



REACHING

Men Who Have Sex With Men (MSM)
In the Global HIV & AIDS Epidemic

A Policy Brief



February 2010

SUMMARY

Gay men and other men who have sex with men (MSM) bear a disproportionately heavy burden of the HIV pandemic. In low- and middle-income countries, MSM are 19 times more likely to be infected with HIV than the general population.¹ Despite elevated HIV prevalence rates and heightened vulnerability to factors that drive HIV transmission, MSM have been under-recognized, under-studied, under-funded, and under-served historically in the global response to HIV & AIDS.

The Global HIV Prevention Working Group estimates that HIV prevention services reach only 9% of MSM worldwide.² Such efforts designed to reach MSM are highly critical in addressing HIV in the broader population as well given the fluidity of social and sexual networks and in specific cases, other factors including presence of female partners, pressure to have children,³ and fear of public humiliation or blackmail.⁴ Additionally, the detrimental effects of stigma and discrimination on sexual health have been well documented in the global north, where HIV infection rates among MSM in large urban centers are unacceptably high and in some places steadily increasing. Furthermore, as of May 2009, criminal penalties for same-sex acts between consenting adults were executed in at least 80 countries,^a driving the epidemic underground.⁵ There is therefore an urgent need to prioritize outreach to MSM with HIV-related services and information that effectively meet their needs in the contexts of global public health and human rights.

The **Global Forum on MSM & HIV (MSMGF)** is dedicated to advocating for equitable access to effective HIV prevention, care, and treatment services tailored to the needs of gay men and other men who have sex with men (MSM), while promoting their health and human rights worldwide. Initiated in 2006 by a group of concerned activists, academics and program implementers with a shared concern for the lack of attention to the expanding HIV epidemic among MSM globally, the MSMGF is governed today by a 20-person steering committee composed of experts from 17 different countries: Australia, Cameroon, Canada, China, Dominican Republic, India, Jamaica, Mexico, Morocco, Nicaragua, Romania, South Africa, Thailand, Uganda, the UK, the US, and Zimbabwe.

^a In July 2009, the Delhi High Court held that section 377 of the Indian Penal Code that formerly criminalized sodomy was invalid in respect of adults when measured against the equality and privacy provisions of the Indian Constitution.

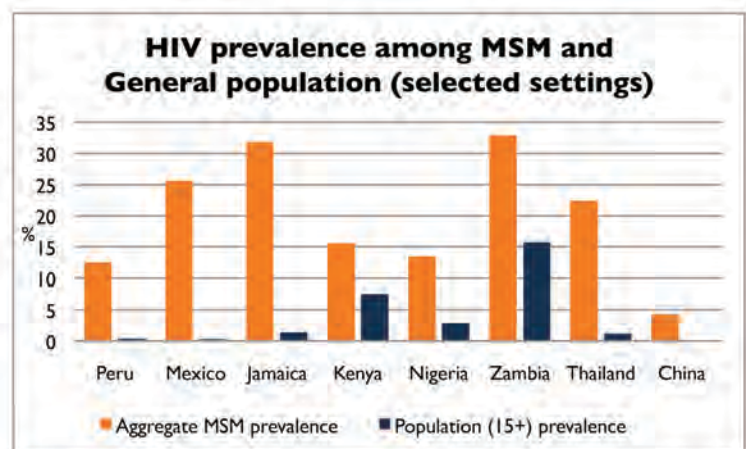
The term “men who have sex with men” or “MSM” refers to behavior rather than identity or sexual orientation. MSM may include gay and non-gay identified men, bisexual men, men who engage in “situational” sex with other men (for instance, in prisons, schools, or militaries), and male sex workers, among others.⁶ Around the world, a wide variety of local terms and male identities fall under the MSM umbrella.

The MSMGF has identified five key strategic areas where attention is needed in order to halt and begin to reverse the spread of HIV among MSM, namely:

- Increased investments in programs for MSM
- Expanded coverage of quality HIV-related services for MSM
- Increased knowledge and research on MSM and HIV
- Decreased stigma, discrimination, and violence against MSM
- Strengthened international, regional, sub-regional, and national networks of MSM

CONTEXT

There is a growing body of evidence from around the world to demonstrate an alarming trend wherein MSM bear a higher HIV burden than the general population as seen in this chart.^b



Source: Stefan Baral MD MPH, Center for Public Health and Human Rights, Johns Hopkins School of Public Health. Powerpoint presentation, USCA MSM Institute San Francisco, California. October 29, 2009

The elevated risk of HIV infection among MSM across various world regions is pointedly significant, as increased evidence of risk among key populations was singled out as one of only six key overarching themes identified in the 2009 AIDS Epidemic Update.⁷ The report recommends that programming to prevent new infections among MSM must be a priority component of national AIDS responses in all settings and across diverse types of epidemics.

Reaching MSM around the world with appropriate HIV-related services, however, is made challenging by many layers of interdependent factors including stigma, discrimination, homophobia and criminalization. Elevated risk of HIV infection among MSM is driven by a complex interaction of biological, social, economic, and political factors that must be collectively addressed in order for an effective response to take place. In short, true success in treating MSM living with HIV around the world will require comprehensive and targeted social and political changes as much as accessible clinical services.

