

UNAIDS Action Framework:

*Universal Access for Men who have Sex with Men
and Transgender People*



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“In countries without laws to protect sex workers, drug users and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment and fewer deaths. Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us.”

Ban Ki-moon,
Secretary-General of the United Nations,
August 2008

1. Introduction

'Business as usual' is no longer a viable response to the HIV-related risks of men who have sex with men and transgender people¹. Where data exist on HIV in these populations, they show that our collective responses are failing far more often than they are reaching scale or succeeding. Just as disconcerting, in many parts of the world, is the fact that few reliable data exist at all.

The Secretary-General's call of alarm thus comes at a critical moment. It is increasingly clear that commitment and resources allocated to HIV programming for men who have sex with men and transgender people fall far short of what is required to achieve universal access to appropriate HIV prevention, treatment, care and support services across the world. In the June 2008 United Nations General Assembly High-Level Meeting on AIDS, fewer countries reported on services for these groups than for any other, and those reports that were made available reflected, on average, lower coverage levels for men who have sex with men than for the general population or for other most-at-risk populations².

The failure to respond adequately to the human rights and public health needs of men who have sex with men and transgender people is reflected in epidemiological data. Almost universally, even in generalized HIV epidemics, men who have sex with men are more affected by HIV than the general population³. Biologically, unprotected receptive anal sex poses a much higher risk than unprotected receptive vaginal sex, whether that anal sex is heterosexual or homosexual. In addition, people with marginalized sexual or gender identities or behaviours sometimes lack the ability or desire to protect themselves from infection, due to structural factors including self-stigmatization, discrimination and lack of access to information and services. In certain studies, HIV prevalence among men who have sex with men has been found to be as high as 25% in Ghana, 30% in Jamaica, 43% in coastal Kenya and 25% in Thailand⁴. Among transgender people, HIV prevalence is thought to be even higher. Data presented at the 2008 International AIDS Conference in Mexico showed HIV prevalences of over 25% among transgender people in three Latin American countries and prevalences ranging from 10% to 42% in five Asian countries⁵.

Overall, the HIV epidemic among men who have sex with men contributes significantly to wider HIV epidemics. In most countries of the world, the majority of men who have sex with men also have sex with women. In low-income countries, on average, 20% of men who have sex with men report having sex with women at some time; 16% of men who have sex with men also report having sex with a women in the last year; and 16% of men who have sex with men also report being married⁶. A study in and around Mombasa, Kenya, of men who had sex with

¹ We use the term 'men who have sex with men' to describe those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being 'gay' or 'bisexual'. In using the term 'transgender people' in this document, we are referring primarily to transgender people whose initial given identity was male, but who now identify as female or who now exhibit a range of what are usually deemed female characteristics. Such 'male to female' transgender people have much higher rates of HIV infection than 'female to male' transgender people.

² UNGASS 2008 country progress reports.

³ Baral S et al. 2007, '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 Vol. 4, No. 12, e339 doi:10.1371/journal.pmed.0040339.

⁴ amfAR 2008, *MSM, HIV, and the Road to Universal Access—How Far Have We Come?* Special Report, amfAR, USA.

⁵ Data presented by the International HIV/AIDS Alliance at "The hidden HIV epidemic: a new response to the HIV crisis among transgender people" press conference, 4 August 2008, Mexico City, Mexico.

⁶ Unpublished paper commissioned by UNAIDS, by Cáceres C et al. 2007, 'Epidemiology of Male Same-Sex Behaviour and Associated Sexual Health Indicators in Low- and Middle-Income Countries: 2003-2007 Estimates'.

both men and women found an HIV prevalence of 12.3%—more than double Kenya’s estimated adult HIV prevalence of 6.1% at the time of the study (2005)⁷. In certain contexts, there can also be significant reinforcement of epidemic dynamics, as some men who have sex with men and transgender people are also involved in sex work and/or inject drugs. For example, in Hanoi, Viet Nam, 9% of men who have sex with men reported that they have injected drugs at least once in their lives⁸. Addressing the HIV epidemic among marginalized groups is not just important in and of itself; it is often one of the most effective strategies to reduce heterosexual spousal transmission and avert larger heterosexual epidemics.

