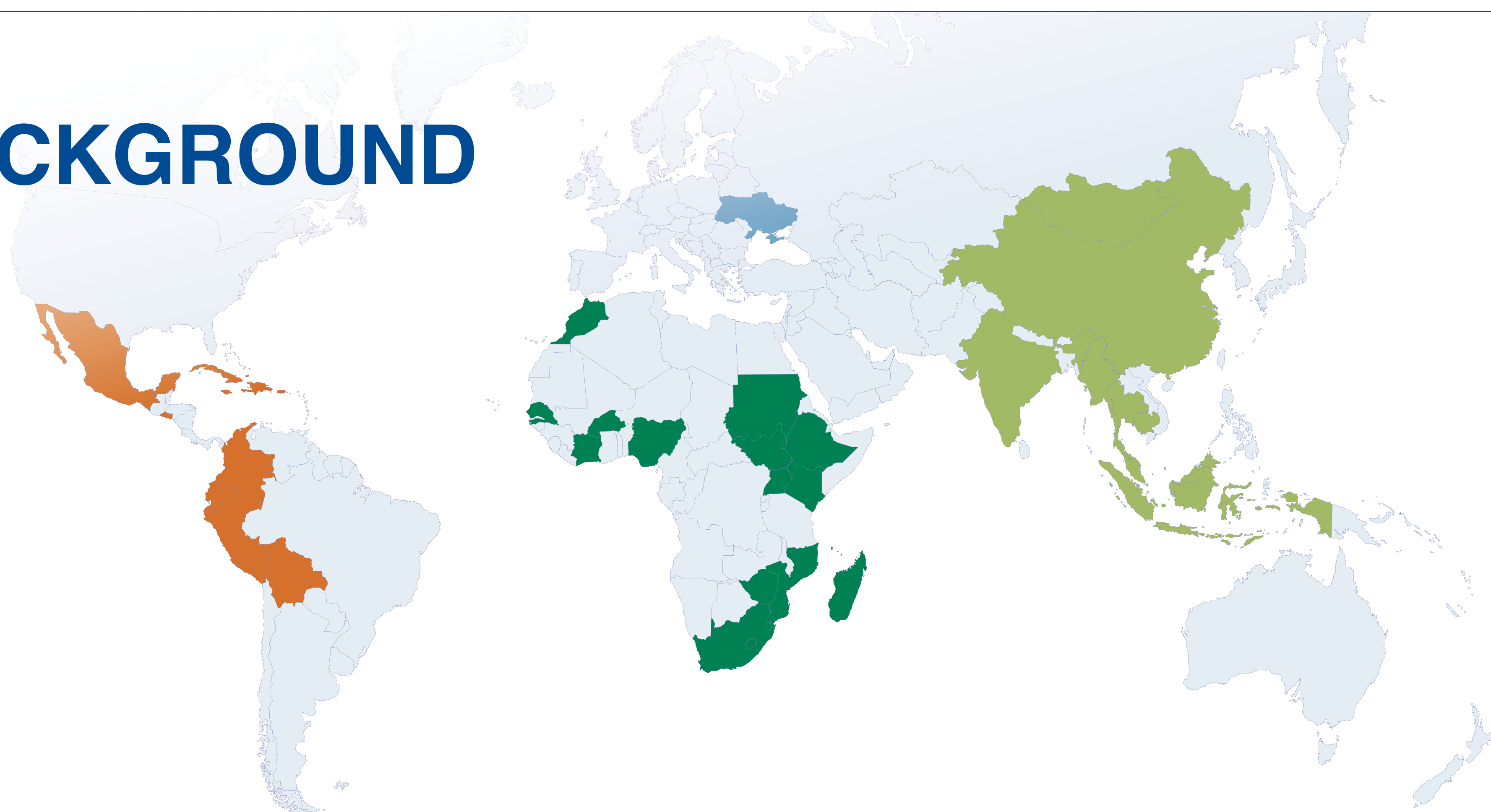


DISCRIMINATION DUE TO SEXUAL ORIENTATION AND/OR GENDER IDENTITY

BACKGROUND



The International HIV/AIDS Alliance has Linking Organisations in over 30 countries

Men who have sex with men (MSM) are **24 times**, and transgender people **49 times**, more likely to acquire HIV compared to the general population. The increased vulnerability of lesbian, gay, bisexual, transgender and intersex individuals (LGBTQI) and MSM to sexual and reproductive ill-health – including these high rates of HIV – is directly linked to the social exclusion, stigma and discrimination, abuse, violence, criminalisation and other rights violations they experience. The same populations who are at high risk for HIV acquisition are also at risk for other sexually transmitted infections (STIs), which increase susceptibility to HIV.



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Hares (left) with his friend, Shameem, at Laldighi Park, Bangladesh



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Peer Educator Mark Tuhaize 23, performs a condom demonstration to young men at Kajjansi, Kampala, Uganda.

APPROACH

- Peer educators provide health education and counselling on SRHR, HIV, SGBV; referring and accompanying clients to LGBTQI-friendly services; including accompaniment
- Community mobilization to build support for SRHR of LGBTQI persons
- Training of service providers in public health facilities; LGBTQI clients engaged in clinical quality assurance
- Address rights violations through monitoring and reporting; and emergency response grants
- Address structural barriers – decriminalization of same-sex relationships and strategic litigation

RESULTS

- Over 7,500 men who have with men (MSM) reached with HIV Voluntary Counselling and Testing; over 3,300 MSM received STI services
- 60,151 MSM and 4,177 transgender people age 10-24 accessed community-based integrated HIV/SRHR services; 20,635 young MSM and transgender received HIV/SRHR services in clinical settings; and 3,493 service providers were trained in over 928 sites
- \$1.6M+ granted directly to LGBTQI organisations in 20 countries to respond crisis that impact access to HIV services –nearly 10,000 beneficiaries

PROBLEM

- ➡ Harmful social norms and structural barriers like criminalisation of homosexuality legitimise prejudice and expose people to violence and abuse
- 💰 There are limited or no targeted health care services for LGBTQI people, making them more vulnerable to acquiring STIs, including HIV
- 👥 As a result, LGBTQI people often hide their sexual orientation and/or gender identity, making them less likely to access the limited SRH services available to them. Living with HIV exacerbates violence and mental health issues for LGBTQI people

LESSONS LEARNED

- ➡ Engaging LGBTQI communities throughout the project from inception to service delivery and programme review and revision is central to ensuring high-quality and acceptable services
- ➡ Partnerships with service providers, especially health facilities within the public health system ensure long-term sustainability
- ➡ Addressing structural barriers must be an integral component for long-term impact and SRHR realisation, including truly 'leaving no one behind' in order to reach the SDGs

FUTURE DIRECTIONS

- 🤝 Continue to strengthen HIV and SRHR programme and policy linkages, including key partnerships with SRHR organisations and mechanisms
- ❗ Enhance LGBTQI leadership capacity building within HIV and SRHR programmes
- 👥 Consolidate HIV and SRHR programming learning and contribute to the knowledge base on increasing access to quality SRHR services, including HIV prevention, treatment and care for LGBTQI persons