

Services for gay men and other men who have sex with men

Resource kit for high-impact programming

This Guidance Note is part of the resource kit for high impact programming that provides simple, concise and practical guidance on key areas of the AIDS response. The resource kit is jointly developed by the the Joint United Nations Programme on HIV/AIDS (UNAIDS). The resource kit can be accessed at <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>.

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The development of this Guidance Note was led by the United Nations Development Programme (UNDP) in close collaboration with the UNAIDS Secretariat, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). This Guidance Note provides simple, concise and practical guidance on services for gay men and other men who have sex with men. References and links to full guidance are provided in the last section of the Guidance Note.

WHAT IS NEW?

- Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).
 - World Health Organization, Joint United Nations Programme on HIV/AIDS, Federal Ministry for Economic Cooperation and Development of Germany, Global Forum on MSM and HIV, United Nations Development Programme. Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva: World Health Organization; 2011 (http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html, accessed 15 June 2014).
 - Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men and transgender people: Volume I national and sub-national levels. Washington, DC: United States Agency for International Development; 2013 (<http://www.cpc.unc.edu/measure/publications/ms-11-49a>, accessed 15 June 2015).
 - United Nations Development Programme, World Health Organization. The time has come: Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings. Bangkok: United Nations Development Programme Asia-Pacific Regional Centre; 2013 (<http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hiv-aids,-tb-malaria-responses/enablers/other-available-support/training-package-the-time-has-come/training-package-the-time-has-come.aspx/MStep>, accessed 15 June 2014).
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Introduction

Gay men and other men who have sex with men have been profoundly affected by HIV, and have a 13 times higher HIV prevalence than the rest of the population. New HIV infections among men who have sex with men are driving or substantially contributing to national epidemics in all regions, accounting for 10% or more of new infections in Côte d'Ivoire, Ghana and Nigeria;¹ 33% in the Dominican Republic; and 56% in Peru.² HIV prevalence among men who have sex with men has been found to be as high as 38% in Jamaica, 25% in Ghana, 43% in coastal Kenya, 25% in Thailand and 19% in both Côte d'Ivoire and Guyana. The latest survey data regarding HIV prevalence among men who have sex with men in different regions and countries are summarized in *UNAIDS 2013 global report on the AIDS epidemic*.³ It will be impossible to achieve universal access or to realize the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths without effectively addressing the HIV-related needs of gay men and other men who have sex with men.

As the worldwide breadth of the HIV burden among gay men and other men who have sex with men underscores, effective policies and programmes for gay men and other men who have sex with men are essential in both concentrated and generalized epidemics. While working to further expand the evidence for HIV programming for gay men and other men who have sex with men, countries are urgently advised to take immediate steps to implement evidence- and rights-based programming for gay men and other men who have sex with men.

1. Key elements

Based on the accumulation of substantial evidence, as well as extensive experience in implementing programmes, the package for a comprehensive, evidence-informed and rights-based response to HIV among gay men and other men who have sex with men is divided into two parts, which are summarized below.

Essential strategies for an enabling environment

It is important to consider the context in which gay men and other men who have sex with men live and work and where services for them are delivered. Structural factors such as societal norms, policies, laws and economic factors influence HIV risk. Ensuring these factors contribute positively to an enabling environment to assist the delivery and impact of interventions is essential. This requires multisectoral input and cooperation. If these structural factors

1 Case KK et al. Understanding the modes of transmission of new HIV infections and its use in prevention planning. Bull World Health Organ. 2012;90:831-838A.

2 Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013 (http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf, accessed 15 June 2014).

3 Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013, p A53 (http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf, accessed 15 June 2014).

are not addressed, the impact of health sector interventions will be constrained. The following interrelated strategies are, therefore, included as essential components of the response to HIV among these key populations:

- supportive legislation, policies and financial commitments;
- community empowerment;
- addressing stigma and discrimination;
- addressing violence.

Essential health interventions

The following interventions are able to produce the most benefit when they are available in combination, delivered by health and community systems and when the necessary enabling environmental factors outlined above are in place. The implementation of these interventions should not be delayed, even in the absence of these enabling environmental factors. In such cases, community-driven interventions become critical. It is important to recognize, however, that their impact will be greatly increased if the enabling factors are present. The essential health interventions are as follows:

- comprehensive condom and lubricant programming;
- behavioural interventions;
- HIV testing and counselling;
- sexual and reproductive health services;
- HIV treatment and care;
- substance use related harm reduction interventions;
- prevention and treatment of tuberculosis (TB);
- prevention and treatment of viral hepatitis.

2. Focus populations

Focus populations for HIV programmes include gay men and other men who have sex with men⁴ and other subpopulations that can be identified based on country context, which include, but are not limited to, the following:

- young gay men and other men who have sex with men below the age of 18;
- young gay men and other men who have sex with men who are sex workers;
- young gay men and other men who have sex with men who use drugs;
- young gay men and other men who have sex with men living with HIV;

4 The term gay can refer to same-sex sexual attraction, same-sex sexual behaviour and same-sex cultural identity. The expression men who have sex with men applies to men who do not necessarily self-identify as gay, but who do engage in sexual relations with men.

