



THE WORLD BANK

THE GLOBAL HIV EPIDEMICS AMONG MEN WHO HAVE SEX WITH MEN

BRIEF

MSM and HIV Epidemics

Recent evidence from several sources suggest that Men Who Have Sex with Men (MSM)¹ are at marked risk for HIV infection in low- and middle-income countries (LMICs) in Asia, Africa, Latin America and the Caribbean, and in Eastern Europe and Central Asia.

Research among MSM in LMIC has been limited by the criminalization, discrimination and social stigmatization of their behaviors, safety considerations for study participants, the hidden nature of this population, and lack of targeted funding. Available evidence suggests that structural risks such as social, economic, political, or legal factors—are likely as important as individual-level risk factors in shaping HIV risks and HIV/AIDS treatment and care options for these

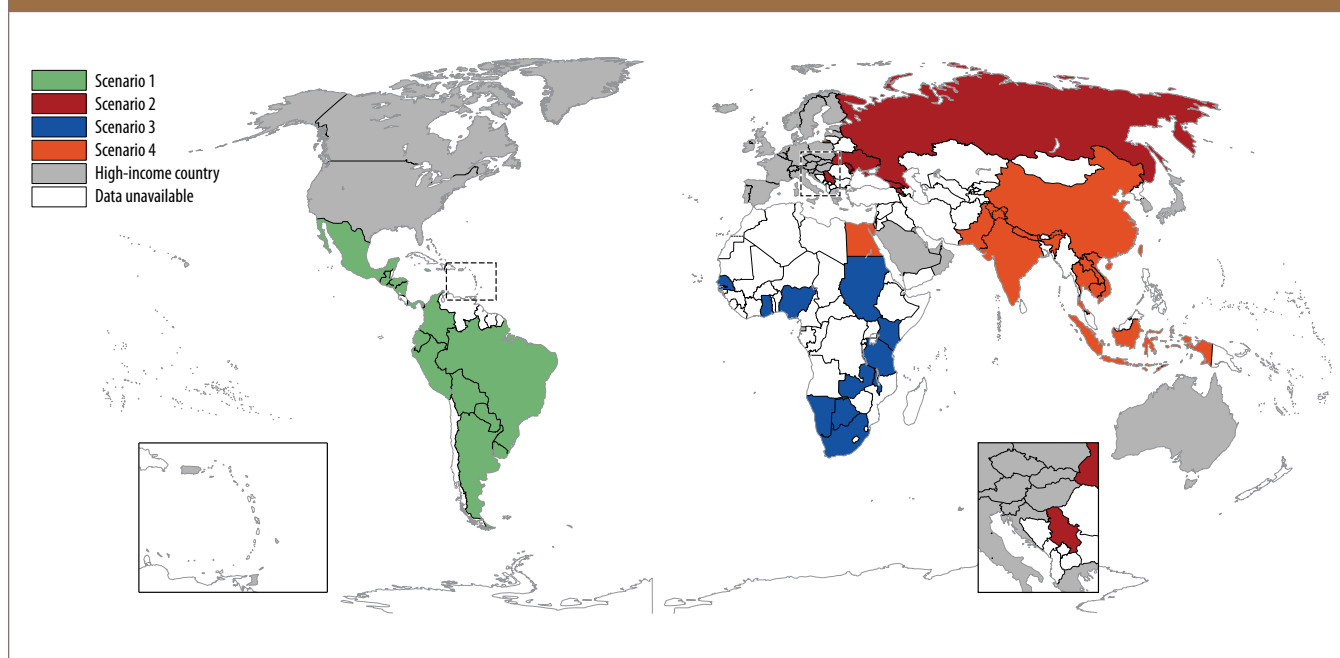
men. These same factors may influence how HIV epidemics in MSM affect wider populations.

Services and resources for populations of MSM remain markedly low in many settings. They have limited coverage and access to HIV/AIDS prevention, treatment, and care services with some estimates suggesting that fewer than 1 in 10 MSM worldwide have access to the most basic package of preventive interventions.

