

MEETING THE HIV TREATMENT AND HEALTH NEEDS OF GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

UNAIDS Policy and Strategy Consultation
Geneva, 13-14 May 2013

On 13–14 May 2013, UNAIDS brought together 30 lesbian, gay, bisexual and transgender (LGBT) and AIDS advocates from around the world for a two-day policy and strategy consultation in Geneva. This report is a synopsis of the discussions held regarding the current epidemiological situation of HIV among gay men and other men who have sex with men (MSM), how to improve their access to HIV treatment, and the health and human rights challenges they face. The report also highlights recommendations made by participants to help inform the actions to be taken by UNAIDS and partners in meeting the HIV treatment and health needs of gay men and other men who have sex with men.

THE HIV AND HUMAN RIGHTS CRISIS AFFECTING GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Over the last ten years, the global incidence of HIV has begun to decline in the general population.¹ Among gay men and other men who have sex with men, however, the incidence has continued to rise across low-, middle-, and upper-income countries. HIV prevalence remains on average 19 times higher among gay men and other men who have sex with men than it is among the general population.² For example, in Myanmar, HIV prevalence is 0.6% among the general population, but 7.7% among gay men and other men who have sex with men. In the United States of America, HIV prevalence is 0.6% in the general population,³ but it is estimated at 15.3% in gay men and other men who have sex with men.⁴ In Peru, HIV prevalence is estimated at 0.4% in the general population, but it is 12.5% among gay and other men who have sex with men.⁵ And in Kenya, a country with a generalized epidemic where HIV prevalence is 6.2%, HIV prevalence is 18.2% among gay and other men who have sex with men.⁶ The situation is more dramatic among gay men and other men who have sex with men who inject drugs, and/or are sex workers.⁷

Widespread and persistent homophobia, criminalization and violence (including murder, beatings, threats, coercion and arbitrary deprivation of liberty) against gay men and other men who have sex with men violate their human rights and seriously endanger their health, particularly for those men who are living with HIV. In addition, they face significant barriers to accessing quality health care because of widespread, ignorance-based discrimination about sexual orientation in mainstream society and within health systems. In many countries, the resulting stigmatization affects their ability to access a whole range of citizen entitlements and services. Alongside the social barriers, gay men and other men who have sex with men also face significant legal barriers in 76 countries that criminalize same-sex sexual acts with penalties that can include fines, several years of imprisonment, or even execution.

Evidence shows that legal and social obstacles block community mobilization around HIV and safer behaviour. Gay men and other men who have sex with men who are living with HIV often lack access to HIV and health services, which results in insufficient coverage of antiretroviral therapy.

1 UNAIDS. *Global report: UNAIDS report on the global AIDS epidemic*, 2012. Geneva, UNAIDS, 2012:11–12

2 WHO Report EB133/6. Improving the health and well-being of Lesbian, gay, bisexual and transgender persons. 13 May 2013:1.

3 Please see 2011 HIV and AIDS estimates at <http://www.unaids.org/en/regionscountries/countries/unitedstatesofamerica/> (accessed June 18, 2013).

