Strengthening Community Leadership among Men who have Sex with Men (MSM) and Transgender Persons

Key features of this novel HIV programming and partnership-building initiative:

- Generating and utilizing strategic information for policy development and programme planning
- Facilitating partnership building between community groups of MSM and transgender persons and national and local governments
- Capacity building of MSM and transgender groups for advocacy and local programming

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<th>Country</th>
<th>Philippines</th>
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<td>Focus area</td>
<td>Sexual diversity, strategic information</td>
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<td>Audience</td>
<td>National and local government officials, local community members, community groups</td>
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<td>Contact</td>
<td>Philip Castro</td>
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<td><a href="mailto:philip.castro@undp.org">philip.castro@undp.org</a></td>
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Background

The UNAIDS Report on the Global AIDS Epidemic in 2010 noted that the Philippines was one of only seven countries in the world where HIV incidence grew more than 25 percent in the past 10 years. Figures show that from 2007 to 2011, the average number of new reported cases jumped from one per day to over six per day. This dramatic acceleration of new infections reflects the many risk factors that face the country.

It is however, also driven by stunning trends in two at-risk populations. Five of the six Filipinos being infected with HIV each day in the country in 2011 are MSM. MSM and transgender persons are arguably the two most at-risk populations in the entire country. HIV in these groups already resembles an epidemic, even if the overall HIV and AIDS situation in the Philippines does not yet. Transmission trends have clearly shifted from heterosexual to male-to-male sex. In 2011, sexual transmission through male-to-male sex represented 82 percent of all new cases reported, up from 56 percent in 2007. More disturbing is the absolute numbers of newly infected people identifying either as homosexual or bisexual, growing from 37 total cases in 2001 to 1,842 in 2011.

Further, the underlying risk factors for these two populations are worrying. The 2009 Integrated HIV Behavioural and Serologic Surveillance (IHBS) showed that prevention programmes reached only 29 percent of the estimated 690,000 MSM, while only 35 percent have correct knowledge on HIV. In addition, only 32 percent of the people who practice anal sex reported the use of a condom. Given these inherent gaps between real behaviour and preventative behaviour, the current growth in HIV cases may very well be just the start of a period of explosive, exponential growth in HIV amongst MSM and transgender populations.

The potential for an epidemic to take hold within the most-at-risk populations has not been lost on the government, civil society organizations, or other stakeholders. Neither has the potential to reverse the increase in HIV through well focused and targeted programmes. However, as TLF Sexuality, Health, and Rights Educators (TLF-SHARE) – the MSM-sectoral representative to the Philippine National AIDS Council (PNAC) – noted in 2007, government budgetary backing for HIV and AIDS was not providing the needed resources for adequate HIV prevention, treatment, care and support programmes at the national level. The dramatic rise in HIV cases within the MSM and transgender communities also raised a more fundamental concern – were past intervention programmes that once seemed to be helping stem the tide of HIV, like outreach activities, learning group sessions, and condom distribution, still effective under these changing circumstances?

Understanding and Empowering MSM and Transgender Communities

As the convening UN agency supporting empowerment of MSM and transgender persons, UNDP and the UN Joint Team on AIDS determined that more effective interventions were needed to slow the spread of the disease in these two key populations. As discussions progressed, it became clear that institutional knowledge of these populations and their characteristics was low. While MSM were acknowledged as a distinct group, transgender persons were viewed at best, as a subset of the MSM population, and mistakenly as MSM dressed as women. Service providers and government officials alike viewed MSM as a homogenous population defined almost solely by their sexual behaviour, with very little understanding of the complexities and variations that exist in any community.

Thus UNDP, along with PNAC and the UN Joint Team on AIDS, developed Component 4 of UNDP’s HIV Programme, ‘Strategic Information and Community Leadership among Men who have Sex with Men (MSM) and Transgender Populations’ in order to strategically develop, disseminate, and utilize key information and knowledge. The programme would undertake research to build greater understanding of the behaviours, motivations, needs, and background of MSM and transgender persons, and also to assess current interventions to identify the most effective approaches. This information could then feed into national and local policy-making, programmatic planning, and sharing of best practices and strengthening of South-South cooperation through the USAID and UNDP Multi-city MSM and HIV initiative.

The Work

UNDP partnered with two non-governmental organizations - Health Action Information Network (HAIN) and TLF-SHARE to implement Component 4.