Drawing upon the broad range of expertise and truly global worldview of its Steering Committee, the MSMGF's five core operating goals are essential to turning the tide of HIV infection among MSM globally.

^b Zambia data based on self-reported HIV prevalence.

1) Increased investment in effective HIV prevention, care, treatment, and support programs for MSM

Since the beginning of the new millennium, an unprecedented amount of attention and funding has been channeled toward combating the global HIV & AIDS epidemic.⁸ This has allowed tremendous progress to be made. Over the last ten years or so, a steadily growing response to this crisis from public, private and non-profit agencies globally,⁹ has made available significant financial resources to HIV-disease initiatives particularly in mid- and low income countries. A recent UNAIDS report¹⁰ documents the many successes of the heightened AIDS response, namely an increase in ART coverage from 7% in 2003 to 42% in 2008 among children and adults, and in one year, a 35% increase in the number of health facilities providing HIV testing and counseling in low- and middle-income countries from 2007 to 2008.

However, while UNAIDS estimates that sex between men accounts for between 5 and 10% of HIV infections worldwide,¹¹ only 1.2% of all HIV prevention funding is targeted toward MSM.¹² Although transmission rates vary considerably between countries, this is still a clear indication of global priorities in HIV investments therefore necessitating a more evidence-informed strategy for the future.

“If a general population had 10%, 25% or 32% infection rates it would be considered a crisis situation. Yet in the Caribbean programming for MSM is all talk and fragmented, resource-starved action. ... Indigenous organizations struggle financially even though that is where the technical expertise is housed.”

Robert Carr, Board Co-Chair,
Caribbean Vulnerable Communities Coalition, Jamaica
MSMGF Co-Chair

Recommendations

- Country governments, humanitarian and global health institutions, donors, and national and international AIDS control organizations should ensure that financial and human resources committed to addressing HIV among MSM are proportional to HIV disease burden.
- In countries and regions where HIV prevalence data among MSM does not exist or is inadequate, capacity building for research to map the epidemic must be urgently prioritized. This will inform optimal targeting of HIV programs, as well as the allocation of public health resources.
- Key donors, including the World Bank and the UN, should prioritize a global ‘mapping analysis’ of funding investment in MSM programs in order to assess current levels of investment and provide a baseline for evaluating forward progress.

2) Expanded coverage of quality HIV-related services for MSM

Services and information tailored to the needs of gay men and other MSM are essential for the effective prevention, treatment and care of HIV and AIDS. HIV prevention messaging focusing exclusively on heterosexual transmission has led to misconceptions among MSM in various parts of the world that sex between men carries no risk of HIV transmission.^{13 14} Similarly, the word “sex” in certain contexts can indicate reproduction,¹⁵ again leading to dissociation between male-to-male sex and an understanding of HIV risk.

Clear and targeted information campaigns that appropriately address the risk of HIV transmission between men are necessary tools for effective HIV prevention. This must be coupled with access to a full complement of HIV prevention technologies, including condoms and water-based lubricants, that enable MSM to protect themselves and their sexual partners. For instance, when water-based lubricants are expensive or not widely available, oil based products like Vaseline and body creams are more commonly used instead⁴ which break down latex condoms and render them ineffective.

“MSM are considered to be a hard to reach group. For those of us working with this community, we have noted that it is large in size, and found across the nation in rural, peri-urban and urban centers. The current HIV programmes within the country are exclusively for heterosexuals. This prevents MSM from accessing prevention materials and other services that they require to address their health needs.”

Samuel Matsikure, Programmes Manager- Health, Gays and Lesbians of Zimbabwe (GALZ), Zimbabwe
MSMGF Steering Committee Member

Recommendations

- As highlighted in the 2009 AIDS Epidemic Update, programs to address HIV among MSM should constitute an important part of any national AIDS control plan.
- All nations should provide a minimum package of services for HIV prevention among MSM adopted. The Bangkok experience, documented in a 2009 consultation convened by UNDP, WHO, UNAIDS and others,¹⁶ includes five categories of interventions:
 - peer and outreach education,
 - free distribution of condoms and lubricants,
 - use of targeted media,
 - sexually transmitted infections (STI) screening and treatment, and
 - voluntary HIV testing.
- Programming should ensure that HIV service providers have the necessary knowledge, tools and training to provide services to MSM, including the transfer of specialized clinical skills and anti-homophobia training. Furthermore, these must be made available and accessible to MSM in all areas, including urban, peri-urban and rural.

3) Increased knowledge on MSM and HIV through the promotion of research and its broad-based dissemination.

Without reliable data, HIV among MSM becomes an invisible epidemic. Our understanding of the extent and dynamics of this epidemic is restricted by severe gaps in research. In many contexts, epidemiological data collection on MSM is a challenge, owing in part to lack of inclusion of MSM in national HIV surveillance systems, as well as to stigma, discrimination and at times, laws criminalizing homosexuality that effectively silence disclosure of same-sex behavior.

