

# “Follow the Voice of Life”

## HIV Prevention and Empowerment of Men Who Have Sex with Men in Orenburg, Russia



Dzmitry Filippau

New Life leadership training participants working on a training exercise.

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**E**gor (not his real name), a 23-year-old Orenburg native, approached the clinic door with trepidation. Anxious to get an HIV test and treatment for another suspected sexually transmitted infection (STI), he was concerned about the reception he might receive from clinic staff. When the doctor asked him how often he has sex with his girlfriend, Egor corrected her: “I don’t have a girlfriend; I have a boyfriend.” As he feared, the doctor responded with scorn, telling him that his life is “not normal,” that all men who have sex with men (MSM) are “sick” and that his life would “end badly.” There was little Egor could do but stand up and walk out, untested and untreated, and unsure if he would ever again dare enter a clinic.

Encountering hostility at medical facilities is too often the experience for MSM in Russia and elsewhere around the world. Many medical practitioners adhere to the gender norms in the societies they live in, which often condone homophobia, driving MSM away from the health care and HIV services they need. Sometimes MSM do not even get as far as Egor did, because they are turned away at the door because of stigma and discrimination towards men whose sexual activities do not conform to social expectations.

Luckily for Egor, an acquaintance told him about Follow the Voice of Life, a program in Orenburg that helps MSM access health and psychosocial services, particularly for HIV and STI prevention, care, and treatment. Run by New Life, a nongovernmental organization (NGO), the program has an even larger goal: to create an MSM-supportive environment and free access to HIV-related prevention, treatment, care, and support based on gender equality and respect for human rights.

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Pioneering efforts such as Follow the Voice of Life are critically important as program models for MSM worldwide and are essential for curbing the spread of HIV. Sex between men is thought to account for between 5 and 10 percent of HIV infection globally. MSM are 19 times more likely to be infected with HIV than the general population in low and middle income countries. Despite this risk, fewer than 1 in 20 MSM have access to HIV prevention, care, and treatment services they need. These disparities, fueled in part by persistent denial and human rights abuses, have constituted a devastating health crisis among MSM across the globe (Global Forum on MSM and HIV 2010).

Gender inequality is a major contributor to the vulnerability of MSM to HIV infection. By transgressing socially constructed gender norms and expectations, MSM are restricted access to lifesaving HIV prevention, care, and treatment services because they may stay hidden or avoid disclosure for fear of social persecution and exclusion.

Understanding the gender dynamics of MSM and their behavioral and sexual identity issues and concerns is important for delivering effective HIV prevention, care, and treatment services to them. But it would be a mistake to assume that MSM behaviors and descriptions define the social relationships, power, and gender dynamics between MSM and their partners. MSM can move fluidly between these sexual and social behaviors and categories.

MSM have the power to camouflage their sexuality and hide their sexual orientation to appear heterosexual in order to “fit in.” While this strategy works well to prevent many forms of stigma and discrimination, it means giving up power (and more importantly, their health agency) through self-censorship. They may not come forward for HIV or STI related services and, when they do, they may not disclose their sex with men to a health service provider which is important to understand and take into account in program development. In terms of

gender dynamics, the subpopulation of MSM who are married or have regular sex with women modify the kinds of sex they have with male and female partners leading to high risk for HIV, for both men and women.

## HIV and Men Who Have Sex with Men in Russia

Russia has the second highest HIV prevalence in Eastern Europe and Eurasia—1.1 percent in the adult population (U.S. Agency for International Development/Russia 2010)—and the Russian Federation and Ukraine together account for almost 90 percent of newly reported HIV diagnoses (Joint UN Programme on HIV/AIDS [UNAIDS] 2010). According to official registers, there are more than 600,000 persons in Russia living with HIV (Russian Agency for Health and Consumer Rights 2011). However, some experts believe that the actual number of people living with HIV in Russia is about two million (UNAIDS 2006). In 2010, more than 45,000 new cases of HIV were registered. Every day, 150 to 160 Russians become infected with HIV (Pokrovsky 2010).

