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The U.S. Government and Global LGBT Health: Opportunities and Challenges in the Current Era

Jen Kates

Summary

In recent years, the U.S. government has paid increasing attention to the health and human rights of lesbian, gay, bisexual and transgender (LGBT) individuals around the world, utilizing both multilateral and bilateral channels, including through a 2011 Presidential Memorandum on "*International Initiatives to Advance the Human Rights of Lesbian, Gay, Bisexual, and Transgender Persons*" and diplomatic engagement at the United Nations (UN) and World Health Organization (WHO). Most of these efforts have been broadly cast as part of the U.S. government's human rights policy, rather than through its global health strategies and programs, although they have included health elements. Still, however, many LGBT individuals continue to face stigma, discrimination, and violence, both within and outside of the health sector, which compromise their ability to access needed health services and can adversely affect health status. Moreover, in many countries, the barriers faced by LGBT individuals include discriminatory laws and policies. Indeed, in 81 countries, same sex behavior is criminalized; 7 of those countries impose the death penalty. Many of these countries receive U.S. global health assistance and/or are key strategic partners of the U.S., raising complex questions about how best to address the health needs of LGBT individuals within them. Recent actions to further criminalize same sex behavior and/or restrict the rights of LGBT persons and their supporters by the governments of Nigeria, Uganda, India, and Russia (and worries that other countries may soon follow suit), have heightened concerns about the safety of LGBT individuals as well as those who work to provide them services, raising the stakes in the conversation and introducing a greater sense of urgency. While the U.S. government has begun to respond to some of these recent cases, many questions and challenges remain about how it should chart a course forward, both in the short and long term.

To explore opportunities and challenges facing the U.S. government in this arena, the Kaiser Family Foundation convened two roundtable discussions (in October 2013 and March 2014) of high-level experts working on global LGBT health and rights as well as those working more broadly on global health. Participants included representatives from the U.S. government, multilateral institutions, non-governmental organizations, think tanks, and academia. This issue brief summarizes the main points of discussion raised by roundtable participants, focusing on opportunities, challenges, and potential next steps for the U.S. government to consider in addressing the health needs of LGBT individuals around the world (see Table 1). It also provides an overview of global LGBT health issues, and reviews U.S. government efforts to address global LGBT health to date.

Table 1: Summary of Key Challenges, Opportunities, and Next Steps

Challenges

Participants identified several significant challenges in addressing global LGBT health in the short and long term, including:

- Lack of a proactive and/or coordinated U.S. strategy.
- Reaching LGBT individuals with health interventions when they are criminalized by their State.
- Addressing the immediate needs of those in danger.
- Limited capacity of LGBT civil society.
- Addressing claims of Western imperialism.
- Managing the move toward increased "country ownership" of U.S. global health programs.
- Ongoing data gaps and research needs.

Opportunities

Participants also recognized a number of opportunities for U.S. engagement, including:

- More conducive U.S. policy environment for addressing LGBT human rights around the world.
- Potential to augment a focus on global LGBT health within U.S. global health policy.
- Increasing coordination between broader human rights, LGBT, and health groups on LGBT health issues.
- Elevating LGBT voices in-country to help inform the U.S. policy response.
- Using the Post-2015 framework.
- Growing evidence base.

Looking Forward: Potential Next Steps

Participants outlined a number of concrete steps that could be taken in the short and long term to address global LGBT health issues, including:

- Review U.S. health and development portfolios.
- Develop proactive strategy for moving forward.
- Consider appointing a U.S. "Special Envoy" or other high-level point person on LGBT issues.
- Expand efforts to help LGBT individuals facing violence, arrest, and threats due to their sexual orientation or gender identity
- Articulate importance of continuing U.S.-funded health services.
- Bolster PEPFAR's focus on LGBT health access and safety.
- Use Global Health Diplomacy.
- Coordinate with other donor governments and multilateral organizations.
- Engage the private sector.
- Engage the faith community.
- Build LGBT civil society.
- Support data collection, analysis, and research on global LGBT health.

Introduction

LGBT individuals around the world face considerable challenges and barriers to accessing needed health services, and as a result, may experience poorer health outcomes.[1,2,3,4,5,6,7,8,9,10] Barriers can range from stigma, discrimination, rejection by families and communities, receipt of substandard care or outright denial of care, to violence, even killings, because of one's sexual orientation, gender identity, and/or gender expression.[11,12,13,14,15,16] Moreover, in many countries, the barriers faced by LGBT individuals include discriminatory laws and policies.[17] Indeed, as of April 2014, 81 countries (77 countries and 4 entities/territories[18]) criminalized[19] same sex behavior. Seven of these countries impose the death penalty (2 of which do so in parts of the country).[20,21] While such laws are not necessarily enforced in every country, their presence can serve to reinforce stigma and legitimize violence and police brutality.[22,23] And, in addition to the direct health consequences of violence towards LGBT people, there is a growing body of evidence documenting the health effects of criminalization laws, discrimination, and stigma.[24,25,26,27,28,29,30,31,32,33] These include increased stress and depression, fear to seek care, increased risk behaviors, and greater prevalence of some diseases, perhaps most notably HIV, which continues to have a significant and disproportionate impact on men who have sex with men (MSM) and transgender individuals around the world.[34, 35,36,37] In addition to the negative effects on the health and health-care seeking behavior of LGBT individuals, such laws can impact health care providers and NGOs as well, as they can become targets or experience discrimination themselves for working with and providing services to LGBT populations.[38,39]

In recent years, the U.S. government has paid increasing attention to the health and human rights of LGBT individuals around the world, through both multilateral and bilateral channels. Of note, in 2011, President Obama issued a Presidential Memorandum on "*International Initiatives to Advance the Human Rights of Lesbian, Gay, Bisexual, and Transgender Persons*"[40] in U.S. diplomatic and foreign assistance efforts, and the U.S. helped lead an effort resulting in the passage of the first-ever UN resolution on sexual orientation and gender identity.[41,42]

At the same time, many of the countries that criminalize same sex behavior receive U.S. global health assistance and/or are key strategic partners of the U.S., raising complex questions about how best to address the health needs of LGBT individuals within them. Recent actions by the governments of Nigeria, Uganda, India, and Russia, have brought new scrutiny to these issues, and have heightened concern about the safety and well-being of LGBT individuals and the organizations that serve or employ them. There are also worries that other countries may soon follow suit.[43,44,45,46,47] While the U.S. government has begun to lay the groundwork to enhance a focus on LGBT human rights and health in its foreign assistance programs, many questions and challenges remain about how it should chart a course forward in both the short and long term.

U.S. Government Efforts to Address Global LGBT Health to Date

Most U.S. government efforts to address the health and human rights of LGBT individuals have been broadly cast as part of the U.S. government's human rights policy and approach[48,49,50] rather than through its global health strategies and programs, although they have included health elements. A few have been health-specific, primarily in the context of HIV, particularly related to addressing the impact of the epidemic among men who

have sex with men (MSM) and transgender individuals. An overview of these developments and activities follows.

