

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR)

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# Technical Guidance on Combination HIV Prevention

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*As part of PEPFAR's overall prevention strategy, this guidance document addresses prevention programs for Men Who Have Sex with Men*

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## Overview

Prevention is an essential component of PEPFAR's balanced approach to addressing the global AIDS epidemic. In December 2009, PEPFAR released its Second Five-Year Strategy, which outlined priorities and plans for its prevention programs across the countries where it implements activities. These included the following:

- Mapping and documenting recent epidemiological trends to identify current and emerging prevention needs, particularly among at-risk populations;
- Supporting combination prevention, defined as combining quality biomedical, behavioral and structural interventions to craft a comprehensive prevention response, to target subpopulations with mutually-reinforcing interventions;
- Supporting and evaluating promising and innovative practices to determine effectiveness and impact of prevention interventions at the country and global level.

These efforts are designed to build upon the work of PEPFAR's prevention programs in its first phase, including its work around male circumcision, prevention of mother-to-child transmission, work with most at-risk populations, and efforts to provide school-based and youth education.

As PEPFAR has worked to implement its Second Five-Year Strategy in countries, it is updating, revising, and issuing guidances to assist country teams in programming for prevention. These guidances include the following:

- Integrating PMTCT, Maternal, Neonatal, and Child Health and Pediatric HIV Services;
- Comprehensive HIV Prevention for People Who Inject Drugs, Revised Guidance;
- Technical Guidance on Combination HIV Prevention for Men Who Have Sex with Men.

Additional guidance documents are anticipated in the future to help teams develop comprehensive prevention programs that respond to the epidemiology in the countries where we work.

## Background

As part of the second phase of PEPFAR, the program is working to ensure that its prevention interventions target at-risk populations. Data from country-specific incidence surveys has shown that there is not a single HIV epidemic within any given country. Rather, multiple epidemics exist within diverse populations and social networks, including concentrated epidemics within larger generalized epidemics. Identifying and targeting interventions to match the needs of multiple populations is difficult, especially when such epidemics involve groups that are often marginalized and discriminated against. Stigmatized populations are frequently hidden and hard to reach with services. Effectively addressing a country's HIV epidemic must involve mutually-reinforcing interventions targeted to populations based upon epidemiological and demographic data. This guidance is one component of PEPFAR's larger efforts to support comprehensive combination prevention responses in the countries where it operates.

In July 2008, the Tom Lantos and Henry J Hyde United States Global Leadership against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008 (P.L. 110-293) was signed into law.<sup>1</sup> This law reauthorized PEPFAR and recognized the need for PEPFAR to support partner countries by providing "assistance for appropriate HIV/AIDS education programs and training targeted to prevent the transmission of HIV among men who have sex with men" (MSM).<sup>2,3</sup> The Act also calls on PEPFAR to work with partner countries to "gather epidemiological and social science data on HIV" and "evaluate the effectiveness of prevention efforts among men who have sex with men, with due consideration to stigma and risks associated with disclosure."<sup>4</sup>

Recent studies show that HIV/AIDS is having a severe and disproportionate impact on MSM in low- and middle-income countries in all regions of the world, including PEPFAR

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<sup>1</sup> The Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis and Malaria Reauthorization Act of 2008, P. L. 110–293 July 2008. Available at: [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110\\_cong\\_bills&docid=f:h5501enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_bills&docid=f:h5501enr.txt.pdf).

<sup>2</sup> P. L. 100-293, Section 301 (C) (1) (K).

<sup>3</sup> "Men who have sex with men" (MSM) refers to a diverse population that includes any men who have had sex with one or more men. It is an inclusive term that is based solely on behavior and does not take sexual identity or attraction into account. The term includes MSM who consider themselves to be gay, bisexual, heterosexual, are questioning their sexual orientation, or do not identify their sexual orientation in any of these ways. It encompasses a wide range of MSM, including men who form a lasting relationship with a primary male partner, men who participate in organized gay communities and those who do not, men who have both male and female partners, male sex workers, and men who engage in sex with male partners only in all-male settings such as prisons and militaries. Some transgender persons are MSM and should also be considered when addressing the needs of MSM and other most-at-risk populations.

<sup>4</sup> P. L. 100-293, Section 301 (C) (3) (F)

countries with concentrated epidemics and generalized epidemics.<sup>5</sup> A systematic review of data from 38 low- and middle-income countries found that MSM were, on average, 19 times more likely to have HIV than the general population.<sup>5</sup> Multiple individual, social, and structural factors further increase the risk of sexually transmitted HIV among MSM. At the individual level, these factors can include inaccurate HIV knowledge and inaccurate perception of risk, depression and other mental health issues, alcohol use, injection and non-injection drug use (particularly non-injection use of amphetamine-type stimulants), history of physical or sexual abuse, number and concurrency of sex partners, and sexual behaviors that affect risk. The negative effects of homophobia, stigma, and discrimination are obstacles to implementing effective programs for MSM and also put MSM at increased risk for HIV infection and limit the availability of appropriate HIV prevention, care and treatment services for this population. Structural factors such as laws and policies that deny MSM equal protection under the law and put them at risk for arrest and prosecution limit the availability and quality of appropriate HIV prevention services and medical care, including screening and treatment of sexually transmitted infections, access to condoms, alcohol and drug treatment, and HIV care and treatment for MSM.

