

**Moving on from a High-Level Failure:
Advocacy Entry Points and Follow-Up to the
United Nations High-Level Meeting to End AIDS Political Declaration**

(Oakland, California) As MSMGF [reported](#) last week with NSWP, IRGT, GATE, and the Global Platform to Fast-Track the HIV and Human Rights Responses Among Gay and Bisexual Men and Other Men Who Have Sex with Men (*The Platform*), United Nations member states adopted a very weak political declaration at the UN High-Level Meeting to End AIDS (HLM) in New York City. While the [Political Declaration](#) sets ambitious goals to accelerate HIV prevention and treatment targets to deliver treatment to 30 million people by 2020 and end AIDS by 2030, the document's failure to adequately include, define, and commit to programming for gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people seriously undermines any potential to meet the Declaration's ambitious targets to end AIDS.

In every country in the world, gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people shoulder disproportionate HIV incidence and prevalence, lack equitable access to HIV services, are criminalized, and face unrelenting stigma, discrimination and violence. **No country can end its epidemic unless it effectively addresses HIV in all four of these key populations – whether in Africa or anywhere else in the world.**

As MSMGF made clear in signing with over 80 civil society allies a [Global Civil Society Organization \(CSO\) Declaration](#), we recognize the Political Declaration's important commitments in several areas, including: strong references to the connection between gender-based violence and HIV, explicit positive reference to harm reduction as an important HIV strategy, consistent attention to stigma and discrimination as significant challenges to effective HIV responses, and explicit reference to the importance of meaningful stakeholder participation including people living with HIV, women, youth groups, feminists, human rights defenders, national human rights institutions, and other civil society organizations.

Yet, **we are dismayed** that the needs and rights of key populations are **again** considered expendable in a major policy debate setting priorities for the global HIV response. In April, we were [heartened](#) by several provisions made in the [Zero Draft](#) of the Political Declaration released by the HLM co-facilitators Switzerland and Zambia. These included the naming of key populations, calls for programming specifically for key populations, and calls to address punitive legal and policy frameworks, including laws and policies that criminalize same-sex behavior.

In contrast, the final Political Declaration **strips and weakens** much of the original Zero Draft language addressing key populations, depicting the global HIV epidemic in inaccurate and revisionist terms, and rendering gay and bisexual men and other men who have sex with men, sex workers, people who inject drugs, and transgender people almost invisible. The final Political Declaration includes numerous references to UN member states being allowed to define their own epidemics and responses, setting a disturbing precedent for governments to

ignore evidence indisputably and consistently showing gay men, sex workers, people who use drugs, and transgender people to be nearly everywhere most affected by HIV.

The Political Declaration also opens the door for governments to deviate from normative guidance for evidence-based HIV prevention and treatment approaches established by the World Health Organization (WHO) and other UN agencies. Furthermore, we are deeply concerned that many conservative UN member states, including Russia, Iran, Egypt, and Saudi Arabia, that successfully pushed to include sovereignty clauses in the Political Declaration have deplorable human rights records on LGBT rights and other issues crucial to addressing the HIV epidemic among key populations.

Below, MSMGF and the Platform examine specific paragraphs from the Political Declaration of relevance to the needs and priorities of key populations, and identify entry points and barriers for those advocates **seeking to move on from the high-level failure of the UN Political Declaration**:

Political Declaration Paragraph Text	Advocacy Interpretation
<p>11: <i>“Call for urgent action over the next five years to ensure that no one is left behind in the AIDS response...”</i></p>	<p>“No one left behind” is a phrase that in HIV policy debates often, but does not always, include key populations. Here, key populations are left out, allowing governments the freedom to “fill in the blanks” and to ignore concentrated HIV epidemics among gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p> <p>Advocates should remind policymakers that key populations are nearly everywhere “left behind” in the global HIV response, and that we need a bolder, more evidence-driven global HIV response that isn’t fearful of openly acknowledging gay and bisexual men and other men who have sex with men and their sexual health needs, as well as the rights and needs of all key populations. Likewise, advocates should insist that policymakers adopt normative guidance for evidence-based HIV prevention and treatment approaches established by the WHO and other UN agencies for addressing the HIV epidemic among key populations.</p>
<p>16: <i>Recognize that addressing the holistic</i></p>	<p>The references to justice and inclusion, and</p>

