Men who have sex with men (MSM), HIV and AIDS

KEY POINTS

- There are biological, behavioural, legal, and social and cultural factors which put men who have sex with men 27 times more at risk of HIV compared with the general population.
- Many countries have made significant progress in recognising the rights of LGBTQ people, while in other countries punitive laws and homophobia create additional barriers for men who have sex with men when accessing HIV prevention, testing and treatment services.
- Despite growing evidence of the effectiveness of PrEP in preventing new infections among men who have sex with men, access remains limited.
- Globally, more funding is required to support targeted HIV prevention, testing and treatment programmes for men who have sex with men.

Explore this page to find out more about what factors put men who have sex with men at risk of HIV, prevention programmes, testing initiatives, using technology, access to antiretroviral treatment, barriers to prevention and the way forward for men who have sex with men.

Globally, gay men and other men who have sex with men (referred to throughout this page as ‘men who have sex with men’ or ‘MSM’) are 27 times more likely to acquire HIV than the general population. New diagnoses among this group are increasing in some regions - with a 17% rise in Western and Central Europe and a rise of 8% in North America between 2010 and 2014.

In 2017, men who have sex with men accounted for 57% of new HIV infections in Western Europe and North America, 41% in Latin America and the Caribbean, 25% in Asia and the Pacific and the Caribbean, 20% in Eastern Europe and Central Asia and the Middle East and North Africa, and an
estimated 12% in Western and Central Africa.3

In around 25 countries, 15% of men who have sex with men, or more, are living with HIV.4 In Mauritania, its estimated that as many as 45% of men who have sex with men are HIV-positive, the country with the highest HIV prevalence among men who have sex with men in the world.5

Some nations have progressive attitudes and policies regarding homosexuality and the lesbian, gay, bisexual and transgender and queer (LGBTQ) community. In Latin America, Western Europe, Central Europe and North America, many countries have made significant progress in recognising the rights of LGBTQ people and allow marriage or civil unions between people of the same sex.6 7

However, the majority of Africa, along with the Middle East and Russia, continues to ignore and abuse the human rights of men who have sex with men.8 Punitive laws that criminalise same-sex activity in 67 countries drive this population underground, elevating their risk of HIV and preventing them from accessing healthcare, including HIV services.9

Even in countries where same-sex activity is legal, other laws discriminate against LGBTQ people, and stigma and discrimination stop people from accessing HIV services and can lead to risk-behaviours that drive transmission.

What factors put men who have sex with men at risk of HIV?

The fact that HIV prevalence among men who have sex with men is so high in many countries means that members of this group have an increased chance of being exposed to the virus. This is mainly due to having unprotected sex.10 However, there are other factors that put men who have sex with men at heightened risk of HIV.

Biological factors

One of the key reasons for high vulnerability to HIV among this group is that unprotected anal sex carries a higher risk of transmission than vaginal sex. This is because the walls of the anus are thin
and more easily torn, creating an entry point for HIV into the bloodstream.\textsuperscript{11, 12}

Having a sexually transmitted infection (STI) also makes a person more susceptible to HIV infection. STI rates among men who have sex with men are high and have been rising for the last 20 years.\textsuperscript{13} Despite these heightened biological risks, HIV testing and sexual health check-up frequency remains relatively low among this group (fewer than 55% across all regions in 2013).\textsuperscript{14} Various studies in different countries have found that men who have sex with men are fearful of experiencing discrimination, moral judgment, mistreatment and confidentiality breaches in healthcare settings.\textsuperscript{15} As a result, many men who have sex with men are living with an undiagnosed STI which may put them at higher risk of HIV.\textsuperscript{16}

There is a particularly high risk of HIV being transmitted if someone has unprotected sex with a person who has recently become infected. For example, a study in London, United Kingdom (UK) reported that 27% of infections among men who have sex with men were from a partner recently infected with HIV. However, many men who have sex with men who engage in casual sex are unaware of this.\textsuperscript{17}