HIV prevention programs first emerged in Russia in the mid-1990s; the first HIV prevention programs for MSM appeared 10 years later. The current public health response to HIV in this region has largely failed to deliver access to HIV treatment, prevention, care, and support for MSM. Their needs are either ignored due to lack of sufficient data and analysis, or marginalized with little commitment and resource allocation within national HIV programming.

**Limited research:** In Russia, there are no official statistics for HIV prevalence among MSM because the limited research that has been conducted is inconsistent or inconclusive. No national studies exist that show the real picture of the epidemic among MSM, although some data suggest that from 2 to 18 percent of MSM in Russia are HIV-positive (Baral et al. 2010; Center for Social Development and Men’s

Health Support Foundation 2010; Population Services International 2007). A handful of studies conducted by NGOs show that MSM often practice risky sexual behaviors, have a large number of sexual partners, and engage in unprotected sex—findings that suggest that MSM in the region are at dangerously elevated risk of contracting HIV (UN Development Programme, World Health Organization, and UNAIDS 2010). The relatively low awareness of HIV combined with high personal risk and a lack of response creates perfect conditions for rapid spread of the virus among MSM.

**Policy environment:** Although criminal prosecution for homosexuality was abolished in Russia in 1993, no laws exist protecting the rights of MSM. As a result, pervasive human rights violations, gender discrimination, stigma, and homophobia persist. Official government documents do not specify MSM as a high risk group in the national response to HIV prevention and treatment. In a majority of regions, state organizations are working only with groups mandated by the Ministry of Health: people living with HIV, youth, children, and pregnant women. The omission of MSM in national HIV policies hinders effective implementation of MSM-friendly support and care programs, limits their access to preventive and medical services, and excludes them from national HIV programs. As a consequence, MSM-focused programs and activities suffer from inadequate funding; lack of sustainability and continuity of program activities; and a deficiency in biological and behavioral research related to MSM in the region, which would inform program design and implementation.

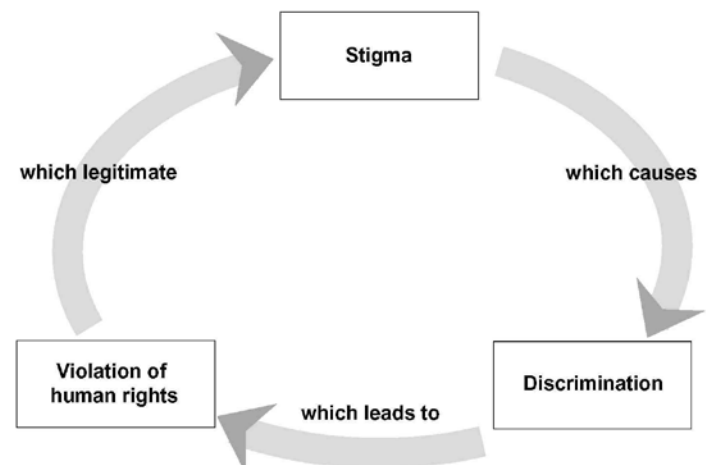
Public health programs targeting MSM and transgender people are vitally important. However, these programs receive little attention by the Russian government because negative social, cultural, and religious attitudes about alternative gender identity and sexual orientation are supported by political leaders, policymakers, and providers. This makes it difficult for them to acknowledge MSM, much less support programming for this diverse population. The higher

the level of gender-based homophobia in a society, the greater the discrimination practiced against MSM in the health sector. As a result, MSM are generally reluctant to seek out needed health services.

**The burden of gender-based stigma, and discrimination:** Although criminal prosecution for homosexuality ended in 1993, harmful attitudes about homosexuality remain. Most people are extremely negative and sometimes aggressive toward MSM because they don't adhere to accepted gender norms. In Russia, 74 percent of people believe that homosexuality is a disease or a result of laxity and bad habits. Only 15 percent think that homosexuality is a natural sexual orientation on a par with heterosexuality (Levada Center 2010). Unfortunately, many policymakers, politicians, and religious leaders express beliefs and attitudes in their public speeches and statements in the media.

