



## **Conclusions and recommendations: Men having sex with men and the prevention and treatment of HIV and other sexually transmitted infections**

Geneva, 15–17 September 2008,

This document outlines key conclusions and recommendations arising from an international consultation on “Men who have sex with men and the prevention and treatment of HIV and other sexually transmitted infections”, held in Geneva, September 15-17, 2008.

### **Conclusions:**

There is an urgent need to address the emerging and re-emerging epidemics of HIV and other sexually transmitted infections (STIs) among men who have sex with men (MSM) and transgender (TG) populations. Strengthening strategic information systems and implementing interventions for the prevention and treatment of HIV and other STIs for MSM and TG should be considered as priority activities for all countries and regions as part of a comprehensive effort to ensure universal access to HIV prevention, care and treatment.

Reports from a diverse range of countries and regions have highlighted that prevalence of HIV and other STIs among MSM and TG is high when compared to men in general. Unprotected anal sex is common and surveys show that some MSM have female partners, many are married, some are engaged in sex work and some use drugs. Existing second generation HIV surveillance systems, research and efforts of national HIV/AIDS and STI programmes have not adequately captured biological and behavioural data on these populations, nor implemented prevention interventions at sufficient scale. Resources to address HIV and STIs in MSM, TG and their partners do not match the burden of disease.

Risk and vulnerability to infection are reinforced by societal attitudes which deny human rights and the right to health for MSM and TG. The Secretary General of the United Nations recently called on “all countries to live up to their commitments to enact or enforce legislation outlawing discrimination against people living with HIV and members of vulnerable groups” and further called on countries to “pass laws against homophobia.”<sup>1</sup>

### **Guiding Principles for Action**

#### *1. A rights-based approach*

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<sup>1</sup> UN Secretary-General Ban Ki-moon’s address to the International AIDS Conference in Mexico City, 3 August 2008. <http://www.un.org/News/Press/docs/2008/sgsm11727.doc.htm>

Adopting a rights-based approach will ensure that MSM, TG and their male and female sexual partners have the right to information and commodities enabling them to protect themselves against HIV and other STIs, as well as information on where to seek appropriate care for these infections. Importantly, it also ensures their right to access appropriate and effective prevention and care services of the highest possible quality, delivered free from discrimination.

### *2. Know your epidemic*

Knowing the epidemic (and response to it) means knowing where infections are occurring, who is at risk or vulnerable, and who is infected. It also means understanding the local determinants of risk, including social and structural determinants. Understanding the barriers which MSM and TG face in fulfilling their sexual, social and economic lives will be key to identifying what works for control of HIV and STI epidemics in different settings.

### *3. Partnerships*

While the health sector has a crucial role, addressing the HIV and STI epidemics among MSM and TG cannot be achieved by the health sector alone. It requires partnerships and engagement both across sectors and, crucially, with MSM and TG communities.

## **Recommendations**

Addressing the high prevalence of infections requires inputs from and collaboration across a number of sectors, but the recommendations of this report specifically focus on the role that the health sector should and/or can play.

### **Priority recommendations for the health sector**

#### **1. Strategic information**

- Countries should conduct surveys with MSM and TG, at a minimum in urban settings (capital and main cities). These surveys should address:
  - Population size estimation (denominator)
  - Biological and behavioural indicators
- In order to accomplish this, every country should conduct formative research (if not already undertaken);
- Routine HIV and STI surveillance and case reporting should include appropriate information on MSM and TG, age aggregated where ever possible;
- Surveillance, surveys and research with MSM and TG should adhere to the highest standards of internationally accepted research ethics and include MSM and TG in research design, implementation and dissemination of results.

#### **2. Priority interventions and services**

WHO and its partners – particularly its community partners - at global level should define and refine a set of priority interventions for both service delivery settings and the broader health sector. Interventions should be evidence-based. Experts recommended that minimum interventions should include safe access to information and education about HIV and other STIs through peer outreach,

condoms, water-based lubricants and HIV counselling and testing as well as STI services and the urgent need to sensitize health care staff to MSM needs.

- WHO and its partners should review, revise and standardise existing guidelines for the prevention, treatment and care of HIV and other STIs, and training materials, and ensure that materials adequately address the needs of MSM and TG in a non-stigmatising way.
  - The health sector specifically National AIDS Programmes in the Ministries of Health, public and private health services, nongovernmental organizations; community groups; professional organizations and teaching institutions should address the needs of sexual partners of MSM and TGs (both male and female) in their programmes and services.
  - The health sector, especially ministries of health as well as public and private sector health services, nongovernmental organizations: community groups; and professional organizations, teaching institutions should build on local expertise, and involve both experts and end-users of services in adapting priority interventions and models of service delivery to the address the specific local needs and situation.
3. *Collaboration and partnership*
- WHO should promote partnerships between public sector, civil society, and private (for profit and not) sectors to address the prevention and treatment of HIV and STIs among MSM and TG and their partners.
  - The National AIDS Programmes in the Ministries of Health, with the support of WHO, should build and strengthen coalitions among civil society and other key stakeholders to address the sexual health needs of MSM, TG and their partners.
4. *Advocacy*
- WHO as the lead agency in the UNAIDS division of labour with responsibility for the health sector should take the lead in advocating with other agencies (particularly UNDP) and sectors (education, justice, home affairs, gender, youth, human rights commissions, etc) to promote prevention of HIV and STI transmission among MSM and TG, and address homophobia, including in health care settings.
  - WHO, UNAIDS, UNDP and their partners, should advocate for the inclusion of prevention of HIV and STIs among MSM and TG as a part of overall prevention efforts at appropriate events such as Ministerial meetings, the World Health Assembly, Regional groupings.
5. *Role of Regional Offices*
- WHO Regional Offices should advocate, disseminate evidence and provide technical assistance to countries to ensure universal access to HIV prevention, treatment and care for all MSM and TG groups in all countries in their Regions. Regional Offices should hold consultations on MSM and TG issues if these have not already taken place.

6. *Resources*

- Resources (financial, logistical, and human) are needed to support all of the above recommendations. HIV and STI prevention and treatment programmes which are evidence-based, properly implemented and targeted at MSM and TG have been instrumental in containing the spread of epidemics in some countries.
- Now is the time to ensure that all countries and key funding agencies (including, but not limited to, the Global Fund to fight AIDS, TB and Malaria) commit adequate financial and other resources to the prevention, care and treatment of HIV and other STIs in MSM and TG and their partners.