Broader Human Rights & Foreign Policy Efforts

Early on during President Obama's first term, then-Secretary of State Hillary Clinton signaled the Administration's intent to include LGBT issues as part of its human rights agenda, working to address violence and discrimination against people based on sexual orientation or gender identity.[51,52] Advancing LGBT human rights has since been identified as a State Department foreign policy priority.[53] This has included U.S. engagement at the UN, such as a June 2011 effort at the UN Human Rights Council, led by the U.S. and several other governments, that resulted in the passage of the first-ever UN resolution on sexual orientation and gender identity.[54,55] Shortly thereafter, in his annual speech to the UN General Assembly, President Obama spoke of the need to include LGBT individuals in global efforts to protect rights.[56]

Perhaps most notably, in December of 2011, the White House issued a *Presidential Memorandum on International Initiatives to Advance the Human Rights of Lesbian, Gay, Bisexual, and Transgender Persons*, calling for "all agencies engaged abroad to ensure that U.S. diplomacy and foreign assistance promote and protect the human rights of LGBT persons."[57,58] These themes were reinforced that same day in a speech by Secretary Clinton in Geneva.[59] The Presidential Memorandum directs agencies to:

- Combat the criminalization of LGBT status or conduct abroad;
- Protect vulnerable LGBT refugees and asylum seekers;
- Leverage foreign assistance to protect human rights and advance non-discrimination;
- Ensure swift and meaningful U.S. responses to human rights abuses of LGBT persons abroad; and
- Engage international organizations in the fight against LGBT discrimination.

Among the main agencies and programs carrying out efforts to address LGBT human rights broadly are:

DRL

The State Department's Bureau of Democracy, Human Rights, and Labor (DRL) leads U.S. efforts to protect human rights globally, working to protect populations at risk, including LGBT individuals. DRL is responsible for preparing the State Department's annual Country Reports on Human Rights Practices, as required by Congress. Discussion of LGBT human rights issues in these reports has been significantly expanded by the Obama Administration, and they now include a specific section on LGBT rights by country. In addition to these ongoing activities, and timed with the President's Memorandum, the Administration announced the creation of the Global Equality Fund (GEF), a public-private partnership,[60] to be managed by DRL. The GEF is intended to advance LGBT human rights by providing emergency and long term assistance to civil society organizations around the world.[61] To date, the GEF has allocated over $7.5 million to more than 50 countries.[62]

PRM

The State Department's Bureau of Population, Refugees, and Migration (PRM) works to address the needs of refugees, migrants, and victims of conflict, including those who are LGBT, through its efforts with the UN High Commissioner for Refugees (UNHCR) as well as through the provision of assistance to individuals.[63] In

addition, PRM has worked with the Department of Homeland Security (DHS) to expedite refugee processing for LGBT individuals and developed guidance for adjudicating LGBT refugee and asylum claims.[64]

USAID

The U.S. Agency for International Development (USAID), the main development assistance arm of the U.S. government, has moved to include LGBT issues within its broader development agenda. Specifically, the Agency has created an LGBT Senior Coordinator position to coordinate implementation of the 2011 Presidential Memorandum. It has also included reference to the importance of addressing the rights of LGBT individuals in many of its main policy and guidance documents, including its *Policy Framework for 2011-2015,*[65] *Strategy on Democracy, Human Rights and Governance,*[66] *Youth in Development Policy*[67], and *Country Development Cooperative Strategy (CDCS) Guidance*[68], and *Global Health Strategic Framework for FY 2012-2016*.[69] USAID has also added language to its award provisions encouraging, but not requiring, all implementing partners to add non-discrimination provisions that include sexual orientation and gender identity.[70] Beyond incorporating LGBT rights into its broader development frameworks, USAID recently released a draft document, the *USAID Vision for Action: Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual, And Transgender Individuals*,[71] to more directly articulate its work in this area, and includes reference to health barriers as a key challenge facing LGBT people worldwide. Other efforts include the launch of the LGBT Global Development Partnership in April 2013, a public-private partnership[72] designed to strengthen capacity of LGBT organizations, provide training, and conduct research on the economic impact of discrimination on LGBT individuals, with health access included as one of the areas to be assessed and monitored. The agency has also begun undertaking an internal effort to raise awareness of LGBT human rights at the agency and field levels, including through the provision of sensitivity training and technical assistance at country missions and by instructing embassies and missions to meet with the LGBT community in their host countries.[73,74] Where USAID has undertaken health-specific efforts focused on LGBT individuals and civil society, they have been part of its HIV response under PEPFAR (see discussion below).

MCC

The Millennium Challenge Corporation (MCC) is an independent U.S. agency that provides development assistance in order to promote economic growth and reduce poverty through country-compacts in eligible low- and middle-income countries. As part of its assessment of country eligibility for compacts, MCC selection criteria include measures related to civil liberties and human rights.[75] In recent years, the MCC has moved to include LGBT rights in its broader assessment of human rights protections when considering country eligibility for assistance as well as continuation of assistance during a compact. For example, the MCC suspended a compact to Malawi due to a "a pattern of actions inconsistent with good policy performance in the areas measured by the Political Rights, Civil Liberties, and Rule of Law indicators", actions that included "legal changes affecting media freedom, lesbian, gay, bisexual and transgender human rights, and citizens' access to justice" (the compact has since been reinstated).[76]

Global Health–Specific Efforts

While efforts to address LGBT rights within the broader foreign policy and development work of the U.S. government have included health in some cases, they have generally not been health-specific or an explicit part of the U.S. global health agenda. Rather, health-specific activities that address LGBT individuals have primarily been undertaken as part of the U.S. global HIV response, through the President's Emergency Plan for AIDS

Relief (PEPFAR). Beyond HIV, U.S. government engagement on global LGBT health issues has largely been carried out through diplomatic engagement at the World Health Organization (WHO) and Pan American Health Organization (PAHO).

PEPFAR

PEPFAR is the largest component of the U.S. global health portfolio, overseen by the Office of the Global AIDS Coordinator at the State Department and implemented by several U.S. agencies including USAID, the Centers for Disease Control and Prevention (CDC), and the Department of Defense (DoD). While PEPFAR has included efforts to address the impact of HIV among MSM since it was launched[77], it has only more recently begun to increase its programmatic focus on LGBT individuals, primarily MSM and, to a lesser extent, transgender individuals, in its bilateral HIV work. In May 2011, PEPFAR released its first programmatic guidance on addressing the HIV prevention needs of MSM.[78] The guidance is intended to address "the urgent need to strengthen and expand HIV prevention for MSM and their partners and to improve MSM's ability to access HIV care and treatment"[79] and to inform the development of Country Operational Plans (COPs), which document annual U.S. government investments and anticipated results in HIV by country. PEPFAR's 2014 Gender Strategy discusses how gender norms concerning sexual behavior, sexual orientation, and gender identity can place individuals at increased risk for HIV and/or present barriers to care, and includes LGBT individuals as vulnerable populations to be considered in PEPFAR's gender programming. More generally, PEPFAR's *Blueprint*, its roadmap for achieving an AIDS-Free Generation released in November 2012, includes the importance of improving access to and uptake of HIV services by key populations, including MSM and transgender individuals."[80]

Three, smaller-scale PEPFAR initiatives are focused on creating more civil society capacity to help scale up access to PEPFAR's HIV programs among key populations, including LGBT individuals:

- The "Key Populations Challenge Fund", a $20 million fund launched in June 2012 to support the expansion of interventions and services for key populations, including MSM, at the country level, focusing in 6 countries and two regions;[81,82]
- The "Robert Carr Civil Society Network Fund," also launched in June 2012[83] by the U.S. along with the United Kingdom, Norway, and the Gates Foundation[84] to support civil society organizations in scaling up access for key populations including LBGT individuals. The U.S. is providing $2 million to this effort; and
- The "Local Capacity Initiative Fund," which provides funding to PEPFAR country and regional teams to support local civil society organizations that advocate for key populations to work to reduce legal and policy structural barriers and stigma and discrimination.[85]

USAID, PEFPAR's largest implementing agency, has been addressing the impact of HIV among MSM since it first began carrying out international HIV activities in the 1980s.[86] USAID efforts, funded under PEPFAR, to address the health of key populations have included its AIDSTAR2 and Health Policy Projects, both of which have supported MSM civil society capacity building, as well as its Research to Prevention (R2P) project, which included research to document and measure stigma and discrimination. Most recently, in December 2013, to support PEPFAR's Blueprint, USAID put out a Request for Application (RFA) for a new five year, $72 million cooperative agreement to address key populations.[87] This RFA, *Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV*, marks the first PEPFAR central procurement dedicated to

addressing the needs of key populations. It is intended to strengthen the capacity of governments and civil society in PEPFAR partner countries to "implement high quality, sustainable, evidence-based and comprehensive HIV and AIDS prevention, care and treatment services with key populations at scale", including gay men and other MSM and transgender individuals.