4 Beyrer C et al. Global epidemiology of HIV infection in men who have sex with men. *Lancet*, 2012, 380(9839):370.

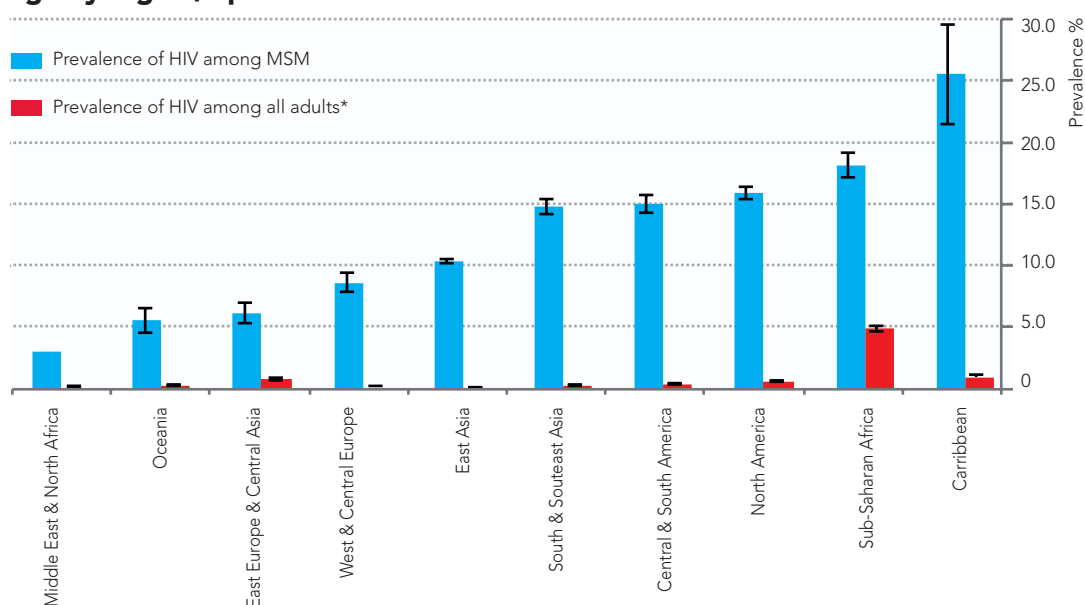
5 UNAIDS. *World AIDS day report*, 2012. Geneva, UNAIDS, 2012:42–43.

6 UNAIDS. *World AIDS day report*, 2012. Geneva, UNAIDS, 2012:42–43.

7 “Sex workers frequently have insufficient access to adequate health services; male and female condoms and water-based lubricants; post-exposure prophylaxis following unprotected sex and rape; management of sexually transmitted infections; drug treatment and other harm reduction services; protection from violence and abusive work conditions; and social and legal support”. UNAIDS. *Guidance note on HIV and sex work*. Geneva, UNAIDS, 2009:5.

Despite this evidence, many countries and communities are failing to recognize and address the burden of HIV among gay men and other men who have sex with men, especially in countries with generalized HIV epidemics.⁸ National investments in programmes to meet their needs remain insufficient. In the majority of countries, investments largely come from international funding. In 2010–2011, for instance, 92% of all spending on HIV programmes for men who have sex with men came from international donors,⁹ just at a time when country ownership and consequent domestic investments in HIV are expected to increase significantly in keeping with principles of global solidarity and shared responsibility.

Pooled HIV prevalence among MSM, and among all men of reproductive age by region, updated 2013



Adapted from Beyrer, et al, The Lancet, 2013 [3]. Hiv prevalence among adults, UNAIDS 2012 (data from 2011)[1]

* UNAIDS World report 2012 (data 2011)

During the 30 years of the HIV epidemic, lesbian, gay, bisexual and transgender (LGBT) communities have been effective advocates for access to HIV prevention, treatment, care and support for themselves and for others affected by HIV. They have fought for their entitlement to treatment and non-discrimination in the AIDS response. Sadly, LGBT communities still do not benefit equally with the general

8 Global report: UNAIDS report on the global AIDS epidemic, 2012: 78.

9 Global report: UNAIDS report on the global AIDS epidemic, 2012: 28.

population from the progress made. Today, with greater international recognition of their universal human rights, they are demanding the full range of human rights due to them. Where LGBT communities are highly stigmatized, they do not receive sufficient political and programmatic attention in national AIDS responses. In jurisdictions where they benefit from equal rights, they are facing a different sort of crisis, one involving a younger generation that is not sufficiently educated and mobilized around HIV prevention and treatment.

Breakthroughs in science, leadership and resource mobilization have enabled a dramatic scale-up of access to treatment, changed the trajectory of the HIV epidemic and inspired a new vision of “ending the AIDS epidemic”. This can only be achieved by quality universal access to prevention and treatment, and through the full engagement of LGBT communities and the protection of their human rights.

The WHO *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection (June 2013)* represents a strategic opportunity to broaden progress and people-centered approaches to address the health and human rights needs of gay men and other men who have sex with men.

