Over 35 participants from four African nations, the USA, the UK and the European Union – 21 of whom gave oral presentations – were brought together for this satellite conference, the first such to accompany the South African AIDS Conference. This executive summary reviews the conference proceedings in each of the following categories: New MSM Research and Challenges, Current LGBT Programmes Overview and Needs Assessment, and Developing Advocacy and Funding Strategies.

Current research outputs underscored what we know to be a very difficult situation. Among men who have sex with men (MSM) in South Africa, Kenya and Malawi there are documented high-risk sexual behaviours; limited access to water-based lubricants; low knowledge of HIV; fatalistic views of HIV, sickness, and death; barriers to accessing care, HIV testing, antiretrovirals (ARVs) and support; vulnerability to homoprejudice and sexual violence; a lack of general security; and the most vulnerable being least connected to resourced gay communities. Research challenges included developing standardised protocol definitions to produce comparable data outputs across sites, obtaining and verifying more representative samples, recruitment of high-risk MSM to research studies and delivery services, identifying and accessing bisexual men, and mapping the crossover of disparate heterosexual and homosexual HIV epidemics.

Lesbian, gay, bisexual, and transgender (LGBT) advocates, service providers and support organizations outlined plans to mainstream LGBT-sensitive and specific health care into general health systems, with sex-positive and holistic care packages. There was a call to better understand MSM populations; create an LGBT sexual health training manual for clinicians; recognise the role of religion in sexual-identity formation; and address the almost complete lack of current bi- and trans-specific research and programming. Under-scored was the need for more and better resourced LGBT safe-spaces, and action against sexual violence targeting LGBT folk. Outside of South Africa, the paramount issue was an urgent need to de-criminalise homosexuality.

Advocacy tools and funding strategies require the anticipation of research outcomes and the preparation of targeted advocacy packages for specific audiences, such as government and religious leaders. Data outputs should be used more effectively to leverage secure funds for continued and better research. Advocacy ‘champions’ within the LGBT community need to be identified and groomed to liaise with donors in meeting funding goals. Especially in this time of global financial downturn, the focus must be on value for money, prioritising quality research projects and evidence-based interventions, while adopting flexible programme development and step-wise approaches to roll-out.

Throughout the satellite, researchers and advocates alike expressed a need for more open dialogue in order to develop a single framework with which to approach shared goals. There is a need to work collectively towards security for African LGBT people, engaging all levels of government in discourse around negative-rights legislation, while also holding them accountable. More streamlined approaches to research and service delivery must be developed, delegating responsibilities to those best suited to the task. And lastly, programme expansion must be informed by sound scientific research and guided by rigorous monitoring and evaluation, an ideal opportunity for LGBT research-advocate partnership.

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