LGBT Visibility and Anti-Gay Backlash

Unintended Consequences of Responses to HIV/AIDS in Malawi and Senegal

ABSTRACT Throughout the 2000s, donor organizations successfully argued for the inclusion of men who have sex with men (MSM) in the global response to HIV/AIDS. These efforts have had unintended consequences for MSM and lesbian, gay, bisexual, and transgender (LGBT) populations in sub-Saharan Africa. Focusing on Malawi and Senegal, we find that donors’ emphasis on MSM provided new urgency and sources of support for nascent LGBT- and MSM-identified groups to organize around sexual identities and disseminate prevention strategies to their communities. These interventions increased the visibility of MSM and LGBT populations in both countries; however, this new visibility also positioned MSM and LGBT organizations between Western donors and political elites, contributing to political backlash against LGBT Malawians and Senegalese by the late 2000s. Further, while some MSM- and LGBT-identified organizations in Malawi and Senegal ultimately expanded their activism to include LGBT rights, other HIV organizations working with MSM to gain access to new donor funding did not advocate for the rights of LGBT populations. We discuss the implications of these processes for development initiatives and argue for a more expansive definition of health in HIV and development work to address a broader set of community concerns. Keywords LGBT, MSM, global health, unintended consequences, development interventions

INTRODUCTION

Global and local responses to HIV/AIDS—among the largest global health challenges of the past three decades—have dramatically altered the landscape of development and social life. This paper illuminates the unintended consequences of efforts to include gay men and other men who have sex with men (MSM) in global and local responses to HIV/AIDS in sub-Saharan African countries, specifically for lesbian, gay, bisexual, and transgender (LGBT) populations and organizations. We focus on Malawi and Senegal, two African countries that exemplify the variable effects of global health and development interventions that promote liberal human rights around sexuality to facilitate HIV prevention. The issues analyzed in this paper—HIV interventions, LGBT visibility and organizing, and politicized homophobia—have broader implications for development insofar as good health fosters development while discrimination of any kind fundamentally impedes it.
In Malawi and Senegal, links among HIV interventions, lgbt visibility and organizing, and episodes of politicized homophobia—the strategic “public denigration of same-sex sexualities, LGBT activism, nonheterosexual persons, and gender and sexual variance” to maintain and consolidate power (Currier 2012:175)—are particularly acute. We examine how episodes of politicized homophobia in Malawi and Senegal intersect with global and local responses to HIV/AIDS using data from multiple qualitative and archival sources. Using process tracing techniques, we find that HIV/AIDS policy and prevention efforts by and for msm have created important new opportunities for social movement mobilization, community identification, and the assertion of sexual and human rights claims. As we demonstrate, attention to msm in HIV research increased the statistical—and later public—visibility of gay men, msm, and some lgbt populations in Malawi and Senegal. Consistent with research on lgbt activism in Namibia and South Africa (Currier 2012), activists in Malawi and Senegal strategically managed their visibility to different audiences and were able to use this new statistical visibility to counter claims by officials in both countries that same-sex sexualities did not exist. However, this visibility was met with increases in state hostility toward gay men and other lgbt Malawians and Senegalese, creating new constraints and challenges on the ground. While some msm- and lgbt-identified organizations in Malawi and Senegal responded to the increased hostility by expanding their activism to include organizing around lgbt rights and decriminalization, other HIV and health organizations working with msm strategically distanced themselves from gay rights organizing to avoid hostility from the state and other actors, focusing instead on maintaining rights to health and access to HIV care.

In the next section, we situate our study in the literature addressing the unintended consequences of global health and development initiatives. Next, we contextualize the emergence of politicized homophobia in Malawi and Senegal, and discuss our data and methods. We then describe how HIV policies and programs initially increased the statistical visibility of msm populations and later contributed to episodes of politicized homophobia in each country. We conclude with a discussion about the implications of our findings for global health and development, arguing for the need for a more expansive definition of health in HIV and development work and for more flexible direct investments in local lgbt- and msm-identified organizations.

**UNINTENDED CONSEQUENCES IN GLOBAL HEALTH AND DEVELOPMENT**

In fields as far-reaching as global health and development, unintended consequences are inevitable and often produced when policies, priorities, and programs are implemented in new contexts (Kleinman 2010). Sometimes the unintended consequences of global health and development interventions are decidedly positive (e.g., Miguel and Kremer 2004), and sometimes they are not (e.g., Angotti, Dionne, and Gaydosh 2011). Other times the effects are ambiguous, benefitting some intended recipients more than others (e.g., Dill 2009), generating new social inequalities alongside those they seek to redress (Englund 2006; Whyte et al. 2013), or creating new obstacles despite programmatic successes (e.g., Heimer 2013). Despite limited success in preventing HIV transmission, the massive transnational response to HIV/AIDS has also unwittingly impelled new identities (Swidler and Watkins 2017) and understandings of sexuality (Altman 2001; Esacove 2016; Thomann 2014).
Our analysis of Malawi and Senegal illustrates the varied effects of global health and development interventions that promote liberal human rights around sexuality to prevent HIV transmission. For decades, researchers and global health practitioners viewed the HIV epidemic in Africa as distinct from that in the West, with the former driven by heterosexual sex and transmission from mother to child and the latter by homosexual sex and intravenous drug use (Mann et al. 1988). In the mid-to-late 2000s, however, bilateral and multilateral donors increasingly identified gay men and other MSM as a global priority. This prioritization incentivized countries receiving donor funds to target same-sex sex in national HIV/AIDS prevention policies and programs (McKay 2016). The inclusion of gay men and other MSM in the global HIV/AIDS response established them as “new sexual subjects of development” who were “vulnerable” and “in need” of assistance (Lind 2010:3, 14). Donors’ emphasis on MSM provided new urgency, research interest, and sources of support for a handful of nascent LGBT- and MSM-identified groups on the African continent to mobilize and to disseminate prevention knowledge to their communities.