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This consultation focused exclusively on the treatment, health and human rights of gay men and other men who have sex with men. It did not address the equally important needs of transgender people, which will be subject to a separate discussion.
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RENEWING ACTIVISM FOR HIV TREATMENT, HEALTH AND WELL-BEING OF GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Any and all efforts to expand HIV treatment should put gay men, other men who have sex with men, and other key affected populations at the core of all action. **The LGBT rights and AIDS advocates who attended the meeting called for urgent action to address the dual health and human rights crisis affecting gay men and other men who have sex with men, including both meeting the target of 15 million people on treatment by 2015 and positioning treatment and health needs beyond 2015.**

1. We need a reliable evidence base to drive policy and programming

Accurate and disaggregated data are essential requirements to determine HIV programme priorities and funding to meet the health needs of gay men and other men who have sex with men. Evidence should identify and address social determinants of vulnerability to HIV.

Countries should regularly report on progress achieved in the provision and uptake of HIV treatment. This will help build momentum towards treatment expansion. Furthermore, more disaggregated data can be used to refine programming and determine how resources are reaching key populations.

- UNAIDS should recommend that national AIDS programmes collect adequate data on risk for infection and the burden of infection and disease among men who have sex with men (including in countries with generalized epidemics), and it should make this data widely available. This data on the progress of the epidemic, including on treatment scale-up disaggregated by key-affected populations, needs to be reported regularly. However, while we need disaggregated data on this population, it may be difficult to collect it in some countries (due to social and legal barriers).
- UNAIDS should encourage independent monitoring, particularly in contexts of high stigma and criminalization, to complement governmental reporting. This can be done by civil society, which should be supported by UNAIDS and the international community.

2. We need non-discriminatory health systems that deliver broad services to expand treatment

Gay men and other men who have sex with men need to know more about HIV treatment and other health issues affecting their health and well-being. Treatment, health and human rights advocates should expand the use of social media to communicate effectively with local communities for treatment and rights literacy, as well as community mobilization. Advocates can also use it to improve population-wide attitudes about LGBT people.

A quality health infrastructure requires a strong, engaged and mobilized civil society that is inclusive of gay men and other men who have sex with men. Faith-based

“The AIDS response is not about a disease; it’s about people. The burden of HIV on gay men and other men who have sex with men means we need to put human rights at the centre of our response in order to restore the dignity of all people and save lives”.

Michel Sidibé,
Executive Director, UNAIDS

organizations and religious leaders have an important role to play in encouraging diversity, and they should promote examples of how faith can play a role in eliminating violence, protecting rights and delivering non-judgmental services. Appropriate curriculum for schools and health-care facilities that builds respect for diversity—including respect for LGBT people—needs to be implemented.

National AIDS programmes, donors, the international community, civil society and media should engage and mobilize young gay men to meaningfully participate at the decision-making level so that they can be fully involved and engaged in the response to HIV.

- UNAIDS and partners should develop new messages and implement innovative communications strategies regarding the importance of the health and human rights needs of this key population. Particular attention will be given to those who are young, living with HIV and/or who inject drugs.
- UNAIDS and key partners should promote discussions and dialogues between advocates and media to accurately and fairly report on the realities of the discrimination faced by gay men and other men who have sex with men.
- UNAIDS, in partnership with civil society and others, should sponsor and promote dialogue sessions on the treatment and health needs of gay men and other men who have sex with men at the major regional AIDS conferences—ICASA, ICAAP, FORO, and EECAAC¹⁰—as well as at the International AIDS 2014 Conference.
- UNAIDS, in partnership with governments, civil society, faith leaders and others, should sponsor national dialogues to promote national HIV plans that meet the needs of gay men and other men who have sex with men, particularly young men.

3. We need political leadership and renewed activism to achieve equal health and rights

The three branches of government (executive, legislative and judicial) are responsible for the delivery of health-care services and the protection of the rights of all their citizens, including gay men and other men who have sex with men. They cannot leave anyone behind, because equity and equality are essential for the success of the treatment expansion.

Governments are accountable for instituting protective laws, protecting the citizens against discrimination and violence, and ensuring that programmes are implemented to reduce vulnerability to HIV and to increase uptake of treatment and other health services. National strategies to expand HIV treatment have to include the availability of integrated health services that address sexually transmitted infections, mental health and addiction issues.

