

UNFINISHED BUSINESS

HIV among gay, bisexual men and other men who have sex with men

Gay, bisexual men and other men who have sex with men are among the small number of groups for which the HIV epidemic remains uncontrolled worldwide. Inability to mount true-to-fact responses that are tailored to the sexual health needs of our communities threatens to undermine gains made in reaching global targets set by UNAIDS. Moreover, in the premature and overly optimistic stampede towards the “end of AIDS”, the gravity of the situation for gay and bisexual men is down-played or ignored. The HIV needs of gay, bisexual men and other men who have sex with men must be addressed openly, quickly, and with sufficient resources to support evidence-based, community-led, and human rights-affirming interventions at scale.

MSMGF (The Global Forum on MSM & HIV), together with the Joint United Nations Programme on HIV/AIDS (UNAIDS Secretariat, UNDP, UNFPA, and WHO), has established an advocacy platform to fast-track HIV and human rights responses among gay, bisexual men and other men who have sex with men (*the Platform*). Platform members are gay, bisexual men and other men who have sex with men representing all parts of the world. Members include men living with HIV who are advocates, human rights defenders, prevention experts, researchers, and program planners.

Platform members are deeply troubled by the inclination of the global community to understate the problem of HIV in our communities. Political rhetoric often misrepresents HIV epidemiology and renders gay, bisexual men and other men who have sex with men invisible. To meet accelerated global HIV targets, we urge global leaders to adopt a differentiated and bolder response, in keeping with current epidemiologic trends.

BOLD ACTION IS NEEDED NOW

We need a bolder, more evidence-driven global response to HIV that isn't fearful of openly acknowledging gay, bisexual men and other men who have sex with men and their sexual health needs. HIV service approaches must be developed, updated, and aligned with normative guidance endorsed by UN agencies [1]. In addition, leaders in the global response should work emphatically to:

1. **Fully fund comprehensive HIV and other STI prevention, care and treatment programs that are competently delivered and tailored to the needs of men who have sex with men** – funding levels should proactively: a) address the disproportionate HIV disease burden and increased HIV transmission rates among men who have sex with men; and b) resource community-based and LGBT-led responses.
2. **Ensure universal and unimpeded access to sexual health programs, including HIV and other STI services** – healthcare workers need technical training and support to deliver high quality, evidence informed, and rights-based sexual health services for men who have sex with men.
3. **Decriminalize homosexuality** – all socio-structural barriers that impact our communities and access to sexual health services should be removed, including homophobic laws that criminalize same-sex sexual practices, HIV non-disclosure, exposure, and transmission, sex work, gender non-conformity, and drug use.

THE FACTS

For gay, bisexual men and other men who have sex with men HIV remains uncontrolled everywhere.