In addition, over the next year, PEPFAR is planning on rolling out workshops for PEPFAR country staff focused on: U.S. policies regarding sexual orientation and gender identity; workplace expectations regarding diversity; facilitating engagement with civil society and community organizations working with LGBT populations; and implementation of emergency response guidelines and protocols during hostile situations that directly involve LGBT populations.[88]

In addition to PEPFAR's bilateral HIV programming, the U.S. is the largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) which itself first approved a strategy to address sexual orientation and gender identity several years prior (in 2009)[89], and recently strengthened its focus on promoting human rights for key populations by integrating human rights concerns into its grant-making process[90] and launching a pilot initiative to help increase the participation of and "create "safe spaces" for key affected populations, especially those who are criminalized and marginalized.[91]

WHO AND PAHO

Beyond its HIV-focused programming, U.S. government engagement on global LGBT health issues more broadly has taken place in the international, diplomatic arena. Specifically, the U.S. has led efforts to raise LGBT health at the WHO, the directing and coordinating authority for health within the United Nations system.[92] In May 2012, the U.S. convened a panel discussion on LGBT health at the sidelines of the World Health Assembly, the annual meeting of the WHO attended by all WHO Member States. The U.S., with a handful of other countries, subsequently petitioned to have the topic of LGBT health included on the agenda of the WHO Executive Board (which determines the broader WHA agenda). The WHO staff prepared a summary report on LGBT health[93] to be considered at the May 2013 Executive Board meeting, but several countries petitioned to remove the agenda item for future consideration; it was again not adopted at a January 2014 Executive Board meeting and, while the WHO Director-General has been personally involved in trying to get it back on the agenda, it is unclear when it will be reconsidered. Importantly, this is the first time in the history of WHO that an agenda item has been removed, a fact that reflects the incredible political sensitivity of this issue at the health body.

Despite the continued uncertainty about the inclusion of LGBT health on the WHO agenda, in October 2013, PAHO, the regional body of the WHO representing the Americas, unanimously passed a resolution that had been presented by the U.S. addressing LGBT health including discrimination in the health sector, marking the first time any UN body had adopted a resolution specifically addressing these issues. [94,95,96]

U.S. Global Health Assistance & the Presence of Anti-LGBT Laws by Country

As a backdrop for understanding the legal climate regarding LGBT individuals in countries in which the U.S. government provides global health assistance, the Kaiser Family Foundation analyzed U.S. funding data for FY

2013 and information on criminalization laws by country. This analysis finds that in FY 2013, of the 67 countries that received U.S. global health assistance (totaling $5.7 billion):

- Thirty-four criminalize same-sex behavior, including 3 which impose the death penalty.
- These 34 countries accounted for 71% of U.S. global health assistance ($4.1 billion); eight are among the top 10 recipients of U.S. global health assistance.[97]
- Most (23) are in Africa; 9 are in Asia and one, each, is in the Oceanic and Latin American/Caribbean regions, respectively. None are in the European/Eurasia region.
- They range in in the number of U.S.-supported global health programs (of 7 major program areas).[98] Eleven receive funding from just a single program area while 8 receive funding from all 7 programs; nineteen countries receive funding from 4 or more program areas.
- Twenty-six receive PEPFAR (HIV bilateral) funding, accounting for 71% of PEPFAR funding.
- Countries receiving U.S. global health assistance include India, Nigeria and Uganda, which have recently moved to further criminalize same sex behavior, and several others where such steps are being considered.

Also see Figure 1. Table 2 provides a detailed breakdown of these data and sources (additional information is provided in an appendix).

Table 2: U.S. Global Health Assistance, FY 2013, & Presence of Anti-LGBT Laws by Country

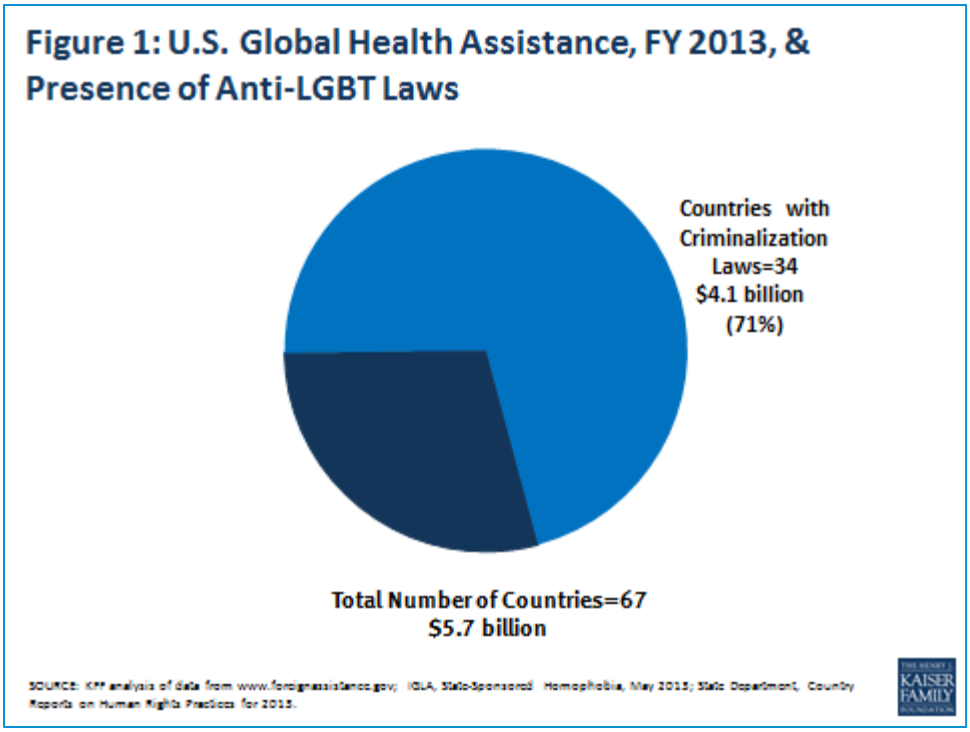
Country Criminalizes Homosexuality	*Country*	*Total U.S. Global Health Assistance*	*Number of U.S. Global Health Programs*	*Region*
Yes	**Afghanistan**	169,937,000	6	Asia
Yes	**Angola**	49,557,000	4	Africa
	Armenia	2,868,000	4	Europe/Eurasia
Yes	**Bangladesh**	96,883,000	6	Asia
	Benin	23,466,000	3	Africa
Yes	**Botswana**	61,294,000	1	Africa
	Brazil	1,081,000	1	LAC
	Burkina Faso	11,571,000	2	Africa
Yes	**Burma**	20,848,000	4	Asia
Yes	**Burundi**	40,100,000	5	Africa
	Cambodia	37,914,000	7	Asia
Yes	**Cameroon**	25,325,000	1	Africa
	Chad	500,000	2	Africa
	China	2,977,000	1	Asia
	Cote d'Ivoire	135,269,000	1	Africa
	DRC	166,018,000	7	Africa
	Djibouti	1,800,000	1	Africa
	Dominican Republic	13,824,000	2	LAC
Yes	**Egypt**	2,893,000	1	Africa
Yes	**Ethiopia**	329,754,000	7	Africa
	Georgia	3,664,000	3	Europe/Eurasia
Yes	**Ghana**	73,014,000	6	Africa
	Guatemala	26,846,000	3	LAC
Yes	**Guinea**	17,880,000	3	Africa
Yes	**Guyana**	8,866,000	1	LAC
	Haiti	162,882,000	4	LAC

