



Leaving no one behind

Inclusive development, health and rights: What does this mean for people marginalized on the basis of SOGIESC?

“The great lakes region has been ravaged by internal conflict and is unfortunately home to a handful of despot rulers whose regimes have no respect for the rule of law. Human rights violations are common, poverty is rife, and everybody is (...) looking for (...) someone to blame. So, it is easy for society to vilify LGBTI people because the government has underwritten persecution through penal code and through constant harassment and arrest by security agents” – Pan Africa ILGA

“Not all countries have problematic penal codes, but in all of them, LGBTI people face harassment” – Neela Ghoshal, HRW

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Introduction

The Global Challenges Research Fund of the United Kingdom's Economic and Social Research Council (ESRC) has funded a strategic network to focus on the missed needs of Lesbian, Gay, Bisexual, Trans*¹ and Intersex (LGBTI) people in the Great Lakes Region (GLR) of Africa². On 1 November 2017, the Gender Centre of the Graduate Institute, Geneva hosted the third of a series strategic network meetings (SNM). It was premised on the normative aspiration of social inclusion written into both **Agenda 2030**³ and **Agenda 2063**⁴, espousing the principle of *leave no one behind*. Its goal was to understand the compounded and interrelated effects of exclusion from legal and health services. Its underlying assumption was that **health** and **human rights** are interlinked. This summary will review the present institutional limitations in advocacy and global health policy, based on issues discussed during the SNM. It will then highlight suggestions made to bypass the limitations raised and will conclude with identified research priorities moving forward.

HIV/AIDS as a way to talk about homosexuality

Dr. Vinh-Kim Nguyen opened with his presentation about anthropological perspectives on men who have sex with men (MSM) in Africa. He unpacked how global AIDS advocacy in the mid 1990s to early 2000s forged the space to talk about homosexuality in Africa within the context of AIDS management and HIV prevention. Later, conversations around MSM largely surrounded HIV treatment/prevention, and health governance related to sexually transmitted infections (STI). This provided normalized financial pathways to address issues related to MSM, intravenous drug users, sex workers, and to a lesser degree, the inclusion of trans* women under the umbrella of "key populations."

Though opening health finance to gay, bisexual and trans* people under the umbrella of "key populations" served as a tremendous entry point for addressing barriers to justice, a number of challenges were raised.

Challenges

1. Categories

The term "key populations" relies on defined and inflexible categories of classification. Its constituents are often the objects of study and targets of programming. A key argument in Nguyen's presentation was that "categories fail to capture everyone and even if they may work some or most of the time, they certainly do not work sometimes." If researchers and policy makers aim to tailor funding for programming that addresses health needs of those *furthest behind*, it is important to consider those that may not fit in the categories of research. In theory, **it is the unreachable (and sometimes the inconceivable) that are most at risk of the social determinants that cause illness.**

Participants Present

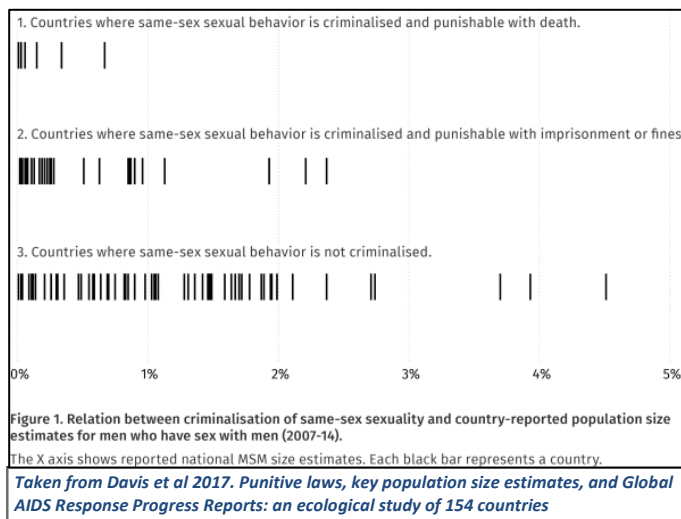
Adomako, Kwaku	Gender Centre, Geneva
Akullo, Godiva Monica	Chapter Four, Kampala
Amofo, Robert Akoto	Solace Initiative, Accra
Burzynski, Richard	UNAIDS, Geneva
Chou, Doris	WHO, Geneva
Davis, Sara (Meg)	CERAH, Geneva
Du Plessis, André	ILGA, Geneva
Ghoshal, Neela	Human Rights Watch, Nairobi
Jacobson, Barbara Rosen	DIPLO, Geneva
Kayiwa, Denis	Independent, Uganda
Konstantinov, Boyan	UNDP, New York
Moon, Suerie	Global Health Centre, Geneva
Mukuku, Françoise	Si Jeunesse Savait, Kinshasa
Narrain, Arvind	ARC International, Geneva
Ngoksin, Ed	Global Fund, Geneva
Nguyen, Vinh-Kim	Graduate Institute, Geneva
Prügl, Elisabeth (Lisa)	Gender Centre, Geneva
Reynolds, Rhon	ABDGN
Russell, Aidan	Graduate Institute, Geneva
Schirvar, Gabriel (Gabe)	IOM, Washington
Somerville, Claire	Gender Centre, Geneva
Steans, Jill	University of Birmingham
Thomas, Rebekah Bosco	WHO
Weber, Cynthia (Cindy)	University of Sussex