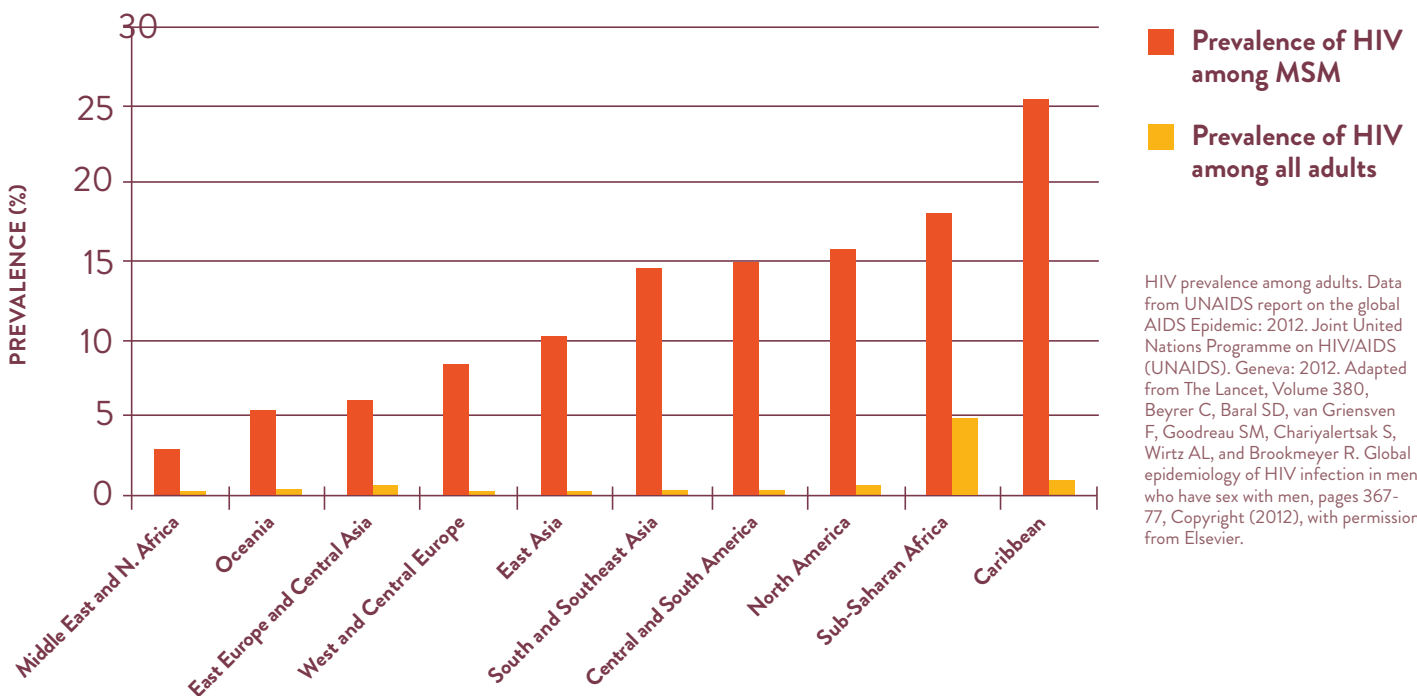
In most parts of the world outside of Eastern and Southern Africa, HIV prevalence is less than 1% of the general adult population while prevalence among gay, bisexual men and other men who have sex with men is well over 10% [2]. In high-income countries, HIV is most prevalent among gay, bisexual men and other men who have sex with men [3]. In low- and middle-income countries, gay, bisexual men and other men who have sex with men are 19 more likely to be living with HIV compared with people in the general population and represent an estimated 10% of all new infections each year [4].

Overall, the odds of having HIV infection are markedly and consistently higher among men who have sex with men than among the general population in adults of reproductive age across Asia, Africa, and the Americas. For example, in South America and the Caribbean, the HIV prevalence

among gay and bisexual men is generally greater than 10% and the odds of having HIV in this group is almost 34 times that in the general population [5]. In the United States, although gay men and other men who have sex with men represent only 4% of the male population, they accounted for 78% of new HIV infections among men and 63% of all new infections in 2010 [6].

Even when there have been recent and notable decreases in new HIV infections, prevalence and incidence is consistently higher and rising among men who have sex with men when compared with other men [3, 7-9]. In Kenya, the HIV prevalence among men who have sex with men is estimated to be as high as 43% compared with 6.1% among other adults. Similarly, HIV prevalence among men who have sex with men is as high as 40% and 68% compared to general population prevalence of 17.9% and 1.1% in South Africa and Thailand, respectively [7]. While HIV prevalence in Kyrgyzstan is comparatively lower, there is nonetheless rapid growth in the number of new cases of HIV among men who have sex with men, where HIV prevalence in this group is currently estimated to be 6.3% compared to 0.3% in the general population [10].

Pooled HIV prevalence among MSM, and among all men of reproductive age, by region, 2012



HIV prevalence among adults. Data from UNAIDS report on the global AIDS Epidemic: 2012. Joint United Nations Programme on HIV/AIDS (UNAIDS). Geneva: 2012. Adapted from The Lancet, Volume 380, Beyrer C, Baral SD, van Griensven F, Goodreau SM, Chariyalearsak S, Wirtz AL, and Brookmeyer R. Global epidemiology of HIV infection in men who have sex with men, pages 367-77, Copyright (2012), with permission from Elsevier.

