HIV prevention for Men who have Sex with Men (MSM) has largely focused on ensuring HIV negative MSM (MSM-) remain negative. MSM living with HIV (MSM+) have been cast into the role of ‘vectors of transmission’, and prevention programmes have mostly ignored the wide spectrum of prevention needs that MSM+ have that go beyond disclosing their HIV status to their (assumed) MSM-sexual partners.

A number of organisations have recently attempted to develop a comprehensive approach for MSM HIV prevention that can be used as a quality programming standard both at the regional and local level. This has been supplemented in Asia by the development of a specific comprehensive package of services and programmes to support HIV prevention, treatment and care among MSM and transgender people. This was jointly developed by the United Nations (UN) family, the US Agency for International Development (USAID) and MSM HIV non-governmental organisations (NGOs), supported by the Asia Pacific Coalition on Male Sexual Health (APCOM). All of these in some way refer to the need to provide specific prevention programmes for MSM+ and their important role in the response to the epidemic. However, none of the reports to date have provided detailed advice or guidance as to what HIV prevention for MSM+ actually means.

This, along with recent advances in biotechnology, means that it is time to shift thinking about MSM HIV prevention away from the ‘vectors of transmission’ framework to a ‘shared responsibility’ framework, which encompasses a much wider view of the important role that MSM+ play in HIV prevention.

This policy brief examines current best practice and guidance for MSM programming in Asia and the Pacific. It determines whether they meet the needs of MSM+ HIV prevention and, if not, how they could be enhanced to do so.
The comprehensive package and its implications for MSM+ prevention programming

Comprehensive approaches integrate biomedical and behavioural strategies with community-level and structural approaches (Global Forum on MSM 2010). Such approaches to HIV prevention are recommended by UNAIDS (2009) who acknowledge the importance of delivering interventions tailored to the specific needs of MSM, while also addressing their human rights more broadly.

Promotion of, and access to, condoms and lubricants

This involves a range of strategies that include:

• ensuring inexpensive or free access to appropriate-quality male condoms and lubricant (ensuring that inexpensive water-based lubricant is readily available)

• providing a wide range of access sites for outreach, including parks, shops, saunas, discs, pubs, pharmacies, health clinics, NGOs, community-based organisations (CBOs), bars, workplaces, etc.

• linking the provision of condoms and lubricant to plain-language instructions on their effective use in anal sex

• combining free distribution programmes to build acceptance and social marketing to ensure both sustainability of condom use and awareness of increased risk of HIV/sexually-transmitted infections

MSM and transgender people need access to effective STI diagnosis and treatment through:

• STI services provided within MSM and transgender people CBOs and NGOs

• mainstream STI services that are MSM and transgender people friendly

• primary care services that are MSM and transgender people friendly

• training for private providers in diagnosis and treatment of STIs common in MSM and transgender people.

Defining MSM

Men who have sex with men (MSM) is an inclusive public health term used to define the sexual behaviours of males that have sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular community. The words ‘man’ and ‘sex’ are interpreted differently in diverse cultures and societies, as well as by the individuals themselves. Therefore, the term MSM covers a wide variety of settings and contexts in which male to male sex takes place.

Prevention and treatment of (other) sexually transmitted infections

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Knowledge of HIV status is an important element of the HIV response, for both people with HIV and those without. For People Living with HIV (PLHIV), detecting their HIV status early can provide them with timely access to HIV treatment and care. Furthermore, effective pre- and post-test counselling better prepares individuals to accept a positive diagnosis. It also gives counsellors the opportunity to assess an individual’s risk behaviour and provide advice. When conducted with a preventative strategy, HIV counselling and testing (HCT) can also assist MSM+ to protect others. For MSM+, HCT can help to reinforce their resolve to stay healthy and HIV-free.

In 2011, after extensive global consultation and research, The World Health Organization (WHO) released further recommendations for comprehensive prevention packages. They advise that comprehensive care for MSM and transgender people living with HIV should begin long before starting antiretroviral therapy (ART). They also recommend that PLHIV in resource-constrained settings should have access to essential interventions to prevent both illness and HIV transmission. Key areas for intervention include:

• psychosocial counseling and support

• disclosure, partner notification, and testing and counselling

• prophylaxis for opportunistic infections

• tuberculosis prophylaxis

• prevention of STIs

• Vaccination for selected vaccine-preventable diseases (e.g. hepatitis B, pneumococcal infections, influenza).