Table 2: U.S. Global Health Assistance, FY 2013, & Presence of Anti-LGBT Laws by Country				
Country Criminalizes Homosexuality	*Country*	*Total U.S. Global Health Assistance*	*Number of U.S. Global Health Programs*	*Region*
	Honduras	3,578,000	2	LAC
Yes	**India**	77,560,000	4	Asia
	Indonesia	48,924,000	4	Asia
	Jordan	49,000,000	3	Asia
	Kazakhstan	2,234,000	1	Asia
Yes	**Kenya**	356,030,000	7	Africa
	Kyrgyz Republic	4,282,000	1	Asia
Yes	**Lebanon**	11,993,000	1	Asia
	Lesotho	26,165,000	1	Africa
Yes	**Liberia**	53,932,000	6	Africa
	Madagascar	52,930,000	5	Africa
Yes	**Malawi**	138,657,000	7	Africa
Yes	**Maldives**	955,000	1	Asia
	Mali	64,241,000	6	Africa
Yes	**Mozambique**	273,804,000	7	Africa
Yes	**Namibia**	77,877,000	1	Africa
	Nepal	40,489,000	5	Asia
	Niger	4,200,000	3	Africa
Yes*	**Nigeria**	625,974,000	6	Africa
Yes	**Pakistan**	31,349,000	3	Asia
Yes	**Papua New Guinea**	4,853,000	1	Oceania
	Philippines	36,632,000	4	Asia
	Rwanda	136,694,000	6	Africa
Yes	**Senegal**	64,416,000	6	Africa
Yes	**Sierra Leone**	5,500,000	3	Africa
Yes*	**Somalia**	1,911,000	1	Africa
	South Africa	489,576,000	3	Africa
Yes	**South Sudan**	64,371,000	6	Africa
Yes	**Swaziland**	26,054,000	1	Africa
	Tajikistan	7,500,000	4	Asia
Yes	**Tanzania**	443,442,000	7	Africa
	Thailand	1,000,000	1	Asia
	Timor-Leste	2,013,000	2	Asia
Yes	**Uganda**	409,244,000	7	Africa
	Ukraine	29,587,000	3	Europe/Eurasia
Yes	**Uzbekistan**	3,045,000	1	Asia
	Vietnam	65,676,000	1	Asia
	West Bank & Gaza	1,929,000	1	Asia
Yes*	**Yemen**	11,689,000	3	Asia
Yes	**Zambia**	363,207,000	7	Africa
Yes	**Zimbabwe**	123,263,000	7	Africa
Total (all countries)	**67 countries**	**$5,722,807,000**	--	--
Subtotal (w/laws)	***34 countries***	***$4,065,477,000***	--	--

NOTES: *Imposes the death penalty (in Nigeria, this applies to 12 northern states). Represents FY 2013 enacted amounts. Does not include additional funding that may be provided to individual countries through regional programs or funding for "other" global health of $10,489,000 that was provided to Afghanistan in 2013.LAC = Latin America & the Caribbean.

SOURCES: KFF analysis of data from www.foreignassistance.gov; IGLA, *State-Sponsored Homophobia*, May 2013; State Department, *Country Reports on Human Rights Practices for 2013*.

U.S. RESPONSE TO RECENT ACTIONS IN NIGERIA, UGANDA, AND ELSEWHERE



The U.S. has had varying responses to the recent actions to further criminalize homosexuality and/or restrict LGBT rights taken by the governments of Russia, India, Nigeria and Uganda. These responses have ranged from statements of concern by Administration officials and Members of Congress, to diplomatic meetings, requests for assurances about protections of individuals seeking health services and, in the case of Uganda, the review and even suspension of some U.S. health and other development assistance. The range in responses reflects several factors including U.S. bilateral relations more broadly with each of these countries, the unique context of each country, the nature of the recent change in the law and any related enforcement, and the extent to which the country receives health and other development assistance from the United States. Russia, for example, receives no development assistance from the U.S. government and the USAID mission has been closed, and current U.S.-Russia bilateral relations are primarily focused on addressing the crisis in Ukraine. India receives health (and some other development) assistance from the U.S., although this has diminished over time as the country has moved into middle income status; in addition, as described below, the recent change to Indian law was made by the Indian Supreme Court and is still being challenged by several parties including the central Indian government. Nigeria and Uganda, on the other hand, have been seen as important partners in responding to HIV and other health challenges. Both are among the top 10 recipients of health assistance from the U.S. government and were among the original 15 PEPFAR focus countries, and still are top PEPFAR recipients.[99] They are also focus countries under the President's Malaria Initiative (PMI) and priority countries for USAID's family planning, maternal and child health, and TB programs. In addition, while each has long had laws criminalizing same sex behavior, they had, until recently, rarely been enforced.

An overview of U.S. responses to recent developments in these four countries is provided below.

RUSSIA

While Russia decriminalized same sex behavior in 1993[100], President Putin, in June 2013, signed into law an amendment to an existing federal law *On Protecting Children from Information Harmful to Their Health and Development,* extending it to include the propaganda of "nontraditional sexual relations to minors".[101] The law

includes administrative fines for individuals, organizations, and foreigners for such propaganda, and further subjects foreigners to prison and deportation from Russia. The law was met by international criticism,[102] including by the U.S. government, in part because it was passed just months before the Winter Olympics was to be held in Sochi, Russia and most of the international response centered on concerns about Sochi. The U.S. government issued a travel warning for LGBT travelers, which remains in effect today.[103] More than 80 Members of Congress sent a letter to Secretary Kerry expressing their concern about the implications of the law for the safety and well-being of LGBT and LGBT-supporting individuals involved in or attending the Olympics and requesting information about diplomatic and other actions the State Department intended to take.[104] President Obama and other administration officials have criticized the law[105,106] and the State Department's Human Rights Country Report on Russia describes the law as limiting the rights of free expression and assembly for citizens who wish to publicly advocate for LGBT rights or express the opinion that homosexuality is normal including materials that "directly or indirectly approve of people who are in nontraditional sexual relationships."[107]

India

In December 2013, a two-person bench of the Indian Supreme Court reinstated a colonial-era law (Section 377 of the Penal Code) that described homosexual acts as "against the order of nature" and punishable by up to life in prison. The ruling overturned a 2009 ruling by the Delhi High Court, which had found the law unconstitutional, with the Supreme Court stating that only Parliament could make such changes.[108] Many have spoken out[109,110] against this ruling including the Indian government, which filed a petition challenging the ruling that has since been rejected.[111,112] Other avenues for addressing the ruling are being pursued, including requesting a curative petition (for the Court to hear the case even after a petition has been dismissed) and legislative action.[113] The State Department has expressed its "deep concern" about the ruling.[114] The ruling is noted in the State Department's Human Rights Country Report on India and in its travel advisory.[115]

