

GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN



Globally, gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population (1). The incidence of HIV among gay men and other men who have sex with men is rising in several parts of the world (2).

Structural factors, such as stigma, discrimination and violence based on sexual orientation and gender identity and the criminalization of same-sex sexual practices, contribute to hindering the availability, access and uptake of HIV prevention, testing and treatment services among gay men and other men who have sex with men.

{ GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

**I am gay.
I face these issues.**



WHY GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN ARE BEING LEFT BEHIND

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HIV Burden

While HIV incidence is declining in most of the world, incidence among gay men and other men who have sex with men appears to be rising in several regions, including in Asia, where this mode of transmission is a major contributor to the HIV epidemics in several countries.

Worldwide, gay men and other men who have sex with men are 19 times more likely to be living with HIV than the general population.

The median HIV prevalence among gay men and other men who have sex with men is 19% in western and central Africa and 13% in eastern and southern Africa.

Gay men and other men who have sex with men often acquire HIV while quite young—HIV prevalence is about 4.2% for young (under 25 years) gay men and other men who have sex with men.

According to national global AIDS response progress reports, the highest median HIV prevalence among gay men and other men who have sex with men were found in western and central Africa (15%) and eastern and southern Africa (14%) (1). Somewhat lower yet still high levels of HIV infection were reported among gay men and other men who have sex with men in Latin America (13%), western and central Europe and North America (10%), the Middle East and North Africa (7%), Asia and the Pacific (6%) and the Caribbean (6%) (1). This information is roughly consistent with a 2012 global analysis of available epidemiological studies, which found that HIV prevalence among gay men and other men who have sex with men in the Americas, South and South-East Asia and sub-Saharan Africa ranged from 14% to 18% (2).