**Behavioural factors**

Having multiple sexual partners is common among men who have sex with men, yet many men engaging in casual sex do not use condoms consistently. In 33 countries less than 60% of men who have sex with men had reported using a condom at last anal sex, and only 15 countries had rates higher than 80%.\textsuperscript{18} Data on other STIs among men who have sex with men are further evidence of inconsistent condom use.\textsuperscript{19, 20} Access to HIV testing services among men who have sex with men is also varied. In several European and North American cities, men who have sex with men are approaching or have exceeded the 90-90-90 targets, with over 90% of men who have sex with men aware of their HIV status. Yet studies conducted in Kenya, Malawi and South Africa have found that only one in three HIV-positive men who have sex with men were aware of their status, and in Mozambique it was fewer than 10%.\textsuperscript{21} A study in India found that only 30% of a cohort of more than 1,000 men who have sex with men living with HIV were aware of their status.\textsuperscript{22}

Not testing for HIV means that many men who have sex with men are unaware of their HIV status and may be unaware of the need to take protective measures to prevent onward transmission to others. Alcohol and drugs are a common part of socialising in some communities of men who have sex with men. Being under the influence of drugs or alcohol can make it more likely that people will have unprotected sex and a higher number of sexual partners, increasing the risk of HIV transmission. For instance, a study conducted in India among men who have sex with men found a link between alcohol, increased sexual risk behaviour and HIV acquisition.\textsuperscript{23, 24}

In Asia and the Pacific, and North America and Western Europe, evidence is growing that some men who have sex with men are participating in group sex most commonly known as ‘chemsex’ (also referred to as ‘party and play’ or ‘PNP’) under the influence of psychoactive and performance-enhancing drugs. The drugs being used, namely GHB (gamma-hydroxybutyrate), methamphetamine and methedrone, facilitate prolonged sexual sessions and usually involve multiple partners.\textsuperscript{25} Data
Healthcare professionals are particularly concerned with the high-risk behaviours that these drugs induce; a lack of physical inhibition and awareness often means a participant is exposed to multiple partners without protection or to shared drug taking equipment which increases the risk of HIV transmission. In cases where sexual activity is prolonged there is also a concern that participants living with HIV may forget to take ART medication, or that those who are HIV-negative will miss the 72-hour window to be eligible for receiving post-exposure prophylaxis (PEP) after suspected exposure to HIV.27

Men in this groups often become HIV-positive while still young. Estimates suggest that 4.2% of young men (under-25) who have sex with men are living with HIV. This is more common in countries where HIV prevalence among the whole men who have sex with men population is relatively high.28 One study carried out in Bangkok found HIV incidence was more than twice as high among men aged 18 to 21 years compared to men over 30 years of age.29

Where race intersects with age and sexuality, HIV risk can also be affected. For example, in the USA, young black men (aged between 13 and 24) who have sex with men are around three times more likely to have HIV than white men who have sex with men of the same age.30

Young men who have sex with men often find it harder to access HIV services, due to age of consent laws or unsociable opening times. HIV testing and status awareness in 2014 was lower among young men who have sex with men (36%) than among this group as a whole (43%).31

Data from more than 9,000 USA-based men who have sex with men who took part in an online survey found being young, from a black or ethnic minority, and having a low level of education were all significantly associated with not being aware of HIV status.32

Legal factors

As of 2019, 67 countries criminalised same-sex conduct, affecting the rights of men who have sex with men and other members of the LGBTQ community. In eight countries including Iran, Sudan, Saudi Arabia, Yemen and parts of Nigeria and Somalia, homosexuality is punishable by death.33 As a result, men who have sex with men are far less likely to access HIV services for fear of their sexual orientation and identity being revealed.