In recent years, the World Health Organization (WHO), the United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), and other agencies and organizations have convened expert consultations and issued recommendations to address the urgent need to scale up comprehensive HIV prevention programs for MSM. The fundamental conclusions from these international efforts are that reducing HIV risk among MSM will require rapid introduction, scaling up and strengthening of comprehensive HIV prevention programs for MSM and their sex partners as well as the expansion of laws, regulations and policies that support the human rights of MSM, improve the ability of MSM to access HIV care and treatment and enhance HIV prevention.

This document is a direct response to 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. It furthers PEPFAR's renewed emphasis on matching interventions and investments with epidemiological trends and needs in order to improve impact. This guidance also builds upon and strengthens international efforts to encourage comprehensive HIV prevention programs for MSM in low- and middle-income countries.

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<sup>5</sup> Baral, S., Sifakis, F., Cleghorn, F., & Beyrer, C. (2007). Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000-2006: A systematic review. *PLOS Medicine*, 4, 1901-1911.

## Evidence-Based HIV Prevention with MSM

No single existing intervention has the ability to stop HIV transmission among MSM or any other population. A successful prevention program requires a combination of structural, biomedical, and behavioral interventions that are mutually reinforcing, continually evaluated, and tailored to the needs and risks of specific at-risk populations. There is a critical need for comprehensive HIV prevention programs for MSM that are scientifically accurate, evidence-based, designed to be responsive to the needs and experiences of local MSM, and that reach MSM in safe and nonjudgmental settings. HIV prevention programs for MSM can be optimized by creating an environment of laws, regulations and policies that support the implementation and scale-up of evidence-based interventions.

There is emerging consensus among multilateral and bilateral organizations on the essential components of a comprehensive package of integrated HIV prevention activities for MSM. A consultation report on HIV/AIDS among MSM issued by WHO, UNDP, and UNAIDS identified five categories of HIV prevention activities that should be considered as core components of comprehensive HIV prevention programs for MSM.<sup>6</sup> These activities are represented and expanded on in the UNAIDS Action Framework for MSM.<sup>7</sup> PEPFAR supports these components and has incorporated them into its core package of services for MSM. PEPFAR defines the core elements of a comprehensive package of HIV-prevention services for MSM and their partners to be:

- Community-based outreach;
- Distribution of condoms and condom-compatible lubricants;
- HIV counseling and testing;
- Active linkage to health care and antiretroviral treatment (ART);
- Targeted information, education and communication (IEC); and
- Sexually transmitted infection (STI) prevention, screening and treatment.

PEPFAR supports progress toward implementation of a comprehensive package of services for MSM that includes these six core components and places an emphasis on

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<sup>6</sup> World Health Organization, Regional Office for the Western Pacific. (2009). *Health Sector Response to HIV/AIDS among Men Who Have Sex with Men: Report of the Consultation*. Manila, the Philippines. Available at: [http://www.wpro.who.int/internet/resources.ashx/HSI/report/MSM+Report+HOK\\_Feb2009\\_for+web.pdf](http://www.wpro.who.int/internet/resources.ashx/HSI/report/MSM+Report+HOK_Feb2009_for+web.pdf).

<sup>7</sup> Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009). *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*. Geneva, Switzerland. Available at: [http://data.unaids.org/pub/Report/2009/jc1720\\_action\\_framework\\_msm\\_en.pdf](http://data.unaids.org/pub/Report/2009/jc1720_action_framework_msm_en.pdf).

prevention services for MSM living with HIV and their partners. Many MSM are living with HIV or have multiple risks for HIV infection. Those MSM who fall into other categories for which there is specific PEPFAR guidance on prevention, care, and treatment should also receive services consistent with such published guidance documents (see [www.pepfar.gov](http://www.pepfar.gov)). Country teams are expected to build the capacity of partner countries to implement these core prevention interventions in a manner that addresses the specific needs of a wide range of MSM and improves the ability of HIV prevention and health care providers to provide effective evidence-based services to MSM in an affirming and nondiscriminatory manner.

### **Community-Based Outreach**

Community-based outreach plays an essential role in providing HIV prevention to MSM because homophobia, stigma and discrimination make it difficult for MSM in many countries to disclose their same-sex behavior to health care providers and others and to seek services in a timely way from programs or clinics for MSM. The success of community-based outreach programs depends heavily on the use of peers or other trusted individuals who can access members of this difficult-to-reach population in their own environments in order to engage and retain MSM in HIV prevention and care services. Credible and properly trained outreach workers are uniquely able to communicate and reinforce HIV prevention messages, build MSMs' trust in local HIV prevention and care programs, and facilitate linkages and referrals to high-quality, MSM-friendly HIV prevention and care programs.

There are various models for implementing community-based outreach programs for MSM and other socially marginalized populations based on venues, types of activities, and organizational affiliations. Outreach programs can provide a range of services including, but not limited to:

- Dissemination of HIV risk reduction information and targeted media;
- Distribution of condoms and condom-compatible lubricants;
- Training on correct use of condoms; and
- Provision of referrals and linkage to HIV testing, other HIV prevention programs, drug and alcohol treatment, and HIV health care and treatment that provide services that are nondiscriminatory and responsive to the needs of MSM.