THE TOP 4 REASONS

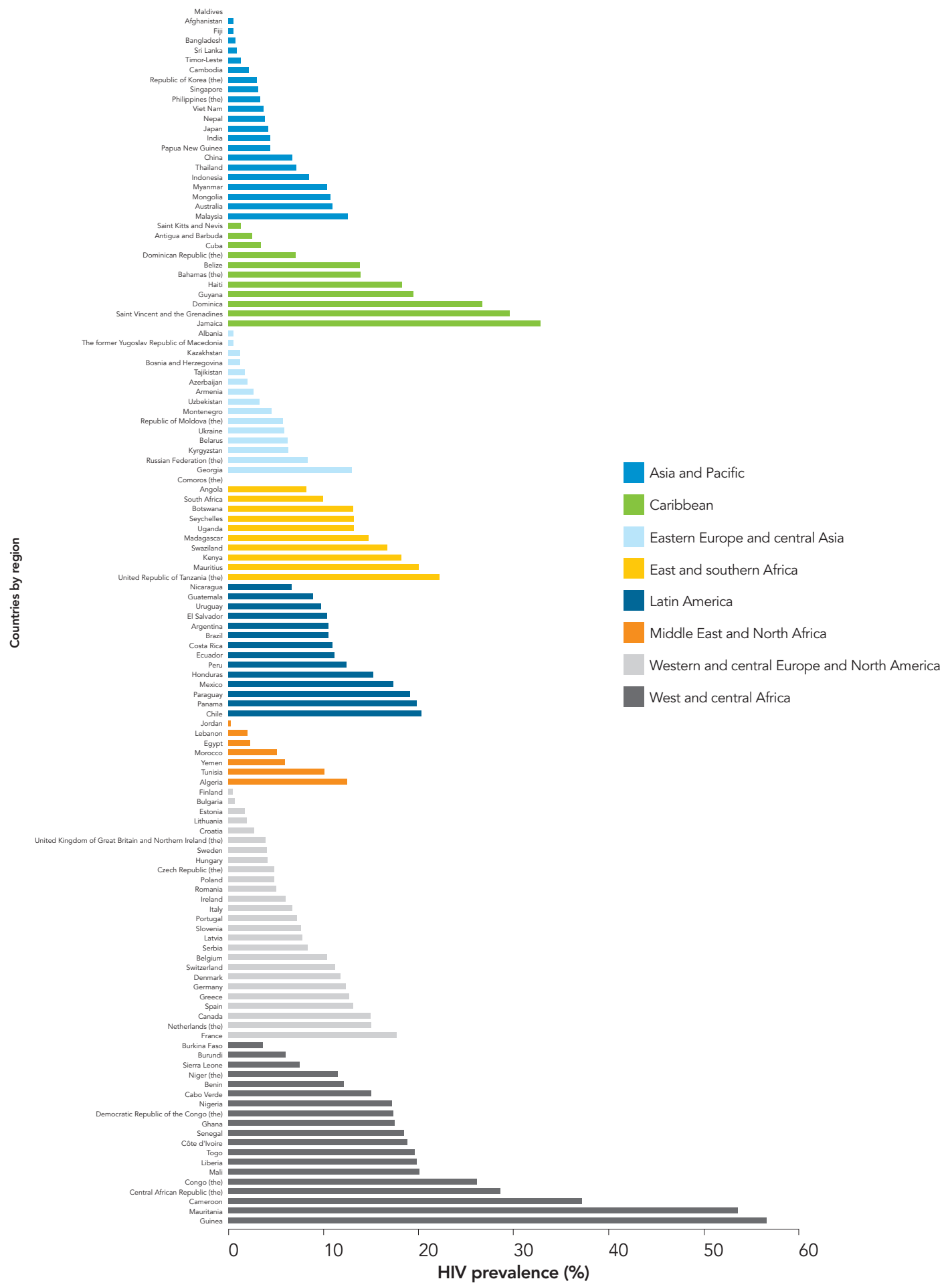
01
Violence

02
Criminalization, stigma, discrimination and social exclusion

03
Poor access to HIV and other health services

04
Inadequate investments

HIV prevalence among gay men and other men who have sex with men across regions, 2013



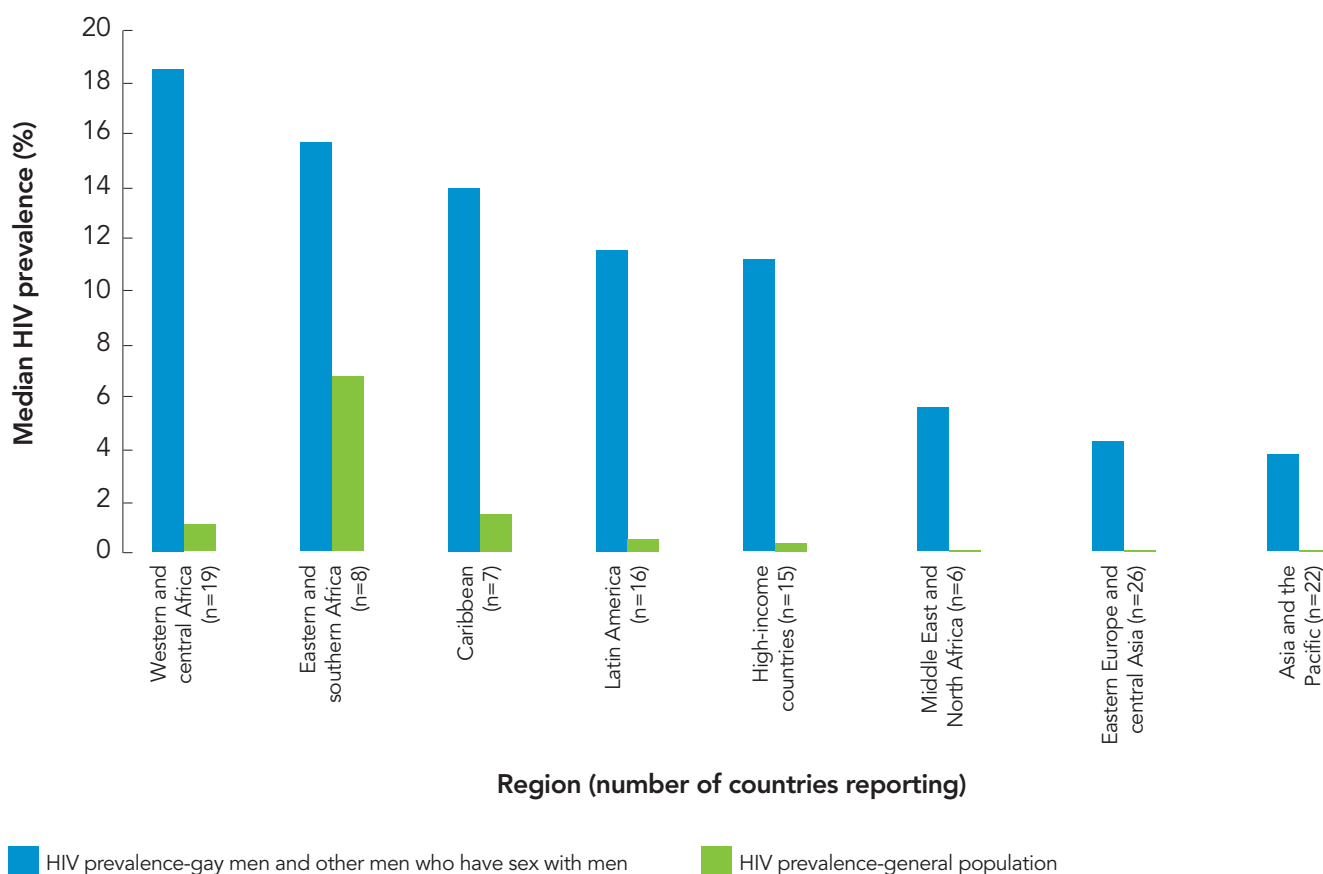
Source: Global AIDS Response Progress Reporting 2014.