Nigeria

Nigeria has long criminalized same sex behavior (including penalty of death in some northern states of the country) but a recent bill signed into law by President Jonathan further criminalizes LGBT people and groups. The law mandates a 14-year prison sentence for anyone entering a same-sex union and a 10-year term for "a person or group of persons who supports the registration, operation and sustenance of gay clubs, societies, organizations, processions or meetings". The law also states that "a person or group of persons who … supports the registration, operation and sustenance of gay clubs, societies, organizations, processions or meetings in Nigeria commits an offence and is liable on conviction to a term of 10 years imprisonment."[116,117] Incidents of violence and criminalization following the passage of the law have been documented.[118,119] Many in the international community have spoken out about this law including the UN Secretary General[120]; the UN Human Rights Council[121]; UNAIDS[122] and the Global Fund, which issued a joint statement of concern;[123] President Obama, Secretary Kerry, and the U.S. Ambassador to Nigeria. Secretary Kerry has said, for example, that "Beyond even prohibiting same sex marriage, this law dangerously restricts freedom of assembly, association, and expression for all Nigerians."[124] The State Department's Human Rights Country Report on Nigeria critiques the law[125] and the State Department's travel advisory for Nigeria warns LGBT travelers about its potential implications.[126] While some have called for a review of the U.S. government's development assistance portfolio in Nigeria, particularly through PEPFAR, such a review has not yet been announced.

Uganda

Like Nigeria, Uganda has also long had a law criminalizing homosexuality. However, in February 2014, Uganda's President Museveni signed a bill, originally proposed in 2009 (the original version included the death penalty), that imposes further criminal sanctions on LGBT individuals and those who support them.[127] Since the signing of the bill, increased incidents of targeting and criminalization have been reported.[128,129,130] The signing of the bill was largely unexpected, particularly due to earlier successful attempts to prevent passage and some indications by President Museveni that he would not sign it. The response by the U.S. and others to Uganda has been the most pronounced. Several donors, including the United Kingdom, Norway, Denmark,[131] and the World Bank[132] have stated that they are examining, redirecting, and/or suspending aid to the country, or indicated that their aid does not go to directly to the Ugandan government. UNAIDS[133,134] and the Global Fund[135] have expressed their strong concern. President Obama[136], Secretary Kerry[137], other Administration officials, and Members of Congress[138] have issued strong statements and the Administration announced it would undertake a review of its portfolio (health and non-health) in Uganda. The USAID Mission Director in Uganda issued a memo to inform implementing partners that all external events, ribbon cuttings, workshops, launches, and/or program close-outs would require prior-approval.[139] Recently, the Administration announced several additional steps it was taking to respond to the situation, including: shifting some funding away from the Inter-Religious Council of Uganda (IRCU), an organization that receives PEPFAR support but one that has also spoken out in favor of the law ($2.3 million in treatment funding will continue to be provided to the IRCU but $6.4 million will be redirected to other organizations); suspension of a CDC study of MSM due to concern about staff and survey respondents' safety; redirection of U.S. funding to Uganda for tourism; and relocation of several Department of Defense events that were scheduled to take place in Uganda.[140] The State Department's travel advisory to LGBT travelers states that the "Embassy advises all U.S. citizens who are resident and those visiting Uganda to carefully consider their plans in light of this new law" [141] (the State Department's Human Rights Country Report was published before the passage of the new law).

Despite these actions, and assurances by the Ugandan government that health services for LGBT individuals would not be affected, on April 3, a U.S.-funded health clinic and medical research facility, the Makerere University Walter Reed Project (MUWRP), was raided by Ugandan authorities and an employee arrested for conducting "unethical research" and "recruiting homosexuals." In its response, the State Department wrote, "[w]hile that individual was subsequently released, this incident significantly heightens our concerns about respect for civil society and the rule of law in Uganda, and for the safety of LGBT individuals" and has temporarily suspended the MUWRP operations to ensure the "safety of staff and beneficiaries, and the integrity of the program".[142] A recent statement by the new U.S. Global AIDS Coordinator, Ambassador Deborah Birx, underscored PEPFAR's intention to continue serving those in need in countries in which they faced violence or other legal action due to their sexual orientation, gender identity or other factors, recognizing the PEPFAR has long operated in such environments and will "not back down" now.[143]

Key Challenges, Opportunities, and Potential Next Steps

While collectively, U.S. efforts to date have served to bring new attention to the human rights and health needs of LGBT individuals, they are still relatively nascent, and operate within a larger context that includes complex discussions about the appropriate role of foreign aid and U.S. diplomacy in promoting health in other countries and multi-faceted bilateral relationships beyond health. Recent actions by the governments of Nigeria and Uganda, as well as others, and concerns that other countries may soon follow suit, have raised the stakes in the

conversation and introduced a greater sense of urgency. Participants at two KFF roundtables discussed these topics and identified several key opportunities, challenges, and potential next steps for consideration by the U.S. in addressing the health needs of LGBT populations in the short and long terms. While there was considerable discussion of the difficulty in and sensitivity around identifying the most appropriate steps and leverage points to use at this time – in part because some of the changes at country-level are still being debated and interpreted – there was general agreement that the U.S. government should take action. Ultimately, participants felt that an overriding principle guiding any U.S. response should be to "do no harm" to LGBT individuals, that health services supported by the U.S. should be continued, and that there should be a focus on public health outcomes and program effectiveness. There was also recognition of the importance of considering the specific context and culture of each country and that growing acceptance of LGBT individuals in the U.S. took a long time, with rapid change only coming more recently. The key points from those discussions are summarized below.

Challenges

Roundtable participants raised and discussed several challenges to addressing global LGBT health in the short and long term. Specific challenges raised include:

- **Lack of a proactive and/or coordinated U.S. strategy.** While participants recognized that the U.S. government had generally bolstered the importance of addressing LGBT human rights in its foreign policy efforts, they felt that the developments in Nigeria and Uganda were not met with a proactive or coordinated response. Without an organized response, participants were concerned about the potential for adverse health outcomes for individuals and the compromising of the effectiveness of U.S. health investments. Such a response was identified as particularly important given growing concerns that several other countries are moving in the direction of increased criminalization of same sex behavior and/or LGBT rights.
- **Reaching LGBT individuals with health interventions when they are criminalized by their State.** A fundamental challenge that underscored much of the discussion was how best to ensure the effectiveness of U.S. supported health programs and reach LGBT individuals with essential health interventions, including for HIV, when they are criminalized by their State. Such situations pose challenges for recipients of services and program implementers, both of whom may be at risk for seeking and providing health services (as raised by the recent raid of the MUWRP by the Ugandan police), which could have adverse effects on health outcomes. Participants felt that there was an immediate need in Uganda and Nigeria, as well as a longer term need more generally, for the U.S. government to develop policies and protocols for addressing such situations. Some suggested that there were lessons to be learned from other countries where such laws have been in effect and even enforced[144,145] but services have been successfully provided, as well as in cases where U.S.-supported health interventions have been provided to other populations who may be criminalized by their State, such as sex workers and injecting drug users.
- **Addressing the immediate needs of those in danger.** While the U.S. and others have developed mechanisms for helping LGBT individuals facing violence and other threats in their countries, including the GEF, participants felt that many still faced numerous challenges to accessing such services, and would benefit from a more organized effort by the U.S. government and its missions in-country to provide assistance, including asylum where needed. They pointed to complex cases where LGBT individuals were leaving their country of origin to escape violence or arrest due to their sexual orientation or gender identity

only to arrive in neighboring countries where similar challenges were encountered or assistance was not available.

