

Technical guidance for Global Fund HIV proposals Round 11



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Men who have sex with men and transgender people

Note: This guidance note has been prepared in close consultation between the United Nations Development Programme (UNDP), United Nations Fund for Population Activities (UNFPA), the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat

Rationale for including men who have sex with men and transgender people in the proposal

HIV prevention programmes can be effective only if they mitigate risks where the risks are greatest. In concentrated epidemics, a number of countries have achieved reductions of HIV transmission overall through prevention efforts focused on key populations (KPs). Recent data from generalized epidemics in sub-Saharan Africa show that the HIV epidemic varies within countries and affects people at higher risk for HIV infection, often termed key populations (KPs), in addition to other key populations such as female adolescents. MARPs are defined as female, male and transgender sex workers, people who inject drugs and men who have sex with men and transgender people in the community, and people in prison and other closed settings.

Despite well-characterized risks for HIV and other sexually transmitted infections (STIs), men who have sex with men and transgender people continue to be ignored in many HIV prevention programmes, particularly in countries with generalized epidemics. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), around the world less than 5% of international funding for HIV prevention is focused on men who have sex with men and other key populations: Fewer than 40 of 184 countries report to UNAIDS that they have HIV programme coverage for men who have sex with men, and fewer than 1 in 10 men who have sex with men are reached by HIV prevention programmes.

The World Health Organization (WHO), UNAIDS and the United Nations Development Programme (UNDP) advocate the implementation of evidence-based activities that ensure access to prevention and treatment of HIV and other sexually transmitted infections for men who have sex with men and transgender people.¹ This guidance describes which activities for men who have sex with men and transgender people should be incorporated into country proposals to the Global Fund.

Why addressing men who have sex with men and transgender people in HIV proposals is important

HIV impacts disproportionately on men who have sex with men, transgender people and other gay, bisexual, transgender and intersex people. Men who have sex with men and transgender people who are also sex workers or who inject drugs are likely to be at higher risk. Similarly, people in military facilities and prisons and other closed settings may also be at higher risk of HIV infection through violence and sexual coercion.

Sexual minorities exist in all countries. They often face significant vulnerability to HIV as a result of unprotected anal intercourse, poor coverage by HIV and health services, social marginalization, and continuing stigma and discrimination.

¹ *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).

HIV prevalence among men who have sex with men has been found to be as high as 43% in some countries. Transgender people frequently experience HIV prevalence rates in excess of 60%. The data for both includes male and transgender sex workers.²

Poor coverage of services and populations

According to UNAIDS, more than 70% of countries did not report on levels of access to HIV services for men who have sex with men and transgender people in 2008. Where information was reported, access to HIV services varied from 12% in Africa to 43% in Latin America.

Access to HIV prevention programmes and services for men who have sex with men and transgender people has increased somewhat in the past 2 years but remains inadequate overall. Data from 78 countries show that condom use by men who have sex with men was less than 50% in 24 countries, 50–60% in 16 countries, 60–80% in 28 countries, and more than 80% in only 7 countries. Among countries reporting to the United Nations General Assembly Special Session (UNGASS) in 2010, a global median of 42% of men who have sex with men reported receiving an HIV test and the result in the past 12 months.

A recent survey by the Global Forum on MSM and HIV assessed the availability of and access to testing and prevention services for STIs and HIV among men who have sex with men in eight regions. Of the 17 services assessed (including STI and HIV testing and counselling, HIV treatment, free condoms, mental health services, circumcision, and mass-media campaigns to reduce HIV and to reduce homophobia), in only 2 areas (STI testing and circumcision) did a majority of respondents (51% in both cases) report that the services were easily accessible. Respondents also noted the many barriers to access to services, including homophobia, stigma, criminalization of same-sex acts, policy barriers, and insensitivity or lack of awareness among health-care providers.

The impact of criminalization

A study in 2010 carried out by UNDP, the UNAIDS Secretariat and the Global Fund³ examined successful HIV proposals from Rounds 6 and 7 to assess how well proposals set out to fund human rights programming and how well they focus on marginalized and at risk populations. The study found that most successful proposals included activities focused on human rights, but criminalized populations were beneficiaries of less than 25% of such activities: People living with HIV were most likely to be identified as beneficiaries; people who use drugs and sex workers were beneficiaries of 23% of the focused programmes; men who have sex with men or transgender people were beneficiaries of 21% of the focused programmes; and people in prison were beneficiaries of 14% of the focused programmes. The study shows a correlation between laws prohibiting discrimination against certain populations and access to prevention services by those populations. Countries that do not recognize and protect people from discrimination are more likely to have communities with less access to prevention services. In countries that criminalize men who have sex with men, sex workers or people who use drugs, and where those laws are applied, the negative impact on access to services is even greater.

Situation analysis

To respond effectively to HIV, it is vital to ‘know your epidemic’ through appropriate surveillance and epidemiological research. Applicants must tailor and justify their proposed responses within the context of the

² UNAIDS action framework: *Universal access for men who have sex with men and transgender people*. Geneva, Joint United Nations Programme on HIV/AIDS (http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf).