Reported HIV prevalence among gay men and other men who have sex with men for all ages in 2013 ranged from <1% in nine countries to 57% in Guinea (1) (survey of 242 men). Seventy-three countries did not report data on HIV prevalence among gay men and other men who have sex with men.

Gay men and other men who have sex with men often acquire HIV while quite young—according to studies primarily in countries where the epidemic among gay men and other men who have sex with men is significantly higher than among the general population. HIV prevalence is about 4.2% for gay men and other men who have sex with men below the age of 25. According to Global AIDS Response Progress Reporting data from 96 countries, the median HIV prevalence among gay men and other men who have sex with men is 3.7% (1).

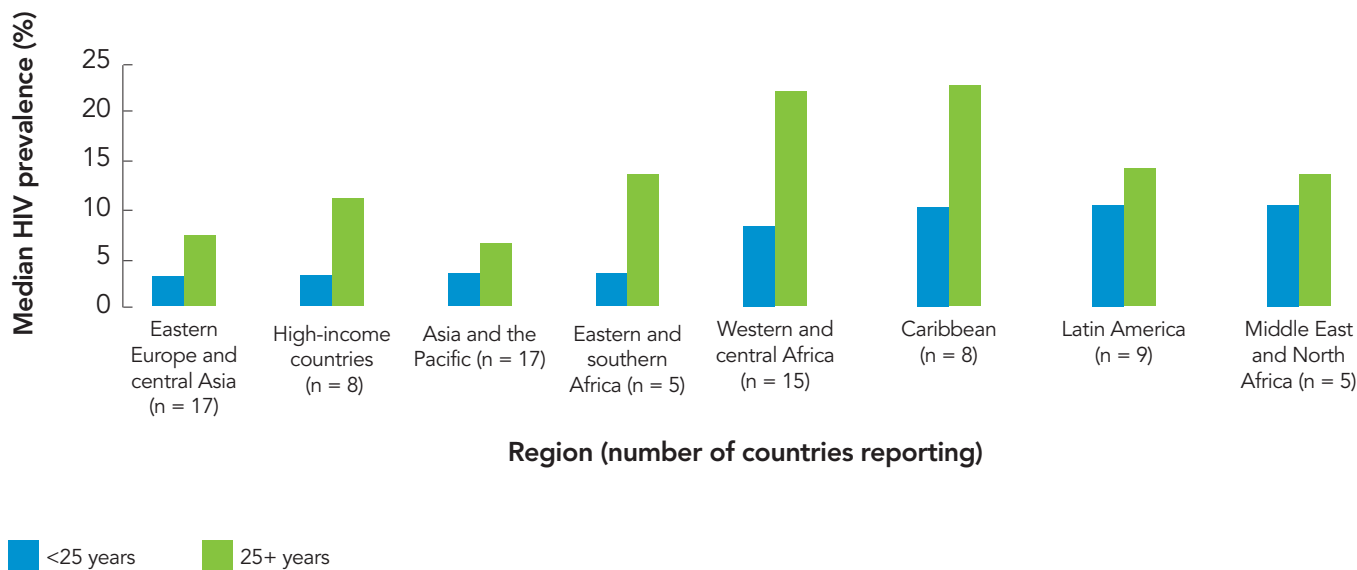
Available data show high HIV prevalence among young gay men and other men who have sex with men in several countries across the globe. Prevailing stigma, discrimination and punitive social and legal environments based on sexual orientation and gender identity, often compounded by the limited availability of and access to sexual and reproductive health services for young people, are among the main determinants of this high vulnerability to HIV among young gay men and other men and other men who have sex with men (3).

HIV prevalence among men who have sex with men and the general population by region, 2009–2013



Source: Global AIDS Response Progress Reporting 2014.

HIV prevalence among gay men and other men who have sex with men by age and region, 2009–2013



Source: Global AIDS Response Progress Reporting 2014.