This note presents a synopsis of the World Bank publication—[The Global HIV Epidemics Among Men Who Have Sex with Men](#), highlights key messages and provides summary programmatic guidance on the cost effectiveness of interventions for prevention, treatment and care of Men Who have Sex with Men—in low- and middle-income countries. A country-based tool for modeling the impact and costs of different levels of health service coverage is presented.

¹ MSM is a technical phrase that describes same-sex practices between men rather than identities, orientations, or cultural categories. It includes gay men, bisexuals, MSM who do not identify as gay or bisexual despite their behaviors, male sex workers, some biologically male transgendered persons, and a range of culture- and country specific populations of MSM.

HIV Epidemic among MSM in LMICs according to Epidemic Scenario



Four epidemic scenarios are used to characterize MSM epidemics globally:

- **Scenario 1** – MSM risks are the predominant mode for HIV infection in the population. E.g. South America
- **Scenario 2** – MSM risks occur within established HIV epidemics driven by injecting drug use. E.g. Eastern Europe and Central Asia
- **Scenario 3** – MSM risk occurs within the context of mature and widespread HIV epidemics among heterosexuals. E.g. Sub-Saharan Africa
- **Scenario 4** – MSM, IDU and heterosexual transmissions all contribute significantly to the HIV epidemic. E.g. Southeast Asia

The impact and costs of addressing MSM epidemics effectively, and at scale, were then modeled in each of these four scenarios.

Essential Services for Prevention, Treatment and Care of MSM

While there are increasing amounts of data highlighting risk among MSM, there remains a limited data set describing best practices for prevention, treatment, and care for this at-risk population. To effectively respond to HIV risk among MSM, the authors of the publication propose a minimum package of essential services developed through the use of **HASTE system**—the *Highest Attainable Standard of Evidence*. This system was used to rate the quality of evidence (four grades) and strength of recommendations. It gives equal weight to three main characteristics: efficacy data; implementation science data; and biological and public health plausibility, see **Box 1**. The authors further concluded that the prevention literature highlights the need for combination HIV prevention strategies including biomedical, behavioral, and structural approaches to effectively reduce the burden of HIV among MSM.

Box 1: Recommended Practice – Combination HIV Prevention Interventions for MSM

Individual Interventions

- Provision of condoms and water or silicone-based lubricants, effective distribution and counseling and education;
- Community-based prevention behavioral interventions such as decreasing unprotected anal intercourse, HIV testing and risk reduction counseling
- Increased access to and use of antiretroviral therapy

Structural Interventions

- Decriminalization, government sponsored anti-homophobia policy;
- Mass media engagement, male engagement programs;
- Community systems strengthening, health sector interventions

Case Study: Peru – Modeling: Impacts of Interventions, Cost and Cost-Effectiveness

Developing an evidence-based, results-focused and prioritized response to the HIV epidemic requires understanding of a country’s epidemic, knowledge of appropriate and effective interventions, and assessment of available resources and costs for various response options. Mathematical modeling and cost analysis were used to estimate resources and funding needs to reach targets, identify effective combinations or alternative interventions, and identify potential achievements with available resources, see **Graph 1 and 2**.

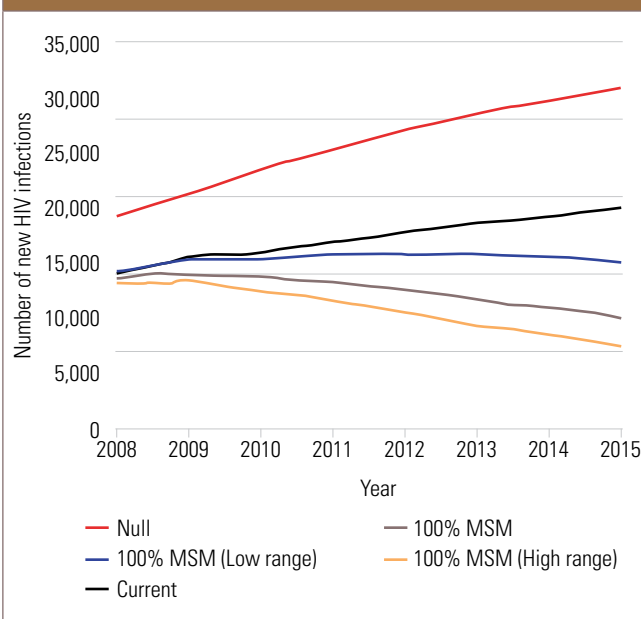
Projections from Peru data show that if coverage of MSM interventions² and ARVs remain constant from 2007, the number of new HIV infections in the general population will increase to reach almost 20,000 new infections by 2015. Much higher coverage of interventions for MSM will be needed to change the course of HIV in Peru. Increasing