<p><i>needs and rights of people living with, at risk of, and affected by HIV, throughout their life course, will require close collaboration with efforts to end poverty and hunger everywhere...provide for decent work and economic empowerment...and just and inclusive societies for all.”</i></p>	<p>to “people living with, at risk of, and affected by HIV” make this an obvious place to advocate for the rights and needs of key populations, which remain unnamed here.</p> <p>Advocates should demand that policymakers address the HIV epidemic among gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people in the broader context of global economic and social development agendas.</p>
<p><i>17: “Recognize that there are multiple and diverse epidemics and that in order to achieve the prevention and UNAIDS 90-90-90 treatment targets by 2020 and to end the AIDS epidemic by 2030 that AIDS responses need to achieve greater efficiency and focus on evidence, the geographic locations, populations at higher risk of infection...taking into account national context...”</i></p>	<p>“Taking into account national context” is a phrase that conservative UN delegations pushed to insert in the final text to weaken emphasis on global epidemiological evidence, particularly worldwide data indicating a need to specifically address the HIV epidemic among gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p> <p>Advocates should demand that all HIV response plans related to the 90-90-90 treatment targets and ending AIDS by 2030 should explicitly name and set prevention, treatment, and support targets for key populations.</p>
<p><i>19: “Express deep concern that HIV and AIDS affect every region of the world...”</i></p>	<p>In the Zero Draft, this paragraph accurately specified that the HIV epidemic is concentrated among key populations in all world regions, including in Asia and the Pacific, Latin America and the Caribbean, the Middle East and North Africa, Eastern Europe and Central Asia, and cities in North America and western Europe. The final declaration strips all references to concentrated HIV epidemics among gay and bisexual men and other men who have sex with men, sex workers, people who inject drugs and transgender women in these regions. In addition, the final declaration makes no mention of disproportionate HIV burden among key populations in sub-Saharan Africa.</p>

	<p>Advocates should insist that policymakers recognize that the HIV epidemic is concentrated among key populations in nearly every region of the world. Therefore, policymakers should explicitly prioritize funding and programming to address HIV among key populations in these regions.</p> <p>African advocates should point out that the UNAIDS 'Global AIDS Update 2016' notes that, "In Sub-Saharan Africa key populations account for more than 20% of new infections and HIV prevalence among these populations is often extremely high" [p. 10].</p>
<p>21: <i>"Emphasize that the meaningful involvement of people living with, at risk of, and affected by HIV and populations at higher risk of HIV facilitates the achievement of more effective AIDS responses, and that people living with, at risk of, and affected by HIV should enjoy equally all human rights and enjoy equal participation in civil, political, social, economic and cultural life, without prejudice, stigma, or discrimination of any kind."</i></p>	<p>This is important language, but the omission of key populations seriously weakens its potential implementation in the context of the global HIV response.</p> <p>Advocates should insist that all AIDS responses include the meaningful involvement of gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p>
<p>29: <i>"Recognize the role that community organizations play, including those led by and run by people living with HIV, in supporting and sustaining national and local HIV and AIDS responses, reaching all people living with HIV, delivering prevention, treatment, care and support services and strengthening health systems, in particular the primary healthcare approach."</i></p>	<p>While the text here is supportive of community organizations, its vague language could allow policymakers to undermine the crucial work of key population-led community groups.</p> <p>Advocates should remind policymakers of the crucial importance of including key population-led community groups in national and local HIV and AIDS responses.</p>
<p>30: <i>Welcome the leadership and commitment shown in every aspect of the HIV and AIDS response by Governments, relevant United Nations agencies, regional and subregional organizations as well as people living with, at risk of, and affected by HIV, political and community leaders, parliamentarians, communities, families, faith-based</i></p>	<p>This paragraph mentions many important stakeholders in the global HIV response, but deliberately excludes the leadership and commitment of key populations most affected by HIV nearly everywhere in the world.</p> <p>Advocates should demand that policymakers</p>