- young gay men and other men who have sex with men among mobile populations, including displaced people;
- young gay men and other men who have sex with men in closed settings such as prisons and uniformed services.

3. Data requirements

To respond effectively to HIV, countries must know their epidemic and their response and tailor their proposed responses within the context of the epidemiological situation and the needs of those at risk. The analytic process undertaken to inform and justify the selection of interventions should be integrated into the process of national AIDS strategic planning, not only to help mainstream evidence- and rights-based programming for gay men and other men who have sex with men, but also to demonstrate strong political commitment to an effective response for gay men and other men who have sex with men.

The situation analysis should begin with a review of epidemiological and response data and national-level needs assessments. In order to focus resources and efforts on key geographic settings and populations where the HIV burden and unmet need for HIV services are greatest, the epidemiological review should take note of evidence of geographic and population-specific variations in HIV prevalence and incidence. The review of the epidemiological situation should take into account regional and national documents and initiatives.

The situation analysis should also take into account the national response, including programmes driven by communities. Service coverage gaps should be quantified and noted. As part of the know your response analysis, specific information must be collected regarding human rights issues (e.g. legal framework, stigma, discrimination and access to appropriate services and to justice). In addition to determining the presence of specific HIV prevention, testing and HIV and sexually transmitted infection (STI) treatment and care services, the analysis should assess the degree to which gay men and other men who have sex with men have meaningful access to such services taking into account important physical, logistical or social barriers or impediments.

Where survey data do not exist, data collection processes should be established. In addition, countries that lack survey data specific to gay men and other men who have sex with men should collect community-based evidence, using the insights and technical expertise of gay men and other men who have sex with men.

Gay men and other men who have sex with men should be active partners in the analysis. The needs, values and preferences of gay men and other men who have sex with men should be ascertained and taken into account in the analysis. In countries where these populations are organized as nongovernmental organizations (NGOs) and community-based organizations, a formal partnership should be established. Where the prevalence of stigma and discrimination is high, or where the establishment of formal organizations of gay men and other men who have sex with men are illegal or absent, the participation of key informants at the individual level should be pursued following ethically sound protocols.

Data availability is essential to programme design. Data are needed to justify the selection of an intervention, for the analysis of gaps and in setting targets. Nevertheless, it is essential to build in safeguards that protect respondents when stepping up data collection activities, since data sometimes translate into more danger and/or risks, especially in places that criminalize homosexuality or where violence towards gay men and other men who have sex with men may go unchecked.

Some of the key information that might be required is listed below.

Epidemiologic

Key data points that should be considered include the following:

- size estimates of the population of men who have sex with men,⁵ including the estimated number of men who have sex with men, the estimated number of men who have sex with men living with HIV, the estimated number of men who have sex with men who inject drugs, the estimated number of men who have sex with men who sell sex and the geographic distribution of men who have sex with men;
- HIV/STI/TB prevalence among men who have sex with men disaggregated by age groups (<18 years, 18–24 years, 25–49 years and >49 years);
- the proportion or number of new HIV and TB infections among men who have sex with men;
- factors associated with transmission, including reports or prevalence of sexual risk behaviours; reports or prevalence of risk behaviours linked to injecting drug use; and evidence regarding structural factors such as societal norms, policies and laws and other issues that may influence HIV risk behaviours.

Legal, policy and social environments

In the light of the considerable legal, policy and social impediments to an effective response for gay men and other men who have sex with men, countries will need to take into account the broader environment in selecting interventions and justifying specific strategies.

Key data points that should be taken into account with reference to the legal, policy and social environments include:

- enabling and punitive laws, policies and practices related to sexual orientation and HIV;
- the status of national legal and policy frameworks with respect to the legality of same-sex sexual relations (including criminal penalties associated with violations, the number of prosecutions over the last three years, etc.);

5 In some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at risk for violence and stigma by identifying these populations and where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by strictly maintaining privacy, confidentiality and the security of information collected.

- the status of national legal and policy frameworks with respect to freedom of association (i.e. forming a network or organization representing or serving gay men and other men who have sex with men);
- evidence regarding the prevalence of discrimination experienced by gay men and other men who have sex with men (surveys through the People Living with HIV Stigma Index, the Global Forum on MSM & HIV's (MSMGF) Global Men's Health and Rights Survey, academic research, local surveys, etc.);
- mapping of organizations or networks of gay men and other men who have sex with men or friendly service organizations.

Programmatic

National responses should focus new resources where gaps exist or where unmet need is greatest. The collection of data on the programmatic situation should take into account geographic variations as well as gaps for specific populations.

Key data points that should be taken into account with reference to programming include the following.