The communities of gay men and other men who have sex with men need to renew and boost their activism. They need to strengthen their mobilization efforts, expand network building at the country, regional and international levels, and sustain advocacy for their treatment, health and human rights needs. They should include people living with HIV, young men, and those who inject drugs.

“UNAIDS is an outspoken advocate for greater equity in the global response to AIDS, including for gay men, MSM and transgender people. Now we must work together to take this advocacy to the next level, driving change in countries and creating an accountability system that advances equity and better health outcomes for everyone”.

Chris Collins, Vice President and Director, Public Policy, amfAR

¹⁰ ICASA—International Conference on AIDS and Sexually Transmitted Infections in Africa; ICAAP—International Congress on AIDS in Asia and the Pacific; FORO—Latin America and Caribbean FORO on HIV/AIDS and Sexually Transmitted Infections; and EECAAC—Eastern European and Central Asian AIDS Conference. Other major regional conferences include the European AIDS Conference (EACS), the United States Conference on AIDS (USCA) and the Central American Congress on Sexually Transmitted Infections and HIV/AIDS (CONCASIDA).

- UNAIDS should support groups led by gay men and other men who have sex with men that seek to boost their activism for HIV.
- UNAIDS and partners should champion national programmes and campaigns that combat homophobia, promoting them as leading practice to be replicated in other parts of the world.
- UNAIDS should lead discussion within the UN system to strengthen human rights and the response to HIV among gay men and other men who have sex with men.
- UNAIDS and partners should strengthen advocacy efforts towards the decriminalization of same-sex sexual relations. UNAIDS should also speak out systematically for protection against violence and discrimination, and for equitable access to health-care facilities for treatment expansion. This includes working closely with governments and civil society to remove harmful policies and fight against discrimination.

4. We need rights-affirming investment models that benefit everyone

Despite growing country ownership and increasing national investments in HIV services, specific programmes for gay men and other men who have sex with men remain underfunded in relation to the relative burden of HIV. Such programming remains dependent on international funding in the large majority of cases.¹¹ Levels of investment appear not to be based in evidence, as these programmes are cost-effective, efficient and produce maximum impact. Governments, donors and civil society need to direct more political and funding support, including core support, to programmes that focus on HIV services for gay men and other men who have sex with men.

Sustainable and predictable funding for gay men and other men who have sex with men is necessary to maintain their engagement and mobilization in the response to the HIV epidemic. National AIDS programmes, donors and civil society should develop investment cases that include and highlight the need to invest in treatment and health services for men who have sex with men that are rights-based and participatory, and which occur in areas with concentrated, low and generalized epidemics.

Supporters and partners should urge governments, the Global Fund and others not only to invest in funding that expands treatment and health services for gay men and other men who have sex with men, but also to increase investment in community systems that deliver these services. The health needs of this key population should be embedded in all funding mechanisms, including the New Funding Model (NFM) of the Global Fund.

- UNAIDS should support and promote the inclusion and meaningful engagement of key populations—including gay men and other men who have sex with men—in the Global Fund’s NFM. UNAIDS should also advocate for national investment cases to include services for gay men and other men who have sex with men.
- UNAIDS should promote greater investment by governments and partners to expand HIV treatment and other health services to gay men and other men who have sex with men.

“There is no such thing as a general approach to HIV. Human beings are—by virtue of their biological qualities and behavioural needs—different. These differences must be understood, accepted and protected in order to maximize HIV prevention and treatment. Any law, policy, belief or reason that is inimical to the recognition of our diversities will hinder the commitment to achieving the end of AIDS”.

Jake Okechukwu Effoduh,
Nigerian Institute of Advanced
Legal Studies

¹¹ *Global report: UNAIDS report on the global AIDS epidemic, 2012: 28.*

NEXT STEPS

ZERO NEW INFECTIONS, ZERO DISCRIMINATION AND ZERO AIDS-RELATED DEATHS FOR GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Today there is hope on the horizon. Antiretroviral therapy saves lives and helps prevent further HIV transmission. Expanding health services to gay men and other men who have sex with men will produce important health outcomes. But for the full benefits of treatment to be realized, political, legal and social barriers need to be removed, and services need to be adapted and scaled-up.