<p><i>organizations, scientists, health professionals, donors, the philanthropic community, the workforce, the private sector, the media and civil society, including women’s and community-based organizations, feminist groups, youth-led organizations, national human rights institutions and human rights defenders and recognize their contribution to the achievement of MDG 6 on AIDS...”</i></p>	<p>recognize the leadership and commitment of gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people in all HIV and AIDS responses.</p>
<p><i>42: Note with alarm the slow progress in reducing new infections and limited scale of combination prevention programmes, emphasizing that each country should define the specific populations that are key to its epidemic and response based on the local epidemiological context, and...noting also that many national HIV-prevention, testing and treatment programmes provide insufficient access to services for women and adolescent girls, migrants, and key populations that epidemiological evidence shows are globally at higher risk of HIV, specifically people who inject drugs, who are 24 times more likely to acquire HIV than adults in the general population, sex workers, who are 10 times more likely to acquire HIV, men who have sex with men, who are 24 times more likely to acquire HIV, transgender people, who are 49 times more likely to be living with HIV, and prisoners, who are five times more likely to be living with HIV than adults in the general population.”</i></p>	<p>This paragraph names for the first and only time each key population and states the epidemiological evidence for elevated HIV burden. However, it uses stigmatizing language by defining key populations in the context of risk, and it seriously weakens country-level implementation by including the phrase “emphasizing that each country should define the specific populations that are key to its epidemic and response...” This language gives countries license to relinquish their responsibilities to address the HIV- and human rights-related needs of gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p> <p>Advocates should insist that policymakers use non-stigmatizing language to describe key populations (using phrases such as “more likely to be living with HIV” rather than “at higher risk of HIV”), and demand that governments not be allowed to invoke national sovereignty clauses to refuse to adopt evidence-based policies for addressing HIV among key populations.</p>
<p><i>43: “Note that some countries and regions have made significant progress in expanding health-related risk and harm reduction programmes, in accordance with national legislation, as well as antiretroviral therapy and other relevant interventions that prevent the transmission of HIV, viral hepatitis and other blood- borne diseases associated with drug use, yet note the lack of global progress</i></p>	<p>This paragraph makes several very important points regarding the need for stronger programs and more enabling legal and policy frameworks to address HIV among people who use drugs.</p> <p>Advocates should use this text to ensure that policymakers adopt appropriate, evidence-based policies to address HIV among people</p>

<p><i>made in reducing transmission of HIV among people who use drugs, particularly those who inject drugs, and call attention to the insufficient coverage of such programmes and substance use treatment programmes that improve adherence to HIV drug treatment services, as appropriate in the context of national programmes, the marginalization and discrimination against people who use drugs through the application of restrictive laws, particularly those who inject drugs which hamper access to HIV-related services, and in that regard, consider ensuring access to such interventions including in treatment and outreach services, prisons and other custodial settings, and promoting in that regard the use, as appropriate, of the WHO, UNODC and UNAIDS Technical Guide for Countries to Set Targets for Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, and note with concern that gender-based and age-based stigma and discrimination often act as additional barriers for women and for young people who use drugs, particularly those who inject drugs, to access services.”</i></p>	<p>who use drugs.</p>
<p><i>56: “Commit to targets for 2020 to work towards reducing the global numbers of people newly infected with HIV to fewer than 500,000 per annum and people dying from AIDS-related causes to fewer than 500,000 per annum, as well as to eliminate HIV-related stigma and discrimination.”</i></p>	<p>This paragraph sets ambitious targets for reducing the number of new HIV infections and the number of people dying from AIDS-related causes by 2020. However, it does not reference the importance of addressing the HIV epidemic among key populations as a crucial component of meeting these targets.</p> <p>Advocates should ensure that gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people are considered in discussions surrounding reduction of the general HIV epidemic globally.</p>
<p><i>59b: “Commit to increasing and fully funding the AIDS response from all sources, including</i></p>	<p>This paragraph urges governments and donors to increase funding for the AIDS</p>