## **Distribution of Condoms and Condom-Compatible Lubricants**

For sexually active MSM, the consistent use of latex condoms with male and female partners can significantly reduce the risk of HIV transmission and acquisition as well as transmission of some other STIs. Increasing the availability of free condoms has been shown to significantly reduce HIV risk without increasing the number of sexual partnerships and is cost-saving in terms of estimated medical costs averted by preventing new HIV infections.<sup>8</sup> Condom-compatible lubricants reduce risk of condom breakage during sexual intercourse, and include water-based and silicone-based lubricants that are manufactured for use with condoms and do not compromise the integrity of latex condoms or have other harmful effects.<sup>9</sup> Lubricants that are not compatible with condoms increase the risk of condom failure. Oil-based lubricants (such as mineral oil, vegetable oils, and petroleum jelly) should not be used with condoms and should not be distributed by HIV prevention programs.

A variety of strategies can be used to increase the availability of condoms and condom-compatible lubricants, including placing and distributing them in venues frequented by MSM. Social marketing of condoms and condom-compatible lubricants can further increase MSMs' willingness to take and correctly use condoms and condom-compatible lubricants. Programs should strive to make sufficient quantities of condoms and condom-compatible lubricant available to MSM so that they can be used consistently during sexual intercourse. It is critical that condoms and lubricants be readily accessible in a variety of different venues to ensure that they can be easily obtained on a regular basis.

## **HIV Counseling and Testing**

Increasing access to HIV testing is critical for reducing the spread of HIV among MSM and their sex partners and facilitating HIV-positive MSMs' access to appropriate health care. Testing positive for HIV can lead to a significant reduction in high-risk behaviors

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<sup>8</sup> Charania, M.R., Crepaz, N., Guenther-Gray, C., Henny, K., Liao, A., Willis, L.A., & Lyles, C.M. (2010). Efficacy of structural-level condom distribution interventions: A meta-analysis of U.S. and international studies, 1998-2007. *AIDS and Behavior*. Published on-line ahead of print at: [www.springerlink.com/content/b587252154332991](http://www.springerlink.com/content/b587252154332991).

<sup>9</sup> Programs should take care to select lubricants that have been specifically tested for use during anal intercourse and to avoid distributing sexual lubricants that have the potential to increase HIV or STI transmission. Emerging research data suggest that some widely available sexual lubricants have the potential to increase the risk of HIV and STI transmission during anal intercourse. See Russo, J. et al. (2010, May). *Safety and anti-HIV activity of over-the-counter lubricant gels* [abstract 347] and Gorbach, R. M. et al. (2010, May). *Rectal lubricant use and risk for rectal STI* [abstract 348]. Available at: <http://www.microbicides2010.org>.

that can transmit the virus to others and is a critical step in improving the health of HIV-positive MSM. HIV testing with high-quality counseling can reduce HIV risk and sexually transmitted infections among HIV-negative men and women. A variety of models for HIV counseling and testing with MSM exist. These include providing HIV counseling and testing in clinics and community-based organizations that serve MSM, conducting HIV testing in outreach settings and on mobile vans, developing networks of MSM-responsive private providers, using social networks to recruit MSM and their sex partners for HIV testing, and other strategies. HIV counseling and testing with couples has been shown to be effective with heterosexual couples and may be adapted for MSM in established relationships who wish to be tested and counseled together. HIV counseling and testing programs for MSM should establish strong linkages with other HIV prevention and health service providers and clinics, including those that provide alcohol and drug treatment, that can deliver appropriate health care and treatment in a manner that is responsive to the needs of HIV-positive MSM and safeguards their confidentiality.

### **Health Care and Treatment for HIV-Positive MSM**

Timely access to life-saving health care, antiretroviral treatment and opportunistic infection prophylaxis has very clear and powerful effects on the health and well-being of people diagnosed with HIV. In recent years, evidence has continued to accumulate regarding the prevention benefits of health care and ART that lower HIV viral load. Receiving ART and having a low or undetectable viral load have been associated with significantly reduced rates of HIV transmission in multiple studies. PEPFAR strongly supports efforts to provide HIV-positive MSM access to timely and appropriate HIV medical care and ART as part of a comprehensive HIV strategy for MSM. Such a strategy should also include appropriate referrals to alcohol and drug treatment for HIV-positive MSM.

### **Targeted Information, Education and Communication**

Targeted information, education and communication (IEC) is a broad category that includes a wide range of HIV prevention activities that seek to improve HIV knowledge and awareness; promote beliefs, attitudes, and norms that reduce risk; build skills and self-efficacy; and motivate HIV testing, changes in substance use and sexual practices, and promote other behaviors that reduce HIV/AIDS risk. Activities in this category include evidence-based community, small-group, and individual behavioral interventions, peer education, and the development and distribution of targeted media



that are used as part of outreach efforts, HIV testing and counseling, behavioral interventions, or social marketing campaigns. In planning to implement IEC activities, programs should give careful consideration to the extent to which the activity meets the HIV prevention needs of local MSM, their organizational capacity and the feasibility of the planned activities, the expected reduction in HIV risk, the number of people that can be reached, and the cost-effectiveness of the planned approach compared to other possible HIV prevention activities.

