UNAIDS Action Framework:

Universal Access for Men who have Sex with Men and Transgender People

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"In countries without laws to protect sex workers, drug users and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment and fewer deaths. Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us."

Ban Ki-moon,
Secretary-General of the United Nations,
August 2008

1. Introduction

'Business as usual' is no longer a viable response to the HIV-related risks of men who have sex with men and transgender people[1]. Where data exist on HIV in these populations, they show that our collective responses are failing far more often than they are reaching scale or succeeding. Just as disconcerting, in many parts of the world, is the fact that few reliable data exist at all.

The Secretary-General's call of alarm thus comes at a critical moment. It is increasingly clear that commitment and resources allocated to HIV programming for men who have sex with men and transgender people fall far short of what is required to achieve universal access to appropriate HIV prevention, treatment, care and support services across the world. In the June 2008 United Nations General Assembly High-Level Meeting on AIDS, fewer countries reported on services for these groups than for any other, and those reports that were made available reflected, on average, lower coverage levels for men who have sex with men than for the general population or for other most-at-risk populations[2].

The failure to respond adequately to the human rights and public health needs of men who have sex with men and transgender people is reflected in epidemiological data. Almost universally, even in generalized HIV epidemics, men who have sex with men are more affected by HIV than the general population[3]. Biologically, unprotected receptive anal sex poses a much higher risk than unprotected receptive vaginal sex, whether that anal sex is heterosexual or homosexual. In addition, people with marginalized sexual or gender identities or behaviours sometimes lack the ability or desire to protect themselves from infection, due to structural factors including self-stigmatization, discrimination and lack of access to information and services. In certain studies, HIV prevalence among men who have sex with men has been found to be as high as 25% in Ghana, 30% in Jamaica, 43% in coastal Kenya and 25% in Thailand[4]. Among transgender people, HIV prevalence is thought to be even higher. Data presented at the 2008 International AIDS Conference in Mexico showed HIV prevalences of over 25% among transgender people in three Latin American countries and prevalences ranging from 10% to 42% in five Asian countries[5].

Overall, the HIV epidemic among men who have sex with men contributes significantly to wider HIV epidemics. In most countries of the world, the majority of men who have sex with men also have sex with women. In low-income countries, on average, 20% of men who have sex with men report having sex with women at some time; 16% of men who have sex with men also report having sex with a women in the last year; and 16% of men who have sex with men also report being married[6]. A study in and around Mombasa, Kenya, of men who had sex with

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1 We use the term 'men who have sex with men' to describe those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being 'gay' or 'bisexual'. In using the term 'transgender people' in this document, we are referring primarily to transgender people whose initial given identity was male, but who now identify as female or who now exhibit a range of what are usually deemed female characteristics. Such 'male to female' transgender people have much higher rates of HIV infection than 'female to male' transgender people.

2 UNGASS 2008 country progress reports.

3 Baral S et al. 2007, 'Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000-2006: a systematic review', PLoS Medicine Vol. 4, No. 12, e339 doi:10.1371/journal.pmed.0040339.

4 amfAR 2008, *MSM, HIV, and the Road to Universal Access—How Far Have We Come?* Special Report, amfAR, USA.

5 Data presented by the International HIV/AIDS Alliance at "The hidden HIV epidemic: a new response to the HIV crisis among transgender people" press conference, 4 August 2008, Mexico City, Mexico.

6 Unpublished paper commissioned by UNAIDS, by Cáceres C et al. 2007, 'Epidemiology of Male Same-Sex Behaviour and Associated Sexual Health Indicators in Low- and Middle-Income Countries: 2003-2007 Estimates'.

both men and women found an HIV prevalence of 12.3%—more than double Kenya's estimated adult HIV prevalence of 6.1% at the time of the study (2005)[7]. In certain contexts, there can also be significant reinforcement of epidemic dynamics, as some men who have sex with men and transgender people are also involved in sex work and/or inject drugs. For example, in Hanoi, Viet Nam, 9% of men who have sex with men reported that they have injected drugs at least once in their lives[8]. Addressing the HIV epidemic among marginalized groups is not just important in and of itself; it is often one of the most effective strategies to reduce heterosexual spousal transmission and avert larger heterosexual epidemics.