With the possible exception of transgender women, gay, bisexual men and other men who have sex with men is the only group to face an HIV epidemic that is uncontrolled or worsening wherever disaggregated data have been reliably collected. For men who have sex with men, the high probability of HIV transmission from condomless receptive anal sex converges with multiple partner-level and socio-structural factors to heighten disease burden and disparities [5, 11-13].

Criminalization, discrimination, and stigma continue unchecked.

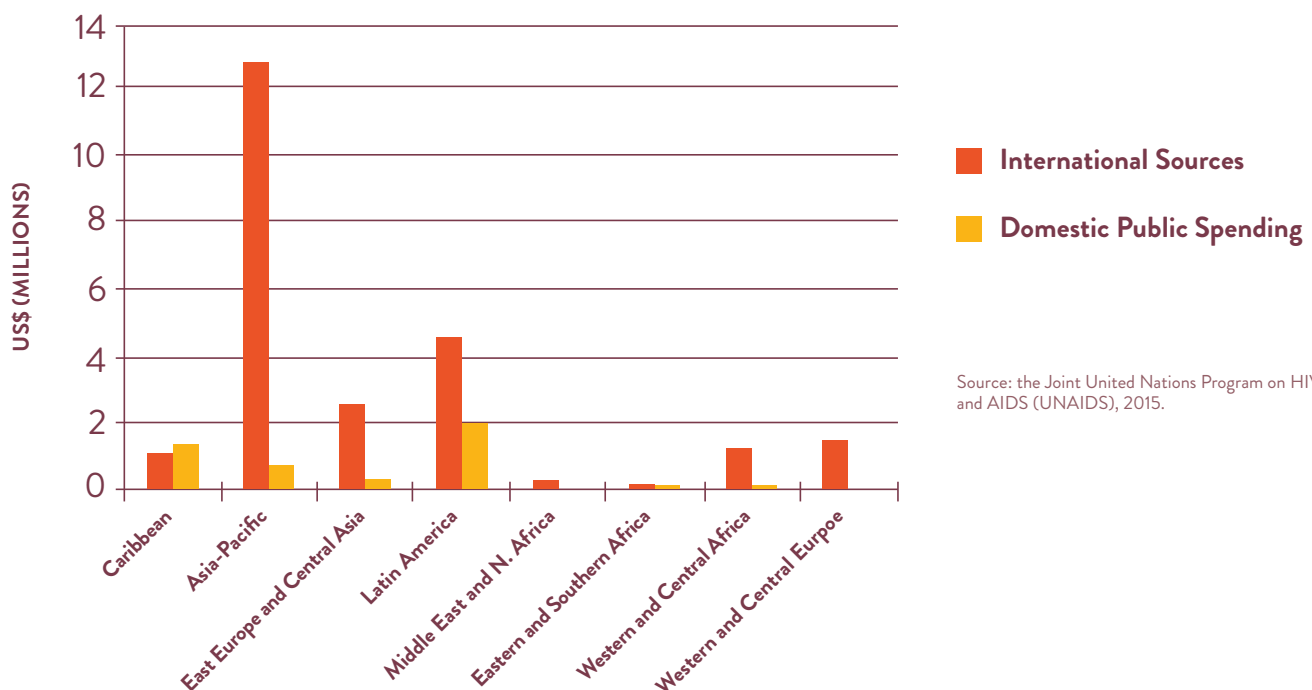
Homosexuality is still criminalized in 78 countries [14]. Criminalization encourages human rights abuses, violence, discrimination, and stigma, which worsen health disparities for men who have sex with men and their communities [15-17]. Stigma towards gay and bisexual men can limit the provision and uptake of HIV prevention, treatment, and care services [18-21]. Discriminatory policies have been associated with higher HIV incidence and prevalence, limited health care options, and reduced effectiveness of health care delivery [22, 23]. Moreover, men who have sex with men may exhibit less health-seeking behavior and greater levels of depression, anxiety, and substance misuse

because of stigma or human rights violations [24]. Stigma and discrimination are compounded by the limited availability of sexual and reproductive health services, which remain among the main determinants of HIV vulnerability, especially for young gay, bisexual men and other men who have sex with men [25].

