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Prepared by the Office of HIV / AIDS, USAID

The Forgotten Epidemic: HIV and Vulnerabilities among Men Who Have Sex with Men (MSM)

The conclusions in this report are those of the authors and do not necessarily represent the position of USAID. Contact Christian Fung - cfung@usaid.gov - for further questions.

Outline

- Background
- Epidemiology
- Best Practices
 - Individual Level
 - Structural Interventions
 - Packages of Services
- Next Steps

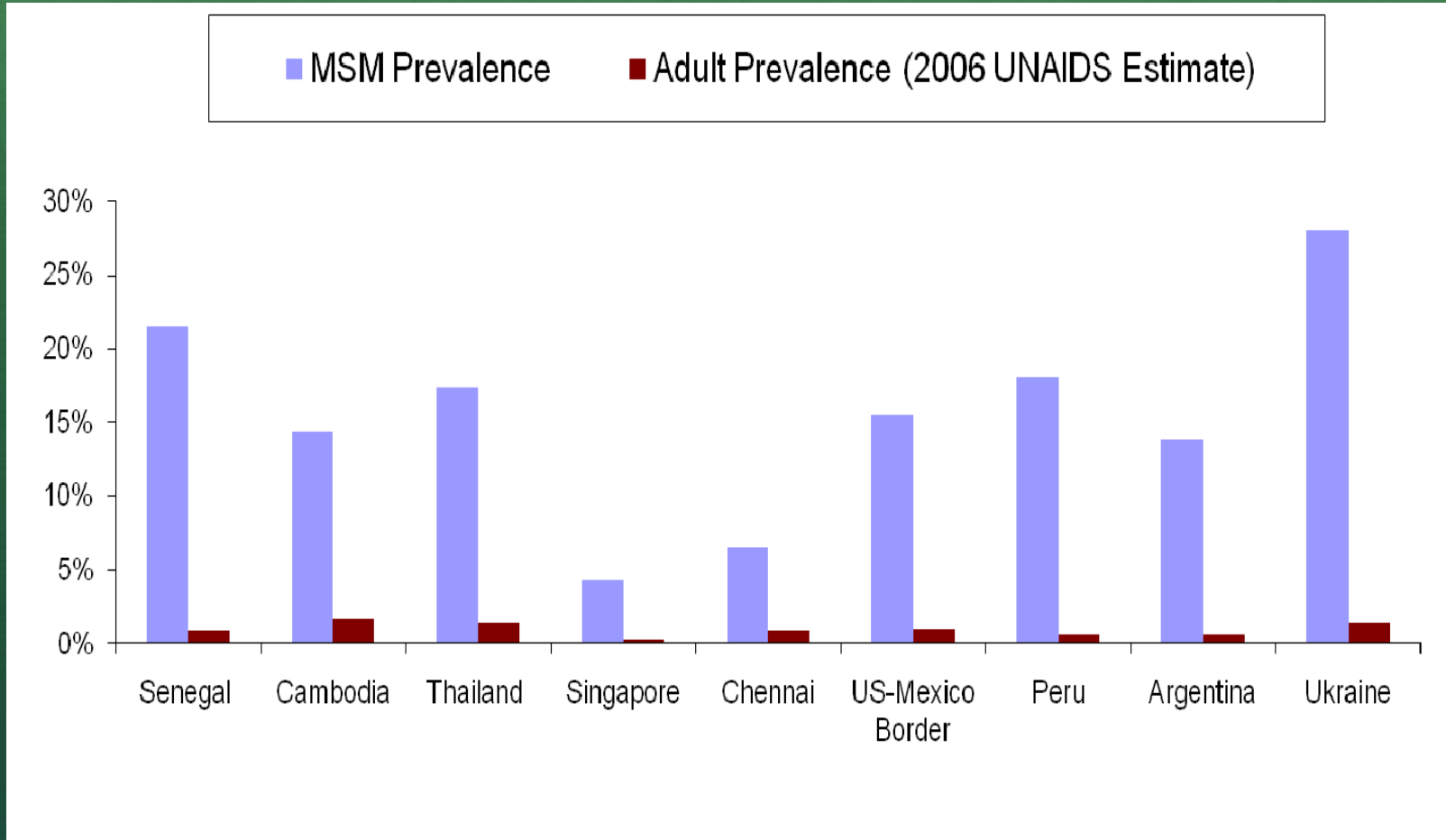
Background

- 91 (out of 128) countries do not report on for MSM to prevention programs; only 7 report that at least 60% of MSM have access
- New information on the extent and severity of MSM epidemics in developing countries
- Growing understanding about the role of social exclusion in limiting access to prevention and care
- Evidence of success in reaching epidemics in the contexts of discrimination, stigma, criminalization, rights abrogation and limited HIV surveillance
- New initiatives among donors: i.e. UN, AmFAR, PEPFAR

