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## HIV and AIDS REPORTER: focus on MSM and HIV 16 January 2007

produced by the [IDS Health and Development Information](#) team  
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The HIV and AIDS Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is **MSM and HIV**. The bulletin also features summaries of new documents and other additions to the [HIV and AIDS Resource Guide](#).

**HIV and AIDS Reporter archive** - an archive is now available on the HIV and AIDS Resource Guide. See previous issues of the HIV and AIDS Reporter at <http://www.eldis.org/health/archive.htm>

All documents listed below are available free on the web. If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact [i.young@ids.ac.uk](mailto:i.young@ids.ac.uk).

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## Feature: MSM and HIV

MSM is an abbreviation for 'men who have sex with men' or 'males who have sex with males'. According to UNAIDS and others, this abbreviation is useful as it includes not only men who self identify as gay or homosexual and have sex with other men, but those who may not exclusively have sex with men. In the most recent edition of Pukaar, an exploration of this terminology highlights how many involved in MSM practices may not identify nor be perceived as men, and therefore the term male may be more appropriate. The discussion also stresses that the use of this abbreviation should not imply a single, identifiable community.

Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks and collectives, as well as just behaviours without any sense of affiliation to an identity or community. [Pukaar, Jan 2007, Issue 56](#)

Regardless of identity, community or network, there is incredible denial, stigma, discrimination and violence surrounding MSM practices and activities. Same-sex sex remains criminalised in approximately 70 countries, with severe punishments like the death penalty for those found out. There have been numerous cases of harassment and arbitrary detention of those involved in MSM activities, including of HIV peer educators and health outreach workers. Sexual violence has been reported by many, as well as harassment including extortion, blackmail, beatings, restriction of movements in public places and disclosure of sexual practices to families.

There is much denial in many corners of the world that MSM exist, and that those involved in MSM practices have rights and that these rights need to be addressed. This stigma, discrimination and denial has also resulted in little if any information on/about MSM activities or circumstances. Increased sexual and social vulnerability, as well as poverty, marginalisation, violence and social exclusion experienced by those involved in MSM practices is disempowering and can fuel the AIDS epidemic. Fear of persecution, denial or stigma can impede sexual health promotion and prevent access to technologies and health services.

[Shivananda Khan](#) of the Naz Foundation International argues that MSM should always be seen as a 'vulnerable group' and that their sexual health concerns need to be addressed in ways that enable community-based responses. Although international and national agencies working in HIV have recognised the need for effective and sustainable strategies to prevent HIV, and much has been written and discussed around empowerment, creating and enabling environments and community based strategies, Khan argues that without addressing the day-to-day violations that confront MSM, vulnerability to HIV will remain high.

### For more information see:

- The Global Forum on MSM and HIV  
[www.msm-aids2006.org/index.html](http://www.msm-aids2006.org/index.html)
- UNAIDS 2006 statement on MSM and human rights  
[www.aidsalliance.org/graphics/secretariat/images/How\\_we\\_work/Prevention/UNA](http://www.aidsalliance.org/graphics/secretariat/images/How_we_work/Prevention/UNA)

## [IDS Timberlake ILGA en.pdf](#)

- International HIV/AIDS Alliance resources on Men who have sex with men (MSM)  
[www.aidsalliance.org/sw29365.asp](http://www.aidsalliance.org/sw29365.asp)
- Pukaar Newsletter, Naz International Foundation  
[www.nfi.net/pukaar-news.htm](http://www.nfi.net/pukaar-news.htm)

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## Recommended readings on MSM and HIV

### 1. Life and dignity: standing up against homophobia

Authors: J. Jacobo Hernandez

id21 insights(2006)

Octavio Acuna a soft-spoken gay man who worked for AQUESEX - a non-governmental organisation in Mexico, was murdered in 2005. He was a well-known and committed gay, HIV & AIDS and human rights activist in Queretaro, a beautiful but homophobic city in the heart of conservative Mexico. Many of his colleagues, friends and others fighting for similar issues believe that this commitment and activism led him to his death. The legal battle is still on to prove that Octavio was indeed murdered because he was gay and was involved in HIV issues. Popular belief is that his murder cannot be interpreted in any other way. AQUESEX, its local partners and the state HIV & AIDS programme called for action which inspired a national wave of protests to denounce this hate crime and demand justice.