In 2007, the Global HIV Prevention Working Group, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation, estimated that HIV prevention services reach only 9% of men who have sex with men[9]. The latest global data available (UNGASS 2008 country reports) on the percentage of men who have sex with men receiving HIV prevention services show that, while 71% of countries did not report on this indicator, where information was reported, access to HIV services for men who have sex with men varied from 12% in Africa to 43% in Latin America[10]. Little is known about access to appropriate HIV treatment, care and support for men who have sex with men and transgender people, but it is reasonable to assume that stigma, discrimination and fear of public exposure mean that, in many countries, these two groups are less likely to access appropriate services than other groups. There is evidence that several factors impede access to appropriate HIV interventions: an unwillingness of governments to invest in the health of men who have sex with men and transgender people and the impact of social marginalization on the desire to access health-related services and on the equal access to these services as well as to social benefits. While very little HIV transmission results from sex between women, structural factors, including sexual violence, may make lesbians and other women who have sex with women more at risk of acquiring HIV than would otherwise be thought[11]. Stigma, discrimination and lack of knowledge regarding lesbians and other women who have sex with women is also thought to make such women less able to access appropriate HIV treatment and care services if they are infected. However, given the relatively low prevalence of HIV among women who have sex with women, this framework document will focus primarily on HIV among men who have sex with men and transgender people, because of their HIV risk and burden of HIV-related disease, combined with often systematic discrimination.

It is clear that there is an urgent need not just for more programming, but also for new and better approaches to programming. Based on local epidemiological and social realities, enhanced responses must combine efforts focused specifically on men who have sex with men and transgender people, attention to their needs in broader HIV responses, and bridge-building with broader efforts to achieve gender equality, promote human rights and protect public health. Countries must be rigorous in monitoring the evolution of their HIV epidemics, risk behaviours and networks—recalibrating their responses as needed.

As the key global standard-setter, the UN must lead, rather than follow, in its response. UNAIDS[12] action on HIV among men who have sex with men and transgender people is an integral

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7 Sanders E J et al. 2007, 'HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya', *AIDS*, vol. 21, issue 18, pp. 2513-2520.

8 Ministry of Health 2006, *Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Viet Nam 2005-2006*, Viet Nam.

9 The Global HIV Prevention Working Group 2007, *Bringing HIV Prevention to Scale: an Urgent Global Priority.*

10 amfAR 2008, *MSM, HIV, and the Road to Universal Access—How Far Have We Come?* Special Report, amfAR, USA.

11 Johnson C A, 2007, *Off the Map: How HIV/AIDS programming is failing same-sex practicing people in Africa,* IGLHRC, New York.

12 By the term 'UNAIDS', we mean the UNAIDS Secretariat and UNAIDS's ten Cosponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, and the World Bank. Throughout this document, we will refer to the UNAIDS Secretariat and UNAIDS's ten Cosponsors separately, as and when necessary.

component of the broader effort to achieve universal access by 2010 and the Millennium Development Goals by 2015. These commitments, in turn, are built upon the values of universal human rights, which make clear that all people, including men who have sex with men and transgender people, have the right to the highest attainable standard of health, non-discrimination and equality before the law, and freedom of expression and association, among others[13]. Independently of human rights, there is a clear and strong public health rationale for effective prevention among men who have sex with men and transgender people. If we want to prevent HIV infections, it is essential that more effective prevention efforts (which are inextricably linked with treatment and care) among groups with higher prevalences be undertaken.

To these ends, this framework provides direction for enhanced action by the UNAIDS Secretariat and UNAIDS Cosponsors on male-to-male sex, transgender issues and HIV. Using this framework as a reference, a UN interagency working group on men who have sex with men, transgender and HIV issues will develop more detailed operational workplans and recommendations for more effective, coordinated action on a biannual basis.

Clearly, the UNAIDS family is only one of many partners in this endeavour. Significant initiatives are well under way outside UNAIDS, addressing the HIV-related needs of men who have sex with men and transgender people, including some aimed at providing technical and financial support for country and community action. Multilateral, bilateral and private donors are increasingly focusing on supporting HIV-related programmes for men who have sex with men and transgender people. One of the most significant, in financial terms—the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)—has announced a new emphasis on gender, including attention to sexual minorities, in its funding guidelines for Round 8 onwards[14]. Other relevant initiatives include the development and strengthening of the Global Forum on Men Who Have Sex with Men, and some strong regional networks, including the Asia Pacific Coalition on Male Sexual Health and the Caribbean Vulnerable Communities network. Work at the country level has also increased, with men who have sex with men and transgender people appearing in more national AIDS plans, and the development and provision of HIV-related services by governmental and nongovernmental organizations. Initiatives focusing on gender and sexuality (such as the International Gay and Lesbian Human Rights Commission's work on HIV programme access and same-gender sexuality in Africa[15]) have also addressed HIV-related issues. HIV prevention services have been provided by civil society organizations, such as the STOP SIDA programme (which has been run by the Comunidad Homosexual Argentina for over 20 years), and Voices Against 377—a network of organizations working to repeal the anti-homosexual behaviour law in India—has been successful in getting the national AIDS programme there to support their position, on the grounds that the law impeded HIV-related work with men who have sex with men and transgender people. Diplomatic initiatives addressing the criminalization of consensual adult homosexuality are also under way in a number of countries. For example, the British Government has developed a strategy and guidelines for its missions to address homosexuality and transgender issues, including legal reform, and on 18 December 2008, 66 nations supported a joint statement urging all nations to "promote and protect human rights of

[13] The United Nations Universal Declaration of Human Rights and International Covenant on Economic, Social and Cultural Rights.

