



Independent observer
of the Global Fund

Resistance in Côte d'Ivoire to funding of programmes for men who have sex with men

- Côte d'Ivoire is known throughout West Africa as the most tolerant country, where gay, lesbian and transgender people from all backgrounds do not have to fear the same kind of systematic violence or opprobrium that plagues them elsewhere in the region. Nor is there any legislation banning homosexual activity as in other countries, including Nigeria which in January passed a jarring bill into law that imposes 14-year penalties on same-sex unions or gatherings by sexual minorities in public.

Yet for all this openness, the country is hardly an oasis : sex workers and men who have sex with men continue to encounter often violent stigmatization, the manifestation of a culture of ignorance and suspicion, particularly within the security and defense forces.

The response to an announcement made in June 2013 by the French embassy that it would fund the local human rights group Alternative to fight anti-gay discrimination was met with virulent opposition, manifest in the pages of the country's daily newspapers.

While some of the papers reported on the news without comment, others lambasted the announcement as "encouraging this vomit-inducing phenomenon designed to destroy the human race".

A report released in October 2012 by a consortium of human rights organizations revealed a number of instances of violence meted out by defence forces.

Violence is not the only form that stigmatization can take ; other groups working in the country to battle the effect of an 3.7% prevalence rate of HIV often take exception to the money allocated specifically for outreach to this population.

“They think, why should those people get extra money, when there are other people also suffering?” said Dr Aidara Coulibaly, director of a community outreach NGO, Alliance Côte d’Ivoire.

In support of its global objectives to target funding to the populations most in need, the Global Fund in November 2013 approved support for two HIV programmes targeting both sex workers and men who have sex with men (see [article](#)). Until September 2016, some \$3.9 million of an \$18.8 million grant ([CIV-910-G13-H](#)) has been specifically allocated to target the needs of these vulnerable populations.

Administered by the national anti-AIDS alliance, the money will be spent on free distribution of male and female condoms, lubricant and outreach campaigns on prevention of HIV infection. Additional funds under Phase 2 of a second grant ([CIV-910-G12-H](#)) will boost the Fund’s contribution to anti-retrovirals from 30% to 50% of the national need. There are currently nearly 18,000 people on ARV therapies supported by the Global Fund.

These programmes are an effort, in line with the national strategic plan developed by Côte d’Ivoire for 2012-2015, to bring the high rate of HIV infection in key populations under control.

In line with the objectives established by the Global Fund to reach out to key populations, even in the face of marginalization, the country coordination mechanism (CCM) has begun bringing representatives from sexual minority groups into decision-making.

Despite noticeable reluctance by some CCM members to share the table with them, gay voices are making themselves heard.

Dr Coulibaly said that gay advocacy groups were directly responsible for ensuring that lubricants were included in the commodities requested under Phase 2 of the recently-approved grant.

Other proposals, including human rights sensitivity training for security forces, were not as enthusiastically received – a position perhaps attributable to the fact that the Ivorian justice ministry refuses to believe that security forces have ever committed violent acts against gay men, said Franck Amani of the national association of people living with HIV (RIP+).

Still, even within the CCM, there is stigma, couched in terms of morality.

Yvette N’Tamon, who represents a religious alliance that has a seat on the CCM says that while all populations should be represented at the table, “really integrating them into decision-making means accepting homosexuality as a good moral value. And that is simply not the case. We don’t have much of a choice, though.”

According to a survey conducted in 2012-13 by the national HIV programme, HIV prevalence among sex workers is 28.7 percent nationally. For men who have sex with men, there are no good data from the national level, but sero-prevalence in Abidjan is estimated at close to 18%.

Results from a more comprehensive Integrated Bio-Behavioural Survey, partially funded by the Global Fund, are expected in 2014, with a second phase survey to be launched in 2016. The results generated by these two surveys will help to fill the yawning national gaps in survey data while also helping the PR to further refine its strategies for programmes targeting the two populations.

But while these programmes are considered by many in the country to be vital to the success of the national fight against AIDS, they don't go nearly far enough, said one sex worker who asked to be identified only as Chimène.

“When they beat us in the street, we have no way to pay our medical bills, and only in Abidjan can we even find someone to defend us; elsewhere in the country, no one has the means or the interest,” she said.

For some groups, it's not a want of funds that prevents successful programming. According to Dr Marguerite Thiam, head of the national AIDS commission's outreach to vulnerable populations, religious and traditional prejudice, to say nothing of the prejudice and stigma perpetuated by the armed forces, means that outreach can be compromised. “Our work can most definitely be compromised by fear, and widely misunderstood,” she said.

The opinions about HIV, sexuality and social mores are as varied in Abidjan as the people from across the region who flock to what remains the most metropolitan capital in all of francophone Africa despite more than a decade of on-and-off conflict and strife.

In Blockhauss, a densely populated working-class neighbourhood in Abidjan, Florence, a businesswoman, and Chantal, an aesthetician, shared a similar outlook on the necessary response to AIDS in the country.

“Everyone deserves to be treated [for HIV], no matter if they are sex workers, gay or straight. You can get AIDS accidentally, but it's also true that gay men should kind of expect it – it's their fault that they get AIDS,” they said.

Just a few blocks away, Rodrigue N'Choko is closing the private clinic where he works as head nurse. For him, external funding that targets sexual minorities including sex workers is critical, even if that targeting is resented by the wider population. “If that money were not available, how would these people get treatment?” he asked. “Even when they know their status, they need to seek treatment in secret.”

M N'Choko may have a nuanced view of the importance of providing access to treatment for all people living with HIV, but his is not a position shared by most health providers in the country. Only three clinics in Abidjan are considered safe places where HIV+ gay men can feel confident seeking treatment. Many doctors are anecdotally known to refuse to provide treatment because of their sexual orientation.

For many working in the HIV field, that sort of exclusion and marginalization is the most dangerous, because it perpetuates stereotypes and misunderstandings among the very people whose code of conduct demands that they first do no harm. To overcome it, they say, Côte d'Ivoire must be innovative in implementing a public health approach to HIV – instead of a cultural one.

“We are trying to establish in the public perception that men who have sex with men are often also in relationships with women; many are married, for example. So this means that everyone should be aware of how to prevent HIV. And in some ways, we are making headway, but it is a huge task.”

Just how huge a task it is was manifest in an interview with Roger Koffi, a popular radio presenter on the Muslim radio station Al Bayane. Insisting that his opinion was informed by secular, rather than religious teaching, he said : “In Africa, it's difficult to accept homosexuality. I do not agree that we should be helping them, and think that those funds would be better served elsewhere, like subsidizing more antiretrovirals for the poor who aren't gay.”

*Voir l'article original [in French](#). See the original article [en français](#).

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