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1 National HIV and AIDS Registry, National Epidemiology Center, Department of Health
2 Ibid.
These groups were chosen for their experience; HAIN in health-related research and analysis, and TLF-SHARE for their capacity and community building work with MSM and transgender persons. Together, they would be responsible for expanding the knowledge about MSM and transgender persons and for assessing the existing programmes targeting these groups. Key to the work have been workshops, group discussions, and most importantly, three major reports – an assessment of MSM and transgender persons data from the 2009 IHBSS, a qualitative survey of behaviour and motivations complimenting the quantitative data from the 2009 IHBSS, and an assessment of current MSM interventions across the nation.

HAIN’s work with the National Epidemiology Center (NEC) of the Department of Health (DOH) to analyse data from the 2009 IHBSS was the first major research initiative and aimed to assess MSM and transgender persons by disaggregating the IHBSS data. Work started on analysing the data to get a clearer picture of infection rates within the populations as well as to better understand the behaviours, exposure to intervention programmes, information gaps, and key risks that the two populations faced. The work has resulted in the only analytical report on a key population published from the 2009 IHBSS.

In July of 2009, the Programme convened the first ever national consultation with MSM and transgender community based organizations working on HIV. Over 100 attendees from across the country came to the ‘National Consultation on MSM, Transgender, and HIV in the Philippines’. The event did more than just underscore the need for MSM and transgender specific programmes in HIV prevention, or validate the need for more data to be generated; it also brought together the major stakeholders from across the nation for the first time, laying the foundation for future cooperation and meaningful partnership. A follow-up conference, the ‘Visayas and Mindanao MSM and Transgender Conference on HIV’ aimed at expanding participation of organizations outside Metro Manila, was held in late 2010 in Davao City. Attended by over 100 local MSM and transgender leaders, the conference resulted in the Davao Declaration, which underscored the MSM and transgender communities’ demand to be recognized, respected, and provided with appropriate services.

The UNDP Project was able to give opportunity for MSM and TG groups and organizations to be capacitated in terms of governance, advocacy and organizational development. Moreover, it helped create an opportunity for stakeholders and duty bearers to come together towards greater and cooperative approaches to halt and reverse the HIV and AIDS epidemic affecting MSM and TG Filipinos.

- Anastacio Marasigan, Jr., Executive Director,
TLF-SHARE
Throughout the first half of 2010, the Programme began to undertake a qualitative study, *Assessing the Risks and Vulnerabilities of Men who Have Sex with Men and Transgender People in Three Key Cities*, internally referred to as the qualitative study, grounded in a social-cultural approach which would serve as a compliment to the quantitative data from the 2009 IHBSS. Building on the partnerships from the first National Consultation, draft plans and questionnaires were distributed to stakeholders from around the nation. With many of the consulted parties being members of MSM or transgender groups, the review process served to endorse the relevance of the study as well as help to focus on issues least understood and most important to MSM and transgender persons. During the summer of 2010, focus group discussions with respondents in three ‘burden’ areas of Metro Manila, Cebu City, and Davao, were conducted. By 2011, the results of the qualitative study was providing decision makers and stakeholders with new, important insights on the behaviours and mind set of MSM and transgender persons, who have the highest infection rates in the nation.

At the end of 2010, the third major research piece of the Programme was started. The programme identified key groups implementing projects at the local levels and undertook an assessment of their interventions and effectiveness. Initial workshops were conducted in Cebu City and Davao in November 2010, and a follow-up workshop that included groups from Metro Manila was conducted in early 2011. The workshops applied a standardized set of evaluation measures to the programmes in place, allowing a comparison of effectiveness that spanned geographies and intervention types. The work fed into an initiative to generate a Comprehensive Package of HIV Services for MSM and transgender persons, building on successful existing projects that could be duplicated in other countries.

**The Impacts**

While all three major reports are significant in their own right, their impact goes well beyond the publication of new knowledge. The engagement of the MSM and transgender persons during the process of designing and generating these reports has significantly increased the skills, abilities, and access of community organizations and individuals for development planning and policy implementation. Partnerships pursued during the Programme have led to greater understanding of decision making processes and primary concerns of all stakeholders, while the awareness of discrimination against and the needs of MSM and transgender persons also cannot be understated.