Available online at: [www.id21.org/insights/insights64/art04.html](http://www.id21.org/insights/insights64/art04.html)

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### 2. Men who have sex with men, HIV prevention and care

Produced by: Joint United Nations Programme on HIV/AIDS (UNAIDS)(2005)

This report from UNAIDS details a stakeholder consultation held in 2005 on men who have sex with men (MSM), in relation to HIV prevention and care. The objectives of this meeting were to identify: the key needs and priorities in HIV prevention, treatment care and impact mitigation work with MSM; ways of strengthening programming and policy actions; and the roles of key stakeholders in this process. The report provides an overview of what is known about MSM and knowledge gaps in Africa, Asia and South America. Key issues identified include the need to use internationally agreed human rights instruments; advocating for those who might be marginalised; promoting recognition of the role of culture, religion and gender stereotypes in negative responses to MSM; and being proactive in the needs of MSM in HIV programmes.

The report concludes that national government responsibilities are essential and identifies a number of key elements in national level responses. There needs to be commitment to protect the rights of MSM, these rights and needs have to be prioritised in national strategic HIV and AIDS plans and there needs to be genuine MSM community participation and representation in planning and implementation. Participants also highlighted the need to increase coverage and fully fund programmes for MSM and to create a vocal constituency for MSM as well as build alliances. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23363>

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### 3. Rapid situation analysis of men who have sex with men in the Maghreb and Lebanon

Produced by: International HIV/AIDS Alliance (2005)

This report, from the International HIV/AIDS Alliance, examines the needs of men who have sex with men (MSM) in Algeria, Morocco, Tunisia and Lebanon. The analysis aimed to gain a better understanding of not only the sexual health needs of MSM in the region; but also their social, emotional, community and economic needs to help develop focused HIV prevention and support programmes in a Muslim context. Findings revealed: a low level of awareness with regard to HIV and AIDS; negative attitudes with regard to condoms; and low self-esteem. All of these findings act as major obstacles to health promotion aimed at MSM.

The report makes a number of recommendations. Given that MSM are often confronted with more urgent problems than HIV (such as unemployment, family conflict, humiliation, discrimination and violence linked to homophobia), HIV prevention messages and support work must include basic information on human rights for MSM and people living with HIV and AIDS. Other recommendations highlight the importance of creating safe places - real or virtual - where MSM can meet, talk and find information and support; and the need to create solidarity among MSM to encourage self-esteem. Finally, the authors outline how it is essential to encourage positive attitudes concerning MSM amongst service providers, especially health professionals. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC20385>

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### 4. MSM and HIV/AIDS risk in Asia: what is fueling the epidemic among MSM and how can it be stopped?

Produced by: TREAT Asia (2006)

This report from TREAT Asia presents a profile of the diverse communities of men who have sex with men (MSM) in Asia. It summarises the latest epidemiological information on HIV prevalence among these groups and makes a number of policy recommendations on how to respond to the growing HIV epidemic among these communities.

The report argues that there is a great deal of diversity among groups of MSM across the 23 countries covered in this research, as well as between different groups of MSM within individual countries and cultures. The report analyses these differences and the challenges which this presents to HIV prevention work. Strategies developed by communities of gay men in Western urban centres are of limited use because of this diversity and because there is not the same cultural connection in Asian societies between sexual behaviour and identity. High levels of stigma and discrimination towards MSM, and a lack of knowledge about HIV transmission among these men, also pose serious challenges. The report recommends more vigorous political recognition of this issue, the development of services directed at MSM and adequate ongoing support for these services. It also recommends the inclusion of MSM in all routine HIV surveillance and in all efforts to address the epidemic. The report particularly recommends the adoption of participatory, peer-based models for HIV prevention work among MSM.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23358>

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### 5. MAP report 2005: male to male sex and HIV/AIDS in Asia

Produced by: Monitoring the AIDS Pandemic (MAP) Network (2005)

This publication, from the Monitoring the AIDS Pandemic (MAP) Network, reviews the situation of men who have sex with men (MSM) in Asia. The report summarises the key findings about the epidemiology of HIV and AIDS among Asian MSM and discusses the programmatic implications of these findings. Key findings show that in 2003, 17 per cent of MSM in Bangkok, Thailand were HIV positive. By 2000, 15 per cent of MSM in Phnom Penh, Cambodia tested positive for HIV. The prevalence of HIV among transgender sex workers in Jakarta, Indonesia increased from 6 per cent in 1997 to 22 per cent in 2002. While these findings represent the most at risk segment of the MSM population, they give cause for alarm in Asian countries that continue to neglect MSM prevention, care, support and treatment.

