

A Leap of Pride

Gautam Yadav was 17 when he came out to his parents in 2008. “I wanted to travel to the Delhi Pride, and so I had to tell them.” His father is a motor-rickshaw driver in Mumbai, India, who, though not formally educated, is interested in current affairs; he accepted his son’s sexual orientation from the start. His mother was more subdued and feared that he might suffer from stigma, but she did not reject him either. “I expected a lot more drama,” Gautam says.



A few months later, he received an HIV+ diagnosis. “At the time, we didn’t have smartphones that could give us answers on the spot and being gay was still outlawed in India. I had to go to internet cafés to find out what to do.” As soon as he started taking antiretroviral drugs, Gautam decided to help other young people, either living with HIV or at risk of contracting it, who might not have such kind families as his own. He became an activist for safer sex, for people living with HIV and for LGBTQI+ people. He lobbied with others against Section 377, the discriminatory colonial-era law that criminalized homosexual acts, which put barriers to HIV prevention, testing and treatment. This collective activism paid off: Section 377 was ruled unconstitutional by the Supreme Court of India in 2018. “Now I am studying for a master’s in social work and I continue to advocate for safer sex among young people.”

LGBTQI+ and the barriers to HIV prevention, testing, treatment and care

Gautam’s story epitomizes what young LGBTQI+ people – even those in supportive families – can face when discrimination against their sexual orientation and gender identity limits access to vital information about their health. There are still at least 69 countries where LGBTQI+ people are criminalized, with punishments ranging from heavy fines to death. In six countries, men who have sex with men risk capital punishment. This compromises prevention, testing and treatment efforts and makes accessing health services difficult. Everyday life is tougher too: Transgender people can be pushed into sex work due to discrimination, and they regularly face violence. For lesbians and bisexual women, misogyny and gender violence add to the discrimination against their sexual orientation. Gay men are regularly targets of homophobic attacks.

The risk of HIV acquisition compared to the general population



Source: UNAIDS Global Aids Update 2021

Key populations and the “Breaking Down Barriers” initiative

“Key populations” is a term recognizing people who face increased vulnerability to HIV, TB and/or malaria, decreased access to services and who experience systematic discrimination, disenfranchisement and criminalization. Reaching key populations with prevention, testing, treatment and care, and supporting them to overcome barriers to services, is essential to ending HIV, TB and malaria as public health threats. HIV challenges society to confront personal, often taboo, topics in an open and honest way. Thanks to bold and committed activists, community organizers and health professionals, the walls are coming down, little by little.

To reach key populations, the Global Fund and partners take a differentiated care approach – one that makes services more accessible and tailored. Working through our partners, who might be activists themselves, we engage key populations where and how they most need it. We support comprehensive HIV programs, including programs for pre-exposure prophylaxis (PrEP), a preventative medicine against HIV; condom distribution; HIV testing, treatment and care; demand generation and education around

safer sex, sexual orientation and gender identity; and we address stigma, discrimination and violence, community empowerment, legal literacy and legal support, among others. In a few priority countries, the Global Fund provides additional resources and technical support as part of the “Breaking Down Barriers” initiative to scale up programs to address human rights and gender-related barriers to services. LGBTQI+ are among those who directly benefit from such efforts.

Fight for what counts

The Global Fund has saved more than 44 million lives since our inception in 2002. This includes 64% fewer deaths from HIV and 54% fewer HIV infections compared to 2002. This year, the Global Fund is launching our Seventh Replenishment fundraising campaign to raise at least US\$18 billion to fight HIV, TB and malaria and build stronger systems for health, and thus reinforce pandemic preparedness. At least US\$18 billion would save 20 million lives, cut the death rate from HIV, TB and malaria by 64% and strengthen systems for health to build a healthier, more equitable world. We must fight for a world where barriers to health – on grounds of gender, sexuality, sexual orientation, or any other reason – fall down.



Borys Grachov is an LGBTQI+ activist from Ukraine and the coordinator of the Global Fund-supported National Paralegal Hub, a paralegal network run by the country's largest LGBTQI+ organization, [Alliance Global](#). In the last few months, paralegals have helped dozens of people who have lost their homes to find temporary shelter. They have helped people who have gotten stuck in the middle of hostilities get to safety. They have assisted people who have relocated to other parts of the country to secure new supplies of antiretroviral medications, pre-exposure prophylaxis (PrEP) and condoms. Paralegals also continue to document incidents that are not related to the conflict, such as violence based on sexual orientation or gender identity.

About the Global Fund

The Global Fund invests more than US\$4 billion a year to defeat HIV, TB and malaria and ensure a healthier, safer, equitable future for all. Since the beginning of the COVID-19 pandemic, we have invested an additional US\$4.3 billion to fight the new pandemic and reinforce systems for health. We unite the world to find solutions that have the most impact, and we take them to scale worldwide. It's working. Together, we have saved 44 million lives. We won't stop until the job is finished.