Rights and democracy funds (funding two conflicting groups at the same)
- Bio medical intervention – NOT ONLY condom distributions, messages, but bringing in new technologies
- Addressing socio economic support
- Offering psychosocial support

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## Community ownership of programs

- Working with the RIGHT institutions on the ground for ownership and continuity of the programs
- Setting up new groups or individuals that die after funding year
- Research among MSM organized and controlled by straight people who are not aware of the issues involved in MSM activities



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## Programs success Evaluation

- What measures are used to evaluate successes of the programs on the ground?
- How do we come out with good monitoring and evaluation systems?
- Figures? How many condoms distributed
- How many people referred
- Text me services sometimes goes to non MSM
- What are the impacts on the ground?



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# Capacity building / Sustainability

- What do you call capacity building?

Resources + Technical skills =

- Donors come for particular projects and after that they are gone
- Capacity of indigenous group are not strengthened to deliver but skeleton group are set up for project and they fold up when project ends





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# Recommendations

- Using countries human rights laws - Building the self esteem of the LGBTI people
- Strengthening systems for LGBTI groups locally
- Engage with African leaders on the importance of HIV prevention work with the LGBTI people – they care about their community
- Funding to groups/governments who work to counter other funded programs must stop

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# Recommendations

- Funding of HIV/AIDS prevention among MSM in Africa will be a waste if effort are not made address structural barriers or remove or decriminalize homosexuality
- LGBTI groups must be strengthen to “standard” to implement program targeting our people.
- Capacity building does not mean workshops and trainings only.....it also means funding and equipping people to deliver
- Funders for LGBTI programs must also be flexible in dictating what the funds must be directed towards
- Country ownership – there should be a balance to make sure there is proper implementation



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