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Better HIV/AIDS Programs for Men Who Have Sex with Men Could Significantly Slow Global Epidemic

WASHINGTON, June 8, 2011 – On the eve of a UN summit to renew global efforts to reverse the HIV/AIDS pandemic, 30 years after the first discovery of the HIV virus, a new World Bank study urges governments and their development donors to provide better HIV prevention, care, and treatment services for men who have sex with men (MSM) as an essential step toward reversing the global epidemic. More than 25 million people have died of HIV/AIDS since the virus was first clinically identified in 1981.

Written in close partnership with the United Nations Development Programme (UNDP) and the Johns Hopkins Bloomberg School of Public Health, the new study—*Global HIV Epidemics Among Men Who Have Sex with Men (MSM): Epidemiology, Prevention, Access to Care and Human Rights*—provides the first comprehensive economic analysis of evidence that MSM are at significantly higher risk for HIV infection than other groups in many low- and middle-income countries, where fewer than 1 in 10 MSM worldwide have access to even basic HIV/AIDS prevention, care, and treatment services.

Research among MSM has been limited by social discrimination and the criminalization of their behavior, along with limited funding for HIV/AIDS programs that help MSM. The study suggests that these social factors make MSM vulnerable to HIV infection as well as limiting their access to HIV/AIDS treatment and care.

“We see that in many developing countries, the HIV/AIDS epidemic today looks like the early years of the epidemic in the West in the 1980s, when ignorance and stigma were rampant,” said **David Wilson, Global HIV/AIDS Director at the World Bank**. *“This study provides the best evidence yet that failure to address MSM will continue to thwart efforts to reverse the global HIV/AIDS epidemic.”*

The study authors identify four scenarios that describe the current state of the HIV epidemic among MSM in low- and middle-income countries, and assess the cost to improve the situation for MSM. The authors conclude that achieving high rates of coverage of HIV/AIDS prevention and treatment services among MSM has a significant positive impact on the overall trajectory of a country’s HIV epidemic.

The four regional scenarios are: 1 – Where MSM have the most numbers of HIV infection in the population (South America); 2 – Countries with large numbers of infections among intravenous drug users, in which infections among MSM are also substantial (Eastern Europe and Central Asia); 3 – MSM risks of infection occur within widespread HIV epidemics among heterosexuals (sub-Saharan Africa); and 4 – MSM, intravenous drug users, and heterosexual transmissions all contribute significantly to the HIV epidemic (Southeast Asia).

“In too many countries, the neglect of HIV epidemics among men who have sex with men has undermined the effectiveness of HIV responses,” said **Jeff O’Malley, Director of UNDP’s HIV Group**. *“These new data offer development partners an opportunity to refocus their planning efforts and to ensure that HIV responses are in line with the burden of HIV in their countries.”*

In Peru, for example, the study authors project that if coverage of MSM interventions and antiretroviral therapies (ARVs) remain constant, the number of new HIV infections in the general population will result in nearly 20,000 new infections by 2015. Increasing MSM-specific interventions to 100% coverage and providing HIV-positive MSM with full access to ARVs may dramatically decrease the epidemic in the entire population.

“This report demonstrates the scale, scope, and intensity of the HIV epidemics now underway among MSM in too many countries,” said **Chris Beyrer, Director of the Center for Public Health and Human Rights at Johns Hopkins University and lead co-author of the study**. *“But the findings also make clear that responding to these epidemics can have powerful impacts on global AIDS. It is time to act.”*

To better protect MSM from HIV risks, the authors recommend a minimum package of essential services, including: counseling, distribution of condoms and other safe sex measures, community-based prevention efforts, HIV testing, and increased use of antiretroviral therapy treatment or ARV. Equally important are policy efforts to decriminalize MSM behavior, institute anti-homophobia policies, and programs to educate health care workers and reduce stigma in health care settings.

The authors also recommend careful evaluation of mainstreaming MSM programs, since laws and policies designed to promote universal access and gender equality for HIV services often do not adequately protect MSM and other sexual minorities. Ensuring community participation in providing essential services for MSM is also critical to producing policies that promote the human rights of MSM and expand their access to HIV testing, treatment, and care.

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Summary and full report: www.worldbank.org/aids

More on the World Bank’s work on HIV/AIDS: www.worldbank.org/aids

More on UNDP’s work on HIV/AIDS: www.undp.org

More on the Center for Public Health and Human Rights at Johns Hopkins:
<http://www.jhsph.edu/humanrights>