### **STI Prevention and Screening**

Other STIs can significantly increase the risk of HIV transmission and acquisition. Information and education about the prevention of other STIs should be included as part of the comprehensive package of services provided to MSM. PEPFAR countries should work to improve the accessibility and quality of STI prevention, screening, timely provision of STI results, and STI treatment for MSM. As per CDC guidelines, STI screening for MSM should include serologic testing, physical examination, and sample collection from the urethra, pharynx, and rectum as appropriate based on the patient's sexual history.<sup>10</sup> Health care providers should receive training in how to take sexual histories, screen for STIs, collect appropriate samples, provide nonjudgmental services, and protect the confidentiality of MSM patients. Various models exist for STI prevention and screening with MSM. These include the use of outreach workers as well as clinic, community, mobile, and internet-based programs. A range of models should be considered for adaptation and use given the specifics of the country context, organizational capacity, and the needs of local MSM.

## **Supporting Effective HIV Prevention for MSM**

The stigma and discrimination experienced by MSM and other at-risk populations have created unfavorable environments that negatively affect the health of MSM, limit the human rights of MSM, increase HIV risk and hinder MSMs' ability to obtain HIV prevention, care and treatment services. PEPFAR supports efforts to further HIV prevention goals through laws, regulations and policies that improve the availability, accessibility and effectiveness of HIV prevention programs for MSM. Such efforts to further HIV prevention may require a focus on reducing stigma and discrimination experienced by MSM, promoting the human rights of MSM, and allowing HIV/AIDS

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<sup>10</sup> Centers for Disease Control and Prevention. (2006). *Sexually Transmitted Diseases Treatment Guidelines, 2006*. Available at: <http://www.cdc.gov/std/treatment/>.

programs to be conducted in a manner that does not put MSM at risk for discrimination, violence, arrest or prosecution.

In order to optimize the effectiveness of interventions to reduce HIV infection, PEPFAR programs in all countries should be based on principles of equity, nondiscrimination, and voluntariness in order to ensure access to services. Programs should develop strategies to ensure that all MSM are able to receive HIV prevention, care and treatment that is affirming and nondiscriminatory and does not place these men at risk for violence, arrest, or other forms of discrimination. Country leadership, including engagement with multiple sectors of government and collaboration with civil society, is needed to develop and implement, at all levels, any necessary supportive legislation, policies, and regulations to support HIV prevention for MSM and improve the introduction, scale-up and strengthening of HIV prevention and health services for MSM.

## **Optimizing HIV Prevention with MSM**

In addition to establishing laws, regulations and policies that support HIV prevention efforts for MSM, there are a number of best practices that can improve the effectiveness of HIV prevention efforts for MSM. PEPFAR programs are encouraged to adopt the following best practices to optimize HIV prevention with MSM:

- Involve MSM;
- Ensure confidentiality;
- Provide staff training;
- Collect and use strategic information;
- Link, integrate and co-locate services;
- Incorporate research advances and new technologies.

### **Involve MSM**

Efforts to build the capacity and ability of local MSM organizations to lead and implement HIV prevention programs are essential. PEPFAR programs should build upon the strengths and networks of local MSM and involve them in the planning, implementation, and leadership of HIV prevention efforts for MSM. Depending on the local context and existing services for MSM, it may be appropriate to facilitate the development and operation of programs that provide locally appropriate social support,

build the capacity of local MSM organizations to deliver HIV prevention, and create a legal and policy environment within which MSM-focused HIV prevention programs can operate successfully.<sup>11</sup>

### **Ensure Confidentiality**

It is essential that participation in HIV prevention programs, receipt of HIV care and treatment, participation in research, and collection of strategic information not put MSM at risk for discrimination, arrest, or prosecution. HIV programs for MSM cannot be successful if individuals are worried that their identity, sexual orientation, or HIV status may be shared with others. Programs should consider how confidentiality will be maintained when designing and implementing programs, selecting where services will be located, hiring and training staff, advertising services, and collecting and maintaining data and information. All staff should receive training on the importance of maintaining confidentiality and the consequences of disclosing an individual's sexual orientation or HIV status or otherwise violating confidentiality. If a Ministry of Health cannot safeguard participants and their data, partnerships with other organizations with the ability and capacity to collect and protect these data should be considered.

### **Provide Staff Training**

Staff working in HIV prevention, care, and treatment programs (including HIV test counselors, health educators, physicians, nurses, care providers, administrative staff, interviewers, trainees, and students) should receive training to improve their ability to provide high-quality services that are affirming, free of discrimination, maintain confidentiality, and are responsive to the needs of local MSM. This training should not be limited to those who work in MSM-focused programs,<sup>12</sup> but the extent of the training

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<sup>11</sup> The development of viable community-based MSM organizations takes time and may require considerable technical assistance and capacity-building. Where local MSM cannot participate fully due to serious social, legal, or physical threats, the involvement of regional networks of MSM or other strategies should be considered to facilitate capacity-building and ensure the perspectives of MSM are carefully considered. International, regional, and national networks of MSM organizations exist and can provide access to information and supportive linkages with other organizations.

<sup>12</sup> Ensuring that general population programs are responsive to the needs of MSM is critical because many MSM may be unwilling to identify themselves or seek services from MSM-focused programs. To address this concern, programs should not assume that all persons receiving prevention and care services engage in heterosexual sex only, and should provide information about HIV/AIDS among MSM and the risks of unprotected sex and how to reduce these risks.

should depend on the individuals' familiarity with the population and whether they will be working in a setting that serves the general population or MSM specifically. PEPFAR-funded programs (even those that are not specific to MSM) should be able to deliver high-quality HIV prevention and health services to MSM in an affirming and nondiscriminatory manner, establish and maintain confidentiality, make referrals to local programs or other resources that specifically address the needs of MSM, provide condoms and condom-compatible lubricants, and safeguard the confidentiality of MSM. Training should also address risk assessment, risk reduction counseling, HIV prevention and screening, as well as STI prevention, screening, and treatment, as appropriate.