National targets. It is recognized that country-specific epidemics among key populations are at differing stages and each country will be at a different phase in terms of bringing interventions to scale. Setting clear, achievable targets is helpful in planning for the scale-up of interventions. In the light of the highly disproportionate HIV risks experienced by gay men and other men who have sex with men, as well as the many barriers they face in obtaining services, targets should aim for more than incremental or modest improvements and should be ambitious.

Health and community system situation analysis. Here, the focus is on:

- mapping existing health and community structures and specific health and community-based support services provided;
- gathering information on unit costs for health and community-based support services;
- collecting key data on human resources (e.g. the distribution of various cadres of health, outreach and peer workers) and identifying human resource gaps;
- determining the number and location of sites where prevention and treatment services friendly to gay men and other men who have sex with men are available;
- determining whether sites where services are available for the general population deliver friendly services to men who have sex with men;
- identifying the types of service providers and delivery channels (including evidence regarding the role of community systems in delivering HIV services to gay men and other men who have sex with men through outreach, mobile services, special clinics; and mainstream versus dedicated service sites);

- gathering evidence regarding structural factors (such as social norms, laws, policies and practices, discrimination within health care settings and other issues) that may affect health-seeking behaviours or impede the delivery of services.

*Current coverage.*⁶ Reported indicators include the following from surveys covering the last 12 months:

- the proportion of men who have sex with men reached by HIV and STI prevention services;
- the proportion of men who have sex with men using STI treatment services;
- the proportion of men who have sex with men using condoms consistently and correctly;
- the proportion of men who have sex with men with previously unknown or HIV negative status who were tested for HIV and received their test results;
- the proportion of men who have sex with men living with HIV linked to treatment, care and support services;
- the proportion of men who have sex with men living with HIV eligible for antiretroviral therapy (ART) on treatment.

Financial

Country responses will need to reflect a thorough analysis of the cost of delivering the proposed scope of work, and should take into account the following:

- The unit costs per person per year should be calculated (empirical unit costs depending on the service package tailored to gay men and other men who have sex with men that may include the costs for equipment and supplies (laboratory tests, medications, condoms, lubricants, voluntary HIV counselling and testing, post-exposure prophylaxis, the management of STIs, antiretroviral drugs, etc.); the costs of monitoring and evaluation activities; the costs for community empowerment activities, human resources related costs; health staff; outreach workers; etc.).
- If unit costs are high, alternative outreach or service delivery models should be identified.
- The proportion of funds allocated to gay men and other men who have sex with men programmes and activities in the national strategic plan (NSP) and all sources of funding (domestic and international) should be calculated.

4. Implementation challenges

In many countries, laws, policies, discriminatory practices and stigmatizing social attitudes deter gay men and other men who have sex with men from seeking HIV prevention, treatment, care and support. The key implementation challenges include the following factors.

⁶ Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).

Legal and policy frameworks. Laws that condone, encourage or reinforce stigma and discrimination against gay men and other men who have sex with men impede an effective response. Although experience throughout the world indicates that it is often possible to deliver interventions to key populations even where such discriminatory legal frameworks exist, responses are far more effective when such laws are repealed or revised. Countries that seek to implement effective responses for gay men and other men who have sex with men should consider undertaking a comprehensive assessment of national legal and policy frameworks. In addition, national leaders should leverage their positions within society to encourage a rational national dialogue regarding the importance of inclusion, tolerance and social solidarity.

Preparedness of health systems to address the needs of gay men and other men who have sex with men. Many health workers are unprepared to address the health needs of gay men and other men who have sex with men, either because they harbour negative attitudes towards gay men and other men who have sex with men or are unfamiliar with their unique health needs. Focused trainings and continued supervision are needed to ensure that health workers provide high-quality, appropriate and culturally sensitive services to gay men and other men who have sex with men. The meaningful involvement of the community in designing and delivering trainings will ensure context-appropriate interventions. Depending on the setting, it may be useful to consider the need for and feasibility of establishing specific service settings specific to gay men and other men who have sex with men.

Community infrastructures. In many countries, few if any organizations or networks of gay men and other men who have sex with men currently exist. When they do, they are often seriously underresourced. Given the central role that community engagement and mobilization play in an effective response, the lack of a robust community voice for gay men and other men who have sex with men hinders efforts to reach them with HIV services. Countries should actively encourage the formation or strengthening of organizations and networks of gay men and other men who have sex with men, forge a respectful working partnership with them and include funding for community systems strengthening. Community-driven service delivery interventions should be strengthened, resourced and better linked with health facilities. Communities of gay men and other men who have sex with men should be trained and mentored to take up positions to participate in all levels of programmes concerning them, including development, implementation, monitoring and reporting, financial management, communications and fundraising.

Law enforcement practices and policing. Even when services exist, gay men and other men who have sex with men may be deterred from seeking them due to fear of incarceration, harassment or abuse by law enforcement personnel. Experience has demonstrated that police can be trained and sensitized to work effectively with marginalized groups such as gay men and other men who have sex with men.