More importantly though, the knowledge generated by the Programme has contributed significantly to the development of national level HIV policy and planning while also helping guide local innovations and implementation. The importance of addressing HIV among MSM and transgender persons is now reflected in the national 5th AIDS Medium Term Plan, and through

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**Davao Declaration**

“…to be treated as equals of everyone…without prejudice to our sexual orientation, identity or behaviour and without distinction as to our religion, age, ethnicity, or our HIV status…”

The Davao Declaration, adopted at the ‘Visayas and Mindanao MSM and Transgender Conference on HIV,’ acknowledged the danger of the growing HIV epidemic in the Philippines and the need to address it. Based upon a fundamental recognition that “human rights promotion and defense are fundamental to the response to the HIV epidemic” the Declaration puts forth that the rights of MSM and transgender persons to equality and non-discrimination, privacy and confidentiality, health, participation, safe sex, formation of associations, family and relationships, and the same civil, political, economic, social, and cultural rights as others, are inviolable.

The declaration holds both members of the community and the government accountable for upholding these rights. For the community, it is stated that “The obligation imposed upon ourselves (is) to respect and recognize the rights of other people while we strive for the respect and recognition of our right.” At the same time, “The State, being the primary duty-bearer, should evolve, enact, enforce, evaluate and monitor policies, programs and other mechanisms, together with realistic, practical and strategic responses to ensure that our rights are appropriately promoted, protected and fulfilled.”

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The Council (PNAC) believes that concrete ways forward to strengthening Council-to-community engagement will be aided by the gains the UNDP project achieved with capacity-building initiatives with MSM-TG communities.

- Glenn Cruz, MSM and TG Focal Person
**Philippine National AIDS Council (PNAC) Secretariat**
Advancing interventions with Local Government Units (LGUs)

The greater awareness of the specialized needs of MSM and transgender persons served as a basis for an expansion of cooperation between local MSM and transgender groups and LGUs. In cooperation with the Local Government Academy (LGA), in charge of implementing Component 1 of UNDP’s HIV and AIDS programme, ‘Leadership for Effective and Sustained Responses to HIV and AIDS’, HAIN and TLF-SHARE helped MSM and transgender groups engage LGUs, facilitating greater understanding by both parties of needs and planning processes. Groups also worked with Local AIDS Councils, Regional AIDS Assistance Teams, and tapped into the expertise and networks of Local AIDS Champions to expand the impact of their work. Bringing together LGUs and community groups of MSM and transgender persons has resulted in a deeper understanding and awareness of the unique development challenges that face MSM and transgender persons. One area where this has yielded immediate results is the cooperation between LGUs and MSM and transgender organizations in launching local anti-discrimination campaigns. These have taken the form of both local initiatives as well as support for more national programmes like ‘Human Soul’.

Contributing to national planning for HIV and AIDS

Building on the extensive knowledge generated by the 2009 IHBSS analysis, the qualitative study, and MSM and transgender focused workshops and conferences, the Programme provided significant input to the development of the 5th AIDS Medium Term Plan. In presenting the information generated by the Programme to PNAC’s MSM and Transgender Working Group, the Programme supported greater emphasis on policies directed at limiting the spread of the epidemic among MSM and transgender persons. Indeed, the strong contribution of Component 4’s outputs has resulted in TLF-SHARE, HAIN, and UNDP all becoming members of the MSM and TG Working Group. More importantly, the findings from these studies helped inform the National Comprehensive HIV and AIDS Strategic Plan for MSM and TG.

National network of MSM and transgender organizations

A key output of the Programme’s push to profile MSM and transgender organizations and to assess the success of interventions directed at them has been the gathering of relevant organizations from around the country. Whereas many of these organizations have often worked alone, or in smaller regional or urban-focused networks, the Programme sought to bring them together to share innovative practices and facilitate future communication and partnerships. Finally, the Programme and the engagement processes has helped laid the groundwork for the development of one in the future by building an informal network of groups now, led by people who have personal relationships with leaders and champions from around the Philippines.

Building capacity of local MSM and transgender organizations and individuals

The emphasis on involvement by members of the MSM and transgender persons groups served to build the skills and capacities of community members, allowing them to be more meaningfully involved in designing and implementing solutions. To facilitate their participation, the Programme provided training on research methodologies and the process of completing the tasks in Component 4 provided significant field experience. In addition, MSM and transgender groups were also trained on advocacy, organizational and programme development, as well as monitoring and evaluating interventions to assist in determining how effective existing programmes were.