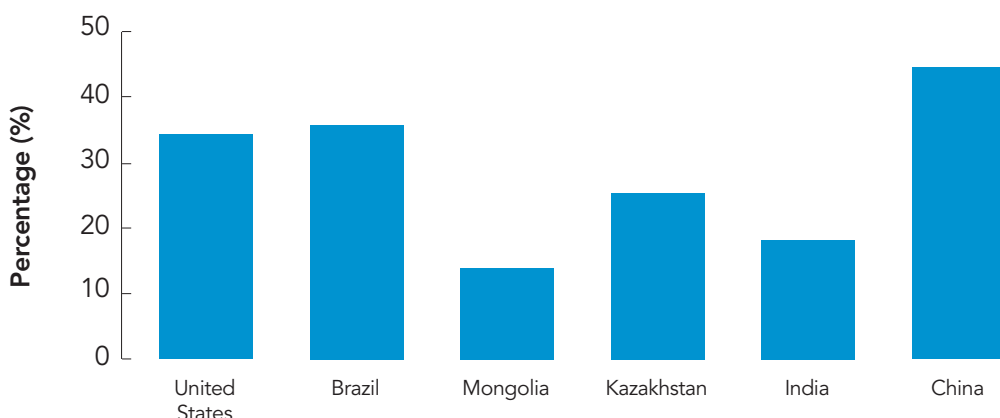
Violence

Very high levels of physical, psychological or sexual violence against gay men and other men who have sex with men have been reported worldwide.

Extortion, humiliation, discrimination and violence against gay men and other men who have sex with men, including rape based on sexual orientation and gender identity, have been reported (4).

Very high levels of physical, psychological or sexual violence against gay men and other men who have sex with men have been reported across the world.

Proportion of gay men and other men who have sex with men who report physical, psychological or sexual violence in selected countries



In many countries, such acts are committed or condoned by officials of national authorities, including law enforcement officials (1). This leads to a climate of fear that further fuels human rights violations and that also deters gay men and other men who have sex with men from seeking and adhering to HIV prevention, treatment, care and support services (5–7).

Criminalization, stigma, discrimination and social exclusion

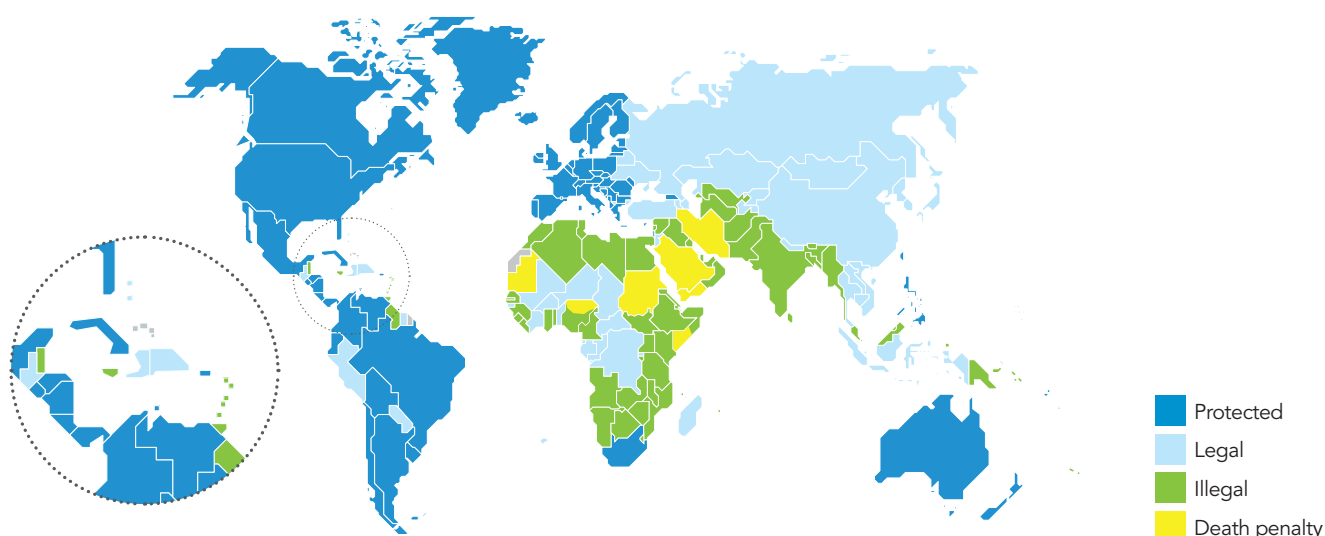
In total, 78 countries criminalize same-sex sexual practices, with seven countries exacting the death penalty. In recent years, new legislation has emerged that further targets gay men and other men who have sex with men. These laws include overly broad criminal legislation that punishes the public expression of same-sex sexual preferences or identities as well as the distribution of information related to same-sex relationships (8).