### **Collect and Use Strategic Information**

The paucity of epidemiological, behavioral, social science and operational research data on MSM in low- and middle-income countries is a major barrier to successful HIV prevention. It is critical that prevention programs for MSM be based on strategic information that provides an accurate understanding of the impact of HIV/AIDS on MSM and the local epidemic. This understanding should be informed by on-going surveillance and cross-sectional studies that include estimation of the size of the MSM population and epidemiological data documenting HIV/AIDS cases and risk behavior among MSM. Behavioral and social science research on the prevention needs of MSM and operational research that aims to evaluate impact, improve service delivery, and maximize outcomes of evidence-based practices in the field<sup>13</sup> are also critical. Monitoring and evaluation of HIV prevention efforts is also essential for ensuring accountability and improving program impact (see MSM Technical Assistance Document).

Strategic information should be analyzed and reported in a timely manner and used to inform the development of strategic frameworks and country operational plans to appropriately address the prevention needs of MSM. Interventions and investments should be matched with epidemiological trends and needs in order to improve impact of HIV prevention efforts for all at-risk populations, including MSM.

### **Link, Integrate and Co-Locate Services**

Programs should develop the capacity to provide high-quality referrals between prevention, care, and treatment services that meet the needs of MSM. This includes the ability of HIV testing and prevention programs to link HIV-positive MSM to health care and treatment as well as the ability of care and treatment providers to refer high-risk

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<sup>13</sup> United States President's Emergency Plan for AIDS Relief: Five-Year Strategy. 2009.

MSM to appropriate prevention services. Because HIV risk and alcohol and recreational drug use are closely linked, strong linkages between HIV prevention and alcohol and drug treatment programs should be established. The delivery of MSM-focused prevention services may be enhanced in some countries by co-locating these services in settings that provide health care or community-based social services, social support, legal or other services to MSM.

### **Incorporate Research Advances and New Technologies**

It is important that comprehensive HIV prevention programs for MSM continue to evolve as science, practice and technology advance. The core interventions that were described previously should not preclude the use of other evidence-based approaches, including structural and biomedical interventions, that have been shown to be effective and are appropriate in the local context. In addition, technological advances, including the internet and mobile phones, have changed the ways MSM communicate with each other and create new opportunities for HIV prevention. Programs for MSM should consider how commonly available communication technologies can be adapted to disseminate HIV prevention information and targeted media; provide referrals to HIV and STI testing, prevention, and medical services; and deliver HIV prevention interventions.

### **PEPFAR Support for the Implementation of Comprehensive HIV Prevention with MSM**

PEPFAR programs should be data-driven, support laws, regulations and policies that allow MSM to access appropriate and nondiscriminatory HIV prevention, care and treatment, and offer a comprehensive package of services that is designed for maximal impact in preventing HIV/AIDS. PEPFAR prevention, care and treatment programs should be conducted in a manner that is consistent with the Department of State's efforts to advance a comprehensive human rights agenda that includes the elimination of violence and discrimination based on sexual orientation and gender identity. In designing and implementing programs, PEPFAR programs should heed the principles affirmed in the 2006 Political Declaration on HIV/AIDS of the UN General Assembly that address human rights, stigma and discrimination as critical elements in combating HIV/AIDS.<sup>14</sup>

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<sup>14</sup> Political Declaration on HIV/AIDS, UN General Assembly Res. 60/262 (2006)

PEPFAR country teams should support the establishment of laws, regulations and policies that support HIV prevention efforts for MSM. All PEPFAR partner countries are expected to make progress toward ownership of this issue and to assess the impact of HIV/AIDS on MSM in their country and the contribution of HIV/AIDS among MSM to the overall epidemic in their country. Based on these data, PEPFAR country teams should develop appropriate plans to address the HIV prevention, care and treatment needs of MSM, allocate sufficient resources to support these efforts, and create and maintain legal and policy environments that support HIV prevention in ways that respect the human rights of MSM.

The following are some principles that should guide PEPFAR country teams in their interactions with partner governments around supporting the establishment of HIV prevention programs for MSM.

- Technical assistance and capacity-building is an expected component of PEPFAR programs in order to successfully scale-up prevention services for MSM.
- Based on demography and epidemiology, and guided by evidence, programs should consider implementation and effective adaptation of a combination of core interventions for comprehensive HIV prevention programs for MSM, taking into account: local legal considerations; ethical considerations; cultural traditions; economic circumstances; and technical, human and fiscal resources and capacities.
- Country teams should work with governments to ensure the appropriate inclusion of HIV prevention for MSM in national HIV strategic plans and strategic frameworks, and the participation of MSM in country coordinating mechanisms and other HIV-related planning bodies as well as in the development and implementation of HIV-prevention programs for MSM.
- Some interventions, such as HIV counseling and testing and provision of ART, may be at a more advanced stage of implementation than other aspects of the country program. Where appropriate, PEPFAR country teams should use existing platforms to accelerate the scale-up of these and additional services for MSM and prioritize such activities based on their ability to be scaled up, responsiveness to the needs of local MSM, and expected impact on HIV/AIDS among MSM. In cases where guidance exists for specific interventions, such as ART provision, such guidance should be consulted along with this guidance.
- While not all interventions may be ready for implementation and scale-up in a given country, PEPFAR country teams should support partner governments in

implementing what is possible, and also work with governments to help define ways to improve the legal and policy environment so that it better supports HIV prevention for MSM. PEPFAR country teams should look for strategic opportunities with implementing partners to build these elements into existing prevention, care and treatment programs. Partner countries should take the lead in determining the optimal combination and sequencing of programs, with gaps filled in by nongovernmental organizations and the United States government.