In 2007, the Global HIV Prevention Working Group, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation, estimated that HIV prevention services reach only 9% of men who have sex with men⁹. The latest global data available (UNGASS 2008 country reports) on the percentage of men who have sex with men receiving HIV prevention services show that, while 71% of countries did not report on this indicator, where information was reported, access to HIV services for men who have sex with men varied from 12% in Africa to 43% in Latin America¹⁰. Little is known about access to appropriate HIV treatment, care and support for men who have sex with men and transgender people, but it is reasonable to assume that stigma, discrimination and fear of public exposure mean that, in many countries, these two groups are less likely to access appropriate services than other groups. There is evidence that several factors impede access to appropriate HIV interventions: an unwillingness of governments to invest in the health of men who have sex with men and transgender people and the impact of social marginalization on the desire to access health-related services and on the equal access to these services as well as to social benefits. While very little HIV transmission results from sex between women, structural factors, including sexual violence, may make lesbians and other women who have sex with women more at risk of acquiring HIV than would otherwise be thought¹¹. Stigma, discrimination and lack of knowledge regarding lesbians and other women who have sex with women is also thought to make such women less able to access appropriate HIV treatment and care services if they are infected. However, given the relatively low prevalence of HIV among women who have sex with women, this framework document will focus primarily on HIV among men who have sex with men and transgender people, because of their HIV risk and burden of HIV-related disease, combined with often systematic discrimination.

It is clear that there is an urgent need not just for more programming, but also for new and better approaches to programming. Based on local epidemiological and social realities, enhanced responses must combine efforts focused specifically on men who have sex with men and transgender people, attention to their needs in broader HIV responses, and bridge-building with broader efforts to achieve gender equality, promote human rights and protect public health. Countries must be rigorous in monitoring the evolution of their HIV epidemics, risk behaviours and networks—recalibrating their responses as needed.

As the key global standard-setter, the UN must lead, rather than follow, in its response. UNAIDS¹² action on HIV among men who have sex with men and transgender people is an integral

⁷ Sanders E J et al. 2007, ‘HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya’, *AIDS*, vol. 21, issue 18, pp. 2513-2520.

⁸ Ministry of Health 2006, *Results from the HIV/STI Integrated Biological and Behavioral Surveillance (IBBS) in Viet Nam 2005-2006*, Viet Nam.

⁹ The Global HIV Prevention Working Group 2007, *Bringing HIV Prevention to Scale: an Urgent Global Priority*.

¹⁰ amfAR 2008, *MSM, HIV, and the Road to Universal Access—How Far Have We Come?* Special Report, amfAR, USA.

¹¹ Johnson C A, 2007, *Off the Map: How HIV/AIDS programming is failing same-sex practicing people in Africa*, IGLHRC, New York.

¹² By the term ‘UNAIDS’, we mean the UNAIDS Secretariat and UNAIDS’s ten Cosponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, and the World Bank. Throughout this document, we will refer to the UNAIDS Secretariat and UNAIDS’s ten Cosponsors separately, as and when necessary.

component of the broader effort to achieve universal access by 2010 and the Millennium Development Goals by 2015. These commitments, in turn, are built upon the values of universal human rights, which make clear that all people, including men who have sex with men and transgender people, have the right to the highest attainable standard of health, non-discrimination and equality before the law, and freedom of expression and association, among others¹³. Independently of human rights, there is a clear and strong public health rationale for effective prevention among men who have sex with men and transgender people. If we want to prevent HIV infections, it is essential that more effective prevention efforts (which are inextricably linked with treatment and care) among groups with higher prevalences be undertaken.

To these ends, this framework provides direction for enhanced action by the UNAIDS Secretariat and UNAIDS Cosponsors on male-to-male sex, transgender issues and HIV. Using this framework as a reference, a UN interagency working group on men who have sex with men, transgender and HIV issues will develop more detailed operational workplans and recommendations for more effective, coordinated action on a biannual basis.

Clearly, the UNAIDS family is only one of many partners in this endeavour. Significant initiatives are well under way outside UNAIDS, addressing the HIV-related needs of men who have sex with men and transgender people, including some aimed at providing technical and financial support for country and community action. Multilateral, bilateral and private donors are increasingly focusing on supporting HIV-related programmes for men who have sex with men and transgender people. One of the most significant, in financial terms—the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)—has announced a new emphasis on gender, including attention to sexual minorities, in its funding guidelines for Round 8 onwards¹⁴. Other relevant initiatives include the development and strengthening of the Global Forum on Men Who Have Sex with Men, and some strong regional networks, including the Asia Pacific Coalition on Male Sexual Health and the Caribbean Vulnerable Communities network. Work at the country level has also increased, with men who have sex with men and transgender people appearing in more national AIDS plans, and the development and provision of HIV-related services by governmental and nongovernmental organizations. Initiatives focusing on gender and sexuality (such as the International Gay and Lesbian Human Rights Commission’s work on HIV programme access and same-gender sexuality in Africa¹⁵) have also addressed HIV-related issues. HIV prevention services have been provided by civil society organizations, such as the STOP SIDA programme (which has been run by the Comunidad Homosexual Argentina for over 20 years), and Voices Against 377—a network of organizations working to repeal the anti-homosexual behaviour law in India—has been successful in getting the national AIDS programme there to support their position, on the grounds that the law impeded HIV-related work with men who have sex with men and transgender people. Diplomatic initiatives addressing the criminalization of consensual adult homosexuality are also under way in a number of countries. For example, the British Government has developed a strategy and guidelines for its missions to address homosexuality and transgender issues, including legal reform, and on 18 December 2008, 66 nations supported a joint statement urging all nations to “promote and protect human rights of

¹³ The United Nations Universal Declaration of Human Rights and International Covenant on Economic, Social and Cultural Rights.