The high level of homophobia, stigmatization, and discrimination due to Russian social norms drive MSM underground, which limits and sometimes blocks their access to information, prevention programs, and medical services, and often leads to human rights violations (see Figure 1). For example, medical personnel may violate medical ethics and

**Figure 1. The Cycle of Stigma, Discrimination, and Human Rights Violations**



Source: UNAIDS 2005, diagram by M. Maluwa and P. Aggleton, p. 11

confidentiality of medical information and commit human rights violations. Human rights violations justify stigma by legitimizing the idea that a group is outside the realm of rights because they don't adhere to accepted gender norms. This discourages MSM from seeking help from health facilities, so they do so very rarely, often only in an emergency.

## Follow the Voice of Life Program

Since 1998, the HIV epidemic has been one of the pressing health problems in Orenburg. Today more than 20,000 HIV cases are officially registered in the Orenburg region, 12,000 of them in Orenburg city. Orenburg ranks fourth among regions in Russia most affected by HIV (AIDS Foundation East-West 2010).

Before 2007, the isolation and invisibility of the MSM community was so complete that there is no official record of MSM in Orenburg seeking social support or health care services. That year, though, saw the launch of an HIV/STI prevention program for MSM by the NGO New Life. With support from Population Services International/Russia and funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), New Life has created the conditions necessary for MSM to come out of hiding and become partners in the new program.

In 2009 and 2010, the American Foundation for AIDS Research (amfAR) supported Follow the Voice of Life, a new program run by New Life aimed at advocacy, community mobilization, and expansion of HIV services for MSM. This program seeks to protect the physical, sexual, and mental health of MSM; increase awareness of local authorities about gender discrimination and the needs of MSM in the Orenburg region; and make MSM a priority for the local government's HIV prevention program. MSM participants created the program name and logo, which are now well-known brands in the community.



**New Life logo created by MSM participants.**

Follow the Voice of Life focuses on HIV prevention through peer counseling and community mobilization and, at the government level, advocacy and lobbying to meet the HIV-related needs of MSM. The program has three main objectives:

- To promote HIV prevention awareness among MSM and provide counseling on sexual identity, self-esteem, and confidence
- To promote community development and mobilization for gender equality for MSM
- To advocate and lobby for the HIV needs of MSM at the local government level for planning, development, and implementation of the state HIV prevention program for MSM in the Orenburg region.

This community-based program was developed with the active participation of MSM and provides a range of peer services and professional psychological counseling and support for MSM, as well as their partners, friends, and families. New Life uses community mobilization, peer outreach, social marketing, information and education communication, motivational and discussion groups, and training for community leaders to reach decision makers and clients about their program. A three-stage peer counseling model includes gender analysis in outreach, assessment, and support for MSM in Orenburg. The first stage provides one-to-one counseling and support on sexual health, behavior, safe sex, HIV and STI testing and treatment, as well

as on sexual orientation and gender identity. At this stage gender-related questions and concerns are considered and inform how the subsequent service delivery is managed. The second stage matches clients to peers and outreach workers for ongoing one-to-one support. The third stage connects clients to groups of peers.

At outreach and assessment the presenting issues of the client are filtered through a gender lens to identify particular challenges in the client's life. In case planning, these issues are raised with a view to setting goals to resolve them. Follow the Voice of Life identifies two key gender-based presentations that are particularly common:

- MSM, especially youth, experience difficulties and rejection at home because of their sexuality or gender transgressions. Young people may be particularly vulnerable to HIV infection due to limited experience in negotiating sex or because they may be negotiating with adults, and they are less likely to know how to manage HIV or other STIs once diagnosed.
- MSM experience violence and intimidation that negatively impact their ability to negotiate safe sex in their relationships and contact health facilities for testing, treatment, and psychological support.

The program focuses not only on prevention of HIV and other STIs but on the issues MSM face in their daily lives. From the very beginning of the program, creation of safe spaces, community mobilization, and leadership development have been key to its success. In Orenburg there are no safe public places for MSM where they can discuss problems and meet with peers. The program provides such a space for MSM who first meet clients of the program and then their friends and partners. This dynamic contributes to community mobilization for MSM, identification of community leaders, and training on topics such as HIV/STI prevention and treatment, safe sex, self empowerment, sexual orientation and gender identity,

and harmful gender norms. New Life's program also provides an anonymous place, free from violence, homophobia, and stigma and discrimination, to access health services and medical care and to meet with psychologists, doctors, and peer counselors or outreach workers.

