Key Affected Populations
Men Who Have Sex with Men (MSM) - Factsheet

Epidemiology
The HIV prevalence of populations of men who have sex with men (MSM) is disproportionately high compared to heterosexual men of reproductive age in same region. Surveillance data in low and middle-income countries found that men who have sex with men are 19.3 times more likely to be living with HIV than the general population.¹

Worldwide, MSM carry a heavy burden of HIV disease. The HIV prevalence rate among MSM in the Middle East and north Africa is estimated to be as low as 3.0% (95% CI 2.4-3.6) – and as high as 25.4% (21.4-29.5) in the Caribbean. Across North, South, and Central America, South and southeast Asia and Sub-Saharan Africa, the pooled or average HIV prevalence is fairly constant, all within the 14-18% range.

Figure 1 - Global HIV prevalence among MSM, 2007-2011²

The existence of medications that prolong the life of an HIV-positive individual has encouraged many, young MSM (YMSM) to take more sexual risks, including unprotected sex with untested or known HIV-positive individuals.³
Human Rights

MSM populations face immense levels of discrimination. The fact that HIV was first identified in gay men indelibly marked the global response, stigmatized those living with the virus, limited effective public health responses in some cases, and drove coercive and punitive responses in others.

Great changes in the widespread treatment of HIV amongst MSM must be made. It is unacceptable that these men and their communities continue to endure stigma, discrimination and poor access to HIV services and that homophobia persists in fueling the HIV epidemic.4

In the United States, from 2008 to 2010, the number of new HIV infections increased by 22% among YMSM (aged 13-24 years) and by 12% among MSM. Homophobia and ignorance about sexuality have created a culture of silence and stigma, making it even more difficult for parents, educators and service providers to address the complex needs and social determinates that are fueling the high rates of HIV transmission among YMSM.5

Due to their dependence on family, educational institutions and other potentially hostile structures for housing and resources, YMSM experiencing high levels of homophobia are uniquely vulnerable to its negative impacts.6 The analysis of the 2012 Global Men's Health and Rights survey shows that less than 10% of YMSM could easily access MSM-focused sexual education or HIV education materials for MSM. Moreover, compared with MSM older than 30, YMSM seem to report significantly less stable housing arrangements, less access to medical care, less access to HIV prevention services, lower HIV treatment outcomes, higher prevalence of homophobia and violence, less community engagement, and less comfort with providers.7

Access to Service & Care

According to UNAIDS, more than 70% of countries did not communicate the levels of access to HIV services for MSM and transgender people in 2008. In cases where information was shared, access to HIV services ranged from 12% in parts of Africa to 43% in parts of Latin America.8

The 2010 study carried out by UNDP, the UNAIDS Secretariat and the Global Fund found a correlation between laws prohibiting discrimination against certain populations and access to prevention services by those populations. Countries that do not recognize and protect groups from non-discrimination are more likely to have communities with less access to prevention services. In countries that criminalize MSM, sex workers or people who use drugs, the negative impact on access to services is even greater.9

Peer-based interventions have been effective with YMSM in diminishing the incidence of unprotected anal intercourse and encouraging a consistent use of condoms with new partners. One programme indicates that 60% fewer YMSM have reported unprotected anal intercourse after sustained sexuality-related peer education.10
Even when meeting WHO’s guidelines for recommended treatment, only 56% of YMSM reported using antiretroviral therapy. Only 38% of YMSM living with HIV were virally suppressed compared with 73% of older MSM, and more than 40% of YMSM did not know their viral load or could not access viral load testing. These statistics clearly show the urgent need to connect YMSM living with HIV to treatment and care services.\textsuperscript{11}

Funding

“Despite high prevalence and incidence, programme reach and coverage remain low and governments have historically allocated inadequate resources to MSM, transgender people, other LGBTI groups and sex workers. Fear of violence, stigma and discrimination can also prevent many members of marginalized groups from accessing health care and other services.”\textsuperscript{12}

MSM and/or transgender people were recipients of 21% of the successful HIV proposals from Rounds 6 and 7 funding plans as assessed by UNDP, UNAIDS and the Global Fund.\textsuperscript{13}