³ See http://www.undp.org/hiv/focus_gender_hr_sexual_diversity.shtml.

epidemiological situation and the needs of the people at risk. The situation analysis should begin with a review of epidemiological and response data and national-level needs assessments. It should take into account regional and national documents and initiatives.

Specific information must be collected regarding human rights issues (legal framework, stigma, discrimination and access to appropriate services and access to justice). In prevention, HIV testing and HIV/STI treatment and care, the main issues to be taken into account are not only the existence of appropriate activities but also how men who have sex with men and transgender people have access to these services. Their needs, values and preferences should be assessed.

Men who have sex with men and transgender people should be active partners in the analysis. In countries where these populations are organized as nongovernmental organizations and community based organizations a formal partnership should be established. Where the levels of stigma and discrimination are high, participation of key informants at the individual level should be pursued. This information must be used to customize and justify the way the responses are shaped.

Objectives for this area

Preventing HIV and other STIs among men who have sex with men and transgender people – and make available with effective HIV and STI treatment – are essential components of national HIV responses and yet often present major challenges. The objective of this area is to plan and implement a set of activities (structural – related to human rights and non-discrimination – and biomedical and behavioral) to have an impact on HIV epidemics among men who have sex with men and transgender people following the WHO, UNAIDS and UNDP guidelines.

Focus populations

Men who have sex with men and transgender people.

Key activities to be considered

The following information is summarized from the 2009 *UNAIDS action framework: Universal access for men who have sex with men and transgender people*.⁴

A conducive legal, policy and social environment is needed to support programming to address HIV-related issues among men who have sex with men and transgender people and can be strengthened through:

- ◆ the promotion and guarantee of the human rights of men who have sex with men and transgender people, including protection from discrimination and the removal of legal barriers to access to appropriate HIV-related services, including laws that criminalize sex between males, and public awareness campaigns to promote the inclusion of sexual minorities and decrease homophobia;
- ◆ an assessment and understanding of the numbers, characteristics and needs of men who have sex with men and transgender people, including risks associated with unprotected anal intercourse, injecting drug use, sex work and prison confinement.

As with all key populations, activities focusing on men who have sex with men and transgender people should be designed around the needs of the focus population and include their direct input. Service providers should have demonstrated competency and experience in working with the focus populations.

4 See http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf.

In June 2011 WHO, UNAIDS, UNDP and partners issued the guideline *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*. The recommendations are summarized as follows:

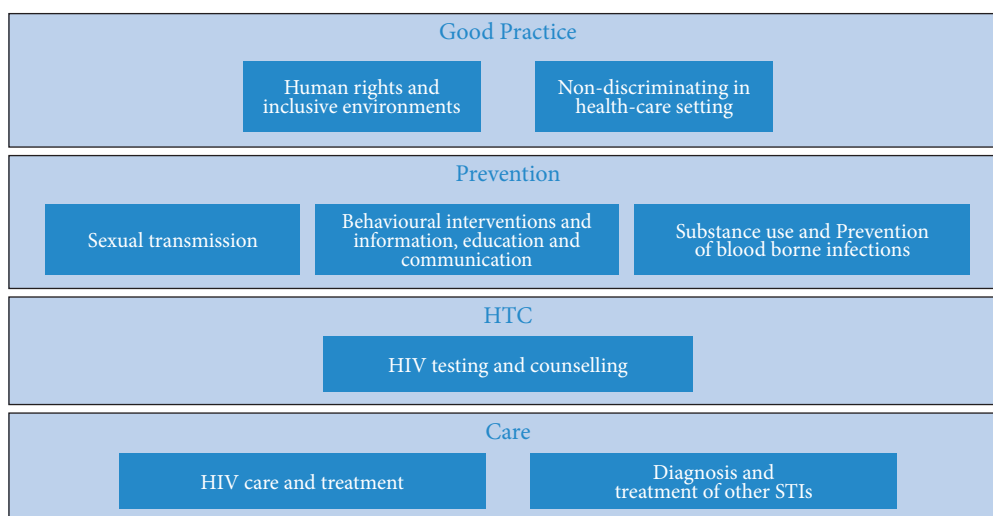
- ◆ **Key human rights principles:**
 - ▶ establishment and enforcement of anti-discrimination and other protective laws;
 - ▶ inclusive health services based on the principles of medical ethics and the right to health.
- ◆ **Basic prevention package:**
 - ▶ condom programming (with sexual lubricants);
 - ▶ syndromic management of STIs (including symptomatic rectal infections).
- ◆ **Extended package, sometimes implemented together with the basic package:**
 - ▶ HIV testing and counselling;
 - ▶ access to HIV care and treatment;
 - ▶ individual- and community-level behavioural activity;
 - ▶ internet-based, focused information, social marketing and sex venue-based outreach strategies;
 - ▶ STI screening for asymptomatic urethral and rectal infections (*Neisseria gonorrhoea*, *Chlamydia trachomatis*, *Treponema pallidum*);
 - ▶ hepatitis B vaccination as a catch-up strategy.

In addition, specific circumstances such as the use of alcohol or other substances and safe injection practices should be addressed.

The boundaries between the basic and extended packages may vary, depending on the type and size of the health system.