The report highlights four areas that programme managers addressing male-male sex need to consider. These include increasing condom use in male-male sex, and introducing prevention methods to those engaging in high-risk activities, such as men and transgendered people who sell sex to men. Managers also need to consider issues of drug use and men who have sex with men and women. [adapted from author]

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC19058>

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## 6. Emerging HIV-1 epidemic in China in men who have sex with men

Authors: Choi, K.; Liu, H.; Guo, Y.; Han, L.; Mandel, J.; Rutherford, G.

Published by: The Lancet (2003)

China is currently undergoing a serious HIV-1 epidemic in intravenous drug users, sex workers, and former plasma donors. Little is known, however, about HIV-1 risk in Chinese men who have sex with men.

In this study of HIV prevalence in such men in Beijing, the researchers recorded 15 of 481 men infected with HIV-1. Overall, 238 (49%) of participants reported unprotected anal intercourse during the previous 6 months. HIV-1 seropositivity was independently associated with being older than 39 years and having had more than 20 male sexual partners. Most men older than 39 years had been married. Our findings suggest the potential for spread of HIV-1 between men who have sex with men and to their heterosexual partners. [author's abstract]

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge

Summary available online at:

[www.eldis.org/cf/search/disp/docdisplay.cfm?doc=DOC12548&resource=f1hiv](http://www.eldis.org/cf/search/disp/docdisplay.cfm?doc=DOC12548&resource=f1hiv)

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## Other recommended readings

### 1. Condoms: an international workshop

Published by: International HIV/AIDS Alliance (2006)

This workshop report from the International HIV/AIDS Alliance examines how to develop policies and programmes which promote condom use as an HIV prevention strategy. The report contains presentations and discussions from the workshop held in 2006. The topics explored

include: the relationship between sexuality, gender and condom use; attempting to understand and work with the diverse personal and cultural reasons why people are resistant to using condoms; working with particular population groups, such as young people, sex workers, drug users and men who have sex with men; and the impact of anti-condom policies by national governments, including the United States, on condom promotion programmes.

The report makes a number of recommendations. Some of these include: eroticise condom packages, include instructions and adapt these for the local context; focus condom promotion on reducing infection in those most at risk; integrate safe injecting drug use and condom promotion; listen to young people's voices and engage youth in condom policy, programme and service delivery development; positive prevention means condoms for people living with HIV and AIDS; and the role of advocacy groups working in partnership with health workers in education and promoting condoms needs to be recognised.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23361>

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## **2. Potential impact of adjustment policies on vulnerability of women and children to HIV/AIDS in Sub-Saharan Africa**

Authors: De Vogli, R; Birbeck, G L

Published by: Centre for Health and Population Research, Bangladesh (ICDDR,B), 2005

This review article from the Centre for Health and Population Research in Bangladesh evaluates the potential impact of the International Monetary Fund (IMF) and World Bank adjustment policies on the vulnerability of women and children to HIV. The report focuses on sub-Saharan Africa since this is the region most affected by both structural adjustment policies and by the HIV epidemic. It finds that adjustment policies may inadvertently be producing conditions which make women and children more exposed to HIV infection.