The extent of this 'silence' was made evident in an analysis of the 2008 UNGASS country reports from Latin America, the Caribbean, Eastern Europe, the Middle East, Asia, and Africa, in which only 32% of countries reported on HIV seroprevalence among MSM – suggesting that the remaining two-thirds do not have any data to assess how or if HIV/AIDS is affecting MSM in their nation.¹⁷

“Unless we have a deeper and more nuanced understanding of the frameworks of male sexualities and male to-male sexual behaviours and practices, how can we have evidenced and well-designed HIV interventions for MSM and transgender people? At the same time we need good behavioural and epidemiological data in order to develop effective costing for universal access. It is urgent that we develop anthropological, sociological, behavioural and epidemiological knowledge to inform appropriate HIV interventions for these populations.”

Shivananda Khan OBE, Chief Executive,
Naz Foundation International UK
Interim Chairperson, Asia Pacific Coalition
on Male Sexual Health
MSMGF Steering Committee Member

Recommendations

- A more inclusive scope of research and strategic data collection on MSM, including epidemiological surveillance on the burden of HIV among MSM; the social, political and environmental factors driving HIV transmission among MSM; and social and anthropological data on the socio-cultural context in which male-male sex occurs should be developed.
- Capacity building for national governments, program implementing organizations and other key stakeholders to disseminate new findings and share best practices in working with MSM should be supported by improving the overall investment and grant funding infrastructure that can more holistically address the health needs of MSM in diverse social and cultural environments and epidemiological profiles.

4) Decreased stigma, discrimination, and violence against MSM

Homophobia, stigma and discrimination fuel HIV transmission by driving MSM underground, where shame and secrecy exacerbate HIV risk. MSM may conceal their sexual preference due to fear of rejection, public humiliation, ridicule by health-care workers,¹⁸ pressure to have children,³ and blackmail,⁴ among other reasons.

As of May 2009, a total of 80 member states of the United Nations had laws criminalizing same-sex acts between consenting adults – including five nations whose laws sanction the death penalty as punishment, as well as in certain regions of two additional countries.⁵ At the end of 2009 for example, an Anti-Homosexuality bill was introduced in Uganda that would sanction life imprisonment and in some cases capital punishment against individuals convicted of same-sex behavior.

Human rights violations against MSM create a hostile environment that seriously compromises the ability of HIV-related services to reach this high-risk community.

“In our country, we still experience stigma and discrimination from some government departments, medical institutions, and society. More work needs to be done. If we only had a better environment, more and more MSM could bravely face their own needs and think about their health issues seriously. Otherwise, MSM remain underground, and all the current ongoing programs and projects only have an impact on very few MSM.”

Zhen Li,
China MSM Health Forum, China
MSMGF Executive Committee Member

Recommendations

- National strategies should incorporate community-based inputs to address HIV among MSM and include commitments to reform laws against sodomy and other policies that hinder HIV service provision to MSM, as well as *affirmative* changes that facilitate protection and promotion of human rights and uptake of HIV-related services by sexual minorities.
- Governments who seek to curtail or limit the human rights of MSM through draconian legislation or other means should be held accountable to their international human rights commitments by donor governments, UNAIDS and other international AIDS, health and human rights bodies.
- Leadership at key global institutions, intergovernmental institutions and associations of sovereign nations, i.e. the Commonwealth, African Union, European Union, United Nations should take action to condemn such actions when they occur and impose sanctions as appropriate.

5) Strong regional, sub-regional, and national networks of MSM linked to an organizationally robust MSMGF

The work of many individuals, organizations and civil societies committed to advancing MSM and HIV issues takes place in a challenging and often isolated context. Networking at all levels – be it local, national, sub-regional, regional, or global, including networks of people living with HIV – provides an important framework for strengthening the response to HIV among MSM.

These networks serve to create a whole greater than the sum of its parts. By connecting disparate groups and individuals, networks not only reduce a sense of isolation and disempowerment, but also facilitate a scale up of the response through the sharing of knowledge, information and skills. They also provide a cost effective approach for improving the quality of service delivery through the sharing of good practices.

Organizations focused on MSM and HIV that operate in challenging and sometimes hostile environments may be able to draw support, encouragement and a greater sense of security by being part of a larger community.

The ability to mobilize and unite advocates from around the world on MSM and HIV issues brings credibility, strength, and increased attention to the issue at hand.

“In Western Europe, organizations have tended to address either gay issues or HIV issues, but seldom both. There is no European public health lobbying group that specifically concerns MSM. The strength of the MSMGF is that it re-positions human rights as essential to gay men’s health, and vice versa – this is the important difference we bring to the effort to address HIV worldwide.”

Gus Cairns, Editor, HIV Treatment Update,
NAM, London, UK
MSMGF Steering Committee Member

Recommendations

- Organizations working on related issues – sexual and reproductive health and rights; public health in general, and human rights issues more broadly – should be encouraged to collaborate in responding to the epidemic.
- National laws and policies that prohibit LGBT organizations from registering as official non-profit organizations should be reviewed and appropriately addressed.
- The development of local, regional, national and global networks is essential for advocacy and activism, and should be encouraged and supported.

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The Global Forum on MSM and HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 17 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

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