Stigma and discrimination. In many countries if men are identified as or suspected to have same-sex sexual relations, they often face rejection from family and friends, eviction by landlords, violence from neighbours, expulsion from college and general blaming, shaming and humiliation from the community. Addressing stigma and homophobic attitudes towards gay men and other men who have sex with men requires coordinated advocacy efforts to reach several public opinion shapers, including the media and religious and community leaders. This will be

key to challenging and changing the attitudes and beliefs of individuals, families and communities. Such efforts must meaningfully engage gay men and other gay men and other men who have sex with men, including those living with HIV, to help maximize appropriateness and efficacy.

Condoms and lubricants. Frequent periodic shortages and stock-outs of free condoms and lubricants for men who have sex with men in some countries represent major challenges to an effective response. It is essential to establish accessible male and female condom and lubricant supplies for gay men and other men who have sex with men by carrying out accurate forecasting of condom and lubricant supply needs, conducting market research to understand condom preferences, defining a procurement plan and ensuring sufficient funding is available for the necessary orders. It is also important to carry out regular monitoring of central condom and lubricant stocks to ensure timely ordering and avoid stock-outs.

Cross-cutting implementation challenges. Services for gay men and other men who have sex with men are likely to experience many of the challenges that confront all other HIV services, including human resource shortages, stock-outs of essential commodities, inadequate linkages to care and suboptimal retention and adherence. As countries work to address these challenges for all HIV services, specific steps are needed to address them with respect to services for gay men and other men who have sex with men.

5. Main activities

An effective response for gay men and other men who have sex with men includes not only the key interventions that comprise a comprehensive health service package, but also critical enablers that enhance the reach and impact of interventions. The key intervention components are described in this section.

HIV/STI prevention services

HIV and STI prevention is provided on the premises of organizations and/or through street outreach and other areas where gay men and other men who have sex with men are located. The service package includes:

- access to HIV counselling and testing, including facility and community-based testing, while ensuring linkages to care and treatment for people who test positive;
- access to STI testing and treatment based on WHO guidelines for the prevention and treatment of STIs among men who have sex with men, including syndromic management and treatment for men who have sex with men with symptomatic STIs, periodic testing for asymptomatic urethral and rectal *Neisseria gonorrhoea* and *Chlamydia trachomatis* infections using nucleic acid amplification tests (NAAT) and periodic serological testing for asymptomatic syphilis infection;
- individual and group counselling on HIV and STIs, safer sex behaviour and sexual health (peer education);

- information materials on specific risks and the importance of HIV testing and counselling uptake, including dissemination through social networks, the Internet and telephone counselling;
- the distribution of condoms and lubricants (which should be water- and silicone-based) and the promotion of their consistent use;
- referrals to and promotion of hepatitis B testing and vaccination;
- referrals to harm reduction programmes related to drug and alcohol abuse.

In implementing the key intervention components described above, countries should take into account the unique needs and circumstances of gay men and other men who have sex with men. Many gay men and other men who have sex with men need a range of supportive services to remain engaged in care or to reduce sexual risk behaviours. These may include psychosocial interventions to address problematic alcohol or substance use. In addition, STI interventions need to be tailored to the unique needs of gay men and other men who have sex with men. For example, STI clinicians may be unaware of the need to screen men for rectal or pharyngeal infections or may be uncomfortable doing so, underscoring the importance of education, training and sensitization to build the capacity of providers to address the health needs of gay men and other men who have sex with men.

Treatment, care and support for gay men and other men who have sex with men living with HIV

According to WHO guidelines, this particular service package⁷ includes:

- access to ART;
- access to prevention and treatment services for opportunistic infections;
- access to TB prevention and treatment services;
- psychosocial support, including peer counselling, psychological support, counselling for disclosure of one's HIV status to a partner, self-help groups and Internet and telephone counselling;
- ART adherence programmes;
- home-based and palliative care (including peer support using a buddy system);
- positive health, dignity and prevention⁸ and staying healthy for HIV-positive gay men and other men who have sex with men.

In recent years, the strategic use of antiretroviral medicines has emerged as a potentially potent tool to prevent new HIV infections. Ensuring treatment coverage for those living with HIV

7 Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).