¹⁴ The Global Fund to Fight AIDS, Tuberculosis and Malaria. Decision Point GF/B16/DP26: Scaling up a Gender-Sensitive Response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund. Report: Sixteenth Board Meeting. Kunming, China, 12–13 November 2007.

¹⁵ Johnson C A, 2007, *Off the Map: How HIV/AIDS programming is failing same-sex practicing people in Africa*, IGLHRC, New York.

all persons, regardless of sexual orientation and gender identity.” This joint statement was read to the UN General Assembly by Argentina’s Ambassador to the UN and was drafted by a number of Member States, including Brazil, Croatia, France, Gabon, Japan, the Netherlands and Norway¹⁶. This framework encompasses the work of numerous partners at many levels and in many contexts.

In order to reverse the rate of HIV infection among men who have sex with men and transgender people, and to achieve a more effective AIDS response, the UN and other actors must work more intensively together to devise and deliver more finely tuned and evidence-informed interventions. Men who have sex with men and transgender people also have an essential role to play in launching, sustaining and reinventing community and self-help responses, as well as related cultural and political advocacy efforts. Other civil society actors are key allies, including, for example, women’s rights groups, AIDS organizations, lesbian/gay/bisexual/transgender rights movements, human rights advocates and faith-based institutions with ethics of caring and inclusion. Governments, too, are key partners. They have an obligation to respond in both public health and human rights terms, with national governments playing key policy roles, and local governments, such as municipalities, often being at the cutting edge of health service provision, and often overseeing police and education services. Public and private donors must be convinced to invest in effective and targeted action, based on the evidence of the significant role of these populations in the HIV epidemic.

2. Goal and principles

The goal of this framework is to enable UNAIDS to facilitate and support the achievement of universal access to appropriate HIV prevention, care, treatment and support for men who have sex with men and transgender people. The UNAIDS Secretariat and the UNAIDS Cosponsors recognize that universal access to appropriate HIV programmes for men who have sex with men and transgender people is a crucial part of achieving universal access to HIV prevention, treatment, care and support as a whole. This approach aims to reduce the incidence of HIV everywhere, while protecting the health and rights of not only these marginalized groups but also their female sexual partners and the rest of the population.

This strategy is anchored in three key guiding principles.

- ▶ Actions must be grounded in an understanding of, and commitment to, human rights. Stigma and discrimination against men who have sex with men and transgender people is common in much of the world. Same-sex behaviour between consenting adult men is illegal in 86 countries, in seven of which it is punishable by death¹⁷. Discriminatory laws, attitudes and behaviours undermine effective programming and must be challenged and revised when the opportunity arises. A rights-based approach will ensure that men who have sex with men, transgender people and their female sexual partners can exercise their right to information and commodities, enabling them to protect themselves against HIV and other sexually transmitted infections, as

¹⁶ The signatories to the statement include Albania, Andorra, Argentina, Armenia, Australia, Austria, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Canada, Cape Verde, Central African Republic, Chile, Colombia, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Ecuador, Estonia, Finland, France, Gabon, Georgia, Germany, Greece, Guinea-Bissau, Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Mauritius, Mexico, Montenegro, Nepal, Netherlands, New Zealand, Nicaragua, Norway, Paraguay, Poland, Portugal, Romania, San Marino, Sao Tome and Principe, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, the former Yugoslav Republic of Macedonia, Timor-Leste, United Kingdom, Uruguay and Venezuela (Bolivarian Republic of).

well as the right to access appropriate and effective HIV prevention, treatment, care and support of the highest possible quality, delivered without discrimination.

- ▶ Action must be informed by evidence. There is clear evidence that men who have sex with men and transgender people are disproportionately at risk of HIV infection. It is also clear that combinations of HIV-related interventions, including individual-level, community-level and structural interventions, of sufficient breadth, quality, intensity, duration and scale, can reduce the incidence of HIV among men who have sex with men and transgender people. Current data show that enhanced and improved responses are imperative and urgent. At the same time, the process of refining and deepening the evidence base, and tracking the evolution of HIV epidemics and risk for men who have sex with men and transgender people must continue so that interventions can evolve appropriately along with the evolution and locational specificity of the epidemic.
- ▶ Action is required by a broad range of partners, simultaneously addressing both short- and long-term needs and opportunities. The most effective and sustainable responses to HIV among men who have sex with men and transgender people are built on synergies between many actors, including affected communities, allies, governments, the private sector and the UN family. UNAIDS and its ten Cosponsors have a unique mandate and the ability to work with partners to achieve a more enabling environment for HIV prevention, treatment, care and support in the long term, while taking advantage of multiple entry points and opportunities for impact in the short term. Yet far more can be done within a broader context, by developing and strengthening partnerships as an essential aspect of global, regional and national AIDS responses.