During the past three years, despite the difficult environment, New Life has successfully mobilized the MSM community to use government health providers and expand the range of services for MSM in Orenburg. In the third year of implementation more than 1,000 MSM were reached by the program, almost 50 percent of whom demonstrated a high level of participation in program services and activities, according to New Life's quarterly quality assessments.

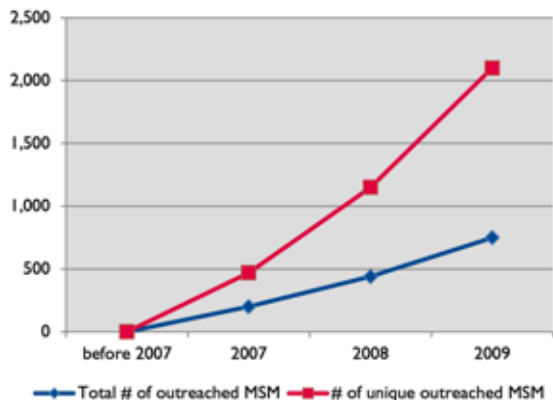
Figure 2 shows an increase in the number of MSM participating in the outreach program over time; it includes total outreach contacts with MSM (primary, secondary, and follow-up), as well as unique outreach (new clients who were covered only once). Making this distinction enables evaluators



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**Sexual orientation and gender identity training participants in a role playing game: “barriers in accesses to medical services.”**

**Figure 2. Number of MSM Reached by Outreach Efforts**



to determine if outreach programs are effectively reaching new clients (unique) and re-visiting regular clients who receive services.

The program’s approaches apply the following key principles:

- Use a non-judgmental approach and work with clients “where they are” in their lives
- Fulfill rights and respect choices of each individual
- Protect confidentiality and privacy, which builds trust and a reputation for protecting and preserving client anonymity
- Maintain flexibility by providing services on weekends, evenings, and weekdays
- Promote meaningful participation by using peers and people who have been through the program as clients, part of the buddy system, or staff
- Assist with all aspects of the client’s life, not just HIV.

## What Worked Well

**A gender-equitable approach:** Incorporating a gender perspective into HIV prevention programs is new in Russia. In planning and implementing HIV

prevention programs, New Life does not distinguish between clients on the basis of gender identity or sexual orientation. The values and mission of the organization are based on the belief that all people—including staff members, outreach workers, volunteers, and clients—are equal, regardless of sex, sexual orientation, gender identity, ethnicity, or HIV status. Program activities use a gender-equitable approach to ensure access by all target groups. For example, the organization has a “Tolerance Charter,” which is a set of internal rules and laws on equality for all New Life staff members and clients. This charter helps break down stigma and discrimination between different at-risk groups who may also subscribe to traditional gender norms. Regularly during working meetings, representatives of different target groups—women and men living with HIV, people who inject drugs, sex workers, people released from prison, and MSM—meet together and discuss common problems. New Life also holds a personal growth group, at which issues are discussed such as identity, individuality, and the uniqueness of each person, as well as sexual orientation, gender identity and equality, and “tolerance for diversity.”

### **Making medical services MSM-friendly:**

Interviews with program participants from the MSM and medical communities showed that public health facilities are not always delivering best practices in pre- and post-test HIV counseling to MSM, omitting essential sexual risk reduction counseling services. This is due to stigmatizing attitudes on the part of health providers, who are uncomfortable with MSM, as well as poor policies, insufficient staff numbers, and inadequate training and supervision, often a result of limited resources. The three-step HIV testing and counseling process,<sup>1</sup> which is a best practice, provides a critical link between testing positive for HIV and accessing HIV medical services for monitoring, treatment, and care.

New Life creates this link by developing partnerships with various health agencies, including the regional

<sup>1</sup> Step 1: pre-test counseling; step 2: HIV test; step 3: post-test counseling.