- Access to services must be equitable, voluntary and nondiscriminatory. Each PEPFAR country team should promote progress in establishing laws, regulations and policies that support HIV prevention efforts for MSM. This includes working to remove barriers that hamper the ability of MSM to receive high-quality HIV prevention, care and treatment services that are responsive to their needs, affirming, free of discrimination, and do not put MSM at risk for discrimination, arrest or prosecution.
- PEPFAR country teams are encouraged to increase national capacity to set targets for MSM, based on size estimation methods and other more qualitative strategies to understand the current dynamics of the local HIV epidemic, in support of planning to implement core components of a comprehensive HIV intervention program for MSM.
- Funds may also be used to support technical assistance to facilitate the planning, implementation and monitoring and evaluation of programs.

PEPFAR supports comprehensive HIV prevention for MSM to reduce the burden of HIV disease among MSM. PEPFAR will support the aforementioned six core interventions (see Evidence-Based HIV Prevention for MSM), along with any necessary technical assistance to develop, implement, and monitor HIV prevention interventions and the legal and policy environment required to successfully implement any of these interventions.<sup>15</sup>

Specifically, PEPFAR will support the following activities through country budgets:

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<sup>15</sup> Additional interventions may be supported beyond these core interventions. The support of additional interventions is dependent, however, on the existence of strong and compelling evidence regarding the ability of any additional interventions to have a meaningful impact on HIV/AIDS risk among MSM. This evidence would include consideration of intervention feasibility, scalability (i.e., expected reach or penetration of the intervention), responsiveness to local needs, effectiveness, and cost-effectiveness relative to other available intervention options. It is especially important that new or newly adapted HIV prevention activities be monitored and evaluated to assess implementation, participant reactions, and outcomes.

- **Implementation** of HIV prevention interventions that provide equal and nondiscriminatory access to MSM and their sex partners and promote the establishment, laws, regulations and policies that support HIV prevention for this population and respect the human rights of MSM. Specific prevention interventions that should be emphasized include community-based outreach, HIV counseling and testing, linkage to health care and ART for HIV-positive MSM, information, education and communication (especially with MSM living with HIV and their partners), and distribution of condoms and condom-compatible lubricants. Resources may also be used to support staff that oversee and coordinate both the assessment, planning, implementation, and monitoring and evaluation of HIV-prevention activities with MSM and their sex partners and efforts to establish laws, regulations and policies that support HIV prevention efforts for MSM.
- **Training** of health professionals and providers of community-based HIV prevention services to increase the capacity for delivering high-quality prevention and health care services for MSM and their sex partners that are affirming, free from discrimination and ensure the confidentiality of all people who receive these services.
- **Collection and Use of Strategic Information** including: assessments of laws, policies, regulations and barriers that impede the implementation of comprehensive HIV prevention programs and activities for MSM and their sex partners to address such structural barriers; size estimation activities to help countries set targets for access to HIV prevention, treatment and care for MSM; ongoing HIV/AIDS surveillance that provides data on MSM; and rapid assessments using multiple qualitative and quantitative methods to better understand the behavioral and HIV transmission dynamics and estimate coverage needs and costs to have an impact on the HIV epidemic.
- **Epidemiological, Social Science and Operational Research** to: better understand HIV risk and its prevention among MSM and their sex partners; identify the most effective interventions for MSM within each epidemic context; support delivery of high-quality services to clients; evaluate innovative strategies to improve and strengthen comprehensive HIV prevention services for MSM and their sex partners; promote the development and strengthening of MSM organizations that provide HIV prevention and related health services; and support laws, regulations and policies that foster effective HIV prevention efforts for MSM.



- **Monitoring and Evaluation** of programs and intervention through the use of standardized indicators, including those developed by WHO, UNODC and UNAIDS, for each core intervention component to monitor accessibility, availability, quality, coverage and impact.
- **Commodity Procurement** of condoms and condom-compatible lubricants and other commodities essential to the delivery of effective HIV prevention care, and treatment services for MSM.

**PEPFAR funds should not supplant existing programs or services. The use of PEPFAR funds should be coordinated with the use of funding from other sources to increase evidence-based coverage, intensity and scale of HIV prevention efforts for MSM.**

## **Resources for PEPFAR Country Teams**

As needed, PEPFAR country teams are encouraged to work with their Country Support Team Leaders to access technical assistance through OGAC and the Most-At-Risk Populations (MARPS) Technical Working Group (TWG) to support the development and implementation of the activities emphasized in this guidance.

Other technical guidance documents can also be made available to support country efforts.

PEPFAR country teams are also encouraged to take advantage of the support services of other technical areas, such as Treatment and Monitoring and Evaluation, in order to integrate programs that benefit MSM into the existing framework of services.

For more information, contact the Technical Working Group on Prevention of HIV in Persons Engaged in High-Risk Behaviors.