In some countries, laws also ban organizations that represent or support lesbian, gay, bisexual or transgender individuals (8).

These punitive laws are based on and further incite stigma, discrimination and other human rights violations towards gay men and other men who have sex with men. In Nigeria and Uganda, the adoption of new restrictive legislation is thought to have resulted in increased harassment and prosecution based on sexual orientation and gender identities (9,10). HIV outreach workers and services providers working with gay men and other men who have sex with men in these two countries have also reported heightened challenges in reaching this population. Some outreach organizations and health service providers have stopped or reduced the scope of their activities owing to the fear of harassment and prosecution (9,11).

The involvement of gay men and other men who have sex with men and transgender people in peer outreach and other community-level behavioural interventions can reduce HIV risk behaviours by up to 25%.

Consensual, adult same-sex sexual conduct is criminalized in 78 countries



Source: International Lesbian and Gay Association (ILGA), UNAIDS Global Report 2012, and Baral S. et al. 2013.

These reports are consistent with studies that have documented serious disruptions in the availability of and access to HIV and other health services following widely publicized prosecutions of gay men and other men who have sex with men (12). The passage of the Anti-Homosexuality Act in Uganda also triggered negative discussions in social media. The most worrisome signs included messages that advocated violence and that were highly discriminatory.

Criminalization, stigma, homophobia and social prejudice against gay men and other men who have sex with men have also been shown to contribute to depression, psychological distress and other mental health concerns (12–14).

Punitive legal and social environments hinder the ability of gay men and other men who have sex with men to organize and participate meaningfully in the design and implementation of programmes to provide HIV-related services. This poses a concern for the HIV response—studies have demonstrated that the involvement of gay men and other men who have sex with men and transgender people in peer outreach and other community-level behavioural interventions can reduce HIV risk behaviours by up to 25% (15).

Overcoming social exclusion will take time. Broadened advocacy for gay men and other men who have sex with men is needed.

Poor access to HIV and other health services

The early and continuing activism and solidarity of gay men and other men who have sex with men paved the way for the creation of the global AIDS response, including advances in HIV prevention, care and access to safe and effective antiretroviral therapy. Yet, today, in many parts of the world, they are excluded from the benefits of the very prevention, treatment and care services and commodities that they helped to secure.

According to surveys, gay men and other men who have sex with men often have extremely limited access to HIV prevention commodities, such as condoms, water-based lubricants, HIV education and support for sexual risk reduction (16).

According to reports from 20 countries in both 2009 and 2013, the percentage of gay men and other men who have sex with men reached by HIV prevention programmes fell from 59% to 40%. Median coverage fell in Asia and the Pacific from 52% to 33% and in eastern Europe and central Asia from 63% to 60%. In Latin America, the median coverage for two reporting countries rose from 35% to 67% (1). However, these estimates of HIV prevention coverage, which are based on limited information provided by countries, are considerably higher than other estimates. One international review concluded that fewer than one in ten gay men and other men who have sex with men receive a basic package of HIV prevention interventions (16).

There are also great disparities in access to HIV services and commodities among gay men and other men who have sex with men across and within countries. Gay men and other men who have sex with men with higher incomes are several times more likely to access lubricants and antiretroviral therapy compared to those with the lowest income levels.

According to surveys, gay men and other men who have sex with men often have extremely limited access to HIV prevention commodities, such as condoms, water-based lubricants, HIV education and support for sexual risk reduction.

Percentage of gay men and other men who have sex with men reporting that condoms, lubricants, HIV testing and HIV treatment are easily accessible, by country income level, 2012



*Access to HIV treatment was measured only among respondents who reported living with HIV.