These connections among Western donors, researchers, and African MSM- and LGBT-identified organizations can quickly become a double-edged sword. In the global South, relationships with Western donors and researchers link MSM and LGBT organizations to transnational networks and provide opportunities for critical funding, but also direct them away from local concerns and put them in conflict with the state (Currier and Cruz 2014). This positioning of LGBT organizations in the emerging relationships among donors, civil society, and nation-states on the African continent affects organizing strategies, funding opportunities, and political subjectivities (Currier 2012; Currier and McKay 2017). Despite the social and material benefits of ties to international donor organizations, African MSM- and LGBT-identified organizations actively manage the visibility of these ties to avoid state hostility and appear authentic to local observers (Currier and Cruz 2014; McKay and Angotti 2016). Moreover, MSM- and LGBT-identified organizations must carefully navigate donor goals and interests that often diverge substantially from their own (Currier and McKay 2017). Donor policies targeting gay men and other MSM have also put MSM and LGBT organizations in the middle of broader conflicts around political and cultural sovereignty in some African countries, leading to political and popular backlash against same-sex sexualities (McKay and Angotti 2016; Weiss and Bosia 2013).

Drawing from this literature, we contend that HIV interventions targeting gay men and other MSM in Malawi and Senegal created new opportunities for organization and mobilization around MSM and LGBT identities. MSM and LGBT organizations in Malawi and Senegal have been successful in institutionalizing their concerns around health, rights, and nondiscrimination through participation in HIV research and policymaking. In this way, gay and MSM activists’ experiences in Malawi and Senegal are consistent with other findings that HIV has provided a much-needed “in” for sexual rights promotion in Africa (Epprecht 2012). At the same time, however, we find that the needs of gay men and other MSM remain narrowly understood in terms of sexual health. Moreover, increased visibility through HIV initiatives precipitated the targeting of MSM- and LGBT-identified populations.
COUNTRY CASES

Malawi and Senegal are illustrative cases for several reasons. Although their HIV prevalence and transmission dynamics differ, donors have invested heavily in both countries, and estimates of HIV prevalence among MSM are similar, at 17% in Malawi in 2014 and 19% in Senegal in 2013 (UNAIDS 2019). Same-sex sex is criminalized in both countries as a result of British and French colonial-era penal codes and practices targeting sexual acts “against the order of nature.”

We seek to explain how public health interventions targeting gay and LGBT communities altered the landscape of sexual identity and organizing and ultimately gave rise to episodes of politicized homophobia in Malawi and Senegal. In Malawi, civil society organizations promoting LGBT rights were attacked for being un-Malawian throughout the 2000s. In 2011, expanded criminal penalties targeting same-sex sexualities were quietly packaged in an omnibus bill that explicitly identified sex between women, not just men, as a criminal offense punishable by five years in prison. In Senegal in 2008, a group of members of parliament from opposition parties proposed a law increasing the fines for homosexual acts. The legislation did not ultimately pass, but Jamra, a prominent religious nongovernmental organization (NGO), has led a wide-scale campaign against homosexuality since that time. In both countries, sensationalized coverage of gay wedding ceremonies precipitated a series of consequential events, including public and political rebuke and condemnation from the international community.

These two countries are also very different in regard to HIV/AIDS and their sociopolitical contexts. Malawi has a generalized HIV epidemic, while Senegal’s is highly concentrated among “key populations,” including MSM. Both countries are donor dependent, although Malawi is substantially more so, with net official development assistance accounting for 25% of gross national income, compared with just 4% in Senegal in 2017 (World Bank 2019). Malawi is also religiously mixed, with Christian groups constituting more than 80% of the population and a sizeable Muslim minority (12%). In contrast, Senegal is 96% Muslim (CIA 2019).

DATA AND METHODS

We employ the qualitative methodological approach of process tracing, a distinctive strategy for “evaluating hypotheses about the causes of a specific outcome in a particular case” (Mahoney 2012:571). Process tracing draws on multiple sources of data to corroborate the validity of each source of information and establish causal relationships.

Our data consist of semi-structured interviews and informal conversations with key informants; reports and publications produced by governments and NGOs, such as national AIDS policies and official government statements or press releases; local news media articles on LGBT-related legislation, arrests, and other related incidents in each country; and the secondary academic literature on HIV, rights, and sexualities in African contexts. Our analysis is also informed by more than a decade of fieldwork by the authors with attention to policy issues focused on HIV/AIDS, gender/sexuality, and rights: in Malawi in 2006, 2007, and 2009 (Angotti); in Malawi in 2007, 2010, and 2012 (McKay); in Malawi in 2009 and Senegal in 2006 and 2010 (Robinson); and fieldwork at the International AIDS
Conferences (IAC) convened in 2008 (Angotti and McKay), 2010 (McKay), 2012 (Robinson), and 2016 (Angotti and McKay).

We conducted interviews with key informants from msm- and lgbt-identified organizations, government entities, and NGOs working on health and HIV at the 2016 IAC in Durban, South Africa, as part of a larger project focused on the rise of politicized homophobia in some African countries. We purposefully selected informants for their knowledge and engagement in debates about homosexuality in their countries and to be representative of differing levels of support for and engagement with msm and lgbt populations. Conducting interviews at the IAC afforded us access to high-level informants from across the African continent under one proverbial “roof,” and provided a neutral space in which to discuss the issues at hand with perhaps greater ease and candor than would be possible while visiting countries with punitive anti-gay laws. We also draw from interviews concerning HIV policy and interventions targeting msm conducted in 2010 by McKay in Malawi and by Robinson in Senegal. We refer to interviews in the text by a number unique to each context, the type of organization for which the informant worked, the context (Malawi, Senegal, or IAC) and the year.