<p><i>from innovative financing, and reaching overall financial investments in developing countries of at least USD 26 billion/year by 2020, as estimated by UNAIDS, with continued increase from the current levels of domestic public and private sources, according to each country's capacity, supplemented by public and private international assistance and strengthened global solidarity, and urge all stakeholders to contribute to a successful 5th and subsequent replenishments of the Global Fund to Fight AIDS, Tuberculosis and Malaria."</i></p>	<p>response and wisely urges greater levels of domestic funding for HIV programs. Nevertheless, it fails to recognize the vulnerability of HIV programs targeting key populations, especially in cases where funding is transitioning from international sources to domestic ones.</p> <p>Advocates should call for transition plans that allocate sufficient funding to evidence- and rights-based programs targeting gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people and, where relevant, continue to secure international funding to finance such programs.</p>
<p><i>60d: "Commit to build people-centered systems for health by strengthening health and social systems, including for populations that epidemiological evidence shows are at higher risk of infection and by expanding community-led service delivery to cover at least 30% of all service delivery by 2030, and through investment in human resources for health, as well as in the necessary equipment, tools and medicines, and promoting that such policies are based on a non-discriminatory that respects, promotes and protects human rights, and by building the capacity of civil society organizations to deliver HIV prevention, treatment services."</i></p>	<p>This paragraph offers important entry points in calling for robust community-led epidemic responses, the promotion and protection of human rights, and the reinforcement of civil society organizations as key actors in the provision of HIV-related services. This paragraph also sets a useful target that at least 30% of all service delivery by 2030 be undertaken by community organizations.</p> <p>Advocates should ensure that gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people are included in community-led epidemic responses, the provision and protection of human rights, and the reinforcement of civil society organizations as key actors in the provision of HIV-related services.</p>
<p><i>61d: "Commit to achieve gender equality and the empowerment of all women and girls, to respect, promote and protect their human rights, education and health, including their sexual and reproductive health, by investing in gender-responsive approaches and ensuring gender mainstreaming at all levels, supporting women's leadership in the AIDS response, engaging men and boys,</i></p>	<p>The final declaration includes many important paragraphs like this one addressing the HIV epidemic among women and girls. However, none of these explicitly mention the need to address the HIV epidemic among transgender women and female sex workers, who are globally far more likely to be living with HIV than the general population. In addition, none of</p>

<p><i>recognizing that gender equality and positive gender norms promote effective responses to HIV.”</i></p>	<p>these mention the critical links between homophobia, transphobia, and gender inequities in the global HIV response.</p> <p>Advocates should insist that HIV-related policies that address women and girls include <u>all</u> women, including transgender women, and that policies that address gender inequities also address the harmful effects of homophobia and transphobia in HIV responses.</p>
<p><i>62b: “Commit to redouble non-discriminatory HIV-prevention efforts by taking all measures to implement comprehensive, evidence-based prevention approaches to reduce new HIV infections, including by conducting public awareness campaigns and targeted HIV education to raise public awareness.”</i></p>	<p>This paragraph highlights the need to implement comprehensive, evidence-based prevention approaches to reduce new HIV infections.</p> <p>Advocates should point out that such approaches must be tailored to the needs and specific requirements of key populations and should work to ensure that gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people are able to receive the necessary information and services to promote their health and well-being.</p>
<p><i>62d: “Commit to saturate areas with high HIV incidence with a combination of tailored prevention interventions, including outreach via traditional and social media and peer-led mechanisms, male and female condom programming, voluntary medical male circumcision, and effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication assisted therapy programmes, injecting equipment programmes, pre-exposure prophylaxis for people at high risk of acquiring HIV, antiretroviral therapy, and other relevant interventions that prevent the transmission of HIV with particular focus on young people, particularly young women and girls, and encourage the financial and technical support</i></p>	<p>This paragraph omits mention of key populations, seriously weakening its potential implementation.</p> <p>Advocates should push to ensure that several of the prevention interventions discussed, including pre-exposure prophylaxis, are implemented for gay and bisexual men, sex workers, people who use drugs, and transgender people.</p>

