Gay men and other men who have sex with men are disproportionately impacted by the HIV epidemic. In 2019 the risk of acquiring HIV was 26 times higher for gay men and other men who have sex with men than for the rest of the adult male population. In 2019, 23% of new HIV infections were among gay men and other men who have sex with men. In western and central Europe, North America, Latin America and Asia and the Pacific, that figure rises to more than 40% (1).

Structural factors, such as stigma, discrimination and violence based on sexual orientation and gender identity, and the criminalization of same-sex sexual behaviour, hinder the availability, access and uptake of HIV prevention, testing, treatment and care and support services. Discrimination based on sexual orientation intersects with other forms of discrimination for different groups, including on the basis of race, gender identity and expression, age, HIV status, disability and socioeconomic status.

Under international human rights law, discrimination, harassment and violence occurring on the basis of sexual orientation are human rights violations. This includes discrimination in criminal laws, justice, provision of health care, education and employment (2, 3). States have an obligation to protect against such discrimination and to ensure the equal realization of human rights for people of all sexual orientations.

1 While this publication uses the globally recognized terms gay and men who have sex with men, people may identify with or use other terms than those in this document. Please see the UNAIDS Terminology Guidelines 2015 for more information on terms used in this document.
THE DATA

Gay men and other men who have sex with men accounted for an estimated 64% of new HIV infections in western and central Europe and North America in 2019, an estimated 44% of new infections in Latin America and Asia and the Pacific and 26% in the Caribbean (1).

Between 2010 and 2019, the rate of new infections among gay men and other men who have sex with men rose by 25% (4).

Less than half of gay men and other men who have sex with men were able to access at least two HIV prevention services in the past three months in 26 of 38 reporting countries (1).

Gay men and other men who have sex with men are at heightened risk of stigma, discrimination and violence compared with the rest of the population, violence that is often perpetrated due to their sexuality (5, 6).

Approximately 67 COUNTRIES have laws criminalizing same-sex sexual behaviour (8).

The risk of acquiring HIV in 2019 was 26x higher for gay men and other men who have sex with men than for the rest of the adult male population.

Twenty-three per cent of new HIV infections in 2019 globally were among gay men and other men who have sex with men (1).

33.5% of gay men and other men who have sex with men do not know their HIV status (1).

The data

- The risk of acquiring HIV in 2019 was 26x higher for gay men and other men who have sex with men than for the rest of the adult male population.
- Twenty-three per cent of new HIV infections in 2019 globally were among gay men and other men who have sex with men (1).
- 33.5% of gay men and other men who have sex with men do not know their HIV status (1).
LINKING RIGHTS AND HEALTH OUTCOMES

Knowledge of HIV status among gay men and other men who have sex with men who are living with HIV was three times higher in countries with the least repressive lesbian, gay, bisexual and transgender people (LGBT) laws than in countries with the most repressive LGBT laws (8).

Criminalization can also lead to the negation of the existence of gay men and other men who have sex with men. A 2017 study comparing population size estimates for men who have sex with men across 154 countries found that countries that criminalize same-sex sexual behaviour were more likely to report implausibly low numbers of gay men and other men who have sex with men compared to countries that do not criminalize such behaviour (11).

GLOBAL AIDS SOCIETAL ENABLER TARGETS 2025

- Less than 10% of countries criminalize same-sex sexual behaviour.
- Less than 10% of gay men and other men who have sex with men report experiencing stigma and discrimination.
- Less than 10% of gay men and other men who have sex with men lack mechanisms to report abuse and discrimination and seek redress.
- Less than 10% of gay men and other men who have sex with men lack access to legal services.
- Less than 10% of health workers and law enforcement officers report negative attitudes toward gay men and other men who have sex with men.
- Less than 10% of gay men and other men who have sex with men experience physical and sexual violence.

Surveys in sub-Saharan Africa found that between 10% and 40% of gay men and other men who have sex with men delay or avoid health care due to fear of stigma (10).
INTERNATIONAL RIGHTS OBLIGATIONS, STANDARDS AND RECOMMENDATIONS

UNDER INTERNATIONAL HUMAN RIGHTS LAW, discrimination on the basis of sexual orientation is a human rights violation (2).

States have an obligation to protect against such discrimination and to take positive steps to ensure the equal enjoyment of human rights for all gay men and other men who have sex with men, including in adolescence, and to protect them from violence and ill-treatment (12–14). This includes positive steps to prevent intersecting forms of discrimination and violence, including on the basis of gender identity and expression, race, disability and other factors.

Unscientific and degrading practices, such as forced anal exams and so-called “conversion therapies,” should be prohibited. UN human rights bodies and UN agencies have held such practices to be a form of cruel, degrading and inhuman treatment that can rise to the level of torture (21–25).

Gay men and other men who have sex with men have the right to accessible, acceptable, affordable and quality HIV, sexually transmitted infection and other sexual and reproductive health services without stigma or discrimination (18). This includes access to comprehensive HIV information and services (e.g. condoms, lubricants and pre- and post-exposure prophylaxis) and ensure counselling, testing and antiretroviral therapy (18, 26, 27).

The right to participation means that lesbian, gay, bisexual, transgender and intersex (LGBTI)-led community-based organizations have a right to be involved and partner in the development, implementation and monitoring of HIV programmes and interventions, including service delivery. States have a responsibility for ensuring that LGBTI-led community-based organizations are well-resourced to provide services and support to members of their communities.

All services should protect the rights to privacy and confidentiality (27).
KEY RESOURCES FOR FURTHER INFORMATION

- UNAIDS, Seizing the Moment: Tackling Entrenched Inequalities to End Epidemics, 2020
- UNAIDS, Confronting Discrimination: Overcoming HIV-related Stigma and Discrimination in Health-care Settings and Beyond, 2017
- WHO, Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, 2016 update
- UN Joint Statement on Ending Violence and Discrimination against Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Adults, Adolescents and Children, September 2015
- OHCHR, Born Free and Equal, Sexual Orientation, Gender Identity and Sex Characteristics in International Human Rights Law, 2019

This policy brief is produced by UNAIDS as a reference on human rights and HIV in relation to gay men and other men who have sex with men. It does not include all recommendations and policies relevant to the issue covered. Please refer to the key resources listed above for further information.

REFERENCES

12. UN Human Rights Committee. Concluding observations on the 7th periodic report on Sweden (CCPR/C/SWE/CO/7), 2016.
REFERENCES

17. UN Committee on the Rights of the Child. Concluding observations on the combined third and fourth periodic reports of Poland (CRC/C/POL/CO/3-4), 2015.


22. UN Subcommittee on Prevention of Torture and Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Ninth annual report (CAT/C/57/4), 2016.


