Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for men who have sex with men

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Introduction

In 2022, the World Health Organization (WHO) published the Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. These guidelines outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for five key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people).

In this policy brief, we give an update on those parts of the guidelines which are relevant for men who have sex with men.

Background

The term men who have sex with men refers to all men who engage in sexual relations with other men. It is a term used in public health and social science, including in surveillance for the purposes of identifying sexual risk practices and sexual transmission of infections, including HIV, and is used in the WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. However, the term gay, bisexual and other men who have sex with men is also used, particularly when speaking about communities. In this document we will use both terms.

HIV, viral hepatitis and STI epidemics, particularly among key populations including gay, bisexual and other men who have sex with men, continue to be fuelled by harmful laws and policies, including those that criminalize sex work, drug use or possession, and diverse forms of gender expression and sexuality. Some policy guidelines also fail to acknowledge the existence of same sex relations, or address the diverse needs of gay, bisexual and other men who have sex with men. In addition, pervasive stigma and discrimination, gender-based discrimination and violence, lack of community empowerment and other violations of human rights conspire to reduce access to health services and negatively affect how these services are delivered. This places constraints on the ability of individuals to lead full lives, including through optimal sexual health. In many settings this contributes to avoidable and increased risk of HIV, viral hepatitis and STIs (1-11).

Many countries have laws, regulations or policies that present barriers to effective HIV, viral hepatitis, STI and other health services for key populations, including criminalization of gender identity or expression, and sexual relations between people of the same sex. In 2021, 69 countries criminalized consensual same-sex sexual acts between adults (12). Other harmful practices include forced anal examinations, which are used to investigate or punish alleged same-sex behaviour between consenting men or transgender women (13) (14-16). These legal barriers have measurable, detrimental effects on health, shown by modelling and other research (14-16), with some studies showing the negative effect of criminalization of same-sex practices on HIV prevalence and access to prevention, diagnosis and treatment services (17, 18).

Gay, bisexual and other men who have sex with men are often particularly subjected to stigma, discrimination and negative attitudes related to their behaviour, sexual orientation, gender identity or engagement in sex work – and doubly so if also living with HIV (also criminalized in many settings), viral hepatitis or STIs. Many also face intersecting forms of discrimination on the basis of their age, sex, race or ethnicity, physical or mental health status, disability, nationality, asylum or migration status, or criminal record. This is the basis for discrimination which is common in many health facilities and law enforcement services.

The effects of stigma and discrimination against key populations can manifest in delayed testing and missed diagnoses, poor retention in treatment programmes and poor treatment outcomes, concealment of health status and, in general, poor uptake of health services (19-31).

The experience of violence is a common occurrence among key populations and can take various forms – physical, sexual or psychological. It can be perpetrated by different people, including intimate partners, clients, family members, strangers, service providers, law enforcement officers and others.
in positions of power (32-35). Violence can be fuelled by the imbalance in the power dynamics of
gender – by prejudice and discrimination against persons perceived to depart from conventional gender
and sexuality norms and identities. Other characteristics such as age, disability or race can increase
vulnerability to violence. Also, multiple structural factors influence vulnerability to violence, including
discriminatory or harsh laws, policing practices, and cultural and social norms that legitimatize stigma
and discrimination. Experience of violence has been shown to negatively impact on the health of men
who have sex with men (34-38).

**Recommended package of interventions**

**Enabling interventions to address structural barriers**

The essential package of interventions for men who have sex with men includes enabling interventions
to address structural barriers as a priority, including the decriminalization of same-sex sexual behaviour.

Legal reforms such as decriminalizing consensual same sex sexual relationships; legal recognition
of transgender or gender diverse status; lowering the age of consent for accessing health services;
and considering exceptions to a standard age of consent policy (such as mature minors) are critical
enablers. They can change a hostile environment for key populations to a supportive environment.

There are many interventions designed to reduce stigma and discrimination in health care settings,
with some randomized controlled trials and observational studies showing positive effects (22, 39-50).
However, given the heterogenous nature of the interventions and outcomes measured, meta-analyses
are often not possible, and systematic reviews do not clearly indicate which are the most effective
interventions when it comes to reducing stigma and discrimination in health care settings (51-54).
Instead, it is useful to consider a range of interventions that can address different aspects of stigma
and discrimination (22, 54).