<i>of international partners as appropriate.”</i>	
62e: <i>“Promote the development of and access to tailored HIV comprehensive prevention services for all women and adolescent girls, migrants, and key populations.”</i>	<p>The extreme vagueness of this paragraph makes it difficult to translate into implementation.</p> <p>Advocates should use the text and the recently published WHO implementation tools (including MSMIT, SWIT, and TRANSIT) to help build the case for comprehensive prevention services for gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p>
62f: <i>“Encourage Member States with high HIV incidence to taking all appropriate steps to ensure that 90% of those at risk of HIV infection are reached by comprehensive prevention services, that 3 million persons at high risk access pre-exposure prophylaxis and an additional 25 million young men are voluntarily medically circumcised by 2020 in high HIV incidence areas and ensure the availability of 20 billion condoms in low- and middle-income countries.”</i>	<p>This paragraph mentions “those at high risk of HIV infection,” but omits mention of key populations, significantly weakening its potential implementation.</p> <p>Advocates should continue to fight to ensure that key populations have equal access to HIV prevention, treatment, and care services, including pre-exposure prophylaxis, condoms, lubricant, and antiretroviral treatment.</p>
62g: <i>“Commit to ensure that financial resources for prevention are adequate and constitute no less than a quarter of AIDS spending globally on average, and are targeted to evidence-based prevention measures that reflect the specific nature of each country’s epidemic by focusing on geographic locations, social networks and populations that are at higher risk of HIV infection according to the extent to which they account for new infections in each setting, in order to ensure that resources for HIV prevention are spent as cost-effectively as possible and to ensure that particular attention is paid to those populations at highest risk, depending on local circumstances.”</i>	<p>This paragraph is seriously weakened by the inclusion of the phrases “that reflect the specific nature of each country’s epidemic” and “depending on local circumstances,” both of which could allow countries to exclude key populations. It also does not contain a specific reference to gay men and other men who have sex with men, sex workers, people who use drugs, and transgender people but instead uses vague and stigmatizing language to refer to people at risk of HIV.</p> <p>Advocates should use this paragraph to insist that funding and evidence- and rights-based programming be prioritized for key populations rights and needs.</p>
62j: <i>“Commit to eliminate barriers, including stigma and discrimination in health-care</i>	This paragraph does not contain a specific reference to key populations, but instead

<p><i>settings, to ensure universal access to comprehensive HIV diagnostic, prevention, treatment, care and support for people living with, at risk of, and affected by HIV, persons deprived of their liberty, indigenous people, children, adolescents, young people, women, and other vulnerable populations.”</i></p>	<p>alludes to them with the term “people at risk of HIV.”</p> <p>Advocates should use this text to address stigma and discrimination towards gay men and other men who have sex with men, sex workers, people who use drugs, and transgender people in health-care settings.</p>
<p><i>63a: “Reaffirm that the full enjoyment of all human rights and fundamental freedoms for all supports the global response to the AIDS epidemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination against all people living with, presumed to be living with, at risk of, and affected by HIV, is a critical element in combating the global HIV epidemic.”</i></p>	<p>This paragraph does not contain a specific reference to key populations but instead alludes to them with the term “people at risk of HIV.”</p> <p>Advocates may be able to use this text to push to defend the human rights and freedoms of gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p>
<p><i>63b: “Commit to strengthen measures at the international, regional, national, and local and community levels to prevent crimes and violence against, and victimization of, people living with, at risk of, and affected by HIV and foster social development and inclusiveness, integrate such measures into overall law enforcement efforts and comprehensive HIV policies and programmes as key to reaching the global AIDS Fast-Track targets and the Sustainable Development Goals; review and reform, as needed, legislation that may create barriers or reinforce stigma and discrimination, such as, age of consent laws, laws related to HIV non-disclosure, exposure and transmission, policy provisions and guidelines that restrict access to services among adolescents, travel restrictions and mandatory testing, including of pregnant women, who should still be encouraged to take the HIV test, to remove adverse effects on the successful, effective and equitable delivery of HIV prevention, treatment care, and support programmes to people living with HIV.”</i></p>	<p>This paragraph calls for prevention of violence and victimization and the reduction of stigma and discrimination towards people affected by HIV. However, its failure to name key populations and recognize the effects that violence, stigma, and discrimination have on their health and well-being significantly weakens its potential implementation.</p> <p>Advocates should work to highlight the negative effects that violence, stigma, and discrimination have on gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people, particularly in the context of the HIV epidemic, and call for greater legal and social protections for key populations.</p>