Access to sexual health programs is systematically poor.

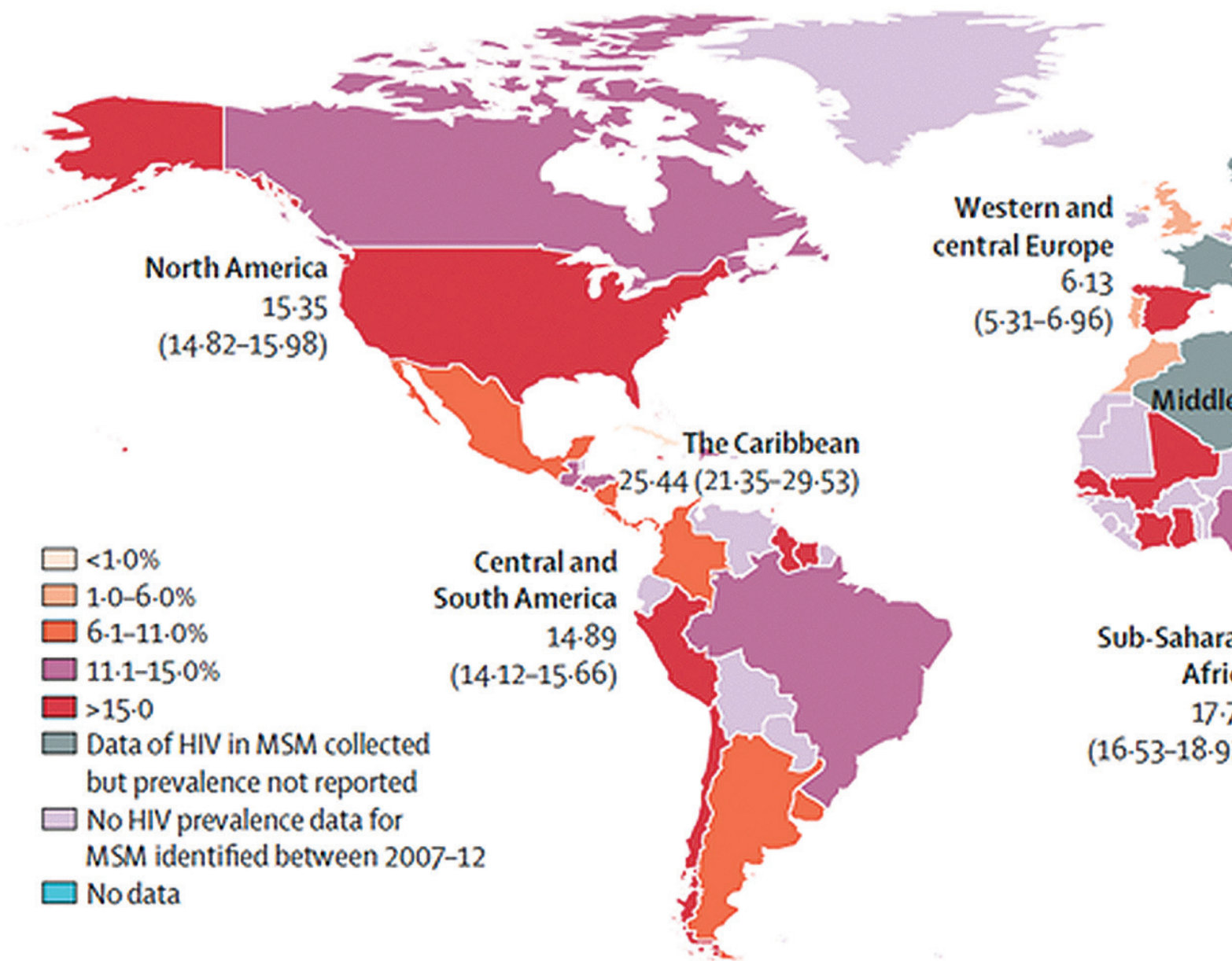
Gay, bisexual men and other men who have sex with men are less likely to have access to safe and competently delivered HIV services than the general population worldwide. Exclusion of men who have sex with men from national AIDS planning processes has contributed to inadequately funded, inaccessible, and poorly targeted programs [19]. National HIV prevention and treatment programs struggle to reach and respectfully serve men who have sex with men [26], most likely due to substandard technical capacity and weak political will to openly address the sexual and reproductive health needs of gay and bisexual men. This also creates an environment in which programs led by and intended for our communities are contested, defunded, or undermined.