3. Beyond 'business as usual': objectives for enhanced action, building on the achievements so far

Despite the challenges, an appropriate combination of action and investment by all relevant stakeholders can make a dramatic difference in HIV prevention, treatment, care and support. Indeed, many of the earliest and most dramatic HIV prevention successes around the world involved men who have sex with men¹⁸.

UNAIDS and all ten Cosponsors are already working with partners throughout the world to realize their mandate in support of universal access and the Millennium Development Goals. UNAIDS can build its collective HIV-related efforts among men who have sex with men and transgender people from a platform of existing engagement and experience¹⁹. Most of the Cosponsors are involved in some work specifically responding to the HIV-related needs of men who have sex with men and transgender people, and committed individuals from a variety of agencies have ensured that the UN plays a key role in these issues in a number of countries. These efforts must be applauded, supported, expanded and multiplied.

¹⁷ amfAR 2008, *MSM, HIV, and the Road to Universal Access—How Far Have We Come?* Special Report, amfAR, USA.

¹⁸ Merson H M et al., "The history and challenge of HIV prevention", *The Lancet*, HIV Prevention, August 2008, pp. 7–20.

¹⁹ See the annex for a mapping summary of recent, current and planned activities in relation to men who have sex with men, transgender people and HIV.

Global actions, including those of UNAIDS and its Cosponsors, have not yet reached a level sufficient to address the current catastrophe of HIV among men who have sex with men and transgender people. However, if global and national resources are strategically targeted and institutionally supported, HIV interventions can be brought to a scale that is sufficient to reduce the incidence and impact of HIV infections.

Some of the HIV programmes for men who have sex with men and transgender people undertaken by the UNAIDS Secretariat and Cosponsors have been coordinated at the global, regional and country levels; this should continue and be improved, where necessary²⁰. At the same time, it is essential to emphasize that the overwhelming priority is increased action; there is not enough happening at the moment to create significant coordination burdens. Any constraints in terms of policy, planning and resources will need to be addressed before UNAIDS and its Cosponsors can achieve an enhanced response. Addressing political will, leadership and commitment with regard to men who have sex with men, transgender people and HIV will be a key factor in creating and scaling-up a more effective collective response.

Within this framework we propose three immediate objectives, each of which is followed by a number of priority actions. More detailed objectives and activities for a joint UNAIDS strategy on these issues will be developed, as will detailed organizational strategies and plans, as required.

Objective 1: Improve the human rights situation for men who have sex with men and transgender people—the cornerstone to an effective response to HIV

UNAIDS and its Cosponsors will promote rights-based approaches to ensure supportive legal and social environments for delivering appropriate HIV programmes directed towards men who have sex with men and transgender people at a scale adequate to the task at hand. This includes supporting policies and political empowerment and leadership on these issues and supporting programmes geared towards commitments for achieving universal access to HIV prevention, treatment, care and support for men who have sex with men and transgender people.

This work will build on what UNAIDS and its Cosponsors have already done to document and respond to the ways that human rights are, or are not, respected, protected and fulfilled by States and non-State actors (encompassing community, faith-based and social institutions). There is evidence that ensuring the protection of human rights helps mitigate the impact of HIV. UN agencies have mapped and analysed legal and human rights environments, documented human rights violations, provided guidance on rights-related legislation and legal reforms, and supported media and communications to advance human rights.

For an enhanced response for male-to-male sex, transgender people and HIV, UNAIDS and its Cosponsors will:

- ▶ Develop, strengthen and promote rights-based norms and standards for the integration of men who have sex with men and transgender people into national AIDS responses and provide specific policies and guidance for rights-based and evidence-informed programmes and services;

²⁰ Ibid.

- ▶ Support and strengthen partnerships to address the political, social, legal and economic barriers to appropriately addressing HIV-related issues among men who have sex with men and transgender people; and
- ▶ Develop and implement a system for the UN to address emergency human rights situations, including through links to broader efforts to address lesbian, gay, bisexual and transgender people.

Objective 2: Strengthen and promote the evidence base on men who have sex with men, transgender people and HIV

The quality of data that address HIV and diverse sexuality and gender identities can be improved to inform, develop and advocate appropriate policy and programmatic responses. Currently, UNAIDS and its Cosponsors engage with many partners to strengthen relevant evidence. This includes supporting epidemiology, behavioural and social research, operational research, collection of evidence about the efficacy of different interventions in different sectors, research about human rights and legal issues, and programme monitoring and evaluation. UNAIDS and its Cosponsors will enhance this work as required, and ensure that data are obtained from as wide a range of sources as necessary.