<p>63c: <i>“Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV, including by linking service providers in health-care, workplace, educational and other settings, and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health-care, employment and social services, provide legal protections for people living with, at risk of, and affected by HIV, including in relation to inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms.”</i></p>	<p>This paragraph does not contain a specific reference to key populations but instead uses vague and stigmatizing language to refer to people at risk of HIV, and fails to define the specific types of punitive legal, social, and policy frameworks that weaken the epidemic response among gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p> <p>Advocates should push to ensure that policymakers interpret the text to address punitive laws and policies, such as criminalization of homosexuality, sex work, drug use, and non-conforming gender identities.</p>
<p>63e: <i>“Commit to national AIDS strategies that empower people living with, at risk of, and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights, including strategies and programmes aimed at sensitizing law enforcement officials, members of the legislature and judiciary, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support.”</i></p>	<p>This paragraph does not contain a specific reference to key populations but instead uses vague and stigmatizing language to refer to people at risk of HIV.</p> <p>Advocates should use this text to address human rights violations and protections in the legal, justice, and health care fields.</p>
<p>64a: <i>“Call for increased and sustained investment in the advocacy and leadership role, involvement and empowerment of people living with, at risk of, and affected by HIV, women children, bearing in mind roles and responsibilities of parents, young people, especially young women and girls, local leaders, community-based organizations, indigenous communities and civil society more generally as part of a broader effort to ensure at least 6% of all global AIDS resources are allocated for social enablers including advocacy, community and political</i></p>	<p>This paragraph does not contain a specific reference to key populations but instead uses vague and stigmatizing language to refer to people at risk of HIV, and its call for 6% of all global AIDS resources to be allocated to “social enablers” is severely inadequate.</p> <p>Advocates should use this text to push for more robust community-led responses that address the needs and priorities of gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people.</p>

<p><i>mobilization, community monitoring, public communication, outreach programmes to increase access to rapid tests and diagnosis, as well as human rights programmes such as law and policy reform, and stigma and discrimination reduction.”</i></p>	
<p>65: <i>“Encourage all regions to work with regional and subregional organizations, people living with, at risk of, and affected by HIV, relevant UN organizations, the private sector and other relevant stakeholders, towards the achievement of the following targets by 2020, as modelled in the Fast-Track approach to end the AIDS epidemic by 2030, and in this regard call for strengthened global solidarity and shared responsibility to ensure sufficient funds are made available to support regions in this endeavor.”</i></p>	<p>This paragraph and its subsequent sub-paragraphs set ambitious targets for ending the AIDS epidemic by 2030 and call upon all regions to work with various stakeholders in the HIV response. However, this paragraph’s failure to mention key populations weakens its message and fails to recognize the significant role that gay and bisexual men and other men who have sex with men, sex workers, people who use drugs, and transgender people play in the HIV epidemic.</p> <p>Advocates should ensure that the needs of key populations are addressed in national, regional, and international HIV responses and that their representatives are meaningfully and significantly involved in the development of HIV prevention, treatment, care, and support programs.</p>

We will continue to provide updates on opportunities to take action to implement the very weak HLM political declaration in a manner that respects the needs and priorities of key populations, including gay and bisexual men and other men who have sex with men. We welcome hearing from you, and invite you to send thoughts and feedback to Nadia Rafif, Director of Policy, at nrafif@msmgf.org.

Yours in global solidarity,
The MSMGF