As of 2019, 32 countries restricted people's freedom to express their sexual identity. Some have laws that ban content that ‘promote’ homosexuality or ‘non-traditional’ sexual relations. Around 41 countries have laws that restrict non-government organisations (NGOs) that work on LGBTQ issues.34 35

For example, Russia has an anti-propaganda law that it uses to prevent NGOs delivering HIV services to men who have sex with men. Its influence in the region is such that similar laws have also been introduced in Lithuania and Belarus and are also periodically being proposed, then challenged in Ukraine. Parliaments in Kyrgyzstan, Kazakhstan, Poland, Romania, Tajikistan, Azerbaijan, and Armenia have also attempted to pass anti-propaganda laws but none have been successful – yet.36
Social and cultural factors

Many men who have sex with men have experienced homophobic stigma, discrimination and violence. This drives men who have sex with men to hide their identity and sexual orientation. Many fear a negative reaction from healthcare workers. As a result, men who have sex with men are less likely to access HIV services than heterosexuals.  

Men who have sex with men are more likely to experience depression due to social isolation and being disconnected from health systems. This can make it harder to cope with aspects of HIV such as adherence to medication.  

HIV prevention programmes for men who have sex with men

It is evident that prevention strategies are failing to reach this group due to high HIV prevalence in communities around the world. For example, HIV infections among men who have sex with men in Asia are rising and prevalence is 5% or higher in 10 countries in the region. The countries reporting the highest prevalences among MSM are Indonesia (25.8%), Malaysia (21.6%) and Australia (18.3%). Rates among younger men who have sex with men (15-24 years) are especially high. 

In Africa, the Middle East, Eastern Europe and Central Asia, government-run HIV services for men who have sex with men are extremely limited, yet hostility legal, policy and social environments sometimes make it difficult for NGOs to fill the service gap. 

Reports from 20 countries between 2009 and 2013 show that the percentage of men who have sex with men reached by HIV prevention programmes fell from 59% to 40%. However, access varies greatly between regions and within countries. For example, men who have sex with men on a higher income are more likely to be able to afford, and therefore access, prevention initiatives than those on a low income. 

When men who have sex with men are targeted by HIV prevention campaigns they can be extremely effective. It is important that a combination of prevention programmes are available.
In recognition of this, in 2015, a group of international agencies and non-governmental organisations (NGOs) released a tool for use by public health officials, HIV and STI programmes officials, NGOs (both international and community-based) and health workers. The tool, Implementing Comprehensive HIV and STI Programmes with Men Who Have Sex with Men [pdf], provides recommendations for HIV prevention, testing and treatment for men who have sex with men and is based on successful community-led approaches.

Condoms and lubricants

One of the most important prevention responses is to make high-quality condoms, along with water-based lubricants, available and accessible to men who have sex with men.

In some countries, gay bars and other known meeting places for men who have sex with men, such as bathhouses, provide and promote condoms and lubricants. For example, the Blue Sky Club in Vietnam is a civil society group that provides 'edutainment' events in local bars and clubs, combining HIV education and condom distribution with entertainment, which are well received by local men who have sex with men. In many settings, providing condoms and lubricants in gay-friendly places is much more effective than expecting men who have sex with men to purchase them from pharmacies, or healthcare settings that they may be fearful of visiting.

Community empowerment

Some of the most successful HIV programmes aimed at men who have sex with men are community-based and community-led initiatives. These are services and interventions that are designed and led by men who have sex with men, delivered to and for men who have sex with men in locations that people feel comfortable in.

In sub-Saharan Africa, studies have shown how community-based HIV services have seen the greatest response and uptake. One of the main reasons for this is that delivering services outside clinical settings avoids the risk of men who have sex with men having their sexual orientation exposed, which could lead to stigma and discrimination, abuse, violence and arrest.

Training men who have sex with men to educate their peers on HIV prevention including providing prevention commodities such as condoms and lubricants, campaigning for better access to services, and linking people to MSM-friendly HIV services has been shown to effectively reach and engage this population and significantly reduce HIV transmission rates.

This prevention strategy works on the basis that there is an elevated sense of trust between men who have sex with men and their peers, lowering fears of stigma. Organisations staffed by men who have sex with men are also more credible and accessible to recipients.