In fieldwork, our positionality as white, Western researchers may have affected how our respondents interacted with us. Some informants felt the need to “set the record straight” regarding the nuances of their country’s position and explained how the United States (U.S.) and Western donors exacerbated backlash by threatening to withdraw aid and shaming governments and political leaders. At other times, informants drew on our otherness to highlight what an “African” approach to promoting lgbt rights might look like compared to approaches informed by Western notions of sexual identity and human rights. Given our identities and the venue, some informants may have been reluctant to share negative views of msm or lgbt populations with us. However, informants who worked with msm and lgbt populations because of a broader mandate to provide healthcare to all shared more ambivalent views of msm populations, suggesting that they felt somewhat comfortable presenting dissenting opinions. These observations of how our identities may have influenced our interactions inform our analysis and discussion.

To further develop a timeline for the trajectory of politicized homophobia, we draw on news media articles from Malawi and Senegal. News media articles appeared in print dailies with high circulation in Malawi (over 600 in The Daily Times and The Nation) between 2000 and 2014 and in print and online news sources in Senegal (470, in e.g., Le Soleil, Sud Quotidien, and Wal Fadjri) between 2000 and 2016. For Malawi, we identified articles using manual searches of microfilm and keyword searches of each newspaper’s online archive, a process described in detail by McKay and Angotti (2016). For Senegal, we used keyword searches (in French) of allAfrica.com and selected articles published by select Senegalese news sources from 2000 to 2016. The use of the news media in this paper is intended to provide background information on key events and actors related to public discussion of homosexuality over time.

HIV, VISIBILITY, AND POLITICAL BACKLASH IN MALAWI

Political opposition to homosexuality has deep roots in Malawi. Following independence from Britain in 1964, Malawi’s first president, Hastings Kamuzu Banda, advocated
a return to traditional Malawian values and imposed substantial constraints on citizens’
self-expression and mobility. Under Banda’s authoritarian regime, gender and sexual
deviance was cast as the result of Western imposition and labeled “un-Malawian.” Although
Banda did not take an explicit stance on homosexuality, he sought to direct Malawians’
moral development by promoting “traditional” Malawian values and criminalizing social
elements that might encourage sexual promiscuity, including birth control, public discussion
of sexual matters, and elements of “modern dress” (Currier 2012). While Banda was in
power, most gender and sexual minorities sought refuge in anonymity to avoid state-
sponsored harassment (Mwakasungula 2013).

Multiparty elections in 1994 ended Banda’s rule, and shortly thereafter, Malawi drafted a
new constitution that promised a full range of civil, political, social, and economic rights.
Ten years later, President Bingu wa Mutharika called for a review of the Malawian consti-
tution. This review opened a brief window for the decriminalization of homosexuality.
From 2005 through 2006, the Malawi Human Rights Resource Centre (MHRRC) pursued
government officials with the hope of revising the country’s penal code to reflect antidis-
crimination clauses in the constitution. However, MHRRC was vilified by other civil
society organizations and accused of “playing Judas Iscariot of our culture” and receiving
financial support from “influential homosexuals the world over” to promote “crazy imported
ideologies” (The Nation 2005a). Public outcry further condemned MHRRC, insisting that
the organization was “championing useless and unheard of motions or causes that are in
direct conflict with not only our culture but also biblical precepts” (The Nation 2005b).
Commentators viewed MHRRC as out of touch with the true needs of Malawians and sug-
gested that the organization “find a better way of spending donor money” (The Nation
2005a). “The fact that [homosexuality] is practised in Western countries does not mean it
is something good. Not everything from the West is good,” members of the clergy cautioned
(Kumwenda 2005). As MHRRC continued to press its cause, the public invisibility of gay
men and lesbians became an easy target for politicians. “We cannot rush into making provi-
sions for things that we do not have in Malawi,” argued one member of parliament. “If we do
not see homosexuality in Malawi then it does not happen and should not be created”
(Muhariwa 2006).

HIV ultimately provided an important way to see homosexuality in Malawi. As donor
interests shifted in the early and mid-2000s toward the inclusion of gay men and other
msm, the Malawi National AIDS Commission signaled its attention by adding “persons
engaged in same sex sexual relations” to the list of vulnerable populations in its 2003
MHRRC, the inclusion of same-sex sexualities in national HIV policy was lauded by some
for taking “a giant step towards addressing and acknowledging that things do happen in
our midst” (The Chronicle 2004). This support was short-lived, however: the 2005–2009
National HIV/AIDS Action Framework drafted just a year later downplayed the role of
msm, regarding them as “insignificant” to transmission dynamics (Government of Malawi
2005:4). Under the 2005 framework, the National AIDS Commission implemented no
HIV prevention programs targeting same-sex sexualities between 2005 and 2009, and
government officials maintained that there were no gay men or msm in the country.
In late 2005, a small group of Malawian men and Western expatriates, some of whom openly identified as homosexual or bisexual and had prior experience in HIV/AIDS and human rights organizations, formed the Centre for the Development of the People (CEDEP). Like other LGBT civil society organizations in Africa (Currier and Cruz 2014), its founding members adopted a nondescript name and registered CEDEP as a human rights organization, given the hostile political context for sexual minorities in Malawi. Drawing on public health technologies learned from HIV/AIDS organizing, one of CEDEP’s first projects was to conduct a survey of MSM in the commercial capital of Blantyre. A key aim of this survey was to counter claims that same-sex-practicing people did not exist in Malawi. Using snowball sampling, CEDEP identified approximately 100 MSM within one month (Ntata, Mulu-la, and Siziya 2008), enabling them to assert the presence of same-sex sexualities while preserving the anonymity of the men they interviewed. The press release on the study results stimulated news articles on the “real” presence of homosexuals in the country (Mpaka 2007b) and generated active public debate on the criminalization of same-sex sex in Malawi (Nkhata and Mambulasa 2007). The study also created a context in which personal, albeit anonymous, testimonial of gay Malawians became possible. Three months after the CEDEP press release was published, a self-described 43-year-old, married Malawian who engaged in same-sex sex wrote to The Times, “Nothing stays the same forever. I know it will take time but things will certainly change at some point. Gay life is here and in greater proportion than people can imagine” (Mpaka 2007a).