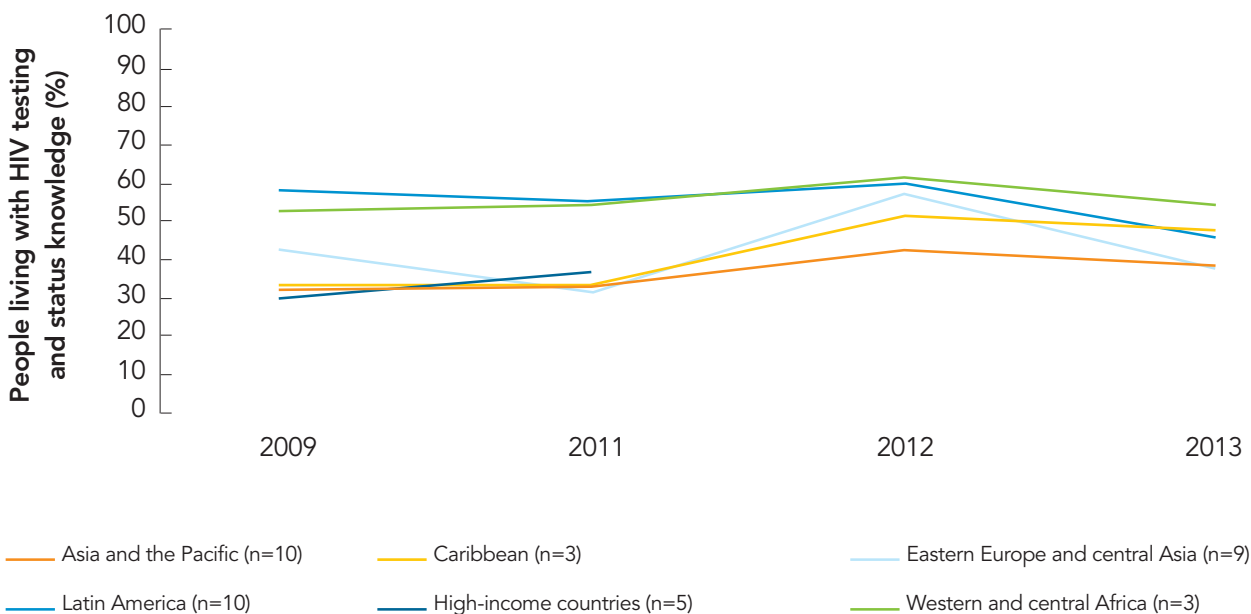
Source: Access to HIV prevention and treatment for gay men or other men who have sex with men; findings from the 2012 Global Men’s Health and Rights Study (GMHR)—an internet survey of men from 165 countries.

This leads to questions regarding the effectiveness of mainstream HIV programmes in reaching and addressing the specific needs of highly stigmatized, criminalized and lower-income gay men and other men who have sex with men who have no other option than to rely on such services for their health needs.

Fear of disapproval and discrimination by health-care providers are likely to deter many gay men and other men who have sex with men from accessing mainstream health services (17). Increasing access to culturally sensitive HIV counselling and testing and antiretroviral therapy for gay men and other men who have sex with men is an urgent global health priority. Current levels of HIV testing are insufficient to link gay men and other men who have sex with men to care in sufficient numbers to effectively reduce HIV transmission. The trends for testing uptake are essentially flat, standing at below 55% across all regions.

Because gay men and other men who have sex with men continue to be left behind, further innovative programming needs to be encouraged and financed in addition to already proven strategies. Recent studies emphasize the importance of trying new approaches to expand counselling and testing and improve linkages to care.

Trends in median HIV testing and status knowledge, by region, 2009–2013



Source: Global AIDS Response Progress Reporting 2014.

Inadequate investments

The inadequate financing of HIV services for gay men and other men who have sex with men impedes efforts to reach them with essential services (18).

Most of this investment comes exclusively from international donors rather than national spending (19). In fact, international funding vastly outweighs domestic spending on focused prevention services for gay men and other men who have sex with men except in only a few upper upper-middle income such as Brazil and Mexico in Latin America and in Cuba in the Caribbean.

Of 131 countries that reported their HIV spending data between 2005 and 2013, 93 low- and middle-income countries reported at least for one year on their expenditure on prevention programmes for gay men and other men who have sex with men. Those reports, across all years, indicated combined annual spending of US\$ 37 million in this category, but not all countries provided continuous, disaggregated or detailed spending on specific activities directed to gay men and other men who have sex with men. Eleven per cent of global spending on programmes for gay men and other men who have sex with men came from public domestic sources (with 26 countries reporting), while the remaining countries fully relied on international funding (67 countries). Funding for HIV prevention services for gay men and other men who have sex with men

National commitments to respond to the HIV epidemic among gay men and other men who have sex with men lag behind those for other populations.

has been poorly monitored in particular in the last five years, even while the financial and coverage tools to do so exist. However, it appears that funding is especially limited in the Middle East and North Africa and across sub-Saharan Africa. In sub-Saharan Africa, only 14 of 45 countries reported any spending on programmes for gay men and other men who have sex with men, and only two countries reported any public domestic spending (1).