- **Limited capacity of LGBT civil society**. Despite some U.S. government and other efforts to build LGBT civil society capacity, it still remains minimal in many parts of the world, in part due to the presence of criminalization laws and laws restricting LGBT organizing. As such, civil society organizations have not always been equipped to respond to changes in local laws or enforcement of those laws. Participants stated that this represented a key challenge to dealing with the immediate situation in some countries and an important long term challenge ahead, and that bolstering LGBT civil society was critically needed.
- **Addressing claims of Western imperialism**. A key challenge raised by participants was how to address and be sensitive to claims that the U.S. and other donors are imposing western values on other countries when they critique criminalization laws. This point was recognized as being a thorny and complicated issue for the U.S. and other Western governments, as well as NGOs, to address. Discussants felt that the U.S. and others would be well served by remaining sensitive to such claims, but also firm in expressing its position. Overcoming this perception could be helped through several approaches, such as: ensuring that any U.S./Western responses make the case for a broad vision of human rights and not focus on LGBT rights alone; emphasizing concerns about the health and safety of individuals and the success of U.S. health investments; fostering local and regional voices of authority to make statements against such discrimination; and engaging other sectors, including the private sector and faith community.
- **Managing the move toward increased "country ownership" of U.S. global health programs.** Beyond the immediate concerns about the health and safety of LGBT individuals in countries that are further criminalizing same sex behavior, participants discussed the challenges related to the longer term move by the U.S. government toward greater country ownership of U.S. health and development programs. As described by the U.S. government, the ultimate goal of country ownership is to support "host country partners (including local stakeholders) in planning, overseeing, managing, delivering and eventually financing a health program responsive to the needs of their people to achieve and sustain health goals."[146] As such, concerns have been raised about how the rights and health needs of those who are most marginalized will be assured and monitored during and after transitions to more country-led programs, particularly in countries that criminalize their behavior and otherwise discriminate against them in the provision of health services; this is an especially acute concern now given what has is occurring in Nigeria and Uganda.[147] Roundtable participants talked about the need to be cognizant of the trade-offs that accompany decreased U.S. government involvement in such settings and discussed the importance of ensuring the health status and human rights of LGBT individuals, as well as identifying metrics for measuring their health, during such transitions. A key theme stressed was the need to include civil society in the definition of country ownership and to further build capacity of LGBT civil society organizations going forward. The recent statement by the U.S. Global AIDS Coordinator addressed this issue, stating, "PEPFAR will not transition responsibility for its assistance to host governments without a well-defined and mutually-negotiated plan in place regardless of the context."[148]
- **Ongoing data gaps and research needs**. Despite increased awareness of and studies on LGBT health (including a growing evidence base documenting the links between criminalization, discrimination, stigma and health), more data on the extent of the health needs and barriers faced by the LGBT population in low and middle income countries are needed. This includes a need for better metrics on MSM and transgender services and epidemiology by PEPFAR, as a way to help identify needs and calibrate the response. As has

been pointed out by experts on LGBT health and human rights, there is a paradox at work where we often know the least those who are most hidden and stigmatized.[149] Additional research and analysis would be important for informing U.S. and broader global efforts. Indeed, roundtable participants noted that where data and evidence have been available, there has been movement to resolve challenges and create programs. At the same time, while emphasizing the importance of data, participants also stressed the need to ensure that the way in which data are collected and used does not undermine the rights and safety of LGBT individuals and those who support them.

Opportunities

Despite these challenges, roundtable participants pointed to several opportunities for the U.S. government to further engage on global LGBT, including:

- **More conducive U.S. policy environment for addressing LGBT human rights around the world.** Participants discussed how the increased attention to the human rights of LGBT individuals by the U.S. government in recent years – particularly the Presidential Memorandum and related agency efforts – and growing support for LGBT rights among the American public, provide a much more conducive policy environment for addressing the current, more urgent situations facing LGBT individuals in some countries, and for building a longer term, sustainable response. The response to date provides an important base from which to grow and build efforts that are still in their infancy. Participants underscored the need for ongoing leadership on LGBT human rights by U.S. government officials.
- **Potential to augment a focus on global LGBT health within U.S. global health policy.** While there has been increased attention to LGBT human rights by the Administration and other global actors, there has been less explicit focus on LGBT health in U.S. global health strategies and agency plans. Where there has been inclusion of LGBT health, it has primarily been through the HIV-lens and could be expanded. Participants noted that the current discussions and concern about increased criminalization provided new opportunities to enhance the focus on LGBT health by emphasizing the real and growing concerns both for the effectiveness of U.S. health programs and the health of LGBT individuals. Moreover, several participants felt that a focus on the public health impacts of criminalization laws, discrimination, and stigma, provided a needed and important way in which to frame the U.S. response and concern.
- **Increasing coordination between broader human rights, LGBT, and health groups on LGBT health issues**. One development noted by participants is increasing coordination and collaboration between constituencies that have not always worked together including human rights, LGBT, HIV, and broader global health groups. This presents new opportunities to build synergies and inform the U.S. response on LGBT health and address complex challenges on the ground. Human rights experts spoke, for example, about how the recent trends towards further criminalization of LGBT individuals often took place in the context of other violations of human rights. Global health groups with large footprints around the world also spoke about their ability to more directly engage on LGBT health issues.
- **Elevating LGBT voices in-country to help inform the U.S. policy response**. Many participants talked about the critical importance of elevating in-country LGBT voices, particularly from the global south, in informing U.S. policy and responses and speaking about the impacts of criminalization laws and health needs they face. There are positive examples of this already happening - for example, LGBT communities in Nigeria and Uganda, respectively, have provided guidance on how other governments and organizations can

respond to the recent criminalization in their countries[150,151] and more opportunities could be sought by the U.S. government and NGOs for such engagement, opportunities that would also help to build civil society and ensure that responses are grounded in the realities facing LGBT individuals on the ground. This could include funding for civil society advocacy and other work. At the same, time, participants spoke about the risks associated with this visibility and the need to ensure safety of individuals and groups willing to speak out.

- **Using the post-2015 framework**. As the global community approaches the 2015 deadline set to achieve the Millennium Development Goals (MDGs), agreed to by all Member States of the United Nations, it is moving toward finalizing a new, "post-2015" global development framework and attendant goals. Because of its significance in setting global goals and direction, participants saw the post-2015 framework as an important opportunity for addressing LGBT development and health needs. Discussions about the post-2015 framework have included human rights, inequality, and, more recently, non-discrimination, although discussion of LGBT rights has been minimal and primarily introduced by NGOs through external consultations. While it is unclear if LGBT health and rights will be explicitly addressed in the new framework, participants felt that it was an important process to monitor and be part of going forward.
- **Growing evidence base.** Despite data gaps that remain, there is a growing evidence base regarding barriers to accessing health services, health disparities, and the health effects of these barriers, including criminalization laws, on LGBT individuals. These data underscore the importance of the need to support health access in order to achieve key global goals, including achieving universal access and reaching an AIDS-free Generation. As noted above, where data and evidence have been available, there has been movement to resolve challenges and create programs. There are some recent examples of efforts to support more data collection, including the recent approval by the Global Fund's Board of funding to support research on size estimation and surveys of key populations.[152]

Looking Forward: Potential Next Steps

Participants outlined a number of concrete steps that could be taken in the short and long term to facilitate the U.S. response to current, urgent situations and bolster a longer term effort to address global LGTB health. All felt that additional actions by the U.S. government were needed. These included:

- **Review U.S. health and development portfolios**. Several NGOs and Members of Congress have called on the State Department to review its health and development portfolios in countries that criminalize same sex behavior, beyond Uganda. While most participants echoed this view, they recognized that a more realistic, short term effort could at least be focused on those countries that have already taken steps to further criminalize same sex behavior or restrict LGBT rights (whether through law or enforcement) and others that appear to be moving in this direction now. Such efforts should include a strong emphasis on the health implications of these laws, including where they could compromise access and safety and whether they were consistent with U.S. programmatic goals.
- **Develop proactive strategy for moving forward**. In addition to a current review of U.S. government portfolios in select countries, participants felt strongly that a proactive strategy and greater coordination internally were needed, particularly given concerns that several other countries are moving to further criminalize same sex behavior. A proactive strategy could include development of clear protocols, guidelines and procedures and training of U.S. personnel and implementers (building on what is already starting

through PEPFAR for example). The U.S. could look to other countries and organizations for best practices in this regard.