CEDEP’s promotion of the results of this first study led to the organization’s partnership with researchers from the U.S. and funding from international donors to conduct a larger study of sexual networks and HIV among MSM. In 2008, Gift Trapence, the director of CEDEP, presented preliminary results from this second, larger study at the IAC in Mexico City and at the National HIV and AIDS Research and Best Practices Conference in Malawi. Despite citing the same figures—201 Malawian MSM were surveyed, 21% tested HIV-positive, 95% were unaware of their infection, and they had widespread experiences of physical and sexual violence—the two presentations could not have been received more differently. While Trapence was lauded in Mexico City for revealing the urgent need for HIV prevention and care in an invisible population, in Malawi he introduced the acronym MSM to his audience amid laughs and disbelief (Biruk 2011). As ethnographic work by Biruk (2011:229ff) notes, Trapence’s presentation in Malawi marked a significant “departure . . . from prior, accepted knowledge held in common by audience members,” who had never “seen or heard of” MSM.

In the short term, the results of this first study did not lead to substantial changes in the inclusion of MSM in Malawi’s HIV programs and policy. Over 60 interviews and conversations with government officials, donors, and NGO representatives conducted in Malawi in June and July of 2009 in independent projects by Angotti (2012) and Robinson (2017) did not mention MSM or homosexuality as part of HIV policy and programming. The only reference to MSM in any of these interviews was by a donor, who described MSM as an “emerging group.”

Over the next few months, however, CEDEP was able to expand concern for HIV among MSM in Malawi. In September 2009, CEDEP cosponsored a meeting of civil society...
and government representatives for various “at-risk groups,” including msm. Following this meeting, Mary Shawa, then minister of nutrition, HIV and AIDS, adopted a pro-gay-rights stance, stating publicly that recognizing gay rights was the only way for Malawi to reach the 2010 Universal Access to Treatment and Prevention goals outlined by UNAIDS and the World Health Organization (Sonani 2009).9

In late 2009, just as CEDEP was gaining traction with government officials on the inclusion of msm in HIV/AIDS policy, the organization’s work changed substantially. On December 26, 2009, Tiwonge Chimbalanga, a transgender woman, and Steven Monjeza, a cisgender man, were arrested for conducting a traditional engagement ceremony and later convicted of gross indecency and violating Malawi’s anti-sodomy statute. As the only organization working with lgbt populations in Malawi, international organizations called on CEDEP to support Monjeza and Chimbalanga and ensure that they were being treated fairly and received appropriate legal support.10 During the trial, donors and CEDEP explicitly connected the outcome of the case with concerns about HIV transmission among msm, explaining that sex among men was a significant contributor to the spread of HIV in Malawi and that the conviction of Monjeza and Chimbalanga would inhibit prevention efforts among msm (Kamlomo 2010). In mid-May 2010, after the court sentenced Monjeza and Chimbalanga to 14 years in prison with hard labor, Michel Sidibé and Michel Kazatchkine, then the executive directors of UN-AIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, respectively, met with President Mutharika to express their concerns about how the conviction of Monjeza and Chimbalanga would impede HIV prevention among msm and jeopardize development assistance. Similarly, CEDEP, in collaboration with another human rights organization in Malawi, openly condemned the sentence on the grounds that it violated human rights and would hinder HIV prevention. Nine days after the sentencing, President Mutharika received United Nations Secretary-General Ban Ki-moon and subsequently pardoned Monjeza and Chimbalanga before Parliament.

Throughout the remainder of 2010 and early 2011, Western donor governments made moves to withdraw aid from Mutharika’s government, highlighting ongoing human rights abuses and misuse of funds. Given the substantial international attention brought by the trial, same-sex sexualities remained at the forefront of donor concerns. At the same time, economic growth began to slow, after years of rapid expansion (World Bank 2019). The International Monetary Fund called on Mutharika to devalue the currency, but he refused, contributing to loss of donor support and financial collapse. In the midst of donor tensions and rising opposition from civil society, Parliament revived a legislative amendment to the penal code that explicitly identified sex between women as a criminal offense punishable by five years in prison, which Mutharika quietly ratified in January 2011. The idea for this bill was first introduced in 2000 during a review of the penal code by the Malawi Law Commission, but parliamentarians had not acted on the commission’s recommendation at the time (Malawi Law Society 2014). In 2011, this bill was signed alongside other legislation that limited press freedoms. In June 2011, CEDEP coordinated with other human rights organizations to protest abuses by Mutharika’s government against all Malawians. Yet, despite this moment of coalition-building, lgbt issues remained isolated ideologically from other human
rights issues: as one interviewee explained, “other organizations did not think of sodomy laws as their issue.”

