



# Congressional Briefing: HIV, Human Rights and Men Who Have Sex with Men (MSM)

**Dr. Cheikh Traore**

**United Nations Development Programme**

Senior Policy Advisor: Sexual Diversity

HIV Practice





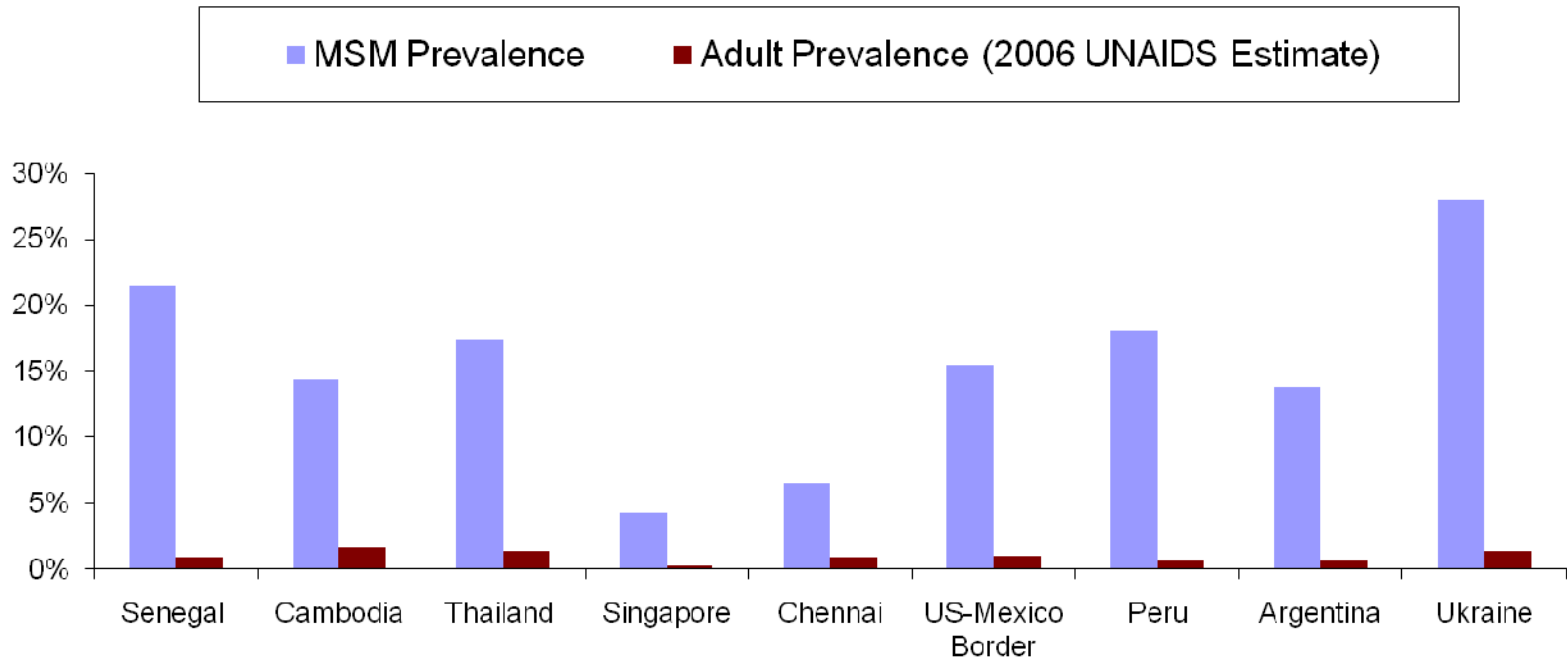
# Background: Three facts

- **Human rights: People of marginalized sexual orientations and gender identities are not reached by HIV interventions** and are driven away from seeking health care due to vulnerability to blackmail, violence, undue arrest, discrimination in health care settings and in economic, professional, and social interactions, and, in some cases, criminalization.
- **Strategic information: There is widespread lack of reporting** related to MSM, transgender people, WSW, and others, even as available evidence shows high HIV incidence and prevalence, low HIV intervention coverage, and high need for HIV prevention, voluntary HIV testing, and health services.
- **Capacity: Most settings have only weak capacity** to address these issues, indicating a need for capacity-building for community-based networks, and for institutions such as health care providers and law enforcement