For an enhanced response for male-to-male sex, transgender people and HIV, the UNAIDS Secretariat and Cosponsors will:

- ▶ Ensure that country partners and other partners have adequate information to develop and support the implementation of appropriate policies and programmes addressing male-to-male sex, transgender people and HIV by supporting improved epidemiological and behavioural surveillance, programme monitoring and evaluation, and related operational research on men who have sex with men and transgender people in relation to HIV (population size, epidemiological, behavioural, social, human rights and other aspects, where relevant, and paying attention to different men who have sex with men and transgender identities, behaviours and situations, such as male sex workers, injecting drug users and prison populations), including appropriate HIV sentinel surveillance, while providing guidance and technical support for the collection of this information;
- ▶ Develop, document and share evidence of successful HIV programme models that address men who have sex with men and transgender people, along with lessons learnt, to facilitate improved, more targeted and scaled-up programming;
- ▶ Support the utilization of good-quality strategic information, by ensuring that the right information is identified and correctly used by States and others, to inform the development of appropriate HIV-related policies regarding men who have sex with men and transgender people.

Objective 3: Strengthen capacity and promote partnerships to ensure broader and better responses for men who have sex with men, transgender people and HIV

Ensuring sufficient capacity in intergovernmental, governmental and nongovernmental organizations to appropriately address diverse sexuality and HIV is vital if men who have sex with men and transgender people are to get universal access to HIV-related services. This includes not only organizations responsible for developing policies and delivering programmes, but donors and other stakeholders. Working together, between different types of organizations and across organizations, can help to ensure that appropriate policies and programmes are developed and that UNAIDS and its Cosponsors will support the harmonization of effort and implementation of the “Three Ones” principles²¹. To ensure that UN staff members have the necessary knowledge, skills and attitude to undertake and promote this work, training materials will be developed and training will be provided.

UNAIDS and its Cosponsors have already undertaken considerable work in relation to male-to-male sex, transgender people and HIV by disseminating normative and technical guidance and frameworks, supporting training for government, civil society and other partners, providing funding and technical support for HIV interventions by civil society organizations, providing funding and technical support for in-country and regional civil society networks, and supporting national and regional Global Fund proposal development by government and civil society coalitions. This work should be continued and intensified.

For an enhanced response for male-to-male sex, transgender people and HIV, the UNAIDS Secretariat and Cosponsors will:

- ▶ Assess and strengthen the capacity, where necessary, of intergovernmental, governmental—including national AIDS programmes and other departments that cover issues such as health, education, justice (including the police) and youth—and nongovernmental organizations, at the international, regional and local levels, to work in partnership, to develop appropriate and targeted programming to reach men who have sex with men and transgender people, including addressing the intersections of multiple risks, such as sex work and injecting drug use for men who have sex with men and transgender people (see box following for a comprehensive set of measures to address HIV-related issues among men who have sex with men and transgender people);
- ▶ Identify and advocate additional financial resources to address HIV among men who have sex with men and transgender people, help direct these resources to where they are most needed, and support governments and civil society in receiving and applying funds for HIV-related work that addresses male-to-male sex and transgender people;
- ▶ Appoint recognized focal points in key UNAIDS cosponsoring agencies and the UNAIDS Secretariat to create dedicated capacity to coordinate and respond rapidly to issues in relation to male-to-male sex, transgender people and HIV;
- ▶ Ensure that UNAIDS-supported regional knowledge hubs and technical support facilities are able to deliver timely support and strategic information on male-to-male sex, transgender people and HIV;
- ▶ Develop and provide ‘in-reach’ training for UN staff members on issues relating to male-to-male sex, transgender people and HIV.

²¹ The “Three Ones” principles aim to achieve the most effective and efficient use of resources and to ensure rapid action and results-based management by having one agreed AIDS action framework that provides the basis for coordinating the work of all partners, one national AIDS coordinating authority, with a broad-based multisectoral mandate, and one agreed country-level monitoring and evaluation system.

Towards a comprehensive package of measures to address HIV-related issues among men who have sex with men and transgender people

The need for a conducive legal, policy and social environment requires:

- ▶ The promotion and guarantee of the human rights of men who have sex with men and transgender people, including protection from discrimination and the removal of legal barriers to access to appropriate HIV-related prevention, treatment, care and support services for them, such as laws that criminalize sex between males;
- ▶ An assessment and understanding of the numbers, characteristics and needs of men who have sex with men and transgender people regarding HIV and related issues, including risks associated with injecting drug use, sex work, prison confinement, etc.;
- ▶ Ensuring that men who have sex with men and transgender people are appropriately addressed in national and local AIDS plans, that sufficient funding is budgeted for work, and that this work is planned and undertaken by suitably qualified and appropriate staff;
- ▶ The empowerment of men who have sex with men and transgender communities to participate equally in social and political life;
- ▶ Ensuring the participation of men who have sex with men and transgender people in the planning, implementation and review of HIV-related responses, including the support of nongovernmental and community-based organizations, including organizations of people living with HIV;
- ▶ Public campaigns to address homophobia and transgender discrimination;
- ▶ Training and sensitization of health-care providers to avoid discriminating against, and ensure the provision of appropriate HIV-related services for, men who have sex with men and transgender people;
- ▶ Access to medical and legal assistance for boys, men and transgender people who experience sexual abuse; and
- ▶ The promotion of multisectoral links and coordinated policy-making, planning and programming, including health, justice (including the police), home, social welfare, similar and related ministries, at the national, regional and local levels.