AIDS Center, STI clinic, drug abuse clinic, and psychotherapy center, as well as with community-based organizations. These partnerships began when New Life organized a roundtable meeting to consolidate efforts, and the group discussed the relevance of prevention programs for MSM and the importance of interdepartmental interaction among public health organizations and NGOs to reduce gender-based discrimination and create MSM-friendly services. As a result of the meeting, an agreement, *Strategic Partnership for Interagency Cooperation to Develop Medical Services for MSM*, was developed and signed by government organizations. Through this partnership, New Life clients can get tested for HIV and other STIs and receive free treatment and consultations from medical experts anonymously, in a friendly and understanding environment. More than 600 MSM have received medical treatment, counseling, and HIV and STI testing as a result of the program.

**Using MSM peers to conduct outreach work and peer counseling:** Most outreach workers and peer educators are former program participants who, because they understand the lives and gender-based struggles of MSM, are able to gain access to and the trust of clients. In Orenburg, there are no gay bars or clubs, nor are there fixed cruising areas (*plashka*), making it difficult to reach MSM. MSM in Orenburg meet each other at house parties in small groups where people often drink alcohol and engage in sex, including commercial sex. Because New Life outreach workers are members of the MSM community, they are able to attend the parties and carry out prevention awareness; distribute condoms, lubricants, and informational materials; and provide information on health services that are free and anonymous. New Life outreach workers also hold closed prevention parties in nightclubs that include various competitions and quizzes on safe sex and condoms alongside DJs and drag queen shows. The program focuses on peer counseling to promote safe sexual practices, especially consistent and correct condom use with all sexual partners.

**Including women as outreach workers for MSM:** Outreach teams include both men and women, an approach that promotes positive change in social norms and gender stereotypes and also reduces stigma and discrimination when female outreach workers tell their friends and relatives about where and with whom they work. During outreach in an open space, such as a park or beach, a mixed group of men and women is a safety feature for both outreach workers and their clients because it attracts less attention than an all-male group. In addition, some MSM are more open with female than male outreach workers.

**Meeting critical needs with counseling and support:** MSM who identify as gay men often face challenges associated with “coming out,” low self-esteem, and internal conflicts with their sexual and gender identity, compounded by homophobia, stigma, discrimination, and the threat of violence, which drive MSM underground. Relationship issues (e.g., building relationships, unstable relationships, break-ups, and violence), and alcohol and drug abuse are also pressing problems. More than 200 MSM receive support from counseling provided by a psychologist or psychotherapist in a dedicated room in the New Life offices and at the Regional AIDS Center. One of New Life’s most popular services is a 24-hour informational psychotherapy phone hotline available seven days a week and staffed by trained peers and psychologists. The hotline is anonymous, an important resource for many MSM who are afraid to ask for information in person but are comfortable asking over the phone. Phone counselors provide information and counseling on many issues MSM face such as HIV and STI testing, relationships, available services, and psychological support on gender identity. Last year, more than 500 MSM were counseled over the hotline.

**Organizing motivational groups:** Known as M-groups, these forums support community development and mobilization through panel discussions on such topics as prevention and treatment of HIV and other STIs, safe sex behavior,

**PEPFAR GENDER STRATEGIES ADDRESSED BY FOLLOW THE VOICE OF LIFE**

- Increasing gender equity in HIV programs and services
- Addressing harmful gender norms and behaviors
- Reducing violence and coercion.

relationships, gender and sexual identity, and coming out. Experts in various areas of public health—psychiatrists, psychotherapists, STI specialists, and narcologists<sup>2</sup>—attend M-group meetings of 8 to 10 people at the New Life office, which allows health providers to build relationships with MSM and understand relevant issues. Participants suggest the themes for and lead the meetings. New Life also provides training for MSM and community leaders to increase their understanding of various HIV/STI prevention and treatment topics, safe sex, self empowerment, sexual orientation and gender identity, and harmful gender norms, as well as increase capacity building and networking. Sometimes New Life brings in specialized trainers and consultants from other organizations.