- **Consider appointing a U.S. "Special Envoy" or other high-level point person on LGBT issues.** Several participants spoke about the importance of having a high-level USG point person, such as a Special Envoy, on LGBT issues who could lead the government's response in this area. Such an individual could help to ensure coordination and ongoing attention to LGBT issues in foreign policy, particularly when there was a situation that needed more urgent attention and required multi-agency responses, but also for longer term progress. It was noted that a new position of this sort would need to have sufficient seniority and authority to be successful.
- **Expand efforts to help LGBT individuals facing violence, arrest, and threats due to their sexual orientation or gender identity.** While it was noted that the U.S. has more broadly worked to address the needs of LGBT individuals facing violence, arrest, and other threats, many felt that the current situation in Uganda, Nigeria, and elsewhere required a stepped-up response and plan. Concerns were raised that it was still not clear where LGBT individuals in such situations could go for assistance and how quickly such assistance could be provided.
- **Articulate importance of continuing U.S.-funded health services.** Participants felt that it was critically urgent for the U.S. government to articulate its support for and the importance of continuing health services in countries where increased discrimination and criminalization might be occurring. They raised concern that some signals have been sent suggesting that health services support could be suspended and noted that even such a suggestion could negatively affect the health-seeking behavior of individuals needing services and was unlikely to have any effect on government laws and actions. In the wake of the recent raid by the Ugandan police on the MUWRP, the new U.S. Global AIDS Coordinator reaffirmed PEPFAR's intention to continue services, stating that PEPFAR would not " take actions that harm the very individuals for whom we have a responsibility to serve – such as curtailing their access to core HIV services solely because the political, cultural, or security space in which we operate gets rough."[153]
- **Bolster PEFPAR's focus on LGBT health access and safety.** Because PEPFAR is the largest component of the U.S. global health response and HIV has such a disproportionate impact on MSM and transgender individuals, many felt that while PEPFAR has increased its efforts to help key populations, such efforts could be expanded. In particular, participants felt that among all USG programs, the review of PEPFAR's in-country portfolio was most urgent and that guidance from the Office of the Global AIDS Coordinator on how best to address the current situation and potential future challenges was needed, in addition to broader USG guidance.
- **Use Global Health Diplomacy.** In addition to foreign assistance, roundtable participants discussed the importance of using bilateral and multilateral global health diplomacy – which the U.S. has recently emphasized more generally[154][155] – to address LGBT issues with country leaders, both in the short term but also longer term, given the recognition that changing views toward LGBT individuals and protections will take time. This could include a more explicit role for U.S. Ambassadors, some of whom have already been outspoken about protecting LGBT rights and health. One potential new asset that the USG has to promote health through diplomatic channels is the recently created Office of Global Health Diplomacy at the State Department which "guides diplomatic efforts to advance the United States' global health mission to improve and save lives and foster sustainability through a shared global responsibility."[156] A key aspect of the work of this office is to support the role of U.S. Ambassadors in promoting and discussing the importance of health.

This office could play a more prominent role in raising the health challenges faced by LGBT people and how violence, discrimination, and stigma affect their health and compromise the potential to reach agreed upon global health goals. Beyond bilateral diplomacy, participants underscored the important and ongoing work the U.S. government has done to raise LGBT health issues at the WHO.

- **Coordinate with other donor governments and multilateral organizations.** Coordinating the U.S. response with that of other donors, including governments and multilateral actors was seen as very important in this work, both to address short term needs of LGBT individuals seeking health services but also for longer term efforts. The World Bank, the Global Fund, and UNAIDS in particular were identified by participants as key organizations for the U.S. to work with more explicitly on LGBT rights, given that each has been directly involved in responding to the situation in Uganda and Nigeria as well as other countries. Some of this coordination is already underway but participants felt it could be increased and should clearly be part of any response going forward.
- **Engage the private sector**. The role of the private sector in responding to HIV, and other global health challenges, has been significant[157] and was seen as a potential untapped resource for addressing LGBT rights and health globally (as it has also been in the U.S. domestic context[158] and in response to Russia's recent law[159]). Participants discussed the possibility of finding ways to engage the private sector with business assets in countries that have been moving to further criminalize same sex behavior or restrict LGBT rights to discuss why such laws can be harmful to their employees, customers, and the broader climate for business.
- **Engage the faith community.** The faith community has long provided HIV and other global health services in low and middle income countries[160], including with support from the U.S. government. At the same time, some faith organizations have been directly linked to the introduction of criminalization laws and anti-gay sentiment in some countries.[161] Others have spoken out against discrimination and such laws. Given the importance of the faith community in providing health services and dialoguing with country leaders, participants felt it was critically important to engage them on LGBT issues, focusing on health needs and services.
- **Build LGBT Civil Society**. Given the critical role played by civil society in both providing services to and advocating for individuals, and for monitoring government programs and policies, participants felt that an important next step was for the U.S. government to find new ways to build LGBT civil society capacity in low and middle income countries, beyond its current efforts. This would include additional support from PEPFAR but also from the State Department and USAID.
- **Support data collection, research, and analysis on global LGBT health.** Participants felt that the U.S. government was uniquely situated to support further data collection and analysis on LGBT health in low and middle income countries, including developing short term systems for documenting what is happening on the ground in countries where further criminalization is occurring and more systematically cataloguing the evidence, particularly related to the relationship between stigma, discrimination, and criminalization and health outcomes.

Conclusion

This is an important and challenging time for addressing the health and human rights of LGBT individuals around the world. While there have been tremendous gains in some countries, there is a rising trend in others to further criminalize same sex behavior and/or discriminate against LGBT people, activities which have been

shown to have an adverse effect on health. The U.S. government has already begun to enhance its focus on LGBT rights and health through its foreign policy work, and to address recent cases in some countries, yet these efforts are nascent and most are not health-specific. Participants in two roundtables convened by the Kaiser Family Foundation felt that more could be done in both the short and long term. Key aspects of any response should include a guiding principle of "do no harm" to LGBT individuals; the continuation of U.S. supported health services; a focus on public health outcomes and program effectiveness; and a recognition of the specific context of countries where the U.S. supports health programs. Beyond identifying opportunities for addressing the immediate needs of LGBT individuals in countries where they may face harm, there are also opportunities for the U.S. to further enhance its efforts to address the health needs – in addition to the human rights – of LGBT individuals, and to build the capacity of civil society organizations on LGBT health.