² Includes distribution of condoms with water based lubricants with partner reduction counseling and community based behavioral interventions.

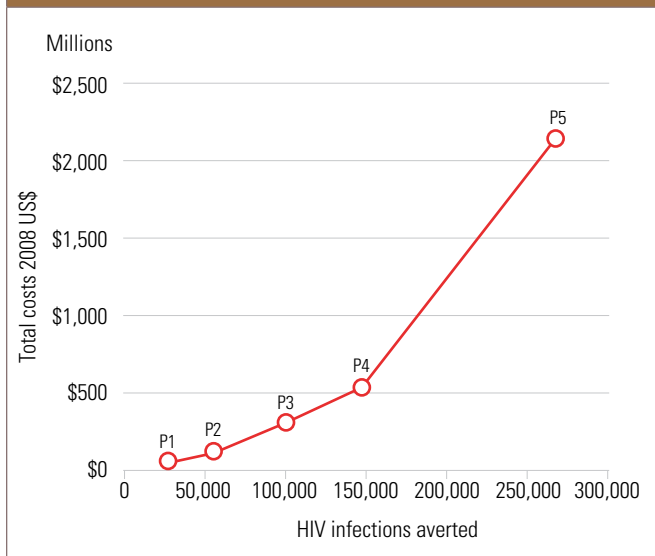
MSM specific interventions to 100% and providing HIV positive MSM full access to ARVs may decrease the epidemic in the entire population. Modeling of country examples shows significant impact on national epidemics from MSM interventions—even in the generalized epidemics of Southern Africa, as depicted in the publication in reference.

Graph 2 represents the incremental cost-effectiveness ratio of interventions in Peru, beginning with 30–60% coverage of condoms and lubricants (P1) and expanding to 100% coverage of condoms with lubricants, community level interventions, and ART (P5). By increasing interventions (community-level behavioral interventions and distribution of condoms with water based lubricants) to control HIV/AIDS among MSM more HIV infections are averted. While these two interventions are considered the most cost-effective use of resources, ART averts the largest number of HIV infections.

Graph 1: Projections of the number of new HIV infections with implementation of three intervention scenarios for MSM in Peru (2008–2015)



Graph 2: Incremental Additions of Interventions to Control HIV/AIDS among MSM in Peru



Legal and Policy Environments

Governance will be a critical element in promoting the adoption of evidence-based programming, see **Box 2**. Improved access to care and realization of human rights are key to efficacious prevention interventions for MSM; however they remain grossly under-resourced, and insufficient in scale and scope.

Box 2: Policy Recommendations

- **Criminalization** of same sex behavior matters. It has implications on policies, issues and programs for MSM
- **Mainstreaming** of programs and services for MSM into public sector health systems may improve rights contexts in some settings but may be harmful in others, where stigma and discrimination are extreme and should be carefully considered
- **Community** is the key partner for MSM populations – community participation in program development and implementation for MSM is crucial
- Research findings are consistent with the justification for addressing human rights, not counter to it: responding to MSM with high rates of coverage has positive effects to overall HIV trajectories in all scenarios
- **Action** is mandated to decrease human rights abuses against MSM on social justice and human dignity grounds alone

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Contact Information

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The full publication is available on the World Bank website. For more information, contact Robert Oelrichs – roelrichs@worldbank.org or go to www.worldbank.org/aids.

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