8 Global Network of People Living with HIV, Joint United Nations Programme on HIV/AIDS. Positive health, dignity and prevention: Policy Framework. Amsterdam: Global Network of People Living with HIV; 2011 (http://gnpplus.honne.nl/assets/GNP_PHDP_ENG_V4ia_2.pdf, accessed 15 June 2014). Global Network of People Living with HIV, Joint United Nations Programme on HIV/AIDS. Positive health, dignity and prevention: Operational guidelines. Amsterdam: Global Network of People Living with HIV; 2013 (http://www.gnpplus.net/assets/positive_health_dignity_and_prevention_operational_guidelines_-_unaid_gnp_2013.pdf, accessed 15 June 2014).

within a population group, including among gay men and other men who have sex with men living with HIV, not only saves lives but also prevents new infections. In addition to treatment-as-prevention and prophylaxis to prevent mother-to-child transmission, antiretroviral drugs have also proven effective for pre- and post-exposure prophylaxis. Pilot and demonstration projects are currently under way to answer key questions regarding the optimal approaches for the delivery of pre-exposure prophylaxis (antiretroviral drugs to men who have sex with men not living with HIV). Additional global guidance will be developed and informed by further research into issues such as the role of pre-exposure prophylaxis within the context of other prevention strategies, its acceptability among key populations and the manner in which it is best delivered.

Critical enablers

Critical enablers ensure the success of key interventions. Fundamental to all work on gay men and other men who have sex with men is the meaningful participation of and partnership with organizations and networks led by gay men and other men who have sex with men in the planning, implementation and monitoring and evaluation of all activities. These activities must be based on human rights, be evidence-informed and include the empowerment of gay men and other men who have sex with men as a key objective.⁹

Key critical enablers include:

- promoting and supporting enabling legal and policy environments in the context of HIV and men having sex with men including through the establishment of antidiscrimination and protective laws for gay men and other men who have sex with men where feasible;
- involving law enforcement authorities in the promotion and protection of the human rights of gay men and other men who have sex with men and stopping the perpetration of discrimination and violence against them;
- monitoring of human rights abuses and providing legal support;
- psychosocial support through self-help groups, peer-to-peer counselling and group support;
- community mobilization and involvement and the provision of financial and technical support to build robust community systems;
- empowerment activities, outreach and leadership activities for gay men and other men who have sex with men;
- making health services available, accessible and acceptable to gay men and other men who have sex with men based on the principles of no stigma, non-discrimination and the right to health;
- training and sensitizing health-care providers to the sexual health needs of gay men and other men who have sex with men.

⁹ United Nations Development Programme, Joint United Nations Programme on HIV/AIDS. UNAIDS action framework: Universal access for men who have sex with men and transgender people. Geneva: Joint United Nations Programme on HIV/AIDS; 2009 (http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf, accessed 15 June 2014).

As noted above in the discussion of implementation challenges, a variety of service delivery strategies may be needed to reach the diverse population of gay men and other men who have sex with men. While some men who have sex with men may be able to obtain services through mainstream settings, it may be advisable to support the establishment of specific service options friendly to men who have sex with men. This approach has proven effective in expanding service access for gay men and other men who have sex with men in many countries and regions, highlighting the potential value of South–South collaboration and information exchange.

6. Key indicators

To obtain accurate and high-quality data, indicators need to be carefully tailored to the countries' monitoring and evaluation systems and capacities, especially with regard to outcome and impact indicators. When setting targets for service coverage as a percentage, reliable population size estimates must be used as the denominators. To help address the known monitoring and evaluation challenges related to key populations at higher risk, countries are also encouraged to consider the following:¹⁰

- a clearly defined basic (minimum) package of services to be provided to men who have sex with men;
- improvements to epidemiological surveillance systems where needed and research to further expand knowledge on HIV, service coverage, impact and need;
- systems to avoid the double counting of individuals in services (such as unique identification codes that protect the identity of service users).

When setting targets, it is strongly recommended that programmes aim for high service coverage for gay men and other men who have sex with men; for example, more than 60% being regularly reached by condom and lubricant distribution programmes, more than 60% of men who have sex with men living with HIV have uninterrupted access to ART and more than 75% of men who have sex with men who previously tested HIV-negative or whose status is unknown having received an HIV test in the past 12 months and know the results.

Availability, coverage, quality and impact targets for HIV programmes at the subnational or national levels for gay men and other men who have sex with men should be set and monitored.

Impact indicators may include the following:

- HIV prevalence among gay men and other men who have sex with men;
- HIV incidence among gay men and other men who have sex with men;
- AIDS-related mortality among gay men and other men who have sex with men.

Outcome measures related to biological determinants may include the following:

- the percentage of gay men and other men who have sex with men reporting the use of a condom with their most recent casual/non-steady sexual partner; and/or the percentage

¹⁰ Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).

of gay men and other men who have sex with men reporting consistent (every time/sex act) condom use with their casual/non-steady sexual partners in the past 12 months;

- the percentage of gay men and other men who have sex with men reporting symptoms of an STI in the past 12 months.

Outcome indicators related to contributing factors and critical enablers may include the following:

- the percentage of gay men and other men who have sex with men who report experiencing stigma in the last 12 months;
- the percentage of gay men and other men who have sex with men who have experienced suboptimal service access as a result of stigma and discrimination;
- the percentage of gay men and other men who have sex with men reporting physical violence during the last 12 months;
- the number of organizations of gay men and other men who have sex with men funded in the country (and the amount of funding per capita);
- the number of organizations led by men who have sex with men or NGOs working with gay men and other men who have sex with men.