National commitments to respond to the HIV epidemic among gay men and other men who have sex with men lag behind those for other populations, even though, where data are collected, gay men and other men who have sex with men typically share a disproportionate burden of HIV infection (19).

For example, according to modes of transmission analyses in Latin America, gay men and other men who have sex with men represent the largest source of new HIV infections in the region—ranging from 33% in the Dominican Republic to 56% in Peru (20,21).

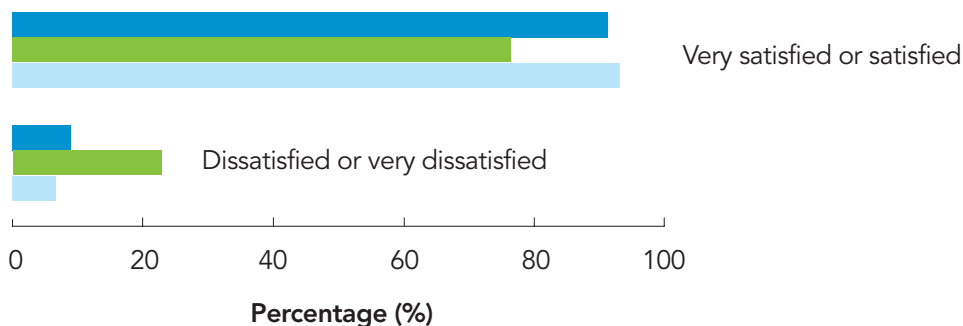
It is important that governments recognize this bias and set it aside in the interest of national public health. There is a need to increase domestic spending to finance evidence-informed programmes that are delivered with an increased sensitivity to the health needs of gay men and other men who have sex with men.

Quality HIV testing and counselling services increase satisfaction

How satisfied were you with the way the testing service maintained your confidentiality? (n=2368)



How satisfied were you with the counselling you received [among those who received it]? (n=1704)



■ All respondents who received a test result ■ Diagnosed positive ■ Last test was negative

Source: The Caribbean Men’s Internet Survey (CARIMIS), in print. UNAIDS Caribbean; 2014.

CLOSING THE GAP

A number of essential legal and health interventions and strategies are needed to address the challenges to the health and well-being of gay men and other men who have sex with men.

Gay men and other men who have sex with men are entitled to the full protection of their rights, as outlined in the Yogyakarta Principles (22). These include the right to the highest attainable standard of non-discriminatory health care.

To be effective, HIV programmes and services need to be rooted in universal concepts of dignity and social justice. Prevention and treatment programmes must be implemented as part of an effective public health approach, even in countries where gay men and other men who have sex with men are criminalized. At the same time, work must be directed towards decriminalization.

Evidence is growing on promising approaches to HIV prevention and service outreach for gay men and other men who have sex with men, including the application of information technologies and new media (23). In South Africa, for example, a pilot study reported an increase in HIV testing through an intervention involving 10 or more text messages (24).

In New York City, digital mapping has been used to strategically reach gay men and other men who have sex with men, while studies in France have focused on reaching those living in secret and those who use drugs before sex (23). In other countries, a new emphasis on home-based counselling and testing helps individuals avoid identification and being stigmatized.

Gay men and other men who have sex with men must be fully involved in the AIDS response. When treated fairly and equally and when freely able to access health services, gay men and other men who have sex with men can drive HIV incidence downwards. Community systems need to be strengthened, including increased peer support and the encouragement of local leadership among gay men and other men who have sex with men.

Studies have shown that the strategic use of antiretroviral therapy as a pre-exposure prophylaxis is a biomedical HIV prevention strategy that protects sexual partners and reduces new infections. One study estimates that pre-exposure antiretroviral prophylaxis can reduce the risk of HIV transmission by more than 40% among gay men and other men who have sex with men (25).

Currently, there are inadequate data to help plan and guide the response to HIV among gay men and other men who have sex with men. In many countries, data on HIV prevalence among gay men and other men who have sex with men do not exist. Countries need to undertake more concerted