In early 2012, Mutharika died and was succeeded by Vice President Joyce Banda. Under pressure from donors to redress economic and human rights concerns, Banda devalued the currency by 50% and committed to repealing sections of the penal code criminalizing same-sex sex (Banda 2012). She justified this decision by emphasizing the threat that criminalization posed to HIV prevention (The Nation 2012). In November 2012, Banda further pledged to suspend police enforcement of the country’s sodomy laws until they could be reviewed by Parliament (Juma 2012). She later reneged on this commitment, stating that she was leaving the issue for Malawians to decide through legislative review or referendum. Legislative reviews of laws pertaining to same-sex sex have been stalled in the parliament’s Law Commission since late 2012. Meanwhile, the arrest and imprisonment of LGBT individuals continued despite the moratorium. Notably, the Ministry of Health and the National AIDS Commission have diverged from the Ministry of Justice, commissioning a prevalence study of HIV among MSM in 2014 and committing funds for targeted prevention. However, HIV prevention practices targeting MSM have not been embraced outside of MSM organizations. As one NGO representative explained, “It is still problematic to provide lube with condoms in health centers because this is seen as promoting homosexuality.”

The case of Malawi illustrates how elements of the global response to HIV, in conjunction with local research efforts, facilitated the mobilization and strategic navigation of visibility of MSM. These efforts promoted the institutionalization of concerns around the sexual health of MSM within the HIV/AIDS program at the Ministry of Health. These efforts were immediately followed by the state persecution of Monjeza and Chimbalanga and, in the politically and economically challenging months that followed, by legislation expanding criminal penalties for same-sex sex. Collectively, these outcomes demonstrate the varied effects of global health and development interventions.

HIV, VISIBILITY, AND POLITICAL BACKLASH IN SENEGAL

As in Malawi, Senegalese MSM have historically worked hard to keep their sexual preferences secret, for fear of ostracism, stigmatization, and violence (Niang et al. 2003). In Senegal, however, there has long been a widely recognized category of people known as "goorjigeen" ("men-women" in Wolof), who served as courtiers to elite women and are associated with officiating ceremonies for wealthy families (Awondo, Geschiere, and Reid 2012; Kassé 2013; M’Baye 2013).

Despite the existence prior to 2008 of a social category recognizing gender nonconformity and lower HIV prevalence, we observe a course of events in Senegal similar to Malawi. However, the quest to “find” MSM was less explicit than in Malawi due to earlier anthropological research on same-sex sex conducted in the 1990s (Teunis 2001). As described by Poteat et al. (2011), this research, although not initiated to study HIV, "was crucial in making the case for the existence of same-sex sexuality in Senegal and the need to address the sexual health of this hidden population." Soon after its publication, Cheikh Niang, a Senegalese sociologist, received funding from the Population Council explicitly to carry out qualitative research on MSM and HIV (Niang et al. 2002). In part because of these early
research efforts, and in conjunction with its widely lauded response to HIV, Senegal was probably the first African country to have an HIV program specifically targeting MSM (Larmarange et al. 2009). Following Niang’s qualitative work, Abdoulaye Wade, a Senegalese researcher employed by the national Ministry of Health, conducted surveys that provided further information on MSM in Senegal, including the first estimates of the severity of the HIV burden among an African MSM population (Wade et al. 2005). Senegal’s National AIDS Commission first identified MSM as a target group in their 2006 call for proposals for HIV activities (IGLHRC 2007).

The first Senegalese organization to provide HIV-related support to gay men and MSM pre-dated the epidemic. Environnement et Développement du Tiers Monde (ENDA), founded in 1972 and one of the oldest NGOs in Senegal, set up an exclusive HIV team in 1986, the year of the first HIV diagnosis in Senegal. ENDA created the first explicit MSM program in 1999 to address concerns expressed to them by friends of HIV-positive gay men (Mbodj and Taverne 2004). Other organizations were also formed explicitly in response to the impact of HIV on MSM: AIDES Senegal, an exclusively MSM organization, was created in 2006, around the same time as And Ligay (“Working Together” in Wolof). Africa-gay, a network of MSM groups from francophone African countries, formed in 2007. At least 12 MSM associations existed by 2007, and between 2004 and 2007 the percentage of MSM who said they belonged to one increased from 11% to 41% (Larmarange et al. 2009). Also at this time, surveys indicated a doubling in the percentage of MSM who identified exclusively as gay, from 6% to 13% (Larmarange et al. 2009). Demonstrating the impact of these associations, Poteat et al. (2011) reported that MSM saw improvements in HIV prevention activities provided by community-based organizations from the early 2000s through 2008.

In 2008, however, the political climate changed considerably. Politicized homophobia erupted to such a degree that the researchers who conducted the survey of MSM in 2007 no longer felt it would be safe or feasible to repeat the same survey (Larmarange et al. 2009). In February 2008, a popular Senegalese magazine, Icône, published photos of a gay wedding that took place in 2006 (Le Soleil 2008a). Following the publication, a number of men shown in the photos were arrested. Subsequent media coverage greatly heightened the Senegalese public’s awareness that MSM existed (Poteat et al. 2011). Those arrested were quickly released, but they experienced extreme hostility afterward, prompting at least one to flee the country (Human Rights Watch 2010). This was not a short-lived episode: reflecting on the preceding years, NGOs and donors interviewed in 2010 described the events as a “new backlash” and a “wave of homophobia.”

