Background Document in Support of the Speakers' Interventions
Interactive Civil Society Hearing at the General Assembly High-level Meeting
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Topic: Sexual Minorities and HIV/AIDS

Significance of Considering the Needs of Sexual Minorities

The link between social oppression of sexual minorities and HIV is well established and inextricable. Criminalization and economic disenfranchisement of sexual minorities cause social dislocation, influence transnational migration, and fuel human rights abuses, which in turn heighten the risk for HIV transmission. Even in countries without legal prohibitions against same-sex behavior, widespread stigma often prevents individuals belonging to sexual minority communities from seeking or receiving essential HIV prevention, care and treatment services. In many cases, these services are absent altogether. Without appropriate health messages, support, and services, sexual minorities are at continued and elevated risk of HIV infection. As a result, HIV infection rates remain disproportionately high among sexual minorities in both developed and developing countries and access to services unacceptably low.

Key Themes

The HIV/AIDS prevention, care and treatment needs of sexual minorities are not always explicitly addressed. For example, only 1 in 20 men who have sex with men (MSM) worldwide has access to HIV prevention, care or treatment. The number of transgender individuals who have access to important services is far smaller and the HIV service needs women who have sex with women (WSW) are rarely if ever specifically addressed. Even in places where epidemiologic and behavioral research indisputably support prioritizing sexual minorities, there is a shameful neglect of their needs in discussions about policy, programs, and resources, which is often expressed through silence, denial or explicit exclusion. Worsening an already dire public health situation are persistent human rights abuses waged against sexual minorities that severely complicate our prevention, care and treatment efforts. Inadequate representation of sexual minorities in planning processes at the country and regional-levels and the widening disparity in resources devoted to programs targeting sexual minorities are unacceptable.

Challenges

In many parts of the world, MSM remain the group most affected by HIV. In 2000, HIV seroprevalence among MSM in Latin America was estimated at 25%. Seroprevalence studies in Asia, Australia, African, the Caribbean, Eastern Europe, and North America around the world yield higher than average estimates that range between 7% and 46%. In 2008, sexual minorities face arrest in 85 countries around the world if they openly state their sexual orientation. In some counties, the penalties for expressions of same-sex affection can include imprisonment. In Central American countries, there is widespread harassment by police and healthcare providers. Sexual minorities are also persecuted in India, China, and Egypt. Two-thirds of African countries ban male-to-male sex. Punishments range from imprisonment (five years in Cameroon, Senegal, and Ghana; life in Uganda) to death (Mauritania, Sudan, and parts of Nigeria). In addition to these legal challenges, current HIV prevention efforts are not effective in reaching MSM. Limited research efforts in Kenya and Ghana have shown that MSM in Africa do not consider themselves at risk for HIV because prevention messages solely focus on heterosexual couples. Even in countries where homosexuality is not illegal, social oppression can be extremely harmful, particularly for sexual minorities who also belong to indigenous, migrant or ethnic minority groups.

Role of Civil Society
The surest way to reduce HIV incidence is to confront, condemn, and eradicate social oppression and stigma that is the single biggest obstacle to effective HIV prevention, treatment, and care. Education, information, support, and advocacy are critical. Civil society organizations are often uniquely positioned to reach, serve, and advocate on behalf of sexual minority communities in almost all parts of the world.

Recommendations
Because the criminalization of homosexuality is thought to be a contributing factor in HIV transmission and inequities in access to prevention, care and treatment services for sexual minorities, all international actors engaged in HIV or human rights advocacy should adopt decriminalization as part of their advocacy agenda. UN agencies must expand their leadership on and identify their responsibilities towards MSM, WSW and transgender communities. Organizations involved in planning global and regional HIV responses (e.g. Country Coordinating Mechanisms and National AIDS Control Plans) must ensure that HIV-related services are available to MSM and other sexual minorities and that funds dedicated to these services at the national level are proportional to the impact of HIV on those population in that country. National AIDS Commissions and other bodies should monitor spending against these allocations. MSM must be included in national surveillance and independent epidemiological, behavioral, and social research studies. And finally, donors must create systems of accountability that require implementing agencies to expand access to prevention and treatment technologies for all sexual minorities.