

# What Should Funders Know about PEPFAR & MSM?

Funders Concerned About AIDS Briefing  
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# *CONTEXT*

EPIDEMIOLOGY & SURVEY BY MSMGF

# *CONSIDERATIONS*

KEY MESSAGE FOR FUNDERS

# *PEPFAR*

RELEVANCE FROM IOM EVALUATION

# *GLOBAL FUND*

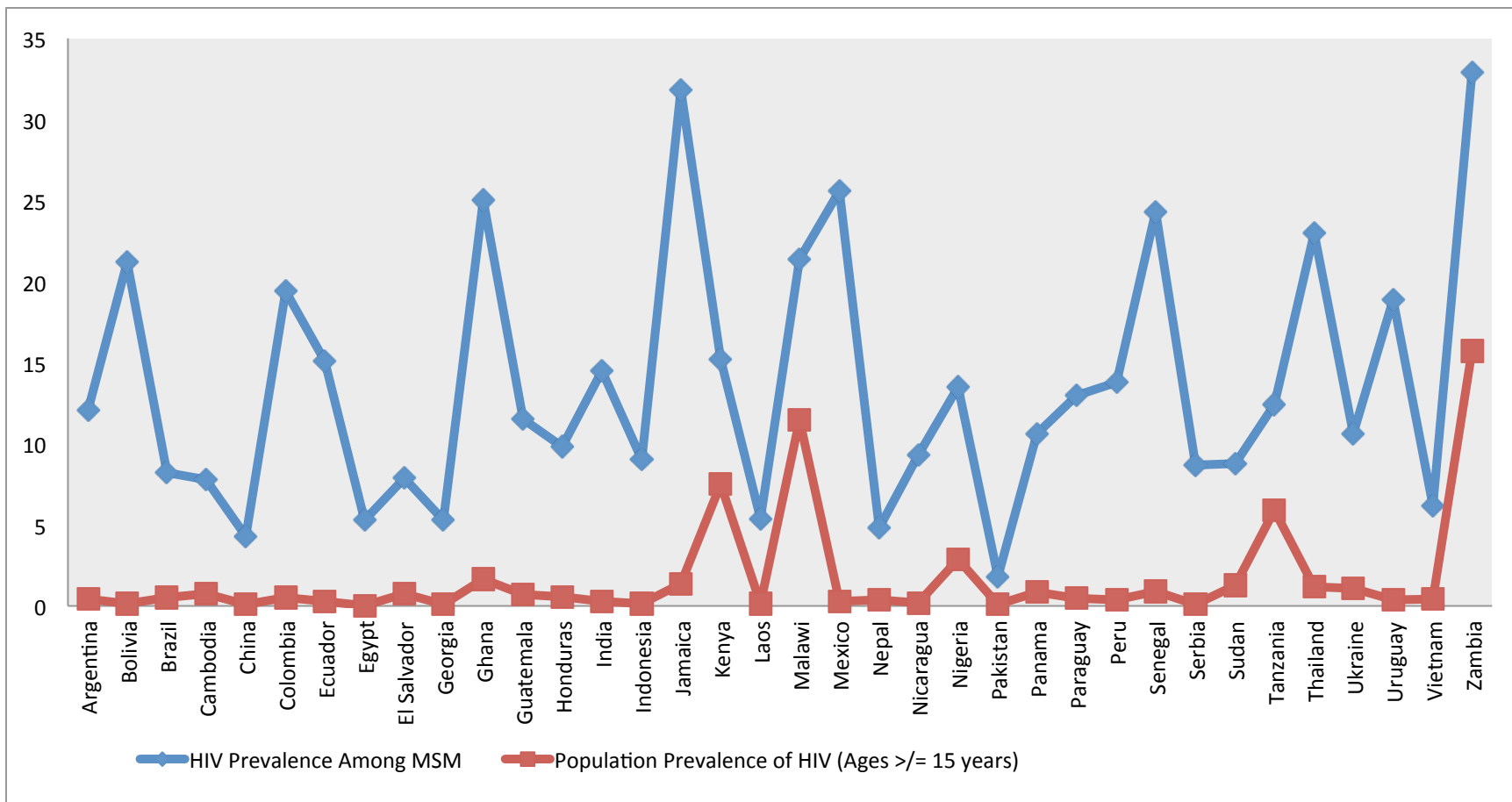
NEW FUNDING MECHANISM

AGENDA

CONTEXT



# MSM has Much Higher HIV Prevalence\*



\* 36 Low- & Middle-Income Countries; Aged 15 & over

Beyrer C, Epi Rev, 2010

# Fewer MSM Access Services

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- MSM are 19 times more likely to be HIV-positive than the general population in low & middle-income countries \*
- Only 24-55% of MSM are reached by HIV prevention/care services \*\*
- Only 37% of MSM report HIV testing in the past 12 months \*\*