A number of events connecting religion and politics occurred within a few months of the publication of the photos that helped increase the level of politicized homophobia. These included the annual meeting of one of Senegal’s prominent Islamic brotherhoods in late February, Senegal’s hosting of the Islamic Summit Conference of the Organization of Islamic Cooperation in March, and local elections in May (Bop 2008). The reaction to the photos in Icône was led by imam and member of parliament Mbaye Niang (head of the fundamentalist Islamic party Le Mouvement de la Réforme pour le Développement Social), the Collective of Senegalese Islamic Associations, and Jamra, an Islamic NGO.
Members of the Collective of Senegalese Islamic Associations visited the ambassadors of countries who would be attending the Islamic Summit to stress the decay of morals in Senegal (Bop 2008). In February 2008, Mbaye Niang led a protest march against homosexuality and the release of those arrested from the Îcône photos, which the police then halted for lack of a proper permit (Sud Quotidien 2008). Just before the Islamic Summit, Niang and three other opposition deputies proposed the law increasing the jail time and fines for homosexual acts (Agence de Presse Sénégalaise 2008a). In addition to potential religious motivations, the economic recession and unfulfilled promises of better living standards by then-president Abdoulaye Wade facilitated these fundamentalist groups’ attack on the Senegalese government and mainstream parties (M’Baye 2013; Thoreson 2014). Although these groups were all officially tied to Islam, this anti-gay backlash served their political purposes, rather than being the result of Islam. And although these groups had connections to the state, as a respondent from the government described the situation in 2010, “It’s not the state persecuting MSM—it’s individual groups.”

Jamra, which garnered the support of Islamic leaders in the response to AIDS in the late 1980s and 1990s, was and continues to be at the forefront of public condemnations of homosexuality (Broqua 2016). A donor in 2010 described Jamra’s president as an “amazing speaker who has a strong effect, and is also now driving homophobia.” Jamra’s official mission is to reduce “social evils,” including drug use, prostitution, and homosexuality. Because of Jamra’s early work on drug use, the organization and its founder, Abdou Latif Gueye, quickly became involved in the response to HIV, serving as the head of Senegal’s chapter of the International Council of AIDS Service Organizations in 1989 and working closely with the National AIDS Commission from the 1990s onward (Broqua 2016). Jamra’s role in Senegal’s much-lauded response to HIV is substantial, as the organization serves as a key link among donors, the government, and Muslim authorities (Broqua 2016; Robinson 2017). As part of the elite group of actors responding to HIV, Gueye witnessed firsthand the increased prioritization of MSM and HIV (Broqua 2016). He also had unprecedented access to political power as a special advisor to President Wade and as vice president of the National Assembly in 2007 (Broqua 2016).

In December 2008, less than a year after the publication of the Îcône photos, the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) took place in Dakar. This conference emphasized the negative health ramifications for MSM of the criminalization of same-sex sex, and was the first ICASA to give extensive voice to LGBT people (International AIDS Society 2008). Preceding the conference, Senegalese researchers and Ministry of Health officials reached out to journalists to note the particularly high risk of HIV for MSM (Wal Fadjri 2008). At the conference, representatives from the Senegalese Ministry of Health committed to reducing HIV among sexual minorities, and then-president Wade proclaimed that the fight against AIDS needed to reach all groups (Broqua 2016; Poteat et al. 2011). The day after the conference, an article in Le Soleil, one of Senegal’s main daily newspapers, noted that this ICASA was the first to take into account issues affecting MSM, and quoted the minister of health’s speech from the conference, which referenced the importance of reducing discrimination and attending to human rights (Le Soleil 2008b).
Backlash quickly ensued. Immediately after the conference, a memo written by Jamra’s executive president described how the conference was “insidiously exploited by obscure homosexual and lesbian lobbies, who indulged in their usual unhealthy proselytizing” (Agence de Presse Sénégalaise 2008b). Then, less than a week after the conference ended, the director of AIDES Senegal, Diadj Diouf, was arrested in his home along with eight other men, all participating in an HIV prevention session (Wal Fadjri 2009a). The men were sentenced to eight years in prison on charges of indecent conduct and unnatural acts. Prior to the conference and the increased visibility of MSM, people had not mobilized against homosexuality in the same way. As one NGO respondent put it, “there was no problem in Senegal before key populations [MSM] were identified.”21 International outcry followed the arrests and sentencing, in particular because of their concurrence with ICASA. The president of France (Nicolas Sarkozy), the mayor of Paris, and the executive director of UNAIDS all condemned the sentencing in strong terms (Sud Quotidien 2009; Wal Fadjri 2009a).

Senegal’s universal periodic review by the United Nations Human Rights Council took place soon after ICASA, and included condemnation of the arrests and sentencing of the nine men. The review and France’s criticism of Senegal evoked a particularly visceral response from Senegalese political leaders. As one example, the head of Senegal’s Commission for Human Rights and Promotion of Peace noted in no uncertain terms, “The harsh criticisms of some countries regarding the treatment of homosexuals in Senegal will not make our country falter. Let this be clear, we are a Muslim people and we will preserve our moral and cultural distinctiveness to provide a good example for youth” (Le Soleil 2009). In April 2009 the Dakar Court of Appeals overturned the sentencing of the nine men on procedural grounds, an outcome widely interpreted as the result of international pressure (Agence de Presse Sénégalaise 2009c). Their release, however, led to further escalation in politicized homophobia. The president of Jamra stated, “In a sleight of hand, eight [nine; error in original] perverts, perfect vectors for the spread of AIDS (21% prevalence rate, according to the Ministry of Health), are found in nature, free like air” (Wal Fadjri 2009b). At the same time, Prime Minister Souleymane Ndéné Ndiaye, chair of the National AIDS Council, speaking to a conference at the Islamic Institute in Dakar, “invited religious leaders as well as all believers to fight against [homosexuality], which is a sign of crisis of values and insecurity” (Agence de Presse Sénégalaise 2009b).22 In the most extreme form of condemnation, a group of Islamic religious leaders formed the Front Islamique pour la Defense des Valeurs Ethiques (Islamic Front for the Defense of Ethical Values) and began demanding that those convicted of homosexuality be sentenced to death (Awondo, Geschiere, and Reid 2012; M’Baye 2013). Reflecting the sensitivities around perceptions of external promotion of LGBT rights, one interviewee noted, “[A strategy to support] MSMs is possible, but has to come from the inside to work. Otherwise there will be rejection from the populations or the civil society.”23