The (Visayas and Mindanao MSM and TG) Conference was such an important step in the formulation of local ordinances and other programmes on MSM and TG (in Davao City) guided by the Davao Declaration. Because of the HAIN and UNDP Project the budget of the City Health Office on HIV and AIDS was increased…new inter-agency collaboration was formed…(and) the Integrated Gender and Development Division of the City Mayor’s Office has allocated budget to establish an MSM desk (to) come up with a plan on how the division (office) can partner with other agencies in providing a more comprehensive programme for MSM and TG.

- Jeff Fuentes, Overall Population Program Officer, City Health Office, Davao City

The National Comprehensive HIV and AIDS Strategic Plan for MSM and TG. The success of the Programme’s research initiatives in affecting national planning is also something that may be applicable in other countries, and the sharing of lessons learned with other countries in the region has been another important impact.
Factors for Success

Component 4 has largely been able to not only produce and disseminate key information about the MSM and transgender populations, but also to ensure that this knowledge is put to use by relevant policy makers and leaders. There are a number of factors that have contributed to Component 4’s success.

Key to the success of the research initiatives on MSM and transgender populations undertaken in the UNDP HIV programme was the expansion of partnerships between groups that did not traditionally work together. For the analysis of the 2009 IHBSS data, the partnership between NEC and HAIN represented the first of its kind. Indeed, this was actually the first time that the NEC released raw data from the study to an NGO for processing and analysis and reflected an important step forward in the relationship between NGOs working on HIV and the government.

Just as importantly, the Programme engaged and sought the participation of stakeholders from multiple sectors. Government partners, civil society, local champions, local governments, and community members were all intimately engaged throughout the process, providing input and critical endorsement of study design, analysis, and data assessments. This emphasis on ensuring that the Programme was implemented with a participatory approach meant that all the relevant stakeholders had a seat at the table every step of the way; participants owned the process and also the results, increasing their stake in not only solving the problem but in ensuring the data was relevant and usable.

In other words, the participatory approach was essentially a three year period of awareness building, advocacy, and knowledge levelling for key development actors working on preventing the spread of HIV. In this way, the Programme contributed not only to generating knowledge needed for better policy making and programme planning, but also to building a strong coalition of development partners. The participatory process ensured that decision makers owned and valued the knowledge in the reports, and directly resulted in the wide utilization of the reports as a foundation for policy formulation at both national and local levels.

A third factor for success has been the Programme’s flexibility in the face of new information or new needs. This was shown most prominently in the design of the qualitative study, which went through numerous iterations throughout the first half of 2010 in response to feedback from various stakeholders. The review process with leading MSM and transgender organizations...
and researchers led to changes in research tools and to more relevant targeted participants for the focus group discussions. As the information gathered through, the Programme began to highlight the needs of communities at the local level in terms of working more closely with local governments and in advocacy against discrimination, new initiatives, like the Human Soul exhibit, were undertaken or supported—another reflection of the Programme’s flexibility in contributing to real effects on these two most-at-risk populations.

**Lessons Learned**

The ‘Strategic Information and Community Leadership among Men who have Sex with Men and Transgender Populations’ component of UNDP’s HIV programme in the Philippines has successfully demonstrated the importance of understanding the MSM and transgender persons and helped inform national responses to the spread of HIV within these two key populations.

For the major research components of this programme, the engagement of key stakeholders was necessary to ensure that the results were not only valid but also accepted as the basis for forward-looking policies and planning. While the participatory process was integral to the widespread impacts of the Programme, it is by its very nature demanding in terms of time and resources. Gathering stakeholders together is difficult, and chasing them down individually equally so. Initial planning could have better taken into account unforeseen delays due to the highly participatory nature of this programme component. Instead, timelines were compressed and the Programme ambitiously attempted to almost concurrently undertake three large-scale participatory research projects.

Initially, the Programme faced a problem of high turnover within government and civil society organizations which impeded its continuity and the long-term benefits of awareness and capacity building. It became clear from an early point that key leaders and group members would have to be identified in order to sustain the work and gains from the Programme. This was especially important because research capacities at the local levels and within the MSM and transgender community groups were low; people would need to be trained and supported in order to undertake the research activities needed, but high turnover could continuously challenge the ability to deploy sufficient human resources.