Coverage indicators may include the following:

- the number of sites and locations providing services for gay men and other men who have sex with men;
- the percentage of gay men and other men who have sex with men with previously unknown or HIV-negative status who have received an HIV test in the last 12 months and who know their results;
- the percentage of gay men and other men who have sex with men reached by condom and lubricant promotion and distribution programmes in the past 12 months;
- the percentage of gay men and other men who have sex with men reached by HIV prevention programmes in the last 12 months;¹¹
- the percentage of gay men and other men who have sex with men screened for STIs in the past 12 months;
- the percentage of gay men and other men who have sex with men provided with post-exposure prophylaxis;
- the percentage of gay men and other men who have sex with men living with HIV who are eligible for—based on national HIV treatment guidelines—and currently receiving ART;
- the percentage of gay men and other men who have sex with men who received prevention services for opportunistic infections;
- the percentage of gay men and other men who have sex with men who are known to have completed a course of hepatitis B vaccination;

11 Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).

- whether or not the national monitoring and evaluation plan includes all of the components for the monitoring and evaluation of HIV prevention programmes for gay men and other men who have sex with men;¹²
- total funds expended on programmes for gay men and other men who have sex with men, broken down by domestic and international sources.

7. Approaches to costing

The World Bank is leading the development of work on the cost-effectiveness of HIV activities for men who have sex with men. Existing information should be leveraged to estimate the unit costs for key interventions. For example, estimates may draw from existing data sources on the costs for facility- and community-based HIV counselling and testing, HIV care and treatment, STI services, community-focused condom programming, information/education/communication, brief psychosocial interventions, harm reduction and hepatitis B immunization. In addition, countries should take into account the additional costs associated with specific strategies that may be proposed for critical enablers or other strategies to enhance the reach and effectiveness of interventions. Specific strategies that might require estimation of incremental costs include the creation of unique service channels for gay men and other men who have sex with men, outreach, legal services, sensitization trainings for health workers and community systems strengthening.

Countries are also encouraged to explore ways of improving the allocation of limited HIV resources for maximum impact. Useful information can be obtained through allocative efficiency studies that provide information on where funds are currently allocated and spent and assess the alignment of the expenditures with the epidemic priorities. This is particularly important in ensuring that (i) there is sufficient focus on key populations, including gay men and other men who have sex with men; (ii) resources are allocated to interventions or to a mix of interventions for the highest impact; and (iii) the implementation and scale-up of programmes that are proven to be effective at the least cost without compromising quality through service delivery modalities that are responsive to the local context.

8. Addressing gender, human rights and equity issues

Countries are strongly encouraged to identify priority areas for human rights interventions. Human rights interventions may include, but are not limited to, the following four activity areas:¹³

¹² Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).

¹³ The four areas outlined here incorporate the seven key programmes that UNAIDS recommends national HIV responses include, appropriately tailored to the national and local epidemic: 1. programmes to reduce stigma and discrimination; 2. programmes to sensitize law enforcement agents and law and policy-makers; 3. HIV-related legal services; 4. programmes to train health-care workers in non-discrimination, confidentiality and informed consent; 5. programmes to monitor and reform laws, regulations and policies relating to HIV; 6. legal literacy programmes (such as 'know your rights and laws' campaigns); and 7. programmes to reduce harmful gender norms and violence against women and increase their legal, social and economic empowerment in the context of HIV.

- *Laws and policies.* This includes consultations on legislative reform, legal research, drafting proposed laws and policies and policy advocacy among others.
- *Training and capacity building.* This includes training on legislation and how to implement it for police, criminal justice officials, health workers, women's organizations, key affected populations and others. While training and capacity building are important, training is likely to be more effective if combined with sound laws and policies and systematic enforcement.
- *Enforcement activities.* This includes legal aid hotlines and services for gay men and other men who have sex with men, transgender people, sex workers and people living with HIV (in particular, key populations living with HIV), filing complaints and petitions with national human rights commissions, and establishing independent ombudspersons and complaint mechanisms at hospitals or other mechanisms that create access to redress.
- *Monitoring.* This includes monitoring and public reporting by ombudspersons or tribunals, human rights investigations carried out by community-based organizations and the submission of reports and shadow reports to United Nations human rights mechanisms such as the Committee on Economic, Social and Cultural Rights. The monitoring of activities should also include assessment and mitigation of risks for whistle-blowers.

In addition, countries may consider community systems strengthening activities that help to combat stigma including support for groups of gay men and other men who have sex with men, transgender people and sex workers.

9. Additional information

Implementing partners

National AIDS programmes need to work in close consultation and with the robust participation of networks and representatives of key affected populations.

In every country, there are networks and groups of gay men and other men who have sex with men. Some have been working on HIV for many years, while in some countries the groups are less experienced. These groups should be consulted to ensure that comprehensive programmes are developed based on the best available local intelligence and to ensure that community needs are adequately addressed in programmes.