# MSM HIV prevalence is higher than general adult prevalence

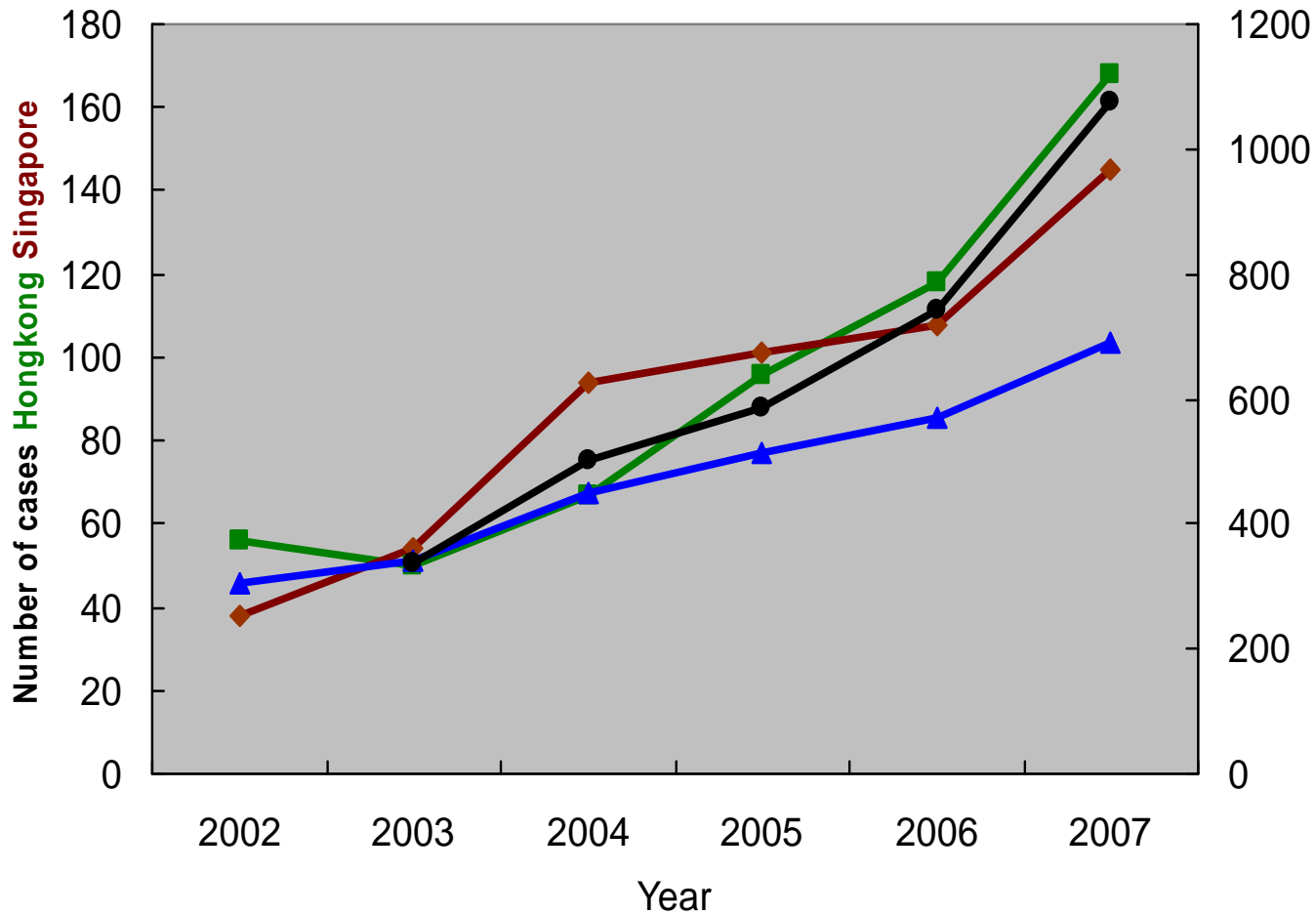


Source: Wade et al. 2005; Girault et al. 2004; van Grievsven et al. 2005; Action for AIDS Singapore, 2006, Go et al. 2004; Pando et al. 2006; UNAIDS, 2006; Caceres et al, 2005, Strathdee, et al, 2006. CENSIDA, CA State Office of AIDS; Patterson et al, IAS, 2006; Strathdee et al, pers. comm; Viani et al, 2006