Throughout the late 2000s and early 2010s, Jamra and others missed few opportunities to vilify homosexuality, including insinuating that its founder Gueye’s death in a 2008 car accident was actually an assassination carried out by homosexuals; the organization also agitated for the closure of art exhibits deemed to promote homosexuality (Awondo, Geschiere, and Reid 2012; Broqua 2016). Exhumations of suspected gay men also occurred
(L’Observateur Paalga 2009). In 2013, President Macky Sall, who succeeded Wade and whose party gained the majority in Parliament only with the support of newly formed Islamic parties, stated in the presence of U.S. president Barack Obama that Senegal was not ready to decriminalize homosexuality (Agence de Presse Sénégalaise 2013).

Activists and health professionals in Senegal explicitly cited the public visibility of MSM in the global response to HIV, and in particular “stakeholders pushing for rights of key populations,” as a factor contributing to the politicization of homosexuality in 2008, and noted that individuals, communities, and local police and officials in Senegal continue to harass, extort, and arrest suspected gay men and MSM at will. The increased public visibility of MSM also led to divisions among civil society organizations working with MSM and LGBT populations. These divisions are particularly threatening, as one interviewee discussed in 2010:

> This is not a strong gay and lesbian movement. It’s in tatters at the moment, and they are not unified, and they are not speaking the same language. In some cases they’re not even talking to each other. They’re in hiding, basically. Everything has to be done secretly, so it’s not a good time to come out talking about decriminalization and creating a strong LGBT movement, at a time when people are already incensed.

Some support to MSM is also provided by non-LGBT-identified HIV organizations, who gained donor funding to work with MSM as a “key population.” However, these organizations actively distance themselves from MSM- and LGBT-identified organizations and initiatives. As the director of one such organization explained, “We didn’t want interventions labeled as for gays, but as a comprehensive package of health.” Instead, the organization prioritizes “rights to health and access to care,” not “gay rights.” Meanwhile, the MSM and LGBT communities they serve remain openly targeted by the state and religious organizations, leading one prominent Senegalese gay activist to lament, “When there are problems for LGBTI in Senegal, we are alone.”

The events in Senegal parallel those of Malawi in many ways. In particular, the global HIV response and local research efforts increased the statistical and public visibility of MSM and facilitated the creation of support organizations. Political backlash followed this visibility and mobilization, especially after the ICASA conference, which emphasized the importance of addressing MSM in the HIV response. Thus, despite well-intentioned efforts to foreground the health and rights of MSM, gay men and MSM in Senegal now navigate a local environment that is increasingly hostile. A key difference from Malawi, however, is the role of religion, not because of an inherent position of Islam on homosexuality (see the discussion in Rahman 2014) but because of how organizations and politicians were able to integrate homophobia into broader rhetorics that facilitated their political ambitions (see also McKay and Angotti 2016).

**DISCUSSION**

In the mid-2000s, global and local HIV policy, research, and programming created a space for gay men and MSM in African countries to strategically organize and target issues like access to HIV prevention and treatment, despite penal codes criminalizing same-sex sex. In Malawi and Senegal, HIV research explicitly contributed to the statistical visibility of these
populations. This visibility also increased mobilization of LGBT and MSM organizations and improved access to HIV treatment and prevention services among MSM. However, the increased visibility of MSM populations also had the unintended consequence of fomenting politicized homophobia in the form of attempts to expand criminal penalties for same-sex sex, increases in arrests and negative news-media coverage, and counter-mobilization against homosexuality by political and religious elites.

It is impossible to know what might have happened in the absence of HIV interventions. Indeed, there are other factors that may have contributed to the rise of politicized homophobia. Other scholars have examined this phenomenon in relation to nation-building (Boellstorff 2004; Currier 2010), Western aid politics (Massad 2007), and the rise of religious nationalism (Grossman 2015; van Klinken 2013). While we do see evidence of these factors, our analysis of multiple data sources suggests that HIV interventions helped facilitate politicized homophobia in Malawi and Senegal. In Malawi, strategic efforts to make MSM visible through HIV research to counter government narratives initiated a series of events that came to a head in 2010 and 2011 with the arrests of Monjeza and Chimbalanga and the ensuing condemnation of the Malawian government by donors and international organizations. In Senegal, the long-standing commitment to, and capacity for, HIV research (Robinson 2017) had a similar effect of increasing the visibility of MSM. In addition, the 2008 ICASA conference in Dakar, which focused explicitly on the need for the African AIDS response to address MSM, provided a critical context for backlash, as did the efforts of JAMRA, an NGO whose rise was in part the result of HIV interventions.