[14] The Global Fund to Fight AIDS, Tuberculosis and Malaria. Decision Point GF/B16/DP26: Scaling up a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund. Report: Sixteenth Board Meeting. Kunming, China, 12–13 November 2007.

[15] Johnson C A, 2007, *Off the Map: How HIV/AIDS programming is failing same-sex practicing people in Africa,* IGLHRC, New York.

all persons, regardless of sexual orientation and gender identity." This joint statement was read to the UN General Assembly by Argentina's Ambassador to the UN and was drafted by a number of Member States, including Brazil, Croatia, France, Gabon, Japan, the Netherlands and Norway[16]. This framework encompasses the work of numerous partners at many levels and in many contexts.

In order to reverse the rate of HIV infection among men who have sex with men and transgender people, and to achieve a more effective AIDS response, the UN and other actors must work more intensively together to devise and deliver more finely tuned and evidence-informed interventions. Men who have sex with men and transgender people also have an essential role to play in launching, sustaining and reinventing community and self-help responses, as well as related cultural and political advocacy efforts. Other civil society actors are key allies, including, for example, women's rights groups, AIDS organizations, lesbian/gay/bisexual/transgender rights movements, human rights advocates and faith-based institutions with ethics of caring and inclusion. Governments, too, are key partners. They have an obligation to respond in both public health and human rights terms, with national governments playing key policy roles, and local governments, such as municipalities, often being at the cutting edge of health service provision, and often overseeing police and education services. Public and private donors must be convinced to invest in effective and targeted action, based on the evidence of the significant role of these populations in the HIV epidemic.

2. Goal and principles

The goal of this framework is to enable UNAIDS to facilitate and support the achievement of universal access to appropriate HIV prevention, care, treatment and support for men who have sex with men and transgender people. The UNAIDS Secretariat and the UNAIDS Cosponsors recognize that universal access to appropriate HIV programmes for men who have sex with men and transgender people is a crucial part of achieving universal access to HIV prevention, treatment, care and support as a whole. This approach aims to reduce the incidence of HIV everywhere, while protecting the health and rights of not only these marginalized groups but also their female sexual partners and the rest of the population.

This strategy is anchored in three key guiding principles.

- Actions must be grounded in an understanding of, and commitment to, human rights. Stigma and discrimination against men who have sex with men and transgender people is common in much of the world. Same-sex behaviour between consenting adult men is illegal in 86 countries, in seven of which it is punishable by death[17]. Discriminatory laws, attitudes and behaviours undermine effective programming and must be challenged and revised when the opportunity arises. A rights-based approach will ensure that men who have sex with men, transgender people and their female sexual partners can exercise their right to information and commodities, enabling them to protect themselves against HIV and other sexually transmitted infections, as

[16] The signatories to the statement include Albania, Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Cape Verde, Central African Republic, Chile, Colombia, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Finland, France, Gabon, Georgia, Germany, Greece, Guinea-Bissau, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mauritius, Mexico, Montenegro, Nepal, Netherlands, New Zealand, Nicaragua, Norway, Paraguay, Poland, Portugal, Romania, San Marino, Sao Tome and Principe, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Timor-Leste, United Kingdom, Uruguay and Venezuela (Bolivarian Republic of).

well as the right to access appropriate and effective HIV prevention, treatment, care and support of the highest possible quality, delivered without discrimination.

- Action must be informed by evidence. There is clear evidence that men who have sex with men and transgender people are disproportionately at risk of HIV infection. It is also clear that combinations of HIV-related interventions, including individual-level, community-level and structural interventions, of sufficient breadth, quality, intensity, duration and scale, can reduce the incidence of HIV among men who have sex with men and transgender people. Current data show that enhanced and improved responses are imperative and urgent. At the same time, the process of refining and deepening the evidence base, and tracking the evolution of HIV epidemics and risk for men who have sex with men and transgender people must continue so that interventions can evolve appropriately along with the evolution and locational specificity of the epidemic.

- Action is required by a broad range of partners, simultaneously addressing both short- and long-term needs and opportunities. The most effective and sustainable responses to HIV among men who have sex with men and transgender people are built on synergies between many actors, including affected communities, allies, governments, the private sector and the UN family. UNAIDS and its ten Cosponsors have a unique mandate and the ability to work with partners to achieve a more enabling environment for HIV prevention, treatment, care and support in the long term, while taking advantage of multiple entry points and opportunities for impact in the short term. Yet far more can be done within a broader context, by developing and strengthening partnerships as an essential aspect of global, regional and national AIDS responses.

3. Beyond 'business as usual': objectives for enhanced action, building on the achievements so far

Despite the challenges, an appropriate combination of action and investment by all relevant stakeholders can make a dramatic difference in HIV prevention, treatment, care and support. Indeed, many of the earliest and most dramatic HIV prevention successes around the world involved men who have sex with men[18].