¹ The asterisk * in trans* refers to all identities within the gender spectrum, including but not limited to transgender and transsexual.

² The International Conference of the Great Lakes Region (ICGLR) comprises the following member states: Angola, Burundi, Central African Republic (CAR), Democratic Republic of the Congo (DRC), Kenya, Republic of Congo, Rwanda, South Sudan, Sudan, Tanzania, Uganda and Zambia.

³ ¶4 States "We pledge that no one will be left behind (and) ...endeavour to reach the furthest behind first." UN General Assembly, 2015. *Transforming our world: the 2030 Agenda for Sustainable Development*, see <http://www.refworld.org/docid/57b6e3e44.html>

⁴ Aspiration 6 ¶47 states that "no child, woman or man will be left behind or excluded, on the basis of gender, political affiliation, religion, ethnic affiliation, locality, age or other factors. African Union Commission, 2015 *Agenda 2063: The Africa We Want* See <http://www.un.org/en/africa/osaa/pdf/au/agenda2063.pdf#page=10&zoom=auto,-106,508>.



2. Data and visibility

Sara (Meg) Davis presented on how data and resources are inextricably linked: according to her, financing begets data and the data justifies the financing. To funnel resources into the most impactful health programming requires good and reliable data. Thus, to make informed decisions, researchers and policy makers rely not only on population estimates, but the political will of state actors to produce them. However, she pointed out that size estimates on MSM are weaker in countries that criminalize same sex sexual activity (figure 1) while Rebekah Thomas explained that the majority of countries do not produce data on trans* people. Davis identified two paradoxes: The first is what Steph Berall and Matt Grenall (2013) call the [Data Paradox](#): Where

researchers and policy makers “know less about the needs of diverse populations in settings with the most stigma,” because national “decision-makers deny that most affected populations exist, or that they are relevant to the ... (HIV/AIDS) epidemic. [S]o, no research gets done on these populations; the lack of data feeds the denial; and so on.” The second is that members of key populations need to be invisible for safety, yet visible to be represented by data, and acquire associated resources.⁵ In the Ghanaian context, Solace Initiative⁶ technical strategist Mr. Robert Amofo stated that advocacy and health programs only reach MSM that are “out” in the social networks that they have access to. This leads to a crucial challenge: **the data that (inter)national organizations are able to acquire, on which programming relies, is curtailed by a gatekeeper effect and may not reflect the targeted groups they purport to represent.** Since data on MSM for example relies on those that are willing to be visible, one has to ask: which types of MSM are visible? Can the behavioral patterns of those that are visible reflect those that are not?

The degree to which MSM hide in stigmatizing social climates changes based on context and agency. The later depends on available economic, social and political resources. For example, Amofo discussed how men in Ghana of higher social strata are seldom visible because of the greater financial stakes. They thus avoid the MSM of lower social strata that have an overrepresentation in data used for programming. Similar to Amofo's account of the Ghanaian context, Davis discussed how in Kenya, MSM increasingly “show up” not only to be counted but to do the counting and fight for better data. If it is anything like the Ghanaian context, they most likely use their social networks to bypass state unwillingness to produce reasonable size estimates. If this is the case, MSM size estimates based on who the advocates know only capture the diversity of their networks, and not that of the country.

3. Internal organizational obstacles

Gabriel Schirvar from the International Organization for Migration (IOM) showed how not all members of organizations such as the United Nations High Commissioner for Refugees (UNHCR) and IOM are aware of the particular needs and risk points of LGBTI people. He presented IOM's [LGBTI Training Package](#)⁷ and provided lessons learned out of training people from IOM and UNHCR. Rebekah Thomas showed how the World Health Organization (WHO) lags when it comes to reducing barriers to health on the basis of sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). As she and her colleagues noted in a 2017 bulletin, “the 2005-2008 Commission on Social Determinants of Health did not explicitly recognize gender identity (nor sexual orientation) in its final report” (154). During the presentation, she also discussed how actors disagree on whether to take utilitarian (reach the greatest number) or equitable (start first with the furthest behind) approaches to health policy. Consequently, the WHO rarely produces research that controls for SOGIESC. Furthermore, not all that are versed in LGBTI health and human rights needs are using a SOGIESC approach, championed by organizations such as ARC International and ILGA. SOGIESC provides avenues

⁵ Davis elaborates on this point in depth in “The Uncounted: Politics of Data and Visibility in Global Health.” *The International Journal of Human Rights* 21(8): 1144–63. <https://doi.org/10.1080/13642987.2017.1348707>.

