

FACT SHEET: HIV among Gay and Bisexual Men and Other Men Who Have Sex with Men

BACKGROUND

Gay and bisexual men and other men who have sex with men are among the small number of remaining groups for which the HIV epidemic remains uncontrolled worldwide. Inability to mount responses based on epidemiologic and published research threatens to undermine gains made in reaching global targets set by UNAIDS.

KEY FACTS

- In most parts of the world outside of Eastern and Southern Africa, HIV prevalence is less than 1% of the general adult population while prevalence among men who have sex with men is well over 10% [1].
- In high-income countries, HIV is most prevalent among gay and bisexual men and other men who have sex with men [2].
- In low- and middle-income countries, men who have sex with men are 19 times more likely to be living with HIV compared with people in the general population and represent an estimated 10% of all new infections each year [3].
- Even when there have been recent and notable decreases in new HIV infections, prevalence and incidence is consistently higher and rising among men who have sex with men compared with other groups [2, 4-6].
- For men who have sex with men, the high probability of HIV transmission from condomless receptive anal sex converges with multiple partner-level and socio-structural factors to heighten disease burden and disparities [7-10].
- Homosexuality is still criminalized in 78 countries [11].
- Criminalization encourages human rights abuses, violence, discrimination, and stigma, which worsen health disparities for men who have sex with men and their communities [12-14].
- Exclusion of men who have sex with men from national AIDS planning processes has contributed to inadequately funded, inaccessible, and poorly targeted programs [15].
- Total global investment in HIV prevention programs for men who have sex with men is less than 2% [16].
- HIV treatment coverage and effectiveness among men who have sex with men is nearly impossible to ascertain since governments remain reluctant to reliably and responsibly collect, disaggregate, and report data [15].
- According to UNAIDS, in 2014, 14 of 45 Sub-Saharan African countries reported any spending for men who have sex with men and only 2 reported any domestic spending [17].
- Provision of safe spaces and social support, and promotion of community coherence, participation, and inclusion can help to reduce the spread of HIV among men who have sex with men [18-21].



REFERENCES

1. Sullivan PS, Jones JS, Baral SD. The global north: HIV epidemiology in high-income countries. *Current opinion in HIV and AIDS*. 2014; 9(2):199-205. Epub 2014/01/22.
2. Beyrer C, Sullivan P, Sanchez J, et al. The increase in global HIV epidemics in MSM. *AIDS*. 2013; 27(17):2665-78. Epub 2013/07/12.
3. Baral S, Sifakis F, Cleghorn F, Beyrer C. 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*. 2007; 4(12):e339. Epub 2007/12/07.
4. Baral SD, Grosso A, Holland C, Papworth E. The epidemiology of HIV among men who have sex with men in countries with generalized HIV epidemics. *Current opinion in HIV and AIDS*. 2014; 9(2):156-67. Epub 2014/01/22.
5. Baral S, Trapence G, Motimedi F, et al. HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. *PLoS One*. 2009; 4(3):e4997. Epub 2009/03/28.
6. Stahlman S, Johnston LG, Yah C, et al. Respondent-driven sampling as a recruitment method for men who have sex with men in southern sub-Saharan Africa: a cross-sectional analysis by wave. *Sexually Transmitted Infections*. 2015. Epub 2015/10/02.
7. Beyrer C, Baral SD, van Griensven F, et al. Global epidemiology of HIV infection in men who have sex with men. *Lancet*. 2012; 380(9839):367-77. Epub 2012/07/24.
8. Baral S, Holland CE, Shannon K, et al. Enhancing benefits or increasing harms: community responses for HIV among men who have sex with men, transgender women, female sex workers, and people who inject drugs. *JAIDS*. 2014; 66 Suppl 3:S319-28. Epub 2014/07/10.
9. Smith AM, Grierson J, Wain D, Pitts M, Pattison P. Associations between the sexual behaviour of men who have sex with men and the structure and composition of their social networks. *Sexually Transmitted Infections*. 2004; 80(6):455-8. Epub 2004/12/02.
10. Johnson AS, Hall HI, Hu X, Lansky A, Holtgrave DR, Mermin J. Trends in Diagnoses of HIV Infection in the United States, 2002-2011. *JAMA*. 2014; 312(4):432-434.
11. International Lesbian Gay Bisexual Trans and Intersex Association. State Sponsored Homophobia Report. 2015; Available from: <http://ilga.org/what-we-do/state-sponsored-homophobia-report/>.
12. Kelly JA, Amirkhanian YA, McAuliffe TL, et al. HIV risk characteristics and prevention needs in a community sample of bisexual men in St. Petersburg, Russia. *AIDS Care*. 2002; 14(1):63-76. Epub 2002/01/19.
13. Arreola S, Santos GM, Beck J, Sundararaj M, Wilson PA, Hebert P, Makofane K, Do TD, Ayala G. Sexual stigma, criminalization, investment, and access to HIV services among men who have sex with men worldwide. *AIDS Behavior*. 2015; 19(2):227-234.
14. Santos GM, Makofane K, Arreola S, Do T, Ayala G. Reductions in access to HIV prevention and care services are associated with arrest and convictions in a global survey of men who have sex with men. *Sex Transm Infect*. 2016 Mar 4. PMID: 26944344.
15. The Foundation for AIDS Research and Johns Hopkins Bloomberg School of Public Health. Achieving an AIDS-Free Generation for Gay Men and Other MSM: Financing and implementation of HIV programs targeting MSM. 2012.
16. Ayala G, Hebert P, Keatley J, Sundararaj M. An analysis of major donor investments targeting men who have sex with men and transgender people in low- and middle-income countries. *The Global Forum on MSM & HIV (MSMGF)*. 2011. Accessed online March 14, 2016; <http://23.91.64.91/~msmgf/wp-content/uploads/2015/09/GlobalFinancingAnalysis.pdf>.
17. Joint United Nations Programme on HIV/AIDS (UNAIDS). The Gap Report. 2014. Geneva, Switzerland.
18. Vogel DL, Wade NG, Wester SR, Larson L, Hackler AH. Seeking help from a mental health professional: the influence of one's social network. *Journal of Clinical Psychology*. 2007; 63(3):233-45. Epub 2007/01/11.
19. Pronyk PM, Harpham T, Morison LA, et al. Is social capital associated with HIV risk in rural South Africa? *Social Science & Medicine* (1982). 2008; 66(9):1999-2010. Epub 2008/02/27.
20. Wang K, Brown K, Shen SY, Tucker J. Social network-based interventions to promote condom use: a systematic review. *AIDS and Behavior*. 2011; 15(7):1298-308. Epub 2011/08/04.
21. United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Program, World Health Organization, United States Agency for International Development, World Bank. Implementing comprehensive HIV and STI programs with men who have sex with men: practical guidance for collaborative interventions. 2015. New York: United Nations Population Fund. Accessed online April 29, 2016; <http://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>.

OTHER RESOURCES

[Unfinished Business](#): HIV among gay, bisexual men and other men who have sex with men, 2016.

[Rights In Action](#): Access to HIV Services among Men Who Have Sex with Men, 2015.