\*Baral, 2008

\*\* UN 2011

# Gay Men & Health Survey 2012



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- Move beyond individual level predictors of MSM Health
  - Develop MSM Sexual Health Framework
  - Chinese, French, Spanish, Georgian, Russian, English
  - Administered from April to August 2012
  - N = 6800
  - Mean age 35 years (range: 12-90 years)
  - Participants described themselves as:
    - “gay.” (84%),
    - “bisexual.” (13%),
    - “heterosexual” (2 %),
    - “other” (1%).

# Barrier to Accessing Condoms



## Poorer access to Condoms

associated with greater:

**AOR**

**95% CI**

Homophobia

0.69

0.59 – 0.81

Provider Stigma

0.64

0.49 – 0.85

## Better access to Condoms

associated with greater:

**AOR**

**95% CI**

Community Engagement

1.28

1.08 – 1.51

Comfort with provider

1.49

1.34 – 1.67

# Barrier to Accessing HIV-Testing



## Poorer access to HIV-Testing

associated with greater:

**AOR**

**95% CI**

Homophobia

0.67

0.57 – 0.79

Negative-consequences for outness

0.82

0.71 – 0.93

## Better access to HIV-Testing

associated with greater:

**AOR**

**95% CI**

Community Engagement

1.27

1.07 – 1.51

Comfort with provider

1.75

1.56 – 1.96



# Barrier to Accessing HIV-Treatment



## Poorer access to HIV-Treatment\*

associated with greater:

**AOR**

**95% CI**

Homophobia

0.41

0.28 – 0.57

## Better access to HIV-Treatment\*

associated with greater:

**AOR**

**95% CI**

Comfort with provider

1.39

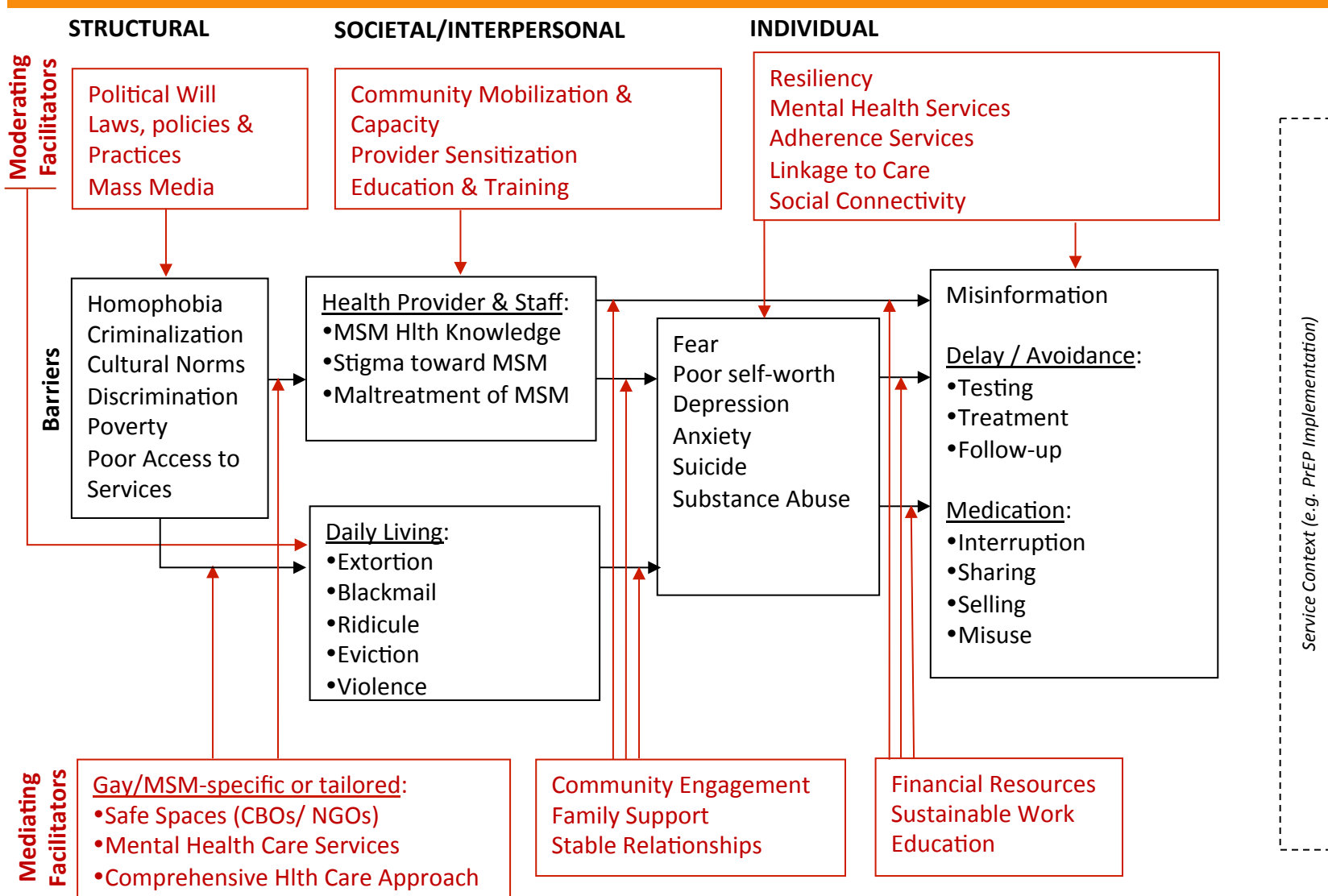
1.08 – 1.79

\*Access to HIV treatment analyzed only for respondents who reported being HIV-positive.

# CONSIDERATIONS



# Must Address Structural, Societal & Individual Factors Concurrently



↓ **Homophobia**

↑ **Community Engagement**

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Policy makers, researchers, providers & advocates must work collaboratively to sustainably reduce structural barriers that fuel poor physical, emotional & spiritual health of gay/MSM.

Community Engagement & alliances within & across multiple sectors that foster dignity, self-worth & well-being of gay/MSM as full members of a civil society are greatly needed & will benefit us all.

PEPFAR



*“New IOM Report Highlights PEPFAR’s Successes, Calls on Initiative to Intensify Efforts to Enhance Partner Countries Management of Programs **and to Improve Prevention.**”*

*- OGAC Press Release Headline*

# Focus on Prevention



- *“More than 85% of new HIV infections are sexually acquired...”*
  - *Karim et al. 2007, Gouws et al. 2006*
- *“To stop the spread of the epidemic, PEPFAR will need a more comprehensive and balanced approach, with greater clarity in its operational guidance and mechanisms to support the development, implementation, monitoring and evaluation of prevention portfolios in country programs that are aligned with the drivers of epidemics and the need for prevention services.”*
  - *Chapter 5, IOM Evaluation of PEPFAR Report*

# Observations



- “Prevention must remain the mainstay of the HIV response.”
- While program have evolved and priorities changed, Prevention has become a catch-all term devoid of clear strategic and operational objectives
- Similarly, there are constant updated guidance, but none include new targeted outcomes or best practice to develop, implement and monitor a comprehensive portfolio across all modalities reflecting the country’s context.



# Observations, cont.



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- PEPFAR has invested much in Implementation Science, but substantial knowledge gaps remain because behavioral and structural interventions do not yield to simple inputs, activities, outputs and coverage that are easy to assess
  - PEPFAR obsession with Randomized Designs needs re-thinking, as is the need to explore Modeling as a proxy for measuring impact.

# Relevance to MSM

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For MSM, the report inadequately states:

*“Over time, PEPFAR has increasingly supported data collection and prevention programming for MSM, which PEPFAR has recently codified in programmatic guidance. MSM are recognized as an important population for prevention and other PEPFAR-supported programming.”*

**GLOBAL FUND**



# New Funding Mechanism

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- Country Dialogue required by the new modality has early supporters among MSM in El Salvador and Zimbabwe
- DRC faces the challenge of not having an organized MSM advocacy group, but senior leadership within the MOH is surprisingly open and supportive.
- Early optimism does not erase worries for 2014 roll out of the new Mechanism

THANK YOU

謝謝

MERCI BEAUCOUP

СПАСИБО

धन्यवाद

GRACIAS

ASANTE

BUÍOCHAS A GHABHÁIL LEAT

Σας Ευχαριστώ

CẢM ƠN BẠN