Peer training in the Philippines

In the Philippines, one initiative attempted to help civil society engage with local government in the HIV response. Eighteen community-based groups were set up and 200 men who have sex with men and transgender people were trained in sexual health and rights.

After three years, community leadership led to dialogue with local government officials on HIV, gender and human rights issues. One outcome of this process was an anti-discrimination
ordinance in the city of Cebu in 2012 which prohibits discrimination on the basis of sexual orientation, gender identity and health status (including HIV).

HIV testing initiatives

Two of the most effective ways to encourage HIV testing among men who have sex with men is to permit home-based testing and provide community-based testing.

Community-based testing is HIV testing carried out at local pop-up clinics or mobile vans in an area that men who have sex with men feel comfortable in. This removes the need to test in clinics where men who have sex with men may experience discrimination and mistreatment. Home-based testing has the benefit of the person testing for HIV being able to avoid identification by healthcare workers. The privacy of conducting an HIV test alone at home makes this an appealing option for many men who have sex with men. One study in Brazil found that 90% of men who have sex with men participants would use self-testing kits, although concerns included receiving the result alone and being able to read the result properly.

Another study conducted in Australia found that HIV self-testing doubled frequency of testing among men who have sex with men at high risk of HIV, and quadrupled the frequency among non-recent testers, compared with standard care. It also showed that the availability of self-testing kits did not reduce the frequency of facility-based HIV testing.

A study conducted in Myanmar on self-testing found the majority of men who have sex with men expressed a preference for this type of testing compared to testing carried out by community-based organisations.

HIV self-testing should be made more widely available to help increase testing and earlier diagnosis. Men who have sex with men should be educated about the use of self-testing kits, to heighten their confidence in using one as an alternative to testing at regular healthcare settings.

For example, an HIV self-test kit vending machine designed with the input of gay men has been installed at various gay venues in the UK, including saunas, bars, clubs, pharmacies, university campuses and train stations. The first machine was installed in Brighton, and eight times more men took up testing via the vending machine compared to testing offered by community outreach workers at the same venue during the same period.

PrEP

PrEP is a single pill taken every day by people who are at risk of HIV exposure. Research has shown that pre-exposure prophylaxis (PrEP) can reduce HIV transmission among men who have sex with men by 92%. WHO states that if its use is scaled up, an estimated 20% to 25% of new HIV infections among this population could be prevented.

Despite expanding evidence of its effectiveness in HIV prevention, access to PrEP remains limited. As of 2018, 46 countries had regulatory approval for PrEP. It is being introduced nationally in 10 countries, and a further 29 have smaller-scale PrEP projects, some of which include men who have sex with men.
There are indications that, where individuals have been able to access it, PrEP has had considerable success in preventing new HIV infections among men who have sex with men, even in countries where it is not available within national healthcare systems. For example, in 2016, sexual health clinics in London reported a 40% drop in the number of new HIV diagnoses among men who have sex with men. Several clinics have attributed this to the purchasing of generic PrEP online, as the decline in new infections coincided with a rapid increase in the number of men buying PrEP online.

The ‘I Want PrEP Now’ website reports that 2,000 men have been purchasing generic PrEP through its website, and services offered by several clinics to test for drug concentrations and adverse events related to PrEP have been well used. The decline in infections cannot be linked to PrEP with certainty, but the correlation of these factors is compelling.64

In 2017, the UK made PrEP available to 10,000 men who have sex with men across 200 UK clinics.65

In order for PrEP to provide effective prevention it must be taken correctly and consistently.66 Men who have sex with men should be counselled and informed about the correct use of PrEP before it is offered. PrEP does not provide protection against STIs, and if not taken consistently is much less effective, so does not replace other prevention options like condoms.