Community empowerment means increasing key population communities’ control over their
health by addressing the structural constraints to health, human rights and well-being; making
social, economic and behavioural changes; and improving access to health services. Community
empowerment can take many forms, such as fostering key population-led groups and key population-
led programmes and service delivery; meaningful participation of people from key populations in
designing and operating services; peer education or navigation; task shifting to key population peers;
self-care; implementation of legal literacy and service programmes; and ensuring civic space in which
key populations can function without fear of reprisals. Community empowerment can also build
solidarity and address the stigma and discrimination that exists within communities of gay, bisexual
and other men who have sex with men.

The health sector has an important role to play in addressing violence against gay, bisexual and other
men who have sex with men by providing judgement-free comprehensive health services, including
the following: sexual health services; providing referrals to other support services; gathering evidence
through data and research; fostering prevention policies in other sectors; and advocating for violence to
be recognized as a public health problem and for resource allocation (55). The health sector also has a
role in calling out interventions such as conversion therapy and forced anal examinations, which can be
considered by some as medical interventions but are in fact human rights abuses and acts of violence.
Those who experience sexual violence need timely access to post-rape care, including post-exposure
prophylaxis for HIV and other STIs, hepatitis B (HBV) immunization and psychosocial care and support,
as well as referrals to legal services (56). Efforts to address violence against people from key populations
must involve other sectors along with the health sector. For example, law enforcement practices can
increase the risk of violence faced by key populations. Indeed, law enforcement officers themselves can
be perpetrators. Work with law officers can involve training on the human rights of key populations, as
well as promoting accountability for rights-based law enforcement (57). It also is important to monitor
and document incidents of violence, both as evidence for advocacy and to inform programme design.
Documenting the levels of violence faced by key populations is often the first step in creating awareness.
Health interventions

WHO recommends that national programmes prioritize access to a range of health interventions for men who have sex with men in all settings. These are essential for impacting health interventions and include HIV, STI and viral hepatitis prevention, including providing condoms and lubricant; HIV pre-exposure prophylaxis (PrEP); HIV post-exposure prophylaxis (PEP); HBV vaccination; and access to HIV, STI and viral hepatitis diagnosis, treatment and care. Hepatitis A outbreaks among gay, bisexual and other men who have sex with men can also occur and could be prevented with vaccination (1, 2, 4, 7, 9).

Those interventions essential for broader health, and to which access for gay, bisexual and other men who have sex with men should be ensured, include screening and addressing mental health issues, and harmful alcohol and drug use.

While WHO does not have specific recommendations about anal health or anal cancer, people living with HIV are at least 20 times more likely to be diagnosed with anal cancer than uninfected people (58), and this can disproportionately affect men who have sex with men. Like cancer of the cervix, anal cancer is associated with human papillomavirus (HPV) and the HPV vaccine can prevent infection with HPV in all people. Cytological screening can be performed for anal cancer and its precursors, known as anal high-grade squamous intraepithelial lesions, particularly for people who engage in anal sex, including men who have sex with men and trans and gender diverse people.

Special considerations related to chemsex

Chemsex is when individuals engage in sexual activity while taking stimulant drugs such as methamphetamine, mephedrone or other gamma-hydroxybutyrate (GHB). Chemsex typically involves multiple participants, the use of multiple drugs (including injecting drug use), and occurs over a prolonged time, for example, in group sex or orgy parties (59-61). There have been increasing reports of chemsex in some communities of gay, bisexual and other men who have sex with men (60), more often in high income settings in Europe and North America. A recent qualitative scoping review, however, of sexualized drug use and chemsex among gay, bisexual and other men who have sex with men and transgender women found it to be increasingly common in Asia (62, 63), with anecdotal evidence that it is also increasing in other parts of the world. Chemsex, without proper support and access to health interventions, may be associated with unprotected sex and injecting, as well as with other health risks (61, 64).