⁶ Formerly Solace Brothers Foundation. https://www.facebook.com/pg/solaceinitiativeghana/about/?ref=page_internal

⁷ Accessible at <https://lgbti.iom.int/idahot-2017-and-lgbti-training-package>.

to capture those that fall outside of the scope of LGBTI in political discourse and research targets. Everyone has a sexual orientation, a gender identity and forms of gender expression, and sex characteristics. **Everyone's experience is therefore influenced by their SOGIESC. However, only a targeted group identifies as LGBTI.**

4. The depoliticizing effect of health finance

Though HIV/AIDS provided a useful opening to address the negative health impact of discrimination and violence based on SOGIESC, Françoise Mukuku of Si Jeunesse Savait⁸, and Godiva Akullo from Chapter Four Uganda⁹ raised issues about the overemphasis on MSM and physical health. Concurrently, pathways for dialogue through HIV advocacy remain closed for lesbian and bisexual women, trans* men and other gender non-conforming individuals. A key point that Akullo made was that little is done for mental health and the structural discrimination that can spur illness among LGBTI people. Numerous participants also problematized how HIV funding organizations now put an overemphasis on Pre-Exposure Prophylaxis (PrEP). In the case of Uganda, though LGBTI advocacy organizations proliferate, the majority focus on PrEP and STI prevention because prevention via treatment is what receives funding. Policies are increasingly denuded of political potential to substantively change social climates, undermining favourable epidemiological outcomes.

5. The solidarity dilemma and the tension between quiet diplomacy and outright condemnation

According to Neela Ghoshal from Human Rights Watch, in Kenya, some organizations have concerns about the visible support they receive from international organizations. Yet to be quiet sometimes allows the state to infringe upon rights with impunity. This, she said, was the case in Tanzania, where there were two high profile crackdowns in 2017. On 17 October, police arrested and detained 12 anti-HIV lawyers and advocates, a number of whom were friends and colleagues of members of the SNM, and still languished in prison. André du Plessis from ILGA¹⁰ pointed out that allies in human rights organizations not known to be LGBTI can step in and take pressure off of LGBTI organizations. Amofo, however, emphasised the importance of allies to pay careful attention to the political priorities of LGBTI organizations so as to not prematurely take up public causes (such as decriminalization or same-sex marriage) that could work against them.



Opportunities for research

1. Linkages: Attending to fracturing in health, faith, among social groups and organizations

New approaches to health

⁸ A feminist group based in Kinshasa that works with relevant ministries governmental ministries to train women and girls in information and communications technology (ICT) to fight against gender-based violence. For more information, visit <https://www.apc.org/en/partner/si-jeunesse-savait>

⁹“Chapter Four Uganda is an independent not-for profit non-partisan organization dedicated to the protection of civil liberties and promotion of human rights for all in Uganda” by providing “...legal response(s) to abuse of civil liberties.” For more information, visit <http://chapterfouruganda.com/about-us/who-we-are-chapter-four-uganda>

¹⁰ The International Lesbian Gay Bisexual Transgender and Intersex Association. For more information, visit www.ilga.org

Richard Burzynski from UNAIDS said that “health is not a pill” and that HIV, among other health issues, “cannot be seen in isolation”. Health institutions should shift their focus from the bodies of individuals and work to heal communities **particularly as they struggle to think outside of a binary system.**

Renewed inter/intra-group cohesion

Burzynski and du Plessis also described the imperative of LGBTI advocates to not only pay attention to fracturing within the movement, but to recognize that their politics cannot be divorced from women’s politics. Advocates must problematize how targeted mandates can produce silos and competition for space as resources are increasingly scarce. When issues relating to SO, GIE and SC are lumped together as separate from issues related to gender, it removes LGBTI considerations from policies on gender-based discrimination and violence that should cover at least “gender minorities” by definition. Lastly, du Plessis invited participants to explore avenues within faith systems to affirm SOGIESC.

Inter-organizational assistance

Larger successful LGBTI organizations should help emerging support groups evolve into NGOs and benefit from financial and technical support that they otherwise would not be able to access. Furthermore, LGBTI organizations can support non-LGBTI organizations and join their causes in order to galvanize reciprocity. This was a strategy used in Kenya where the National Gay and Lesbian Human Rights Commission joined forces with other organizations to fight corruption. LGBTI organizations can also provide physical space for other dissidents to organize as Ghoshal indicated was the case in Burundi.