There have been concerns that PrEP use could lead to a reduction in condom use, however these have been refuted by studies, including the PROUD study in the UK.67 A 2019 evidence review analysing 20 PrEP studies and trials found high rates of STIs among men who have sex with men who use PrEP. However, this does not necessarily mean PrEP use is causing STI rates to rise.68 69

A study published in 2018 points to the fact that STI rates among men who have sex with men have been rising for the past 20 years, which means PrEP alone cannot explain the increase. Results suggest that there are other behavioural factors to consider, such as changes in mixing patterns within risk groups, use of smartphone dating applications, group sex, recreational drug use, and access to healthcare.70
PEP

Post-exposure prophylaxis (PEP) is taken after potential exposure to HIV. WHO recommends offering PEP to men who have sex with men as part of a package of prevention options. It must also be coupled with counselling about the importance of finishing the treatment course. One study found that an average of just 67% of men who have sex with men completed the 28-day course, limiting the effectiveness of PEP.71

However, a French study among men who have sex with men who had taken previously taken PEP found many reported negative experiences. These included ‘awkward’ encounters when trying to access PEP at a health clinic, experiencing uneasiness and shame when accessing PEP at a hospital, unpleasant interactions and judgements from medical staff, side effects, and prevention messages that were ‘inconsistent with real life’. This highlights the possible barriers to PEP men who have sex with men experience, which may compromise uptake.72

Using technology

Due to the preference for anonymity when it comes to accessing healthcare, some studies have shown that technology, messaging, and social media have helped to provide HIV prevention information to men who have sex with men.

In the Philippines, the smartphone app ‘LoveYourself’ was developed to mirror the popular mobile game Pokémon Go. Targeted at men who have sex with men, gay men and transgender women, it sends users to locations with condom dispensers in a bid to reduce stigma and increase condom use. Around 3,500 people downloaded the app within the first month of its launch. Future additions to the app are planned so that it becomes a ‘one-stop shop’ for people’s sexual and reproductive health. These include a ‘sex diary’ to help people track their sexual behaviours, and push notifications that remind people when to go for HIV testing.73

China’s Blued is one of the biggest dating apps in the world for men who have sex with men and has over 40 million users. The app is linked to 200 HIV testing sites operated by the Chinese government and community-based organisations and enables users to book an appointment through it. In 2016, Blued began promoting HIV testing to its users in Beijing, Chengdu and Qingdao. The number of people testing for HIV at sites promoted by Blued rose by 78%, compared to the previous year.74

Online outreach in a hostile environment

A UNAIDS-supported project to address the vulnerabilities of gay men and other men who have sex with men in Egypt helped to achieve significant growth in reach and geographical coverage of related services from 2013. Innovations included outreach to men in slum areas through community-based organisations and awareness outreach and prevention services for the female sexual partners of men who have sex with men.

Online outreach proved to be particularly effective for the project, as police action against this population had intensified, making street outreach more challenging. Following online outreach, meetings are arranged with participants to deliver condoms and lubricants; the project also facilitates access to good-quality, stigma-free health services and psychosocial and legal support.
In the period 2014-2015 in Alexandria, the project reached around 1,000 people, distributed more than 3,100 condoms and packs of lubricant, and facilitated 300 visits to project services. In Gharbya governorate, to which the project was expanded in 2015, nearly 300 people were reached and over 500 preventive packages distributed.75

These types of programmes should be further explored as an avenue to engage men who have sex with men in the HIV response and their own healthcare.76

A study from South Africa found that sending text messages to men who have sex with men over a period of time encouraged men to test for HIV.77 The Adam’s Love organisation based in Thailand targets men who have sex with men and transgender women through an HIV educational website, eCounseling platforms and integrated social media networks. Since its launch in September 2011, Adam’s Love has had more than 2.8 million website visitors. Nearly 17,500 individuals received real-time counselling at Adam’s Love eCounseling platforms and were successfully linked to relevant clinical services, for example, HIV and sexually transmitted infection testing, treatment, and care and post-exposure prophylaxis (PEP).78

Technology is also being used to provide better data on particularly hidden groups of men who have sex with men. For example, researchers studying HIV testing rates in Tokyo have partnered with a gay dating app because around two-thirds of men who have sex with men in the area are not open about their sexuality. Previous research had taken place in ‘traditional’ MSM venues, so only reflected a minority of men who have sex with men there.79