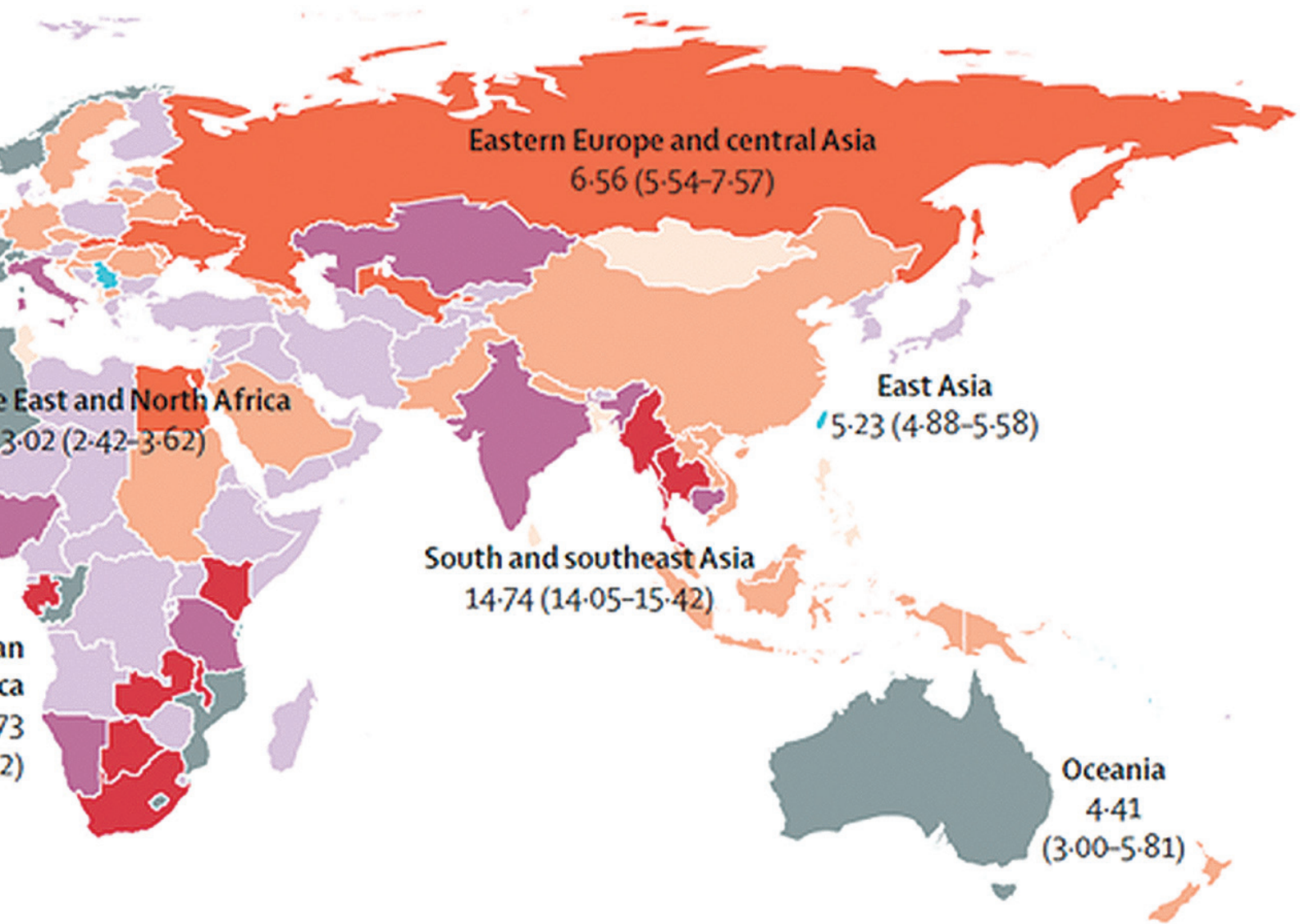
International and domestic public spending on programmes for men who have sex with men in low- and middle-income countries, by region, latest data available (2007–2012)