**Public exchanges with government agencies:** Roundtables with government institutions are an example of New Life's advocacy at the governmental level to increase awareness and promote protection of MSM, such as the roundtable meeting described previously which resulted in the *Strategic Partnership for Interagency Cooperation to Develop Medical Services for MSM*. In 2009, five Orenburg region government agencies developed and signed the agreement: the Regional AIDS Center, the Regional STI Clinic, the Regional Center for Medical Prevention, the Regional Drug Abuse Clinic, and the Regional Center of Psychotherapy. This agreement and the resulting official cooperation between these organizations on implementing programs for MSM are unique for Russia where stigma and discrimination exist at the highest political level and will result in a joint program to respond to the epidemic among MSM. The agreement includes a description of planned activities and the role of each party in developing and implementing a comprehensive HIV prevention program for MSM. This development is significant in a country where government organizations do not want to work with MSM, and stigma and discrimination are rife at the highest political levels.

The agreement has become an instrument for advocacy and lobbying on behalf of MSM at the government level. The government officials involved are becoming more vocal against gender-based stigma and discrimination against MSM. The next step is preparing a program proposal on HIV prevention among MSM to include in the regional HIV strategy. This is a tremendous achievement in the current political context of the Russian Federation.

In addition, while New Life is not directly involved in legal protection and does not provide legal aid to MSM, it is changing the attitudes of key

<sup>2</sup> A narcologist addresses drug addiction and drug dependence, alcohol consumption and alcohol abuse, and smoking.



stakeholders and specialists working with MSM, which contributes significantly to creating a supportive community.

**Addressing gender norms and behaviors:**

Traditional gender norms contribute to homophobia and the related silence, denial, stigma, and discrimination against MSM. These norms affect access to accurate HIV prevention information, limit the ability to negotiate consistent and correct condom use, and impede access to treatment, care, and support for those living with HIV. Limited access to accurate, nonstigmatizing prevention information increases vulnerability to HIV infection among MSM.

New Life’s activities aim to reduce gender-based stigma and discrimination against MSM by health professionals. Meetings and discussions on sexual orientation and gender identity, coming out, and communication with doctors, psychologists, and other health experts and psychologists facilitate communication between MSM and medical experts by providing an opportunity to discuss the challenges MSM face. New Life staff and invited speakers dispel stereotypes about MSM, helping reduce gender-based stigma and discrimination in the health sector. Program clients remarked that over the past year health officials presenting at regional meetings and conferences on HIV used the term “MSM” instead

of the humiliating and degrading word “sodomite,” demonstrating a growing tolerance to non-traditional gender norms among health professionals.

**Increasing gender equity in HIV programs and services:**

By addressing both internal and external barriers to health services (see Table 1), New Life promotes gender equality by helping to ensure that MSM can access HIV care and support programs, MSM-friendly health care facilities, and a wide range of information that does not discriminate against sexual and gender identities. Critically important services are now accessible to MSM through New Life’s program, including HIV/STI testing, medical and peer-to-peer counseling, HIV and STI treatment, psychological support, and free condoms and lubricants.

**Reducing violence and coercion:** Most Orenburg inhabitants, and Russians in general, consider homosexual activity unacceptable, and MSM report that they often experience violence. This gender-based violence occurs frequently and is driven by divergence from accepted gender norms, and MSM may be subject to “corrective violence” to make them conform to accepted social norms. Follow the Voice of Life recognizes gender-based violence as a key barrier to MSM’s access to health services, and the program provides support to MSM by promoting changes to social norms around gender-based violence in the

**TABLE I. BARRIERS TO ACCESS TO HEALTH SERVICES FOR MSM**

Internal	External
Accepting one’s own sexual and gender identity; psychological and social levels of identity	Lack of laws and regulations to protect the rights of MSM
Coming out	Lack of knowledge and skills of medical professionals for working with MSM, and stigma in the professional community (doctors, teachers, lawyers, police, etc.)
Internal stigma and homophobia	Lack of support from friends and families
Low self-esteem	Homophobia, stigma, and discrimination from society; violence and threats of physical violence
Lack of empowerment	Disclosure of medical information and sexual status to third parties by the professionals
Fear of gender-based violence, stigma, and discrimination	Government inaction; officials are not responsible for “doing nothing”

health sector, which can play a central role in changing social norms. New Life works with this sector to increase access to counseling, psychological and peer support, and other specialized services, and reduce the vulnerability of MSM to both violence and HIV.