Access to antiretroviral treatment for men who have sex with men

Accurate statistics comparing treatment access among men who have sex with men is rarely available. What evidence exists suggests uptake is fairly limited.80

Worldwide, only 40% of men who have sex with men living with HIV are thought to be accessing treatment. Those living in low- and middle-income countries generally report the lowest access to
ART, with especially low rates in countries which criminalise same-sex behaviour. Reasons cited for such low access include homophobia, stigma and discrimination. These can cause men who have sex with men to delay, interrupt or avoid treatment altogether. Experiencing these reactions from healthcare workers is also given as a predominant reason.

For example, between 10% and 40% of HIV-positive men who have sex with men in Burkina Faso, Côte d’Ivoire, Eswatini and Lesotho avoid or delay healthcare due to fear of stigmatising behaviour towards them from healthcare providers.

In Moscow, where LGBT rights are broadly denied, a survey looking at the treatment care cascade among men who have sex with men found that just 36% of those who knew their HIV status were accessing antiretroviral therapy, and just under two-thirds of those accessing treatment were virally suppressed.

Low retention in care was also the case in Indonesia among newly diagnosed men who have sex with men and people from other groups most affected by HIV (77% of study participants were MSM). The study found that 86% who were linked to HIV care started ART but 24% were not retained in care. A study of 6,095 men who have sex with men from 145 countries found participants were lost to follow up at every point along the treatment cascade. Drop-off was particularly dramatic among young MSM and men who have sex with men in lower-income countries. This was due to a lack of investment and youth-friendly services. By contrast, feeling comfortable with the healthcare provider, more community engagement and better accessibility of ART were associated with higher retention rates in care.

Research also suggests that minorities within MSM groups may suffer complex discrimination where negative self-image is inversely associated with both care seeking and adherence to medical appointments. One study investigating racial disparity in the USA found that black men who have sex with men reported much lower retention in care rates compared to their white counterparts, 24% and 43% respectively.

WHO has produced comprehensive guidance on HIV services for men who have sex with men and recommends that adherence can be increased significantly by addressing HIV stigma and discrimination.
Barriers to HIV prevention programmes for men who have sex with men

High-risk sexual behaviour

Many men who have sex with men want to keep their sexual orientation secret due to widespread stigma, and may also continue to have heterosexual relationships. In Asia and the Pacific, between 2003 and 2007, between 21% and 42% of men who have sex with men were married to a woman.88

Many men who have sex with men have a low risk perception of HIV as a result of not being reached with HIV prevention initiatives and the subject not being included in sex education classes in school. Having multiple partners is also more common among this community, with alcohol and drug use increasing high-risk sexual behaviour, such as not using a condom.89 UNAIDS (2017) ‘Blind spot: addressing a blind spot in the response to HIV. Reaching out to men and boys’, p.13 [pdf] 90 91

Criminalisation

Where there are laws that criminalise same-sex sexual relations, governments are unlikely to promote any sort of HIV interventions aimed at men who have sex with men. As a result, men who have sex with men living in these countries are unaware of their risk of HIV, can be turned away from HIV services, are fearful of accessing HIV testing, and find it difficult to get hold of condoms and lubricants.92 93 They are also unlikely to participate in research or prevention initiatives:

...certain states would rather publicise their diplomatic distaste for atypical bodies, genders and sexualities instead of endorsing the protection of human rights and wellbeing of everyone.

- Gloria Carega & Azusa Yamashita 94

For example, since 2018, a crackdown on rights for men who have sex with men has seen Tanzania ban the provision of condoms and lubricants to LGBT health clinics and expand the use of forced anal examination against men suspected of having sex with men.95

Similar situations are occurring in a number of other countries such as Nigeria, Indonesia and the Philippines where government-sanctioned worsening rights situations mean fewer men who have sex with men are being reached with HIV services.96 .97 98

Progress is being made in some regions, however. In June 2019, Botswana's High Court declared key provisions of Sections 164 and 167 of the Botswana Penal Code unconstitutional:
This is a historic ruling for lesbian, gay, bisexual and transgender (LGBT) people in Botswana... It restores privacy, respect and dignity to the country’s LGBT people. I hope that this decision reflects a move towards a more humane, compassionate and rights-based approach towards same-sex relations worldwide. It should encourage other countries to repeal unjust laws that criminalize same-sex sexual relations and block people’s access to essential services, including to healthcare.