All interventions should be evidence-informed, developed with, and protect, the rights of, men who have sex with men and transgender people and should include safe access to:

- ▶ Information and education about HIV and other sexually transmitted infections, and support for safer sex and safer drug use, through appropriate services (including peer-led, managed and provided services);
- ▶ Condoms and water-based lubricants;
- ▶ Confidential, voluntary HIV counselling and testing;
- ▶ Detection and management of sexually transmitted infections through the provision of clinical services (by staff members trained to deal with sexually transmitted infections as they affect men who have sex with men and transgender people);
- ▶ Referral systems for legal, welfare and health services, and access to appropriate services;
- ▶ Safer drug-use commodities and services;
- ▶ Appropriate antiretroviral and related treatments, where necessary, together with HIV care and support;
- ▶ Prevention and treatment of viral hepatitis;
- ▶ Referrals between prevention, care and treatment services; and
- ▶ Services that address the HIV-related risks and needs of the female sexual partners of men who have sex with men and transgender people.



Issues that need to be addressed specifically in relation to transgender people:

- ▶ Access to appropriate information, counselling and support on transgender issues;
- ▶ Access to drugs, gender reassignment procedures and support, where necessary;
- ▶ The ability to change one's name and gender identity on official documents, and the legal right to live as another gender, free from stigma and discrimination;
- ▶ An understanding of the effects of HIV antiretroviral medicines and HIV opportunistic infection treatments for transgender people taking gender reassignment drugs; and
- ▶ Work to understand HIV risk in relation to gender reassignment drug treatment and surgical procedures.

Based on the recommendations from the WHO consultation meeting on men who have sex with men, HIV and other STIs, held in Geneva, 15–17 September 2008, WHO's August 2008 publication, *Priority Interventions: HIV/AIDS Prevention, Treatment and Care in the Health Sector*, the UNAIDS 2007 publication, *Practical Guidelines for Intensifying HIV Prevention: Towards Universal Access*, and the UNAIDS Policy Brief on *HIV and Sex Between Men*.

4. Roles, responsibilities and partnerships

It is essential that UNAIDS and its Cosponsors should continue, expand and coordinate their work across agencies on male-to-male sex and transgender people as part of the strategy development and implementation process. Agencies will work together on many aspects, but each agency, in relation to its mandate, division of labour and agreement, will lead in particular areas.

- ▶ The UNAIDS Secretariat will lead in the use of strategic information and coordination of advocacy efforts, as well as integration of efforts relating to men who have sex with men and transgender people with wider HIV-related efforts.
- ▶ UNDP will lead on issues relating to men who have sex with men and transgender people as a whole, within the context of its gender and human rights mandate, and will work with UNAIDS and other Cosponsors to develop and implement a strategy to enhance the Secretariat's and Cosponsors' work on men who have sex with men, transgender people and HIV-related issues.
- ▶ WHO will be focusing on the responses in the health sector to HIV prevention and treatment as well as sexual and reproductive health services and leading strategic information—such as definitions, population size estimations, biological and behavioural surveillance, and programme monitoring and evaluation, including facility-based recording and reporting and use of these and other data for evidence-based service planning and quality improvement.
- ▶ UNODC will focus on injecting drug use among men who have sex with men and transgender people and on HIV prevention, treatment, care and support in men's prisons.

- ▶ UNESCO will support holistically the education sector's responses to AIDS, including the development of educational material for use with men who have sex with men and transgender people, the development of curricula covering sexual diversity, and the monitoring and evaluation of educational programmes addressing men who have sex with men and transgender people.
- ▶ UNFPA, with its focus on sexual and reproductive health and HIV prevention, including comprehensive condom programming, will address the particular issues of men who have sex with men and transgender people, as well as those involved in sex work and most-at-risk young people, ensuring that the responses to these issues are human rights-based and include a focus on reducing stigma and discrimination.
- ▶ The World Bank, through the UNAIDS AIDS Strategy and Action Plan (ASAP) service, will focus on men who have sex with men and transgender people in AIDS strategies, as guided by evidence. To help countries access and use that evidence, the World Bank undertakes synthesis analyses of countries' epidemiological and response data.
- ▶ UNHCR, UNICEF, ILO, the World Bank and the World Food Programme will address men who have sex with men, transgender people and HIV issues in their work, as appropriate.