HIV counselling and testing

Linking testing to care and treatment

There is no single model of service delivery suitable for all MSM. Some will want to use services that specialise in meeting the needs of MSM and/or transgender people, while others will want to use mainstream services. Ultimately, feeling safe is crucial to whether MSM and transgender people will use services. In Myanmar, experience demonstrates that where there are MSM doctors, the uptake rate for STI and HIV testing is significantly higher. This includes the appropriate screening, diagnosis and treatment of anal STIs which are often ignored by mainstream services. As such, efforts must be made to find local doctors who are MSM and MSM friendly. Many MSM are more comfortable talking with peer MSM counsellors than professional counsellors, resulting in higher HIV testing uptake. Having CBO programmes and clinical services on one site removes the need for referral and follow-up, and this integration can be promoted at the planning stage (Men who have Sex with Men and Transgender Populations Multi-city Initiative 2010).

What do the reports say about MSM+?

The PEPFAR guidance (2011) emphasises prevention services for MSM+ and their partners, however there is no reference to what those may be. Instead, it provides details on health care and treatment for MSM+. Participants in the WHO consultation process stressed that PLHIV should be involved in all types of interventions, including prevention, treatment care and support (i.e. the comprehensive package). Yet, none specify what this really means in practice—especially when it comes to prevention services. Similarly, the UNAIDS guidelines (2009) do not specifically refer to prevention priorities for MSM+.

Additionally, all the reports and guidance documents refer to the need to know your HIV status in order to ‘assist you to put strategies in place to protect others’ (UNDP, 2009).

The message given is that the sole purpose of prevention programmes for MSM+ is to prevent transmission of the virus. Unintentionally, this approach reduces MSM+ to mere carriers of infection, rather than individuals with complex and competing needs and desires. This is potentially stigmatising and can create the perception of one-sided responsibility for HIV prevention.

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This framework has been mirrored by PEPFAR (2011) and UNDP (2009). All agree that the essential elements of the prevention package are as follows.

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• combining free distribution programmes to build acceptance and social marketing to ensure both sustainability of condom use and awareness of increased risk of HIV/sexually-transmitted infections (STI) transmission in anal sex

• ensuring that MSM and transgender people who use drugs can access commodities, such as clean needles and syringes, through existing specialised injecting drug use (IDU) programmes, peer outreach and other strategies including community pharmacies.

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MSM+ have a role to play in protecting others but prevention is a shared responsibility

HIV prevention strategies for MSM centre on consistent condom use and consistent use of clean needles and syringes for MSM who inject drugs. Behaviours that may lead to HIV transmission are often the outcomes of underlying economic, social, and/or psychological factors, such as poverty, gender-based violence, drug use, depression and other mental health problems, and/or homophobia (Stall et al 2003). In order to ensure consistent condom and clean needle use, these underlying issues need to be addressed, hence the development of a comprehensive approach.

Unfortunately however, the comprehensive prevention approaches have inadvertently focused on preventing onward transmission, thereby only fulfilling the prevention needs of MSM-. This implies that HIV prevention is the sole responsibility of MSM+.

However, simply learning that they are HIV+ does not automatically equip individuals with the complex skills required for effective communication, decision-making and taking action around dealing with the issue of HIV transmission risk. Disclosure of one’s HIV+ status is a process that requires skills and support to accomplish, and is particularly challenging in an environment where there is stigma and discrimination (GNP+ 2011). Similarly, using condoms correctly and consistently also requires skills (how to use, negotiation, and communication), a favourable attitude toward condoms, equal power dynamics in relationships, and resources (e.g. access to condoms and water based lubricant).

Disclosing status is becoming increasingly complex as new ARV drugs can mean a virtually undetectable HIV viral load, which significantly reduces (but does not eliminate) the ability to pass on the virus sexually. New drugs and prevention technologies, such as microbicides and the use of ART drugs for pre-exposure and post-exposure prophylaxis, have led to changes in the way MSM perceive their risk to HIV, as well as their perception of what it means to live with HIV. The range of choices open to MSM to reduce the chance of transmitting HIV is much broader than merely using a condom. However, in many parts of Asia the Pacific Window period testing is unavailable, as are many of the most effective drugs in suppressing viral load. As a result, consistent condom use cannot be discounted.