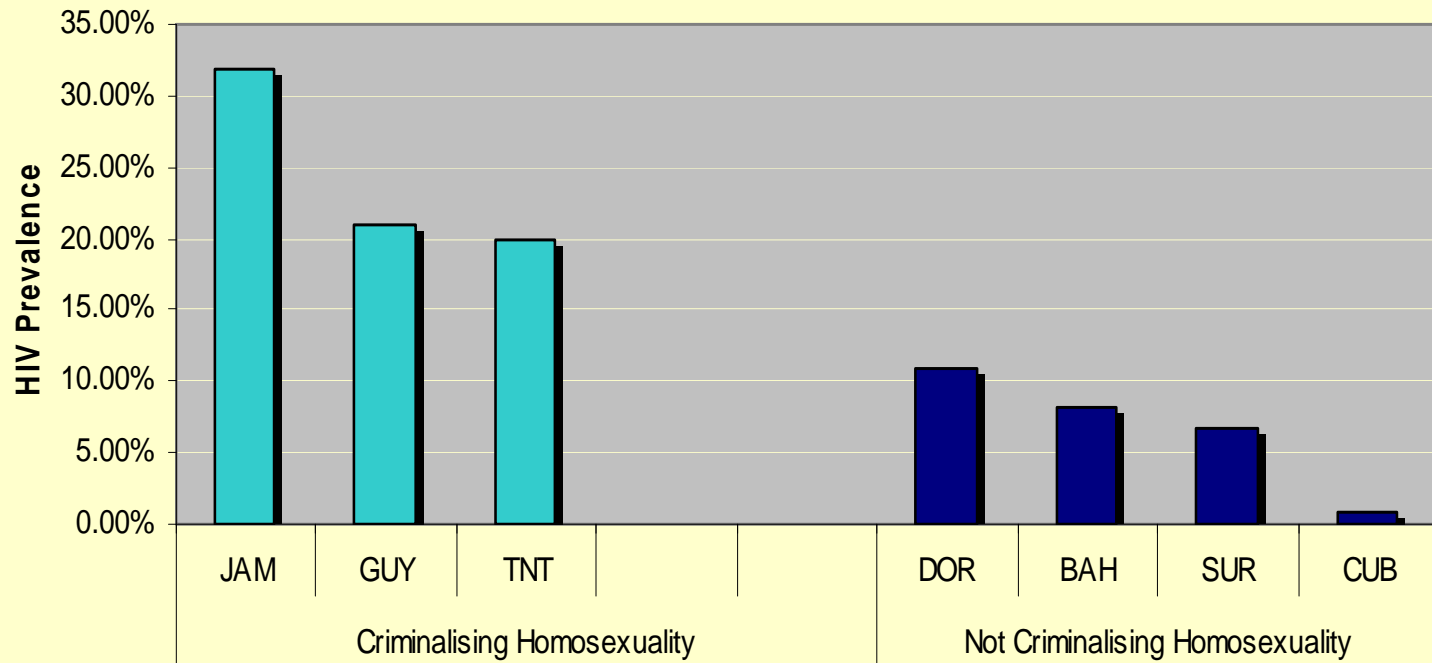
# Newly diagnosed HIV infections in MSM: Hong Kong , Singapore, Taiwan and Japan (2002 – 2007)