GLOBAL HIV PREVALENCE IN MSM

FROM STUDIES PUBLISHED 2007-11





Data are prevalence (95% CIs). Reprinted from The Lancet, Volume 380, Beyrer C, Baral SD, van Griensven F, Goodreau SM, Chariyalertsak S, Wirtz AL, and Brookmeyer R. Global epidemiology of HIV infection in men who have sex with men, pages 367-77, Copyright (2012), with permission from Elsevier.

International and domestic investments are severely misaligned with actual need.

In much of the world, national HIV epidemiological surveys do not adequately assess the impact of HIV on gay, bisexual men and other men who have sex with men. Unfortunately, this results in a lack of accurate and acceptable data, particularly (but not exclusively) in countries with generalized epidemics. Lack of data is then used by international donors and governments to justify underinvestment [19]. As a result, total global investment in HIV prevention programs for gay, bisexual men and other men who have sex with men is estimated to be merely 2% [27]. Excluding costs for HIV treatment, an estimated 7% to 9% of Global Fund investments are directed to this group [28]. Spending on HIV treatment for gay, bisexual men, and other men who have sex with men is nearly impossible to ascertain since governments and funders remain reluctant to collect and report disaggregated data. According to UNAIDS, in 2014, 14 of 45 Sub-Saharan African countries reported any spending for gay, bisexual men and other men who have sex with men and only 2 reported any domestic spending [29]. As countries progress from low and lower-middle income status, the

prospect of domestic investment in programs targeting men who have sex with men seems dim [30]. Poor investments result in substandard services and weak quality, availability, accessibility, and utilization of those services [16].

Community-based/led organizations play a central role in the global response.

Provision of safe spaces and social support, and promotion of community coherence, participation, and inclusion can help to reduce the spread of HIV among men who have sex with men [31-33]. Community support such as gay- and bisexual-specific health promotion can have positive impacts such as encouraging condom use through education and sex-positive messaging [12, 34]. Service utilization may also be optimized when delivered by community-based organizations that are led by gay or bisexual men [35]. Communities will require increased resources, capacity development, and expanded opportunities to strategize and lead in the HIV response.



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**GLOBAL FORUM
ON MSM & HIV
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The Global Forum on MSM & HIV (MSMGF) has worked since 2006 to encourage targeted, tailored, better-resourced, and rights-based sexual health services for gay men and other men who have sex with men (MSM) worldwide through its advocacy and technical support work. As a global network, MSMGF has successfully influenced HIV responses at the local level through shifts in global-level policies and has effectively utilized public health as an entry point for advancing the human rights of LGBT people. MSMGF currently supports programs in 31 countries.

This policy brief was produced by the Advocacy Platform to Fast-track Global HIV and Human Rights Responses for Gay, Bisexual Men, and Other Men Who have Sex with Men. The Platform is hosted by MSMGF.

MSMGF

Executive Office
436 14th Street, Suite 100
Oakland, CA 94612
United States
www.msmsgf.org

For more information, please contact us at contact@msmsgf.org

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