Other ways of reducing HIV risk include negotiated safety, strategic positioning, and serosorting, all of which have become a part of modern prevention discourse and practice for MSM.

Alternative methods of risk reduction

Negotiated safety traditionally refers to the strategy of dispensing with condoms in sexual relationships between two seronegative partners, under certain conditions. Open communication between partners about acceptable behaviour with other possible sexual partners is a requisite for this strategy; this includes the ability to ‘come clean’ if they failed, for whatever reason, to use a condom. With advances in antiretroviral therapy (ART) and an increasing understanding of the role that viral load plays in the likelihood of HIV transmission, negotiated safety now includes discussions between serodiscordant partners who agree to stop using condoms for anal sex in the belief that the viral load of the MSM+ partner is too low to transmit HIV.

Strategic positioning refers to the practice of the MSM+ partner assuming the receptive position for unprotected anal sex. This is based on the fact that the risk of HIV infection to the insertive partner is, under normal circumstances, less than the risk to the receptive partner. By taking this position, the MSM+ may feel no need to disclose his serostatus.

Serosorting refers to the practice of only having sex with someone of the same serostatus as oneself; unprotected anal intercourse therefore becomes less risky. However, this works only if men get tested regularly and even then there is a risk of infection during the window period, in which antibody tests do not pick it up.

Although HIV+ men utilise these techniques to reduce the risk of infecting HIV- individuals, some men may use them to avoid rejection upon disclosure of their positive status. Despite their use, MSM+ prevention programmes have typically not incorporated strategies such as these because they are not uniformly viewed as effective, and do not eliminate the risk of infection in the same way that consistent condom use does. However, the changing dynamics of safe sex need to be included in best practice documents and prevention guidance provided to MSM.

‘Shared responsibility’ is about recognising that all individuals, HIV positive or negative, need to take responsibility for protecting both their own health and that of their sexual partners. Failing to adopt a shared responsibility approach can result in over-simplified and medicalised HIV prevention programming that ignores the full spectrum of challenges shaping the prevention needs, abilities and incentives of MSM+. This approach needs to be better reflected in comprehensive prevention programming for MSM.

MSM+ are entitled to a healthy and satisfying sex life

The Global Forum on MSM & HIV (2010) developed a series of underlying principles for prevention programming, one of which is that all MSM are ‘entitled to a full and satisfying sex life’.

The concept of a satisfying sex life has largely been interpreted to mean degrading male to male sex and demystifying the concept that male to male sex automatically leads to HIV infection (and that therefore all MSM should refrain from having sex). There are also implications for what a healthy satisfying sex life means in terms of the concept of sexual pleasure and negotiating safe sex, especially for MSM+.

‘When you get naked you know, the first thing that [gets] into your mind is HIV.’

Malaysia

The Asia Pacific Network of PLHIV (APN+) (2011) held a number of focus groups across the region to gain a better understanding of the issues MSM+ face. A significant finding of the study was that whilst MSM+ do not want to be defined as HIV+, it is something that can be ignored and does play an important role in their lives, particularly in relation to sex and condom use. A summary of the findings of the focus groups on attitudes to sex and condom use reveals a complex set of issues. They go beyond whether or not to disclose HIV status, but go to the very core of a person’s identity and self-worth. Best practice and guidance documents need to define MSM+ beyond the current notion of being vectors of disease, to a wider approach that allows discussion about what a healthy and satisfying sex life means for MSM+.

MSM+ need to be meaningfully engaged in prevention discussion

Leading up to the development of the Comprehensive Package in Asia and the Pacific, an effort was made to include MSM+. This was primarily done through the inclusion of the APN+ MSM+ working group, both in the

Cambodia

‘At the beginning I was frightened and lost expectation but then it became better after I cope [with] it. I am hiding from everyone.’

Laos

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Policy recommendations

Prevention guidance and best practice need to address three key areas in order to better represent the issues important to MSM+ in the prevention discourse:

1. MSM+ are entitled to a healthy and satisfying sex life. Prevention programmes need to provide opportunities to explore and discuss what this actually means from the perspective of MSM+.
2. MSM+ do have a role to play in protecting others. This is a shared responsibility and MSM+ should not shoulder the entire burden, particularly since most MSM+ do not know they are HIV+.
3. MSM+ need to be meaningfully engaged in discussions about HIV prevention. For this to happen, MSM+ must feel secure that they will not face discrimination or be stigmatised by people and organisations that support them.