## Challenges

### **Insufficient data available about the MSM population:**

Since the program began three years ago, more than 1,000 MSM have used its services. But, without accurate data on the size of Orenburg's MSM population, the scale of coverage is unknown. For example, there are no data on the number of MSM living with HIV, and program participants have not identified any MSM living with HIV within their ranks. This may indicate that this subgroup of MSM living with HIV is still strongly stigmatized and remains outside of the program. New Life is unable to conduct the necessary studies to get answers to these questions because of limited funding, neither is it able to conduct a risk assessment behavior study or a study of the impact of program activities on risk behaviors among MSM in Orenburg.

### **Limitations imposed by gender-based discrimination:**

Work aimed at reducing homophobia, stigma, and discrimination based on

gender stereotypes is being conducted only with medical professionals and regional officials of state agencies. For now, Follow the Voice of Life avoids working with the media and the public because of concerns that a backlash could lead to the closure of the organization.

### **Uncertain funding, uncertain future:**

Disruptions to funding from GFATM have put the program's survival in jeopardy. amfAR will provide funding for six months after the GFATM grant ends, allowing the program to develop while maintaining all of its clients and most of its employees.

## Recommendations

### **Empowerment and community**

**mobilization:** HIV prevention can work when it reflects the comprehensive needs of people. New Life's experience with community mobilization shows that it is an essential component of the HIV response, as is real empowerment of MSM and other marginalized or stigmatized populations. Successful programs for MSM build community capacity and mobilization and empower those communities to support sexual and gender identities that differ from established social norms as they promote sexual health, HIV/STI prevention, and psychosocial support. Efforts to empower and mobilize communities should include raising awareness of such topics as coming out to friends and family, sexual orientation and gender identity, self-esteem and psychological support, security and privacy, relationships, and internal homophobia and stigma.

**Make access a top priority:** Access to health services is an important aspect of programs for prevention of HIV and other STIs and sexual health for MSM, especially in an environment where gender discrimination persists. It is important for programs to facilitate access to free STI and HIV testing and treatment and to refer MSM to friendly services for drug abuse, STIs, and counseling. Medical professionals



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Follow the Voice of Life outreach team in front of a memorial stone for people who died of AIDS, established by New Life at the Regional AIDS Center.

must be gender sensitive to MSM; they should be trained to understand the unique physical and emotional health needs related to sexual orientation and gender identity and be able to communicate with MSM.

**Be aware of political sensitivities when advocating for change:** Wherever there is official ignorance, denial, or avoidance of issues and concerns related to MSM, it is necessary to work with government leaders to help them acknowledge that male-male sex occurs and that prevention and care for MSM must become programming and funding priorities. But in more restrictive political environments, this should be handled with caution. Organizations must be vigilant and recognize potentially volatile situations, maintaining a lower profile as necessary. It is also important to establish official partnerships with other NGOs and government medical institutions and to develop official agreements or other legal documents.

**Tailor strategies to local needs:** Programs must take into account such local sociocultural environmental conditions as the level of homophobia in a society and the attitude of state bodies to such gender-sensitive topics as homosexuality because these can have a powerful affect on the effectiveness of the program. Assessing the immediate environment is crucial before adopting any of the ideas suggested here because some may be counterproductive, or even dangerous, in certain environments. In other cases, modification of the original ideas may help make them relevant and practical. In all cases, a basic principle for effective programming is to engage MSM in planning, designing, implementing, and evaluating the program.

**Keep human rights front and center:** The solution to the myriad health and human rights challenges faced by MSM is not to be found merely through the adoption of health systems strategies, but also through human rights strategies that seek to end discrimination. There is a pressing need for sexual orientation to be understood as a human condition, not just by the medical profession, but by the general community. Governments must act on their

responsibility to respect, protect, and fulfill the highest attainable standard of physical and mental health by devising and implementing policies that enhance the health of MSM and address their unique health needs.

## Future Programming

The next stage planned for Follow the Voice of Life is developing services that promote gender equality and protect the human rights of MSM, including monitoring of gender-based violence and other human rights violations and quality assessments of health care services. Legal assistance is also a service that the program hopes to provide in the future. ■

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