Appendix: U.S. Global Health Assistance, FY 2013, by Program Area & Presence of Anti-LGBT Laws by Country

Country Criminalizes Homosexuality	Country	Total U.S. Global Health Assistance	PEPFAR (HIV) (26)	TB (15)	Malaria (17)	MNCH (23)	FPRH (21)	Nutrition (15)	Water (21)
Yes	**Afghanistan**	169,937,000	250,000	8,000,000		101,100,000	21,700,000	2,310,000	36,577,000
Yes	**Angola**	49,557,000	15,691,000		28,548,000	1,312,000	4,006,000		
	Armenia	2,868,000		1,425,000		200,000	761,000		482,000
Yes	**Bangladesh**	96,883,000	1,000,000	13,008,000		28,547,000	26,644,000	24,406,000	3,278,000
	Benin	23,466,000			16,653,000	3,806,000	3,007,000		
Yes	**Botswana**	61,294,000	61,294,000						
	Brazil	1,081,000	1,081,000						
	Burkina Faso	11,571,000			9,421,000			2,150,000	
Yes	**Burma**	20,848,000	10,000,000	1,427,000	6,566,000	2,855,000			
Yes	**Burundi**	40,100,000	18,860,000		9,229,000	2,004,000	3,007,000	7,000,000	
	Cambodia	37,914,000	13,745,000	6,185,000	3,997,000	7,018,000	5,005,000	1,009,000	955,000
Yes	**Cameroon**	25,325,000	25,325,000						
	Chad	500,000						250,000	250,000
	China	2,977,000	2,977,000						
	Cote d'Ivoire	135,269,000	135,269,000						
	DRC	166,018,000	48,733,000	13,008,000	41,869,000	34,354,000	16,177,000	3,808,000	8,069,000
	Djibouti	1,800,000	1,800,000						
	Dominican Republic	13,824,000	12,872,000			952,000			
Yes	**Egypt**	2,893,000							2,893,000
Yes	**Ethiopia**	329,754,000	181,698,000	13,008,000	43,773,000	37,111,000	30,450,000	13,204,000	10,510,000
	Georgia	3,664,000		1,430,000		804,000	1,430,000		
Yes	**Ghana**	73,014,000	12,170,000		28,547,000	8,003,000	13,008,000	6,509,000	4,777,000
	Guatemala	26,846,000				5,710,000	6,566,000	14,570,000	
Yes	**Guinea**	17,880,000			12,370,000	2,503,000	3,007,000		
Yes	**Guyana**	8,866,000	8,866,000						
	Haiti	162,882,000	129,865,000			14,007,000	9,002,000	10,008,000	
	Honduras	3,578,000				2,151,000	1,427,000		
Yes	**India**	77,560,000	26,650,000	9,992,000		19,032,000	21,886,000		
	Indonesia	48,924,000	8,000,000	13,512,000		20,002,000			7,410,000
	Jordan	49,000,000				10,000,000	15,000,000		24,000,000
	Kazakhstan	2,234,000		2,234,000					
Yes	**Kenya**	356,030,000	269,585,000	4,501,000	34,257,000	11,419,000	25,140,000	3,007,000	8,121,000
	Kyrgyz Republic	4,282,000		4,282,000					
Yes	**Lebanon**	11,993,000							11,993,000

Country Criminalizes Homosexuality	Country	Total U.S. Global Health Assistance	PEPFAR (HIV) (26)	TB (15)	Malaria (17)	MNCH (23)	FPRH (21)	Nutrition (15)	Water (21)
	Lesotho	26,165,000	26,165,000						
Yes	**Liberia**	53,932,000	3,500,000		12,370,000	13,038,000	7,004,000	4,000,000	14,020,000
	Madagascar	52,930,000			26,026,000	9,982,000	14,007,000	1,375,000	1,540,000
Yes	**Malawi**	138,657,000	73,513,000	1,504,000	24,075,000	15,804,000	12,704,000	9,146,000	1,911,000
Yes	**Maldives**	955,000							955,000
	Mali	64,241,000	4,352,000		25,008,000	13,655,000	11,010,000	4,006,000	6,210,000
Yes	**Mozambique**	273,804,000	207,212,000	5,006,000	29,023,000	12,085,000	12,846,000	5,005,000	2,627,000
Yes	**Namibia**	77,877,000	77,877,000						
	Nepal	40,489,000	3,001,000			15,501,000	13,893,000	6,661,000	1,433,000
	Niger	4,200,000				1,750,000		700,000	1,750,000
Yes*	**Nigeria**	625,974,000	455,746,000	13,008,000	73,271,000	45,676,000	33,496,000		4,777,000
Yes	**Pakistan**	31,349,000				17,500,000	12,500,000		1,349,000
Yes	**Papua New Guinea**	4,853,000	4,853,000						
	Philippines	36,632,000		12,304,000		2,502,000	18,004,000		3,822,000
	Rwanda	136,694,000	92,100,000		18,004,000	9,016,000	12,370,000	3,007,000	2,197,000
Yes	**Senegal**	64,416,000	4,538,000		24,123,000	8,469,000	14,654,000	4,511,000	8,121,000
Yes	**Sierra Leone**	5,500,000	500,000			2,500,000		2,500,000	
Yes*	**Somalia**	1,911,000							1,911,000
	South Africa	489,576,000	477,335,000	12,009,000					232,000
Yes	**South Sudan**	64,371,000	16,349,000	1,503,000	6,947,000	20,078,000	8,003,000		11,491,000
Yes	**Swaziland**	26,054,000	26,054,000						
	Tajikistan	7,500,000		3,475,000		2,008,000	1,008,000	1,009,000	
Yes	**Tanzania**	443,442,000	340,670,000	4,501,000	46,056,000	12,622,000	25,702,000	7,203,000	6,688,000
	Thailand	1,000,000	1,000,000						
	Timor-Leste	2,013,000				1,004,000	1,009,000		
Yes	**Uganda**	409,244,000	316,140,000	5,005,000	33,781,000	12,416,000	26,549,000	11,054,000	4,299,000
	Ukraine	29,587,000	24,363,000	4,006,000			1,218,000		
Yes	**Uzbekistan**	3,045,000		3,045,000					
	Vietnam	65,676,000	65,676,000						
	West Bank & Gaza	1,929,000							1,929,000
Yes*	**Yemen**	11,689,000				5,490,000	2,855,000		3,344,000
Yes	**Zambia**	363,207,000	301,461,000	4,501,000	24,027,000	11,826,000	13,008,000	3,607,000	4,777,000
Yes	**Zimbabwe**	123,121,000	88,355,000	6,005,000	15,035,000	3,530,000	2,008,000	7,564,000	766,000
Total	**67 countries**	$5,722,807,000	3,596,491,000	167,884,000	592,976,000	549,342,000	451,071,000	159,579,000	205,464,000
Subtotal (w/laws)	***34 countries***	*$4,065,977,000*	*2,548,157,000*	*94,014,000*	*451,998,000*	*394,920,000*	*320,177,000*	*111,026,000*	*145,185,000*

NOTES: *Imposes the death penalty (in Nigeria, this applies to 12 northern states). Represents FY 2013 enacted amounts. Does not include additional funding that may be provided to individual countries through regional programs, or funding for "other" global health of $10,489,000 that was provided to Afghanistan in 2013.
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Gender Identity refers to "an individual's internal sense of being male, female, or something else. Since gender identity is internal, one's gender identity is not necessarily visible to others" (see, National Center for Transgender Equality. Transgender Terminology, 2014).

Gender expression refers to how "a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyles, voice or body characteristics" see, National Center for Transgender Equality. Transgender Terminology, 2014).

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