Figure 1 summarizes the framework for implementing activities for men who have sex with men and transgender people.

Figure 1. WHO Framework for implementing activities for men who have sex with men and transgender people in the health sector



Suggested key indicators related to the WHO recommended activities for the health sector are being revised and will be updated shortly. The draft is out for consultation and is available at <http://www.cpc.unc.edu/measure/publications/ms-11-49>.

Linkage with other activities

Activities focusing on men who have sex with men and transgender people must be linked with activities focusing on key populations at risk of HIV and focusing on prevention, treatment and care in general. Rather than having different activities, existing activities should be tailored to focus on the needs of men who have sex with men and transgender people and to remove barriers to prevention and care.

Due to the social barriers and lack of trust from communities of men who have sex with men and transgender people, it is essential for service providers, policy-makers and planners to establish partnerships with groups and organizations led by men who have sex with men and transgender people. Meaningful participation of people may require training in leadership, advocacy and technical aspects of HIV, prevention, treatment and care.

Human rights environments for men who have sex with men, sex workers and transgender people can be improved by implementing robust rights-based programmes, for instance by informing people about their human rights, reporting about human rights violations, and ensuring positive and appropriate responses from relevant administrative and judicial authorities.

Approach to costing

Use the available cross-cutting costing tools.

Type and sources of technical assistance that may be required during implementation

In addition to international civil society organizations, technical assistance can also be provided through a number of United Nations organizations, including UNDP, the UNAIDS Secretariat and WHO country and regional offices.

Examples of networks

- ◆ Global Network of Sex Work Projects (<http://www.nswp.org>): presence in 40 countries
- ◆ Asia Pacific Network of Sex Worker\$ (<http://www.apnswdollhouse.wordpress.com>)
- ◆ RedLACTRans (<http://www.redlactrans.org.ar>)
- ◆ Caribbean Sex Worker Coalition (NSWP Regional Network) (<http://www.nswp.org/members/north-america-and-the-caribbean/caribbean-sex-worker-coalition>)
- ◆ Global Forum on MSM & HIV (<http://www.msmandhiv.org>)
- ◆ Asia Pacific Coalition on Male Sexual Health (<http://www.msmsasia.org>)
- ◆ Asociación para la Salud Integral y la Ciudadanía de América Latina y el Caribe (<http://www.asical.org>): Latin American coalition focusing on men who have sex with men
- ◆ Behind the Mask (<http://www.mask.org.za>): African lesbian, gay, bisexual, transgender and intersex groups communication initiative
- ◆ Caribbean Vulnerable Communities Coalition (<http://www.cvccoalition.org>)
- ◆ African Men's Sexual Health and Rights Network (<http://http://www.amsher.net>)

Links to key reference materials

The following resources may be useful:

- ◆ *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).
- ◆ *Practical guidelines for intensifying HIV prevention*. Geneva, Joint United Nations Programme on HIV/AIDS, 2007 (http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/OperationGuidelines/HIV_prev_operational_guidelines.asp).
- ◆ *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).
- ◆ *Programming for justice: Access for all*. Geneva, United Nations Development Programme, 2005 http://hrbaportal.org/wpcontent/files/1233230279_8_1_1_resfile.pdf
- ◆ *Interventions for most-at-risk young people*. Geneva, Inter-agency Task Team on HIV and Young People, 2008 (<http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf>).
- ◆ *Report of a technical consultation: Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations*. Geneva, World Health Organization, 2008 (http://www.who.int/hiv/pub/populations/msm_mreport_2008/en/index.html).
- ◆ *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/rar/en/index.html).
- ◆ *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).

Terminology

In the absence of internationally agreed upon language to describe the key focus populations mentioned in this information sheet, and covered by the Sexual Orientation and Gender Identity Strategy, the Global Fund uses language from a 2006 meeting of human rights experts. These experts, from diverse regions and backgrounds, including judges, academics, United Nations officials, nongovernmental organizations and others, developed and adopted the Yogyakarta Principles – a set of principles on the application of international human rights law in relation to sexual orientation and gender identity (<http://www.yogyakartaprinciples.org>). The following terms may also be useful in developing proposals in Round 11:

- ◆ **Sexuality:** Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Although sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (*Defining sexual health*. Geneva, World Health Organization, 2006).
- ◆ **Gender identity:** Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms.
- ◆ **Sexual orientation:** Sexual orientation refers to each person's capacity for profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different sex (heterosexual) or the same sex (homosexual) or more than one sex (bisexual).

- ◆ **LGBTI (lesbian, gay, bisexual, transgender and intersex):** LGBTI is a commonly used abbreviation in English-speaking countries as a more inclusive descriptor of the 'gay community' and is often viewed as a useful way to refer to people who are not heterosexual.
- ◆ **Sex work and sex workers:** It should be noted that sex workers are not usually considered as a key group in the context of sexual orientation and gender identities. Sex workers are identified as a critical group to the Global Fund's Sexual Orientation and Gender Identity Strategy. It is important to recognize that the strategic focus on sex work is just as important to the Gender Equality Strategy of the Global Fund as it is to the Sexual Orientation and Gender Identity Strategy.

