

# Action for Universal Access 2010: Myths

## Realities



## Sexual Minorities and HIV

### Issue Statement

Sexual minorities, including men who have sex with men (MSM) and transgender people, face high rates of HIV prevalence. However, many lack basic human rights protections and access to HIV services that would help reduce HIV incidence and meet the 2006 commitment of member states to “ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups.”

### Key Messages

- Criminalization of homosexual acts and social and economic marginalization of sexual minorities cause social dislocation, fuel human rights abuses, and increase the risk for HIV transmission for this vulnerable group.
- Even in countries without legal prohibitions against same-sex behaviour, widespread stigma and discrimination often prevent MSM and transgender individuals from seeking or receiving essential HIV prevention, care and treatment services.
- Because many countries have not established appropriate health messages, support, and services for sexual minorities, HIV infection rates and prevalence remain disproportionately high among MSM and transgender individuals in both developed and developing countries, undermining progress on universal access targets.

### Background: Myths vs. Realities – The Road to Universal Access

There is strong evidence linking the social oppression of sexual minorities with increased risk for HIV.

- Although MSM are recognized as a group that is at elevated risk for HIV, the reality is that only 1 in 20 MSM worldwide has access to HIV prevention, care or treatment. Even less is known about the impact of HIV and access to HIV services for transgender individuals.
- A recent meta-analysis of HIV studies of MSM in low and middle-income countries revealed substantially higher rates of HIV among this population group than in the general population in both generalized and concentrated epidemics, and suggests that this population is both understudied and underserved in the planning and delivery of HIV services.
- MSM and transgender people are inadequately represented in country and regional level planning processes, their needs are often explicitly excluded in HIV priority-setting, and the result is a widening and unacceptable disparity in resources devoted to programs targeting sexual minorities.
- MSM remains the group most affected by HIV in many regions. In 2000, HIV prevalence among MSM in Latin America was estimated at 25 percent. In Asia, Australia, Africa, the Caribbean, Europe, and North America, HIV prevalence studies yield higher than average estimates that range between 7 percent and 46 percent.
- In 2008, MSM face arrest in 85 countries if they openly state their sexual orientation; the penalties for which can include lengthy imprisonment or death sentences. In Central American countries, there is widespread harassment by police and discrimination by healthcare providers. Sexual minorities are also

persecuted in India, China, Egypt and other countries in the Middle East. Two-thirds of African countries prohibit male-to-male sex.

- Current HIV prevention efforts are not effective in reaching MSM. Research in Kenya and Ghana has shown that MSM in Africa do not consider themselves at risk of HIV, because prevention messages focus solely on heterosexual couples. Even in countries where homosexuality is not illegal, social oppression can be extremely harmful, particularly for sexual minorities who also belong to indigenous, migrant or ethnic minority groups.

## **The Role of Civil Society**

Civil society organizations are often uniquely positioned to reach, serve, and advocate on behalf of sexual minority communities. They should be directly involved in working with national authorities and UN agencies in establishing priorities and programmes to address the needs of MSM and transgender individuals.

### **Recommendations**

- All member states must decriminalize homosexual acts and establish a legal and policy environment that protects the human rights of MSM and transgender people, consistent with the 2001 and 2006 commitments to protect the human rights of vulnerable groups.
- UN agencies must expand their leadership and advocacy with member states on human rights abuses of sexual minorities.
- All organizations engaged in HIV or human rights advocacy should adopt decriminalization of homosexual acts as part of their advocacy agenda.
- National coordinating authorities must ensure that HIV services address the needs of MSM and other sexual minorities and that funds dedicated to these services at the national level are proportional to the impact of HIV on the population in that country.
- National AIDS authorities should ensure MSM and transgender people are involved in decision making processes on HIV at the national level, and that programme spending is monitored to ensure they are included in national HIV surveillance and independent epidemiological, behavioural, and social research studies.
- Donors must require implementing agencies to expand access to HIV prevention, treatment and care for sexual minorities, and incorporate it into accountability mechanisms.

This paper was prepared under the auspices of the Civil Society Task Force for the 2008 UN High Level Meeting on AIDS.

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