## Appendix 1

### List of Additional Resources

This list is meant to highlight existing documents that are available to PEPFAR country teams as they plan and implement programs that benefit MSM. This list is by no means exhaustive. PEPFAR country teams are encouraged to contact the Technical Working Group on Prevention of HIV in Persons Engaged in High-Risk Behaviors if they need additional information.

### **Comprehensive HIV Prevention and Care for MSM**

Global Fund to Fight AIDS, Tuberculosis and Malaria (2009). *The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities (SOGI)*. Geneva, Switzerland. Available at: [http://www.theglobalfund.org/documents/publications/other/SOGI/SOGI\\_Strategy.pdf](http://www.theglobalfund.org/documents/publications/other/SOGI/SOGI_Strategy.pdf)

Global Forum on MSM and HIV (MSMGF) (2010). *HIV Prevention with MSM: Balancing Evidence with Rights-based Principles of Practice*. Oakland, California, United States. Available at: [http://www.msmsgf.org/documents/MSMGF\\_Policy\\_Brief\\_Prevention.pdf](http://www.msmsgf.org/documents/MSMGF_Policy_Brief_Prevention.pdf).

MSMGF (2010). *Reaching Men who have Sex with Men (MSM) in the Global HIV & AIDS Epidemic: A Policy Brief*. Oakland, California, United States. Available at: [http://www.msmsgf.org/documents/MSMGF\\_ReachingMSM.pdf](http://www.msmsgf.org/documents/MSMGF_ReachingMSM.pdf).

Joint United Nations Programme on HIV/AIDS (UNAIDS) (2009). *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*. Geneva, Switzerland. Available at: [http://data.unaids.org/pub/Report/2009/jc1720\\_action\\_framework\\_msm\\_en.pdf](http://data.unaids.org/pub/Report/2009/jc1720_action_framework_msm_en.pdf).

UNAIDS (2007). *Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access*. Geneva, Switzerland. Available at: [http://data.unaids.org/pub/Manual/2007/20070306\\_prevention\\_guidelines\\_towards\\_universal\\_access\\_en.pdf](http://data.unaids.org/pub/Manual/2007/20070306_prevention_guidelines_towards_universal_access_en.pdf)

World Health Organization (WHO)/ Pan American Health Organization (PAHO) (2009). *Summary of a Regional Consultation on Health Promotion and the Provision of Care to Men Who Have Sex with Men (MSM) in Latin America and the Caribbean*. Washington, DC, United States. Available at: [http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2120&Itemid=259](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2120&Itemid=259).

WHO/PAHO (2010). *Blueprint for the Provision of Comprehensive Care to Gay Men and Other Men who have Sex with Men (MSM) in Latin America and the Caribbean*. Washington, DC, United States. Available at: [http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2449&Itemid=1993](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2449&Itemid=1993).

WHO, UNAIDS, UNDP (2009). *Prevention and Treatment of HIV and Other Sexually Transmitted Infections among men Who Have Sex with Men and Transgender Populations. Report of a*

*Technical Consultation 15-17 September 2008, Geneva, Switzerland.* Geneva, Switzerland.  
Available at: [http://www.who.int/hiv/pub/populations/msm\\_mreport\\_2008.pdf](http://www.who.int/hiv/pub/populations/msm_mreport_2008.pdf).

WHO Regional Office for the Western Pacific Region (2009). *Health Sector Response to HIV/AIDS among Men who have Sex with Men: Report of the Consultation.* Manila, the Philippines.  
Available at: [www.wpro.who.int/sites/hsi/documents/msmreport\\_feb2009\\_hok.htm](http://www.wpro.who.int/sites/hsi/documents/msmreport_feb2009_hok.htm).

WHO (2010). *Priority HIV and Sexual Health Interventions in the Health Sector for Men Who Have Sex with Men and Transgender People in the Asia-Pacific Region.* Geneva, Switzerland.  
Available at: <http://www.wpro.who.int/sites/hsi>.

### **Strategic Information**

American Foundation for AIDS Research (amfar) (2009). *Ensuring Universal Access to Comprehensive HIV Services for MSM in Asia and the Pacific: Determining Operations Research Priorities to Improve HIV Prevention, Treatment, Care, and Support among Men who have Sex with Men.* New York City, New York, United States. Available at:  
<http://www.amfar.org/workarea/downloadasset.aspx?id=7825>.

Global Fund (2010). *The Global Fund, HIV and Sexual Orientation/Gender Identities.* Available at:  
<http://www.theglobalfund.org/documents/replenishment/2010/The%20Global%20FUND%20OGI%20Strategy%20Update.pdf>

UNAIDS (2008). *A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations.* Geneva, Switzerland. Available at:  
[http://data.unaids.org/pub/Manual/2008/jc1519\\_framework\\_for\\_me\\_en.pdf](http://data.unaids.org/pub/Manual/2008/jc1519_framework_for_me_en.pdf).