- Gunilla Carlsson, UNAIDS Executive Director

Stigma, discrimination and violence

Gender norms in many cultures sanction the ill-treatment of men who have sex with men. As a result, a large proportion of men who have sex with men worldwide have reported experiencing violence due to their sexual orientation. This is especially evident in particularly machismo cultures and patriarchal societies.99

In some areas, public officials, police and healthcare workers are committing these offences. The fear of being identified as homosexual deters many men from accessing HIV services, avoiding healthcare check-ups and treatment in order to keep their orientation secret.100 101

Evidence is also emerging that, in some settings, a high proportion of men who have sex with men are also experiencing intimate partner violence (IPV). A UK study among men who have sex with men involved in a trial for PrEP found around 45% had been a victim of IPV and around 20% had been a perpetrator.102

Lack of research

Although some statistics give an indication of the impact that HIV is having on men who have sex with men, data is still extremely scarce in many countries. This is largely due to the fact that men who have sex with men are often simply counted as part of the general population.

It is also due to the reluctance of many governments to acknowledge men who have sex with men and monitor this group. As a result, data about HIV among men who have sex with men is seriously lacking, especially in regions like Eastern Europe and Central Asia. This reflects the punitive laws that criminalise same-sex behaviour in the region, and the unwillingness of governments to accept that there is a disproportionate epidemic among this population.103 In 2019, around a fifth of countries in the world failed to report on HIV prevalence among men who have sex with men.104

Lack of funding

Apart from a handful of countries such as Brazil and Cuba, the majority of funding for HIV services
targeted at men who have sex with men in low- and middle-income countries comes from international sources rather than domestic funding. In 2013, only 11% was domestically sourced worldwide.105

Between 2005 and 2013, 38 countries did not report on their budget for men who have sex with men programming at all, suggesting no money was allocated for this key population. In sub-Saharan Africa, 30 of the 45 countries reporting in 2013 reported no spending on men who have sex with men programming.106

Even in countries where the rights of men who have sex with men are legally respected, there is generally a greater need for more funding from donors and governments, as the amount of money put towards campaigns is often inadequate compared to the scale of the problem.107

The Global Fund to Fight AIDS, Tuberculosis and Malaria is one of the biggest international funding sources of HIV programmes for men who have sex with men. Since its inception in 2002 it has deployed a number of strategies and initiatives to encourage countries to apply for funding that will benefit people most affected by HIV. In its tenth funding round, the Global Fund established a special reserve allocation for programmes for most at risk populations, including men who have sex with men. Its 2017–2022 strategy also explicitly commits to increasing programmes that remove human rights barriers to accessing HIV services.108 It is hoped that this will enable more funding for HIV services delivered for and by men who have sex with men.

The way forward

The evidence shows that providing HIV and AIDS services to those who are most at risk can be hugely beneficial to a whole country’s approach to HIV and AIDS. It is important that governments and international donors address the current neglect of the HIV epidemic among men who have sex with men and acknowledge the situation.109 Not only is funding needed to provide HIV prevention, testing and treatment for men who have sex with men, it’s also needed to generate research and data to inform effective programming. Without allocated funding for research and programme delivery, high HIV prevalence and incidence among men who have sex with men will remain.

Stigma and cultural opposition to same-sex relations are often largely to blame for rising epidemics. Until these issues are addressed, it will be difficult to reduce HIV infection levels among men who have sex with men.110 National and community-level leadership is required worldwide to end the stigma and discrimination around homosexuality111

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Tools and resources:


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