



Genuine Partnership and Tokenism: Assessing Engagement and Participation of Men Who Have Sex with Men Organizations in National and Subnational HIV Planning in Eight sub-Saharan African Countries

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BACKGROUND

The Global Fund's New Funding Model, the PEPFAR Blueprint, and the UNAIDS Investment Framework call for increased engagement of key HIV-affected populations in funding decisions. Increased engagement and partnerships allow interventions to be tailored and resources to be maximized, which can help save more lives. Systematic data collection activities to monitor whether organizations serving men who have sex with men (MSM) are being engaged in national and subnational HIV policy, research, programming, or donor planning processes are limited. To determine the current level of involvement of MSM in national and subnational HIV planning processes, the authors pilot tested an engagement assessment tool in eight countries across sub-Saharan Africa.

METHODS

The Sub-Saharan Africa MSM Engagement (SAME) Tool was developed based on literature reviews and expert/technical inputs from the USAID- and PEPFAR-funded Health Policy Project (HPP), the Johns Hopkins School of Public Health, amfAR, African Men for Sexual Health and Rights (AMSHeR), and USAID. In collaboration with eight leading MSM organizations—one each from Rwanda, Malawi, Togo, Mozambique, Zambia, Tanzania, Ghana, and Cameroon—HPP and AMSHeR piloted the tool from April to June 2013, in both English and French. One executive-level person from each organization completed the self-administered online survey. The tool consists of modules that cover organizational structure and resources; quantity and quality of engagement with national and subnational government-led mechanisms (Figure 1) such as key population technical working groups (TWGs); and partnership and coordination in national MSM-related research and programming. Challenges and barriers to engagement were assessed through open-ended responses. The responses were reviewed with the respondents for clarity and accuracy, and some revisions were made.

Figure 1. Quality of Engagement Sample Questions

40. For the meetings, please rate how easy or difficult it is to do the following:

	Very Easy	Mostly Easy	Acceptable	Somewhat Difficult	Very Difficult
Able to attend meetings	<input type="radio"/>				
Able to participate	<input type="radio"/>				
Able to speak and be heard	<input type="radio"/>				
Able to influence decisions	<input type="radio"/>				

41. What are some general barriers of your engagement in these planning processes listed above? (i.e., did you face any challenges? if yes, what were they?)

RESULTS

6 of 8 knew of a key population TWG in their country	3 of 8 were TWG members
2 of 3 TWG members reported difficulty in influencing decisions	3 of 3 reported tokenism

"We are mainly allowed on the list of participants, but our views [are] not heard."

"We are sidelined because we are seen as [a] gay group, but they always want our presence at such meetings to prove we are part of the process."

"[We are] seen at the meetings but not heard because our presence offend[s] the majority of members."

6 of 8 organizations surveyed participated in development or revision of their country's most recent HIV National Strategic Plan	
4 of 6 reported difficulty in influencing decisions	1 organizational representative reported being overshadowed by larger organizations

"We were invited to attend the meetings but the involvement in the meeting [was] limited because the technical people in the bigger NGOs take or make the decisions in such meetings."

None of the organizations reported membership in the Global Fund Country Coordinating Mechanism	Half were engaged in MSM programming with other organizations
All were engaged in MSM research	1 organization reported being used for mobilization only

"People just involve us when [they] need to reach other MSM and gay men and to show like we are fully involved but it's not true."

UTETEZI PROJECT

Responses to the SAME Tool informed the Utezezi Project, a policy and advocacy program implemented in seven of the eight countries surveyed by AMSHeR, HPP, the United Nations Development Programme, and Southern African AIDS Trust. Representatives from MSM organizations, government, civil society, and implementing agencies were trained together in policy and advocacy, prioritized policy interventions to increase healthcare and HIV service access for MSM, and collaborated to enact an advocacy agenda. The partnerships formed through the project resulted in

- MSM-friendly modules being included in the training curriculum for healthcare and HIV/AIDS/STI service providers. (Togo)
- MSM-specific prevention messages being drafted for the National AIDS Commission and Ministry of Health; these messages will be used to lobby for the adoption of Operational Protocols by the National AIDS Commission and Ministry of Health to promote inclusive and targeted messages for MSM. (Malawi)
- Support being provided to create demand among key affected population and other stakeholder organizations in using the discrimination reporting system of the Commission on Human Rights and Administrative Justice. (Ghana)

KEY MESSAGES

- Tokenism and homophobia in planning HIV policy, research, and programs pose barriers to real engagement.
- The SAME Tool is a cost-effective and systematic way to measure, monitor, and track engagement and partnerships of key populations in national and subnational HIV planning, research, and programming.
- Increased engagement and partnerships allow interventions to be tailored and resources to be maximized, which can help save more lives.
- Donors, implementing organizations, and other international bodies should not only be aware of the gaps in key population participation and contribution, but also provide effective avenues and capacity development for their greater involvement to increase uptake of HIV prevention, treatment, and care services.

CONCLUSION

The pilot of the SAME Tool suggests that tokenism and homophobia/stigma are common among members of organizations involved in planning HIV policy, research, and programs. This poses barriers to real engagement, and more must be done to ensure that the expertise of MSM and other key populations is included in HIV planning, research, and programming. The SAME Tool is a cost-effective and easy-to-use method for measuring the level of MSM engagement that can be used by donors, bilateral and multilateral agencies, implementing organizations, and civil society/community advocacy networks. It can be adapted for use with other key populations and be used to systematically assess and track the quantity and quality of engagement and genuine partnership of MSM in international, national, and subnational HIV planning processes. Donors, implementing organizations, and other international bodies should not only be aware of MSM engagement gaps, but also provide effective avenues and capacity development for their greater involvement to increase uptake of HIV prevention, treatment, and care services.

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