UNAIDS (2009). *Action Framework: Universal Access for Men who have Sex with Men and Transgender People.* Available at: [http://content.undp.org/go/cms-service/download/asset/?asset\\_id=2077395](http://content.undp.org/go/cms-service/download/asset/?asset_id=2077395)

International HIV/AIDS Alliance (2007). *Supporting civil society organisations to reach key populations in the Latin American and Caribbean region.* Available at:  
<http://msmgf.org/documents/LatinAmerica/Nongovernment/Supportingcivilsocietyrganisatins.pdf>

WHO (2009). *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations.* Available at:  
[http://www.msmsasia.org/tl\\_files/resources/OMS%20MSM\\_DF.pdf](http://www.msmsasia.org/tl_files/resources/OMS%20MSM_DF.pdf)

### **Social, Legal and Policy Context**

EngenderHealth (2004). *Training for Health Care Workers: Reducing Stigma and Discrimination Related to HIV and AIDS.* Available at: <http://www.engenderhealth.org/pubs/hiv-aids-sti/reducing-stigma.php>.

Foreign & Commonwealth Office, United Kingdom (2008). *An FCO Program for Promoting Human Rights of LGBT People*. Available at:  
<http://www.globalequality.org/storage/cfge/documents/fco%20program%20for%20promoting%20human%20rights%20of%20lgbt%20people.pdf>

MSMGF (2010). *Social Discrimination against Men Who Have Sex with Men*. Oakland, California, United States. Available at:  
[http://www.msmsgf.org/documents/MSMGF\\_Social\\_Discrimination\\_Policy\\_Brief.pdf](http://www.msmsgf.org/documents/MSMGF_Social_Discrimination_Policy_Brief.pdf).

Moody, K. (2009). Ensuring human and sexual rights for men who have sex with men living with HIV. *Bulletin of the World Health Organization*. Available at:  
<http://www.who.int/bulletin/volumes/87/11/09-071175/en/>.

Pact Inc. and International Center for Research on Women (2010). *Understanding and Challenging Stigma toward Men who have Sex with Men: Toolkit for Action (Asia Pacific Focus)*. Available at: <http://www.icrw.org/files/publications/Understanding-and-Challenging-Stigma-toward-Men-who-have-Sex-with-Men-Toolkit-for-Action.pdf>.

UNAIDS (2007). *Reducing HIV Stigma and Discrimination: a critical part of national AIDS programmes. A resource for national stakeholders in the HIV response*. Available at:  
[http://data.unaids.org/pub/Report/2008/JC1521\\_stigmatisation\\_en.pdf](http://data.unaids.org/pub/Report/2008/JC1521_stigmatisation_en.pdf)

World Bank (2007). *Legal Aspects of HIV/AIDS, A Guide for Policy and Law Reform*. Available at:  
<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/LegalAspectsOfHIVAIDS.pdf>

### **Capacity Building for Program Scale-Up**

Asia Pacific Coalition on Male Sexual Health (2010). *It all starts here: Estimating the size of populations of men who have sex with men and transgender people*. Available at:  
[http://msmasia.org/tl\\_files/2010%20resources/10-04\\_resources/APCOM\\_Policy\\_Brief\\_3\\_Pop\\_Est\\_FINAL.pdf](http://msmasia.org/tl_files/2010%20resources/10-04_resources/APCOM_Policy_Brief_3_Pop_Est_FINAL.pdf).

International HIV/AIDS Alliance (2009). *Responding to the HIV-Related Needs of MSM in Africa – Workshop Guide*. Available at:  
[http://www.impactalliance.org/ev\\_en.php?ID=49091\\_201&ID2=DO\\_TOPIC](http://www.impactalliance.org/ev_en.php?ID=49091_201&ID2=DO_TOPIC).

International HIV/AIDS Alliance (2004). *Clinical Management of Sexually Transmitted Infections in Resource-Poor Settings: A Comprehensive Guide for Clinicians (Volume II)*. Available at:  
[http://www.aidsalliance.org/includes/Publication/STI\\_manual\\_vol2.pdf](http://www.aidsalliance.org/includes/Publication/STI_manual_vol2.pdf).

International HIV/AIDS Alliance and Naz Foundation (2001). *An Introduction to Promoting Sexual Health for Men who Have Sex with Men and Gay Men: A Training Manual*. Available at: [http://www.aidsalliance.org/includes/Publication/msm1101\\_naz\\_msm\\_manual.pdf](http://www.aidsalliance.org/includes/Publication/msm1101_naz_msm_manual.pdf).

UNAIDS (2008). *Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations*. Available at: [http://data.unaids.org/pub/Manual/2008/jc1519\\_framework\\_for\\_me\\_en.pdf](http://data.unaids.org/pub/Manual/2008/jc1519_framework_for_me_en.pdf).

UNAIDS (2006). *Best Practice Collection: HIV and Men who have Sex with Men in Asia and the Pacific*. Available at: [http://data.unaids.org/Publications/IRC-pub07/jc901-msm-asiapacific\\_en.pdf](http://data.unaids.org/Publications/IRC-pub07/jc901-msm-asiapacific_en.pdf).

UNDP, UNAIDS, and USAID (2009). *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men and Transgender Populations in Asia and the Pacific*. Available at: [http://content.undp.org/go/cms-service/download/asset/?asset\\_id=2199799](http://content.undp.org/go/cms-service/download/asset/?asset_id=2199799).

WHO/PAHO (2009). *Summary of a Regional Consultation on Health Promotion and the Provision of Care to Men Who Have Sex with Men (MSM) in Latin America and the Caribbean*. Washington, DC, United States. Available at: [http://new.paho.org/hq/index.php?option=com\\_content&task=view&id=2120&Itemid=259](http://new.paho.org/hq/index.php?option=com_content&task=view&id=2120&Itemid=259).