The following global and regional networks can provide further information on gay and other men who have sex with men groups operating in specific countries. They can also provide technical advice and support for effective programming.

- African Men for Sexual Health and Rights (AMSHeR), <http://www.amsher.net>.
- Arab Foundation for Freedoms and Equality, <http://www.afemena.org>.
- Asia Pacific Coalition on Male Sexual Health (APCOM), <http://www.apcom.org/about-apcom-our-mandate>.

- Asociación para la Salud Integral y la Ciudadanía de América Latina y el Caribe / Latin American coalition focusing on men who have sex with men, <http://www.asical.org> or http://www.portalsida.org/Organisation_Details.aspx?orgid=1451.
- Caribbean Vulnerable Communities Coalition (CVC), <http://www.cvccoalition.org>.
- Eurasian Coalition on Male Health (ECOM), <http://msmeurasia.org/>.
- The Global Forum on MSM & HIV (MSMGF), <http://www.msmgf.org>.

Technical assistance requirements

Work on programming for gay men and other men who have sex with men is sometimes challenging and can be controversial in many parts of the world. Civil society organizations and in-country technical partners can provide advice on which approaches will work best depending on the context.

In addition to national and international civil society organizations, technical assistance may also be available through a number of United Nations organizations, including UNDP, UNFPA, the World Bank, UNAIDS secretariat, WHO and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Reference materials and related tools

- United Nations Development Programme, Joint United Nations Programme on HIV/AIDS. UNAIDS action framework: Universal access for men who have sex with men and transgender people. Geneva: Joint United Nations Programme on HIV/AIDS; 2009 (http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf, accessed 15 June 2014).

This action framework identifies key principles and objectives to move towards universal access for men who have sex with men. Action steps are identified to improve the human rights situation for men who have sex with men, expand the evidence base for effective action, strengthen capacity and promote partnerships to enhance responses for men who have sex with men.

- World Health Organization, Joint United Nations Programme on HIV/AIDS, Federal Ministry for Economic Cooperation and Development of Germany, Global Forum on MSM and HIV, United Nations Development Programme. Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva: World Health Organization; 2011 (http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html, accessed 15 June 2014).

Drawing on the best available evidence, this document provides formal guidance on health services for men who have sex with men, including the prevention of sexual transmission; HIV testing and counselling; behavioural interventions, information, education, communication;

substance use and the prevention of blood-borne infections; and HIV care and treatment. The document specifies the strength of evidence for each recommended action step.

- Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).
- Beyrer C, Wirtz AL, Walker D, Johns B, Sifakis F, Baral SD. The global HIV epidemics among men who have sex with men (MSM). *Directions in Development: Human Development*. Washington, DC: The World Bank; 2011 (<http://elibrary.worldbank.org/doi/book/10.1596/978-0-8213-8726-9>, accessed 15 June 2014).

This document reviews the status of emerging epidemics among men who have sex with men in diverse regions and countries. The document reviews available evidence of effective prevention interventions for men who have sex with men and includes the results of modelling studies on the impact and cost-effectiveness of these interventions.

- The Global Fund strategy in relation to sexual orientation and gender identities. Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2009 (http://www.theglobalfund.org/documents/core/strategies/Core_SexualOrientationAndGenderIdentities_Strategy_en/, accessed 15 June 2014).

This document sets forth the Global Fund's strategy to improve programming for sexual minorities, including men who have sex with men.

- Meeting the HIV treatment and health needs of gay men and other men who have sex with men. Meeting report: UNAIDS policy and strategy consultation, Geneva, 13–14 May 2013. Geneva: Joint United Nations Programme on HIV/AIDS; 2013 (<http://www.unaids.org.cn/pics/20130710102057.pdf>, accessed 15 June 2014).

This report from a consultation of experts in HIV programming for men who have sex with men includes recommendations for ensuring that men who have sex with men have access to HIV and other essential health services.

- HIV and the law: Risks, rights and health. New York: Global Commission on HIV and the Law; 2012 (<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>, accessed 15 June 2014).

This final report from an international panel of eminent experts includes recommendations to bring legal and policy frameworks into line with an evidence- and human rights based response. A section of the report devoted specifically to men who have sex with men reviews the epidemiological and human rights situation for this population and recommends key action steps for an effective, sustainable response that is consistent with human rights principles.

- Technical guidance on combination HIV prevention. Washington, DC: United States President's Emergency Plan for AIDS Relief; 2011 (<http://www.pepfar.gov/documents/organization/164010.pdf>, accessed 15 June 2014).

This document offers guidance on the components of a comprehensive package of prevention interventions for men who have sex with men. It specifies key interventions to include in a comprehensive package and describes the essential elements and optimal programmatic approaches for each intervention.