The nexus of issues analyzed here—HIV interventions, MSM visibility and organizing, and politicized homophobia—relates to broader concerns about global health and development in three particular ways. First, good health is often identified as a prerequisite to development (e.g., World Health Organization n.d.), and HIV is one among many major health challenges faced by sub-Saharan African countries. Because of the primacy of HIV in development assistance for health—in 2017 it accounted for approximately a quarter of all development assistance for health (IHME 2018)—the actions of donors have particularly acute ramifications. As we have shown, donors’ growing attention to HIV among MSM in Malawi and Senegal greatly increased the visibility of this population. Second, while the strategic use of health as a justification for providing services targeting MSM populations by both donors and local HIV organizations is productive in many respects, it has specific consequences for MSM- and LGBT-identified populations and organizations. Statistical visibility, where MSM become a known but anonymous entity through engagement in HIV research, has important implications for other kinds of visibility (Currier 2012). On the one hand, statistical visibility through HIV research appears to provide a safe and anonymous platform for some MSM to engage publicly, as seen when a Malawian MSM wrote an anonymous letter to the editor following CEDEP’s first study of HIV among MSM and when reports of HIV risk among MSM in Senegal prompted substantial increases in engagement with MSM organizations. However, this increased visibility also had other consequences. In particular, the media often sensationalize research reports documenting the presence of MSM and portray these communities in a negative light, which can increase public hostility to MSM and LGBT communities. Moreover, statistical visibility contributed to political visibility for the
primary rights organization working with msm in Malawi, leading to raids of the office and persecution of the leadership by police. Statistical visibility quickly becomes part of a larger story that is only partially under the control of the organization that conducted the research. Researchers and other donor organizations that regularly trade in data and reports should continue to be mindful of the specific needs of msm and lgbt organizations to strategically manage their visibility in-country.

To better serve the needs of msm and lgbt populations affected by HIV, investments that facilitate and promote a more comprehensive vision of health that goes beyond access to HIV testing and treatment are likely to have more far-reaching benefits. In particular, multiple informants spoke of the need to address the social and structural inequalities that leave young, msm- and lgbt-identified Africans homeless, unemployed, and vulnerable to exploitation. The social determinants of health, such as housing, education, employment, and discrimination, not only affect individual health but also systematically create—and limit—opportunities for health for entire communities (Link and Phelan 1995). Addressing a broader set of social determinants of health has already become a key strategy in development efforts to mitigate gender inequalities in HIV infection and other health outcomes (Blankenship et al. 2006). However, such efforts do not currently extend to African gay men, msm, and lgbt populations. Directing programming and resources toward a broader set of determinants of health for msm and lgbt populations will both remove some of the negative visibility elements associated with current HIV interventions and help address fundamental threats to daily survival.

Finally, because development is a “process of expanding the real freedoms that people enjoy” (Sen 2000:36), criminalizing sexuality and discriminating against msm- and lgbt-identified people are antithetical to development. A broader conceptualization of health in development interventions could also help widen the discursive space as well as the social, political, and legal space to expand personal freedoms. To achieve the greatest possible improvements would also require organizations that have been working just in health/HIV to think more about fundamental rights, and in particular to prioritize efforts to increase freedom as a means to development (Sen 2000). Decriminalizing homosexuality in both countries would go a long way toward achieving these ends, but it is currently hard to envision a path to that goal, precisely because of the difficulties that lgbt organizations have in differentiating their position from that of the external donors on whom they so fundamentally rely for resources. A possible middle ground is for donors and others to work to increase the independence of msm and lgbt organizations, augmenting these organizations’ ability to generate resources and building mechanisms to support accountability to the populations they serve. Such an effort would take seriously the arguments made by local lgbt activists and organizations about the critical need to “Africanize homosexuality” to increase social acceptance and alter widespread perceptions that they are inauthentic, out of touch, or in the pockets of donors.

In conclusion, the global health apparatus must engage in critical self-reflection around the effects of massive amounts of funding targeting specific populations that singles out already marginalized groups and that is not directed toward organizations that are by and for those populations. Further, the use of a broader notion of health that is integrated with
social and economic rights for LGB populations would capitalize on prevailing discourses around health as a human right in ways that celebrate sexual diversity rather than pathologizing MSM as vectors of HIV transmission. Supporting MSM and LGB organizations in these ways will help ensure that when a policy window opens for decriminalization, these organizations will be ready to use it.

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NOTES
The articles in this special issue on global health and development are Noy (2019); Harris and White (2019); Sommer, Shandra, Restivo, and Reed (2019); Jafflin (2019); Angotti, McKay, and Robinson (2019); and VanHeuvelen and VanHeuvelen (2019).

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1. We use lowercase “lgbt” and “msm” to describe elements of these dynamic and contested categories rather than uppercase LGBT and MSM, which reify them as stable and cohesive (Epprecht 2008). In quoting others, we retain their capitalization.

2. Visibility is not universal for all members of lgbt communities. As elsewhere, lesbian women are frequently ignored by HIV interventions, while transgender women are inappropriately aggregated with msm.

3. While France decriminalized sodomy in 1791 and many former French colonies do not maintain a law criminalizing same-sex sex, historical evidence suggests that sodomy laws continued to be imposed in some French colonies as a means of social control of black Africans into the 1800s and 1900s (M’Baye 2013). Versions of these laws survive in some former French colonies in Africa, including Cameroon, Togo, and Senegal, where laws criminalizing same-sex sex were officially adopted in 1965 (Legrand et al. 2010).

4. The Decency in Dress Act, adopted in the early 1970s, prohibited women from wearing trousers and miniskirts, and men from wearing bell-bottom trousers.

5. Interview 7 (government), Malawi, 2010.

6. Field notes, MSM Pre-Conference to the IAC, 2016.


9. Given comments by Shawa in 2012 that somewhat contradict this sentiment, her pro-gay-rights stance in 2009 may have been strategic in relation to donor interests.

10. Interview 1 (NGO), IAC, 2016.


15. Interview 2 (NGO), IAC, 2016.

16. Interviews 1 (NGO) and 6 (donor), Senegal, 2010.

17. Also see Rahman (2014) for an analysis of how contemporary political and cultural discourses linking modernity to the Western world serve to frame homosexuality as incompatible with Islam.


22. He soon retracted his statement (Agence de Presse Sénégalaise 2009a).

23. Interview 3 (NGO), Senegal, 2010.


27. Interview 2 (NGO), IAC, 2016.


29. Interview 1 (NGO), IAC, 2016.

30. Interview 3 (NGO), IAC, 2016.