While there is limited research on chemsex, qualitative studies have shown that gay, bisexual and other men who have sex with men value and prefer the following approaches to reducing harms associated with chemsex (64-68):

- specialist chemsex services (for example, specialized counselling with a single professional about both drug and sex-related issues);
- tailored, non-judgemental, peer-led services focusing on the principles of harm reduction rather than cessation of drug use;
- integrated sexual health and HIV, STI and viral hepatitis services; and
- more chemsex-specific information and education to be available through various modalities that include explanations of potential risks.

Addressing chemsex requires a comprehensive, impartial and person-centred approach. This can include integrated mental health, sexual and reproductive health, access to sterile needles and syringes and opioid dependence treatment services, with linkages to other evidence-based prevention, diagnostic and treatment interventions.

1 Chemsex is also known by other names, such as slam sex (associated with injecting drug use), party and play, or sexualized drug use.
Mpox and men who have sex with men

In 2022–2023 a multi-country outbreak of mpox (formerly monkeypox) occurred, primarily affecting communities of gay, bisexual and other men who have sex with men. While reported cases declined in early 2023, the 2022 outbreak did highlight the importance of strengthening health systems and services – particularly community-based services – that provide HIV and STI interventions so that they can respond to outbreaks. The outbreak also revealed the impact of structural barriers and the importance of communities in responding to emerging health issues.

In the 2022 mpox outbreak around 50% of the cases among those with known HIV status were living with HIV. Furthermore, data suggest that people living with HIV, especially if they are not receiving effective treatment for HIV, are at increased risk of severe mpox (69, 70). Additionally, new HIV diagnoses made among people presenting with mpox suggests the need to include HIV testing within comprehensive mpox case management. Based on test results, the need for combined HIV risk assessment and prevention, as well as referral to HIV care, can be determined. The association between mpox severity and untreated HIV suggests that people not aware of their HIV status need to know it, and access antiretroviral treatment and achieve viral suppression in order to reduce mpox morbidity and mortality.

Due to its epidemiology, the mpox outbreak in newly affected countries has reinforced stigma and discrimination towards men who identify as gay or bisexual, people who are transgender, and sex workers. Eliminating stigma, discrimination and other structural barriers is a key strategy both to achieve global health sector HIV targets and to stop mpox transmission.

While evidence about what works to prevent and treat mpox is rapidly evolving (71), WHO advises increasing awareness of the ways mpox is transmitted and of the signs and symptoms of mpox among communities of gay, bisexual and other men who have sex with men. Treatment of mpox is limited to supportive care, but trials are ongoing for better treatments. For individuals at high-risk of exposure, including men who have sex with men in many settings in the 2022–2023 outbreak, primary prevention vaccination is recommended. Please see the WHO website for updated guidance on mpox.
These interventions are not in order of priority.

The interventions listed here have been categorized as follows:

1. **Essential for impact: enabling interventions**
   This includes all interventions recommended to reduce structural barriers to health services access for key populations.

2. **Essential for impact: health interventions**
   This includes health sector interventions that have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.

3. **Essential for broader health**
   This includes health sector interventions to which access for key populations should be ensured, but do not have direct impact on HIV, viral hepatitis or STIs.

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### Essential for impact: enabling interventions
- Removing punitive laws, policies and practices
- Reducing stigma and discrimination
- Community empowerment
- Addressing violence

### Essential for impact: health interventions

#### Prevention of HIV, viral hepatitis and STIs
- Condoms and lubricant
- Pre-exposure prophylaxis (PrEP) for HIV
- Post-exposure prophylaxis (PEP) for HIV and STIs
- Hepatitis B vaccination
- Addressing chemsex

#### Diagnosis
- HIV testing services
- STI testing
- Hepatitis B and C testing

#### Treatment
- HIV treatment
- Screening, diagnosis, treatment and prevention of HIV-associated tuberculosis (TB)
- STI treatment
- Hepatitis B and C treatment

### Essential for broader health: health interventions
- Anal health
- Mental health
- Screening and treatment for hazardous and harmful alcohol and other substance use

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2 It is also suggested to offer other vaccinations as indicated and feasible, such as those for hepatitis A, mpox and HPV.
References


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LGBT center in Mongolia.
Members of the LGBT center in their office.