Epidemiology

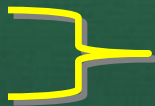
- Limited information in sub-Saharan Africa, Eastern Europe, and the Middle East
- Information gaps include:
 - Ethnographic understanding of these populations
 - Behavioral patterns
 - Longitudinal data
- Surveillance can and does occur under unfavorable legal frameworks

MSM and Adult HIV Prevalence



Sources: Wade et al. 2005; Girault et al. 2004; van Grievsven et al. 2005; Action for AIDS Singapore, 2006, Go et al. 2004; Pando et al. 2006; UNAIDS, 2006; Caceres et al, 2005, Strathdee, et al, 2006. CENSIDA, CA State Office of AIDS; Patterson et al, IAS, 2006; Strathdee et al, pers. comm; Viani et al, 2006

Risk Factors

- Unprotected anal intercourse (higher for receptive partners)
 - High frequency of male partners (>3 sexual contacts/week)
 - High number of lifetime male partners (>10)
 - Untreated STI (syphilis, HSV-2)
 - Injection drug use
 - Methamphetamines
-  **Mediated through increased sexual exposure**

Terminology

Limitation of the “MSM” category:

- Is MSM too much of a “reductionist” term?
- The term MSM comes from the 1980s US CDC’s attempt to distinguish “gay and bisexual men” from “MSM NGI” (men who have sex with men, non-gay-identified).
- Behavior versus Identity

Terminology

The Brazilian AIDS Control Program delineates among “gay/bisexual” vs. “MSM” vs. “transgender” because:

- Gay/bi men and MSM tend to not want to be associated with Transgender
- Transgender has vastly different needs and vulnerabilities than gay/bi men and MSM
- Openly gay/bi-identified men and MSM have different risk factors

Success in targeting these 3 sub-groups requires different strategies

Preliminary Results of MSM Evaluation in Malawi

- Results

- ✓ HIV prevalence Adult Men: 11.5%
- ✓ HIV prevalence MSM: 21.4 %
- ✓ Odds Ratio for HIV infection among MSM is 2.08 (95% CI 1.49-3.02)

- Risk Factors for HIV infection

- ✓ Ever being arrested ($p < 0.05$)
- ✓ Not always wearing condoms ($p < 0.01$)
- ✓ Used the internet to find male partner ($p = 0.07$)
- ✓ Having received money for anal intercourse ($p = 0.08$)

Additional Findings and Prevention Needs in Malawi

- No water-based lubricants available in country
- HIV prevention and education efforts limited to one NGO – active only in urban areas
- No “open” venue for MSM or gay/bisexual men to meet
- Police harassment of hot spot venues and outreach workers
- National program has no MSM component
- Cultural norms enforce marriage – hidden MSM risks

Best Practice: Individual-level

- Ensure participation of MSM in the development, implementation and monitoring of prevention programs
- Promote consistent and proper use of condoms to achieve >90% use
- Ensure availability of male and female condoms and lubricants
- Ensure comprehensive healthcare services
 - ✓ Counseling and testing
 - ✓ STI treatment
 - ✓ Provision of or linkages to HIV treatment and care

Structural Discrimination

- 85 UN Member states criminalize sex between consenting adults of the same gender
 - ✓ This includes more than half of all African countries
- 9 countries have death penalties for homosexual relations between consenting adults
 - ✓ E.g. Nigeria, Sudan, Iran, Saudi-Arabia

Human Rights Context

- Vulnerability to HIV infection is dramatically increased where sex between men is criminalized.
 - UNAIDS, 2006
- Criminalization and homophobia limit MSM access to HIV prevention, information, commodities, treatment and care.
 - USAID, 2004
- Faced with legal or social sanction, MSM are excluded or exclude themselves from sexual health and welfare.
 - UNAIDS, 2006

Best Practice: Minimum Package of Services for MSM

- Risk reduction activities
 - ✓ Targeted communications campaigns
 - ✓ Outreach at hot spots, online and peer education
- HIV counseling & testing
- Drop-in centers
- STI treatment services
- Targeted condom and lubrication promotion & distribution

Best Practice: Additional Package of Services for MSM

- Community mobilization
 - ✓ Link healthy behaviors to reducing social stigma
- MSM and gay-friendly clinic services
 - ✓ Increase capacity of government systems
 - ✓ Meet the current demand for services by using the non-governmental and private sectors (Drop-in centers)
- Inclusive national health surveillance and data collection
- Advocacy to build allies in the religious, police, and judicial communities

Next Steps

- Improve surveillance, M&E, epidemiological & social research
 - Better understanding of sub-populations, over-lapping risks and targeting of programs
 - Size estimates
- Increase access to adequate prevention
- Provide comprehensive care (HIV and beyond)
- Increase capacity of field staff to work with MSM populations
- Advocacy: Repeal sodomy laws and protect human rights
- Mobilize key players internationally and in each country

Thanks