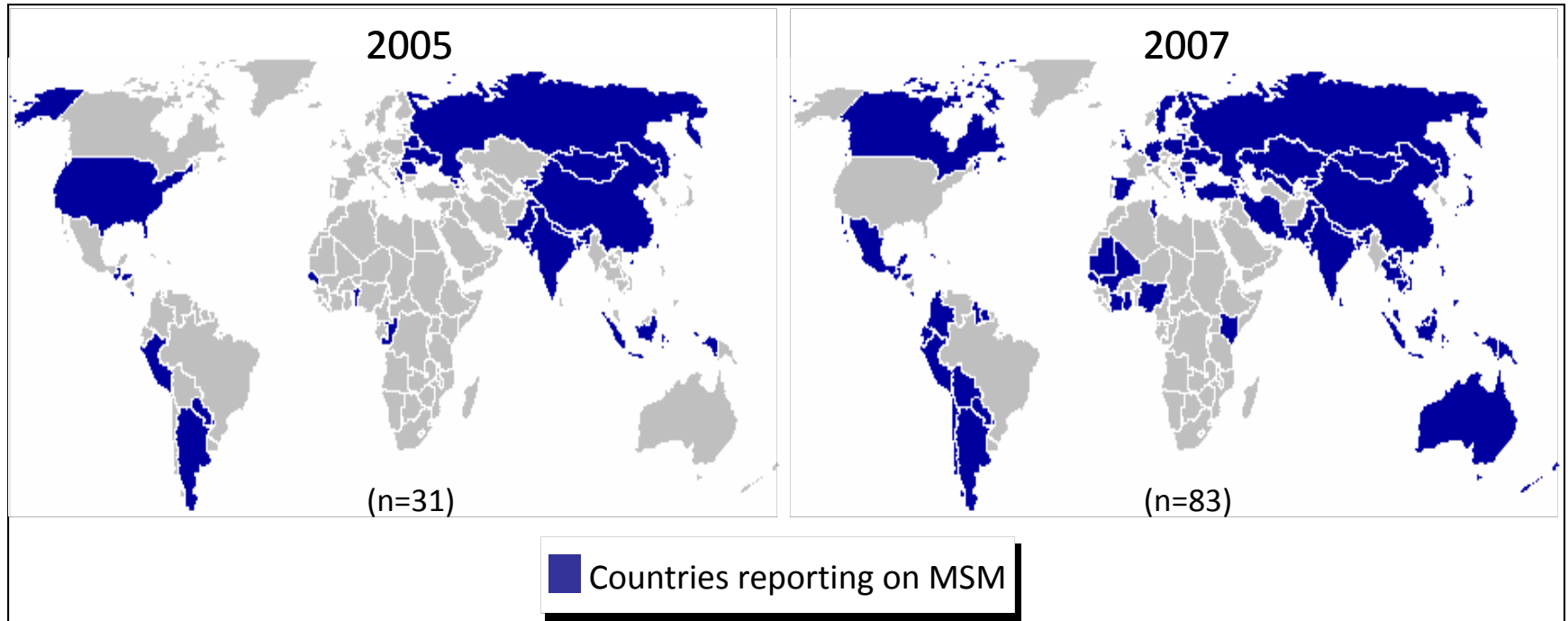
# HIV vulnerability and legal environments

HIV Prevalence among MSM in Caribbean Countries which criminalise or not Homosexuality. UNAIDS Keeping Score II. 2008





# Countries reporting on service coverage for men who have sex with men and transgender people



# This is an international imperative

- In 2006, the Political Declaration and the UN Secretary General highlighted the need to promote and protect the human rights of MSM
- In December 2008, a group of 66 (+1) countries endorsed a statement to the UN General Assembly calling on states to “promote and protect human rights of all persons, regardless of sexual orientation and gender identity.”
- Globally there is increasing attention to the needs and rights of MSM but human rights violations also continue with impunity (e.g.: Uganda, Senegal, Nigeria)





# The United Nations Response

*UNAIDS Action Framework:  
Universal Access for Men Who  
Have Sex With Men and  
Transgender People (2009)*