Partners in many sectors, countries and regions will be crucial resources in the implementation of this strategy. Partnerships provide UNAIDS and its Cosponsors with strategic advice, technical, political and funding support, and pathways for outreach and communications. UNAIDS and each Cosponsor will be encouraged to forge stronger partnerships, focused on strategy, evidence, best practice, politics, funding and communications, with the following sectors:

- ▶ Governments, including agencies in charge of health services, health research, education, law and law enforcement;
- ▶ Other global and regional intergovernmental bodies, such as the European Union, the African Union, the Organization of American States, the Association of Southeast Asian Nations, the Commonwealth, la Francophonie, the Organisation of the Islamic Conference, the G8 and the G20;
- ▶ Civil society organizations and networks in every region of the world, including those led by and/or representing men who have sex with men and transgender people and other groups focused on women, youth, AIDS, lesbian/gay/bisexual/transgender rights, and human rights in general; and
- ▶ Funding agencies, including intergovernmental, public-private, governmental and private bodies.

5. Monitoring, evaluation and review

This framework is based on the principle that interagency UNAIDS action will improve global and national HIV-related efforts for men who have sex with men and transgender people, largely through the coordinated efforts of UNAIDS and its Cosponsors, expanding and improving their leadership and work on these issues, developing and providing technical and other support, advocating appropriate policies and working closely with partners at the global, national and local levels.

The interagency working group on men who have sex with men, transgender people and HIV issues will: develop a system to monitor and evaluate the approach and work proposed in this framework; develop UNAIDS and its Cosponsors strategic approach to these issues; develop, monitor and evaluate detailed workplans, as necessary; periodically review and evaluate their strategic approach; and report on activities undertaken within this approach.

Annex: Examples of UNAIDS Secretariat and Cosponsor activities relating to men who have sex with men and transgender people

A rapid research of activities of the UNAIDS Secretariat and its Cosponsors was undertaken to capture pertinent recent, current and planned activities relating to male-to-male sex, transgender people and HIV. While not intended to be an exhaustive survey, analysis of data returned showed that work fell into three broad categories: (1) research-orientated; (2) policy development and advocacy; and (3) technical and financial support. The proportion of these activities varied by geographic level, as detailed in the table below.

Activity type	Across all levels (approximate % by number of reported activities)	Global level (approximate % by number of reported activities)	Regional level (approximate % by number of reported activities)	Country level (approximate % by number of reported activities)
Research-orientated	11%	22%	8%	12%
Policy development and advocacy	23%	17%	35%	13%
Technical and financial support	65%	61%	56%	75%

Table: Activity type according to the geographic level at which the activity was organized

A summary and highlight of activities at different levels is given below.

Global-level activities

At the global level, the UNAIDS Secretariat has taken a lead in addressing national AIDS spending assessments and supporting epidemiological surveillance—work that is ongoing and is focused on men who have sex with men and transgender people, among others. UNFPA, at the global level, has been mapping its work on most-at-risk populations, and mapping work by the UNAIDS Secretariat and its Cosponsors on sex work is planned.

The UNAIDS Secretariat has led on work addressing human rights and legal support, policy and guidance development, as well as advocacy, specifically relating to men who have sex with men, transgender people and HIV issues, and this work is ongoing.

Much of the technical and financial support work has also been led by the UNAIDS Secretariat, supporting partnerships, including specifically supporting organizations and networks addressing men who have sex with men, transgender people and HIV-related issues. The Secretariat, together with the Cosponsors, also helped develop specific ‘men who have sex with men’ UNGASS indicators. UNESCO has been integrating work relating to men who have sex with men and transgender issues in its educational work on sex, relationships, HIV and other sexually transmitted infections. UNFPA has been developing ‘in-reach’ training, which addresses, in addition to sex work and injecting drug use, men who have sex with men and transgender issues. Also at this level, in 2004 WHO developed the *Rapid Assessment and Response Adaptation Guide on Men Who Have Sex with Men* and later reported on its use.

Regional-level activities

At the regional level across Europe, Asia, the Pacific, and Latin America and the Caribbean, WHO is and has been active in supporting and analysing epidemiological data and other surveillance on men who have sex with men and transgender people. An upcoming review of work addressing male-to-male sex and HIV across 27 countries in central and eastern Europe will shortly be published by WHO.