**Sustainability**

Component 4 has played a large role in ensuring that national policy on HIV and AIDS takes into account MSM and transgender persons. The three year programme has resulted in a marked increase in the understanding of these two key populations for HIV in the Philippines. The MSM-specific analysis of the 2009 IHBSS, the qualitative study of behaviours and motivations, the assessment of existing interventions, and the comprehensive package of HIV interventions for MSM and transgender persons are all extremely important sources of information on how best to address these populations going forward.

However, dissemination of the knowledge generated through this programme continues to pose a challenge to its long-term impacts. While the participatory process has ensured that the information is relevant and valid, thus far those who have participated also constitute the bulk of the audience for this new knowledge. Currently, there is still a disconnect in important government agencies at both the national and local levels; while some departments may be well-versed in the findings, others remain uninformed. Likewise, government departments and development NGOs that do not traditionally deal with HIV or these key populations may also have little or no access to the knowledge generated.

**Lessons Learned**

Key lessons were learned through this programme. It has shown that when relevant and strategic data and information exist, national policy and programme planning can be more robust and effective. Building the partnerships and relationships, as well as ensuring there is institutional buy-in to the data, prove to be invaluable to guarantee utilization of the data.

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*The fight of the LGBTs (lesbians, gays, bisexuals and transgender) for their rightful place in this world is also our fight. Not only should we manifest our solidarity with them, we should take on with greater fervor their issues and concerns…*

- Hon. Luzviminda Ilagan, Representative, Gabriela Women’s Party
by the Programme. In order to sustain the gains made, the Programme must broaden the base of people who have access to the information and encourage them to utilize it in their development planning. It is only by expanding the audience and communicating the importance of the information gathered that HIV, and specifically challenges facing the MSM and transgender persons, can be addressed from a development perspective instead of solely a healthcare one.

The qualitative study is undoubtedly useful and informative, as its citation by high-ranking officials from the DOH and other agencies shows. Despite this, there have thus far been no concrete decisions about making the qualitative study a regular part of the IHBSS. The 2011 IHBSS does not include a qualitative component. The importance of having access to updated qualitative data for future planning cannot be overstated, and resources need to be put behind continued data gathering to ensure that the information – and resulting policy making – reflects current realities. It is important that the qualitative study is not treated as a one-off activity; behaviours, motivations, and situations are constantly changing and having a regular qualitative study will assist not only in ensuring relevance of HIV interventions but also in monitoring and evaluation of current initiatives.

Finally, the partnerships and relationships created through this programme should continue to be nurtured and expanded. While the Programme, in other components as well as this one, has faced challenges with high turnover rates of government staff, officials, and NGO leaders, as these people spread out to other agencies and responsibilities, they can take with them the knowledge and awareness gained from their work with the Programme. At the same time, organizations working on MSM and transgender HIV interventions can also better target their training and awareness efforts at identified leaders in the field to minimize the potential negative impacts of staff movement. Finally, still greater attention can be paid to building deeper institutional relationships so that the government and civil society can together be more agile in addressing key populations and changing circumstances.

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**Additional Resources**

- Towards Universal Access: Examples of Municipal HIV Programming for Men who have Sex with Men and Transgender People in Six Asian Cities
  

- Assessing the Risks and Vulnerabilities of Men who Have Sex with Men and Transgender People in Three Key Cities (to be published in 2012)

- Human Soul: An Online Exhibit Against Discrimination: [http://humansoulph.blogspot.com](http://humansoulph.blogspot.com)
For More Information on Community Leadership and Sexual Diversity in the Philippines Please Contact:

Philip Castro  
HIV and AIDS Programme Officer  
UNDP Philippines  
philip.castro@undp.org

United Nations Development Programme  
30th Floor, Yuchengco Tower  
RCBC Plaza, 6819 Ayala Avenue  
1226 Makati City, Philippines

http://www.undp.org.ph/  
https://www.facebook.com/undp.ph

For More Information on Human Rights and Sexual Diversity in the Asia-Pacific Region Please Contact:

Edmund Settle  
Policy Specialist, Human Rights and Governance  
HIV, Health and Development Team  
UNDP Asia-Pacific Regional Centre  
edmund.settle@undp.org

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United Nations Development Programme
UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200
Thailand

Email: aprc@undp.org
Tel: +66 (2) 304-9100
Fax: +66 (2) 280-2700
Web: http://asia-pacific.undp.org/