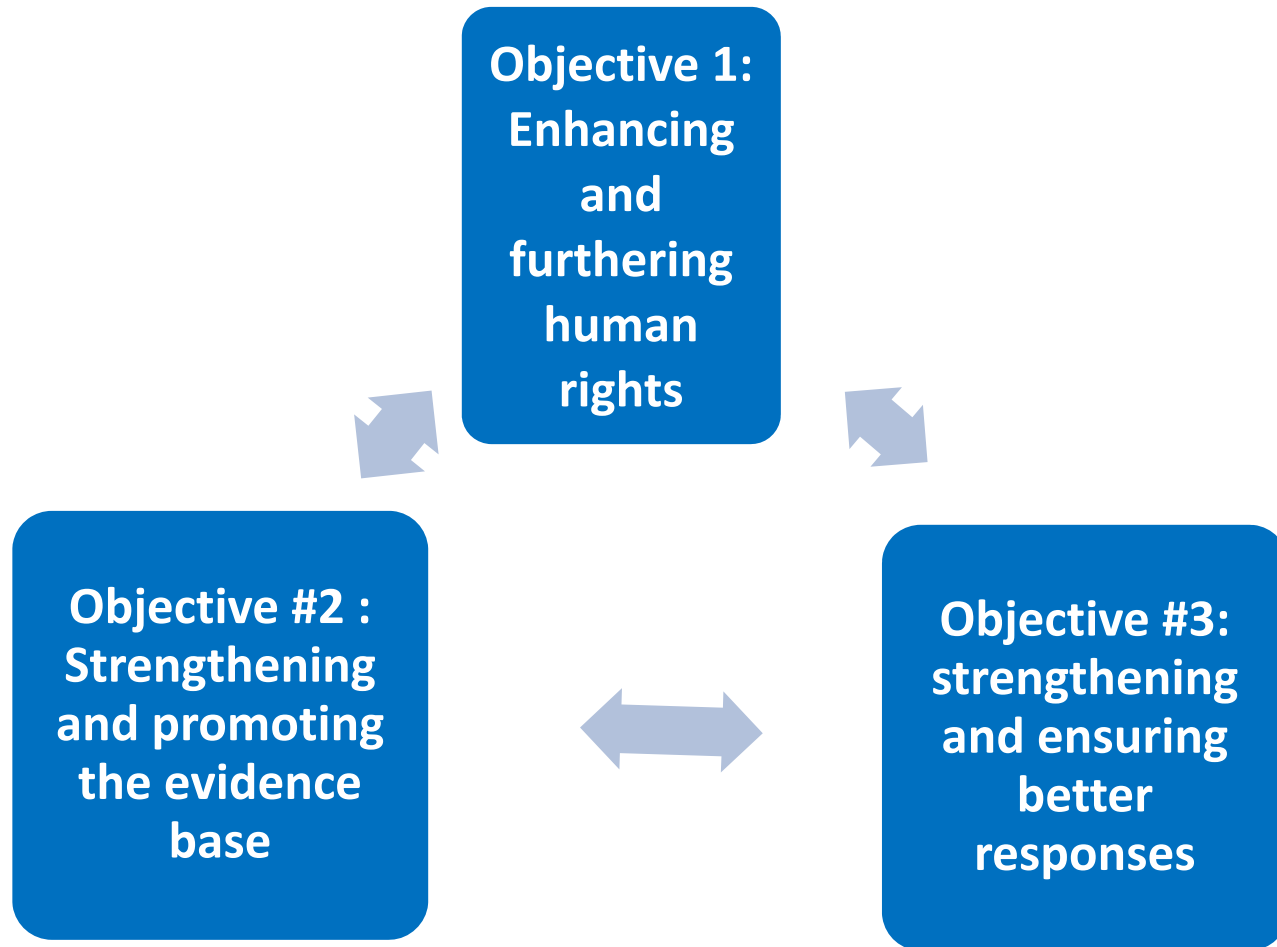
# United Nations Mandate

- **UNAIDS Action Framework: Universal Access for MSM & Transgender People**
  - Improve human rights situation
  - Strengthen and expand evidence base
  - Improve and expand program and policy responses
- Shared responsibilities: **UNDP** is the lead agency on these issues; the **UNAIDS Secretariat** leads on strategic information and advocacy; **WHO** leads on health sector responses, including national HIV surveillance; and specific roles also defined for **UNODC, UNESCO, UNFPA, World Bank**, and other UN agencies





# UNAIDS Framework for Men who have Sex with Men and Transgender People





# 1. Support better collection of evidence

- Evidence on HIV-related needs and health of MSM and trans now exists in over 60 countries.
- This data on vulnerabilities is in most cases is a good basis for the development of interventions.
- Technical guidance for research, M & E and “knowing your epidemic and response” is provided by WHO and other international agencies.
- However, in contexts where M, E and research is constrained by criminalization and stigma, information remains unpublished, non-existent , or weak.





## 2. Protect and promote human rights

*Addressing not only “laws on the books” but also “laws on the streets”*

- Human rights violations against men who have sex with men and transgender people are widely reported across the world. They include arbitrary detention, blackmail, violence, unjust incarceration, and failures to realize full economic and social rights, such as access to health services, unemployment, homelessness, poverty.
- States must deliver on their commitments:
  1. **The Declaration of Commitment (UNGASS, 2001)**
  2. **The Political Declaration on HIV/AIDS (2006)** –includes specific and clear commitments to ‘overcoming legal, regulatory or other barriers that block access to commodities and services.’





# 3. Scale up evidence-informed HIV programming

- We have a good deal of knowledge about appropriate and effective HIV interventions that work for MSM, transgender people, sex workers, and others who are marginalized due to sexual orientation, gender identity, or sexual behaviors.
- International guidance exists, for comprehensive evidence-informed programmes such as targeted outreach and community engagement, behaviour change and clinical care.
- These must be complemented by key structural interventions – especially those which address punitive laws, policies and practices that are blocking effective AIDS responses.





***“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 HIV prevention.***

***Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to HIV services. As a result, there are fewer HIV 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