In terms of policy development and advocacy across the Middle East and North Africa, in addition to the broad advocacy work on HIV-related issues undertaken by UNDP, which addressed male-to-male sex, where it could, WHO has been actively mobilizing resources generated by the Global Fund. In Europe and Central Asia, the UNAIDS Secretariat has supported a round-table meeting on men who have sex with men. UNDP has led on a significant amount of work addressing HIV and human rights in sub-Saharan Africa, which integrated work relating to men who have sex with men. In addition to a report published by the UNAIDS Secretariat to support work in the Asia-Pacific region, specifically relating to HIV among men who have sex with men and transgender people, UNESCO has taken a lead on similar work across the Mekong subregion, supporting the Asia Pacific Coalition on Male Sexual Health (which specifically addresses male-to-male sex, transgender people and HIV-related issues). It has also undertaken consultations and is planning on developing and promoting standards for addressing HIV-related issues among men who have sex with men and transgender people. The UNAIDS Secretariat, UNDP and WHO have taken a lead in addressing men who have sex with men, transgender people and HIV-related issues in Latin America and the Caribbean. The types and scales of this work have varied between agencies: UNAIDS has been involved in policy development and advocacy work, including work addressing homophobia; UNDP has undertaken activities to address human rights and HIV, sometimes specifically addressing same-sex sexuality and transgender issues; and WHO, in addition to publishing a number of documents that in part address HIV-related issues among men who have sex with men and transgender people, has been involved in addressing discrimination against people living with HIV and with regard to sexuality.

A range of activities in relation to technical and financial support was detailed. In the Middle East and North Africa, a very limited set of activities was restricted to supporting civil society and working in prison settings. In Europe and Central Asia, WHO has been supporting a few activities, which include technical consultation on HIV, other sexually transmitted infections, and men who have sex with men, as well as the revision of normative guidance on HIV prevention, treatment and care for men who have sex with men. WHO plans to undertake a regional consultation on men who have sex with men in its Regional Office for Africa. A few activities, undertaken mainly by UNDP, with the UNAIDS Secretariat, and also by WHO, are reported for sub-Saharan Africa, including capacity building and networking, coordination on men who have sex with men and HIV-related work, as well as advocacy tools on human rights issues. Across West to East Asia and the Pacific, UNESCO reported the largest number of activities supporting specifically men who have sex with men, transgender people and HIV-related work in the Mekong subregion, and reported support for a meeting that addressed men who have sex with men, transgender people and HIV-related issues for the Asia-Pacific region, as did UNAIDS and UNDP. WHO held a consultation meeting across South-East Asia on scaling-up HIV prevention, care and treatment for men who have sex with men in 2007 and is planning another consultation

in this region in 2009. In Latin America and the Caribbean, in addition to the support provided to the Caribbean Vulnerable Communities network by the UNAIDS Secretariat, UNDP and WHO reported activities in this work field. Examples of this work include addressing leadership development by UNDP, including substantial participation by self-identified men who have sex with men, and in supporting organizations for men who have sex with men.

Country-level activities

WHO has worked at the country level in China, assessing the problems involved in creating an enhanced response to HIV among men who have sex with men and transgender people; in the Russian Federation, supporting the implementation of second generation surveillance of men who have sex with men and HIV issues; in Thailand, assessing access and use of HIV prevention and care services for transgender people in Bangkok; and in Viet Nam, supporting the Ministry of Health to review and map HIV and sexually transmitted infection prevention activities for men who have sex with men and transgender people. UNESCO has supported a variety of studies, including situational assessments of men who have sex with men, transgender people and HIV-related issues, in a variety of countries in South-East Asia, including Cambodia, the Lao People's Democratic Republic, Myanmar and Viet Nam. UNFPA is planning to undertake situational assessments relating to men who have sex with men and HIV in Burkina Faso, Côte d'Ivoire and Senegal.

Significant policy and advocacy work, specifically addressing men who have sex with men, transgender people and HIV issues, has been undertaken by UNDP in China. UNFPA has been working in the Russian Federation on policy and attitudes towards addressing HIV-related issues among men who have sex with men; in Bangladesh and Sri Lanka, it plans to address male sex work and in Viet Nam it is helping to coordinate HIV-related action for men who have sex with men and transgender people. WHO has been active in China, Lithuania, Thailand and Ukraine, advocating on a range of issues, which include safer sex issues for men who have sex with men and transgender people, reducing stigma and discrimination against men who have sex with men and transgender people, and donor support for HIV-related work with these groups.

In addition to work funded by the Programme Acceleration Fund, country-level work that either specifically or partly addressed HIV-related issues among men who have sex with men and transgender people was reported in Bhutan, Bolivia, Cambodia, China, Côte d'Ivoire, Ecuador, Estonia, Kenya, the Lao People's Democratic Republic, Latvia, Lithuania, Mexico, Myanmar, Nepal, Pakistan, Panama, Romania, the Russian Federation, Senegal, Tajikistan, Thailand, Ukraine and Viet Nam. The types of activity reported were diverse and included a range of technical support to civil society and governments on sexuality, men who have sex with men, transgender people and HIV-related issues, as well as work addressing public homophobia and injecting drug users.

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS. Visit the UNAIDS website at www.unaids.org



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