HOW TO CLOSE THE GAP

01

Protective social and legal environments, including decriminalization

02

Access to quality, discrimination-free health services

03

Data collection on HIV and gay men and other men who have sex with men

04

Strengthening community systems

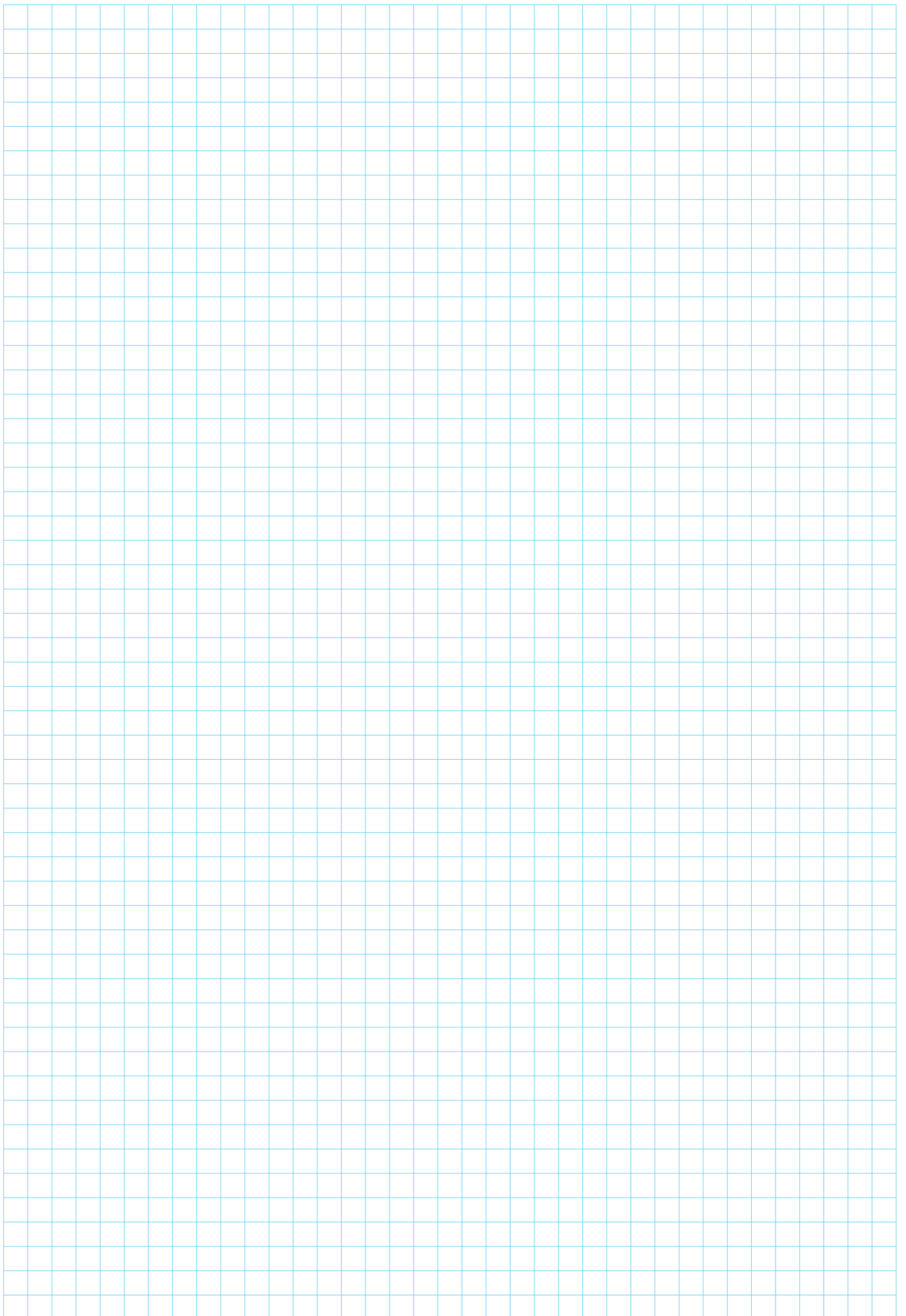
efforts to measure the extent of the epidemic among gay men and other men who have sex with men, while also building comprehensive services that remove barriers to access.

Comprehensive education on human sexuality in their training would ensure that health and social service workers are inclusive and non-judgemental. In the Caribbean, quality HIV testing and counselling services have proven to increase satisfaction (26).

A range of other interventions have been shown to be effective, including:

- Countering anti-homosexual and stigmatizing myths through strategic engagement with the media and through education.
- Decriminalizing same-sex sexual practices and ending other punitive laws based on sexual orientation.
- Encouraging new testing strategies, including home-based testing and couples testing, and promoting the strategic use of antiretroviral medicines to decrease new infections.
- Increasing domestic spending to finance evidence-informed programmes proportionate to the HIV burden among gay men and other men who have sex with men.

Countries need to undertake more concerted efforts to measure the extent of the epidemic among gay men and other men who have sex with men, while also building comprehensive services that remove barriers to access.



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