Policy recommendations include:

- Encouraging all MSM to test for HIV, know their status and take appropriate action.
  - Governments should ensure that HCT services are accessible to all MSM, either via stand-alone services for self-identified MSM, or through generalised HCT services that are sensitised and welcoming to MSM and their issues.
  - Donors should fund the scale up of HCT services that specifically include support for MSM.
  - NGOs should include programmes for MSM to encourage HCT and work with HCT providers to ensure that services are MSM appropriate.

- Ensuring that MSM+ who know their status seek appropriate support to discuss the impact that living with HIV may have on their sex lives.
  - Governments should ensure that appropriate structures and referrals to both clinical and support services that are MSM appropriate are in place after testing. They should also ensure appropriate policies and legislation are in place that do not criminalise MSM+ for having sex.
  - Donors should fund clinical and support services that are MSM appropriate, and should support the development of MSM+ prevention guidance.
  - NGOs should support the development of MSM+ specific support programmes that are developed for and by MSM+, specifically addressing their sexual health and other needs.

- Ensuring that MSM+ who know their status seek support to help them understand their role in protecting themselves and others.
  - Governments should ensure that HCT services can offer referrals to MSM programmes where MSM+ can gain support and advice to remain HIV-.
  - Donors should fund HCT services that have a comprehensive approach and understanding of the need to provide support, advice and referral for MSM+.

rather than a purely medical approach that focuses only on MSM+.

- NGOs should develop programmes that meet the specific needs of MSM+ post-HCT and offers ways of remaining HIV-.

MSM prevention programmes and staff should not ‘demonise’ MSM+ in prevention strategies that focus on the responsibility of MSM+ to disclose their status to all sexual partners.

- The international donor community must continue working with Governments. National HIV programmes and others to ensure that the policy environment supports a comprehensive approach that does not demonise or criminalise MSM+. The transmission of HIV should never be a matter of criminal sanction but should always be addressed by public health measures respectful of human rights.

- The NGO sector should evaluate its MSM programming against the ‘vector of disease’ paradigm and amend accordingly.

- Donors, Governments and NGOs, especially organisations and networks representing MSM+, need to work together to revise and reframe current guidance to better reflect the needs of MSM+.

This could partly be the result of stigma and discrimination that MSM+ face from other MSM. MSM+ are often reluctant to disclose their HIV status, even to their HIV- status to other MSM for fear of being rejected, being seen as a ‘bad example’ of an MSM, and for compounding the view that MSM are responsible for HIV transmission. Equally, the discourse to date has largely placed MSM+ into the ‘vector of disease’ paradigm. In this atmosphere it is difficult to be open about one's status and therefore be able to contribute meaningfully as an openly MSM+ and discuss issues beyond disclosure.

References


Accessed December 2011.
The Asia Pacific Coalition on Male Sexual Health (APCOM) is a regional coalition of MSM and HIV community-based organisations, the government sector, donors, technical experts and the UN system. The main purpose is advocating for political support and increases in investment and coverage of HIV services in Asia and the Pacific.

Organisations

Australian Federation of AIDS Organizations (AFAO) and New Zealand AIDS Foundation (NZAF)
China Male Tongzhi Health Forum (CMTHF)
Develop Asia Network (DAN)
Purple Sky Network (PSN)
India Network for Sexual Minorities (INFOSEM)
Insular Southeast Asia Network (ISEAN)
Pacific Sexual Diversity Network (PSDN)
South Asian MSM and AIDS Network (SAMAN)
APN+ MSM Working Group
Asia Pacific Transgender Network (APTN)

Information on APCOM

This publication was produced by APCOM in partnership with IDS Knowledge Services and was written by Elden Chamberlain.

Publication supported by UKaid from the UK Department for International Development (DFID) as part of the Mobilising Knowledge for Development (MK4D) programme. The views expressed in this publication do not necessarily reflect those of APCOM, IDS or DFID.

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The quotes highlighted in this policy brief are taken from the document Negotiating Positive Living – a 10-country study on Issues Facing HIV-Positive MSM in the Asia Pacific Region, 2011. The quotes are from MSM+ from 10 countries across Asia and the Pacific, who attended one of the 17 peer-led focus groups that fed into the document.

Keywords: Men who have sex with men, MSM, HIV, people living with HIV, PLHIV, prevention, sexual health, contraception