UNAIDS is committed to a treatment and health agenda that addresses the dual health and human rights crisis affecting gay men and other men who have sex with men. To implement this agenda, UNAIDS will develop a roadmap to achieve the target of 15 million people on treatment by 2015 and to position their treatment and health needs beyond 2015.

UNAIDS will also reach out to civil society networks, international organizations, governments and others to develop and strengthen the partnerships required for this agenda.

The demand has never been so clear—mobilize and demand *zero new infections, zero discrimination and zero AIDS-related deaths* among gay men and other men who have sex with men.

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PARTICIPANTS

- Georges Azzi**, Executive Director, Arab Foundation for Freedoms and Equality (AFE), Lebanon
- Stefan Baral**, Director, Key Populations Program, Center for Public Health and Human Rights, Department of Epidemiology, John Hopkins School of Public Health, USA
- Yuri de Boer**, Project Manager and Adviser on HIV/AIDS, COC Nederland, the Netherlands
- William Bowtell**, Executive Director, Pacific Friends of the Global Fund, University of New South Wales, Australia
- Chris Collins**, Vice President and Director of Public Policy, amfAR, USA
- Vivek Divan**, Policy Specialist, Key Populations and Access to Justice, United Nations Development Programme (UNDP)
- Daniel Driffin**, Youth Reference Group, The Global Forum on Men who have Sex with Men & HIV (MSMGF), USA
- John Fisher**, Co-Director, ARC International
- Bogdan Globa**, Executive Director, Tochka Oporo/Fulcrum, Ukraine
- Mauro Guarinieri**, Senior Advisor, Community Systems Strengthening and Key Populations, The Global Fund to Fight AIDS, Tuberculosis and Malaria
- José Antonio Izazola**, Former Director General, National Center for AIDS Prevention and Control, Mexico
- Colin McIff**, Health Attaché, Department of Health and Human Services, U.S. Mission in Geneva, USA
- Frédéric Martel**, Journalist at Radio France and author of "Global Gay: How the gay revolution is changing the world", France
- Othoman Mellouk**, North Africa Advocacy Coordinator, International Treatment Preparedness Coalition (ITPC) and Co-Chair MSMGF, Morocco
- Sharon Mottley**, Board member, Coalition Advocating for Inclusion of Sexual Orientation (CAISO), Trinidad and Tobago
- Joel Gustave Nana**, Executive Director, African Men for Sexual Health and Rights (AMSHer), Cameroon
- Denis Nzioka**, Editor & Programs Officer, Identity Kenya, Kenya
- Albert Ogle**, President, St. Paul's Foundation for International Reconciliation, St. Paul's Cathedral (San Diego, California), USA
- Jake Okechukwu Effoduh**, Research Fellow, Nigerian Institute of Advanced Legal Studies, Nigeria
- Carlo André Oliveras Rodriguez**, Regional Coordinator, Caribbean Treatment Action Group (CTAG), Puerto Rico
- Esteban Paulón**, President, Federation Argentina for Lesbians, Gays, Bisexuals and Trans (FALGBT), Argentina
- Niluka Perera**, South Asia Representative, Youth Voices Count, Sri Lanka
- Midnight Poonkasetwatana**, Executive Director, Asia Pacific Coalition on Male Sexual Health (APCOM), Thailand
- Toni Reis**, Education Secretary, Brazilian Lesbian, Gay, Bisexual and Trans Association (ABGLT), Brazil
- Gennady Roshchupkin**, Project Technical Coordinator, International HIV/AIDS Alliance, Ukraine
- Ashok Row Kavi**, Chairman, The Humsafar Trust, India
- Rebecca Schleifer**, Advocacy Director, Health & Human Rights Division, Human Rights Watch
- Anastasia Smirnova**, General Project Manager, Russian LGBT Network Office, Russia

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org
JC2521/1/E

unaids.org

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response.