- Advancing the sexual and reproductive health and human rights of men who have sex with men living with HIV: A policy briefing. Amsterdam: Global Network of People Living with HIV; May 2010 (http://gnpplus.honne.nl/assets/MSM_Guide_English_online.pdf, accessed 15 June 2014).

The document is the product of a collaboration between the Global Network of People Living with HIV and the Global Forum of men who have sex with men, which provides a policy brief examining issues linked to the sexual and reproductive health of men who have sex with men living with HIV, including recommendations for advancing the sexual health and rights of men who have sex with men living with HIV.

- Engaging with men who have sex with men in the clinical setting: A primer for physicians, nurses and other health care providers. Oakland: Global Form on MSM & HIV; May 2011 (http://www.msmsgf.org/files/msmsgf/Publications/MSMGSF_Healthcare_Primer.pdf, accessed 15 June 2014).

This primer aims to improve the standard of clinical care for men who have sex with men by providing basic knowledge about homosexuality and the health needs of men who have sex with men as well as offering a set of principles for the effective engagement of men who have sex with men in a health care setting.

- United Nations Development Programme, World Health Organization. The time has come: Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: Training package for health providers to reduce stigma in health care settings. Bangkok: United Nations Development Programme Asia-Pacific Regional Centre; 2013 (<http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hivaids,-tb-malaria-responses/enablers/other-available-support/training-package-the-time-has-come/training-package-the-time-has-come.aspx/MStep>, accessed 15 June 2014).
- Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men and transgender people: Volume I national and sub-national levels. Washington, DC: United States Agency for International Development; 2013 (<http://www.cpc.unc.edu/measure/publications/ms-11-49a>, accessed 15 June 2014).

Other useful resources

- Blueprint for the provision of comprehensive care to gay men and other MSM in Latin America and the Caribbean. Washington, DC: Pan American Health Organization; 2009 (<http://new.paho.org/hq/dmdocuments/2010/Blueprint%20MSM%20Final%20ENGLISH.pdf>, accessed 15 June 2014).
- Global Network of People Living with HIV, Global Forum on MSM & HIV. Advancing the sexual and reproductive health and human rights of men who have sex with men living with HIV. Amsterdam: Global Network of People Living with HIV; 2010 (<http://www.gnpplus.net/resources/advancing-the-sexual-and-reproductive-health-and-human-rights-of-men-who-have-sex-with-men-living-with-hiv/>, accessed 15 June 2014).
- HIV and outreach programmes with men who have sex with men in the Middle East and North Africa: From a process of raising awareness to a process of commitment

(MENA Handbook 2012). Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/20120920_MSM_MENA_en.pdf, accessed 15 June 2014).

- Inter-Agency Task Team on HIV and Young People. HIV interventions for most-at-risk young people: Guidance brief by the Inter-Agency Task Team on HIV and Young People. New York: United Nations Children's Fund; 2008 (<http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf>, accessed 15 June 2014).
- Investing for results. Results for people: A people-centred investment tool towards ending AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2359_investing-for-results_en.pdf, accessed 15 June 2014).
- Joint United Nations Programme on HIV/AIDS, World Health Organization. Guidelines on surveillance among populations most at risk for HIV: UNAIDS/WHO working group on global HIV/AIDS and STI surveillance. Geneva: World Health Organization; 2011 (http://whqlibdoc.who.int/publications/2011/9789241501668_eng.pdf, accessed 15 June 2014).
- Practical guidelines for intensifying HIV prevention: Towards universal access. Geneva: Joint United Nations Programme on HIV/AIDS; 2007 (http://data.unaids.org/pub/Manual/2007/20070306_prevention_guidelines_towards_universal_access_en.pdf, accessed 15 June 2014).
- Rapid assessment and response: Adaptation guide on HIV and men who have sex with men. Geneva: World Health Organization; 2004 (http://www.who.int/hiv/pub/prev_care/en/msmrrar.pdf?ua=1, accessed 15 June 2014).
- Signs of a hidden HIV epidemic: Men who have sex with men in Eastern European countries. Kyiv: International HIV/AIDS Alliance; 2013 (<http://www.tshub.org.ua/en/aidstar2.htm>, accessed 15 June 2014).
- United Nations Children's Fund Regional Office South Asia, United Nations Office on Drugs and Crime, United Nations Population Fund, World Health Organization, Family Health International. Programme guidance notes: HIV prevention among most at risk and especially vulnerable adolescents and young people in South Asia. Kathmandu: United Nations Children's Fund; 2010 (http://www.unicef.org/rosa/MARA_Programme_Guidance_Notes.pdf, accessed 15 June 2014).
- United States Agency for International Development, Centres for Disease Control and Prevention, World Health Organization, Joint United Nations Programme on HIV/AIDS, United Nations Children's Fund, The World Bank, Family Health International. A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations, Geneva: Joint United Nations Programme on HIV/AIDS; 2008 (http://data.unaids.org/pub/Manual/2008/JC1519_Framework_for_me_en.pdf, accessed 15 June 2014).

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