Transnational ecology of knowledge production

Researchers should explore the co-constitutive ways that knowledge is produced internationally. It would be useful to investigate how what transpires in Geneva translate to national realities and how what is said in Geneva can best be informed by the realities of people in the GLR.

Burzynski identified “the ecology of our new humanity,” characterized by the disappearance of borders and heightened information exchange and critiqued how international organizations seldom consider it in research, policies and programming. To bypass the limited access to people comprising middle and lower class MSM, Amofo’s organization used platforms such as Grindr, Scruff, Tinder, Hornet and Facebook to digitally reach people they otherwise could not have contacted if limited to their physical networks.

2. Litigation

In many African countries, there is limited legal ground to punish on the basis of SOGIESC. The DRC for example has no laws that criminalize same-sex sexual activity whereas in Uganda and Ghana the law only criminalizes penetrative sex performed **by a man to** another person. Technically, one can argue that non-binary sexual and gender identities, as well as non-procreative sex (with the absence of penetration by cisgender men) is not covered by a number of criminal codes. In Uganda and Zambia, advocates use litigation increasingly to vindicate for rights. According to Akullo, **Ugandan advocates have found success via the angles of equality, non-discrimination and the right to privacy.** In Zambia, advocates invited non-governmental doctors to appear in court to contest governmental doctors supporting anal examinations. This demonstrates that despite state sanctioned discrimination targeting LGBTI people, national and international advocates must not discard the laws governing the countries concerned but work in the mechanisms that already exist. However, Akullo warned about over relying on the courts because, in the Ugandan case, economic constraints hamper the system. As courts are overstaffed and judges are underpaid, personnel are inclined to take bribes and some judges even fail to show up to provide rulings.

3. Accountability

Many felt that not enough is done to hold various institutions responsible for (in)directly inhibiting the realization of inalienable human rights owed to all because of SOGIESC. For example, organizations such as PEPFAR and the Global Fund should be held to account for neutralizing effects their finance policies have on advocates as the distribution of

PrEP proliferates. The WHO International Classification of Diseases (ICD) uses the problematic term "transsexualism" (Thomas et al 2017) to paradoxically provide windows for trans* people to receive access to vital medical resources yet does so from a place of pathology rather than affirmation. It is unclear if this causes more harm than remedy. Finally, the media must be held accountable for sensationalizing events and issues related to SOGIESC, not only in the GLR or African context, but also in Western gay news media outlets frame homophobia as the new primitivity, exaggerating the situation in African countries.

Looking ahead: research opportunities and priorities

1. New entry points to health and SOGIESC

Find Inclusive strategies to ameliorate the sociopolitical climate of countries whose laws make key populations most susceptible to social determinants of illness. Shift focus to pathologize the mindsets of communities and societies that make key populations susceptible to illness, rather than on the individual illnesses themselves.

2. Organizational investigations and trainings

Research best practices for LGBTI mainstreaming in (inter)national organizations that overlook needs that could affect the health and wellbeing of sexual and gender minorities (e.g. migration, resettlement, conflict situations, legal protections). Research in greater depth the site-specific efficacy of standardized training programs. This should include the IOM's LGBTI training toolkit, but especially local toolkits produced in the GLR. Investigate best practices and strategies for being best allies, prioritizing the voices and the needs of people discriminated on the basis of SOGIESC, so as to not take well intentioned actions that exacerbate harm.

3. Research ethics and the politics of representation

Similar to the UNAIDS GIPA¹¹ principle, explore research and policy opportunities where members of key populations are placed in all levels of scholarly investigations related to health and advocacy. Include the ethical considerations of making persons of concern as co/principle investigators rather than the objects of study or data collectors in the capacity of "key informants."

4. The limits of categories

Produce strategies for moving beyond allotted categories in Global AIDS Financing, and research failsafe means to account for those that fall outside of them and therefore are fall furthest behind.

5. Accountability and health financing

Galvanise a shift in the ethos of global health, from the donors or voluntary contributors, to the vessels (Global Fund, WHO, GAVI, etc.); emphasise accountability for shifting focus from political and social determinants of health and illness to simply providing surface remedies (e.g. PrEP and condoms) greater social issues.

6. Transnational ecology of knowledge production and SOGIESC

Research how what transpires in Geneva transmits through regions and down to reality, and how what is said in Geneva can best be informed by the realities of people in the GLR. Explore the efficacy and ethics of utilising applications that already have a high presence of sexual and gender minorities (e.g. Grindr, Scruff, Hornet, Gay Romeo and Tinder) as a method for data collection and information dissemination.

¹¹ Greater Involvement of People Living with HIV/AIDS.

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