The report uses a framework which connects changes at the macro level to changes at the meso level and from there to the impact at the micro level. For instance, the removal of food subsidies is connected to a rise in the cost of food and this in turn to the increased vulnerability of women and children to commercial sex and unsafe sexual practices. Some forms of adjustment policies produce mixed effects on the vulnerability of women and children to HIV. Others reforms, such as the removal of food subsidies and the introduction of fees for healthcare and education, have a negative impact on the spread of HIV among poor women and children. The report recommends a shift in emphasis from an individual approach to a socio-economic approach in the study of HIV infection among women and children in developing countries. It also calls for an urgent examination of the effects of adjustment policies on maternal and child welfare.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23362>

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## **3. Strengthening national responses to children affected by HIV/AIDS: what is the role of the state and social welfare in Africa**

Authors: Green, M

Published by: United Nations [UN] Children's Fund (UNICEF), 2005

This paper from UNICEF provides an overview of the situation of children affected by HIV and AIDS, particularly in sub-Saharan Africa. It assesses the current policy directed at responding to these children's needs and the role of different institutions in implementing this policy. The report also explores the opportunities for children affected by HIV and AIDS presented by

recent innovations in social welfare policy in some developing countries.

The report analyses the estimates for the number of children orphaned by AIDS and explains how the responsibility for caring for these children falls most heavily on women and poorer households. The 2004 Framework for the Protection, Support and Care of Orphans and Vulnerable Children Living in a World with HIV and AIDS is also assessed and a number of critical weaknesses are identified. Specifically, the Framework says nothing about how the strategies which it recommends are to be put in place or about the institutional support that needs to be provided to families and communities caring for children. The report argues that there is an urgent need to shift the burden of caring for children affected by HIV and AIDS away from poor families and communities and towards the state and the social welfare system. It points to recent innovations in social welfare policy in Latin America which could provide a potential model for adaptation by countries in sub-Saharan Africa. However, this would initially require a change in commitment from state dismantling to state building policies among donor countries and international agencies.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23357>

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#### **4. Analysis of the gender dimension in the scale-up of antiretroviral therapy and the extent to which free treatment at point of delivery ensures equitable access for women**

Authors: Gender and Health Group

Published by: Liverpool School of Tropical Medicine (LSTM), 2005

This report from the Gender and Health Group at the Liverpool School of Tropical Medicine examines how gender inequality affects access to anti-retroviral therapy (ART) by women in poor countries. The report explains how access to freely available ART benefits women and outlines a number of policy measures necessary to ensure gender equality when access to free ART is being scaled up.

Up to three times as many women than men are living with HIV in sub-Saharan Africa. However, gender subordination, discrimination, stigma and poverty mean that women are less likely to access treatment. The report highlights how making ART freely available improves women's access to it. But, as there are a number of factors other than cost that also prevent women benefiting from treatment, it is necessary to devise a package of free access that will help ensure gender equity in access to the services. The report makes a series of recommendations on how to introduce gender equity into the World Health Organisation (WHO) minimum requirements for ART provision. The report also makes recommendations to ensure gender equity in a further series of areas. These include removing the geographical barriers to access, health promotion and behavioural change interventions, community involvement in developing interventions and the provision of nutritional supplements or economic supports with ART.

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC23360>

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See the HIV and AIDS Resource Guide for a complete list of new additions at:

<http://www.eldis.org/hiv aids/index.htm>

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## Announcements

### Call for papers: Research for Sex Work

The annual publication Research for Sex Work seeks contributors for its next issue. The theme of this tenth issue is **the sex workers rights movement**. Research for Sex Work welcomes three types of articles: 1) research results, 2) project or programme descriptions and 3) analyses/overview articles. Research for Sex Work aims to provide a platform for the exchange of ideas, experiences, observations and research results with regards to sex work and HIV prevention in the broader framework of health and human rights.

Although the title suggests otherwise, Research for Sex Work is not an academic journal. Readers and authors are from sex workers (support) organisations, HIV prevention projects, local and international NGOs, universities, research institutes, etc. Building on the knowledge and experiences of people involved in HIV prevention and development for sex workers, the journal tries to explore a chosen topic in each edition. Previous themes have included: peer education, appropriate health services, empowerment, violence, migration/mobility, human rights, ethics in health care and research, sex work and law enforcement and money. All previous issues are available to download from [www.researchforsexwork.org](http://www.researchforsexwork.org) and <http://www.nswp.org/r4sw>.

Deadline for submission is 28 February, 2007, maximum 1200 words. For more information or to discuss a submission, contact the editor Melissa Ditmore, at [r4sw@nomadcode.org](mailto:r4sw@nomadcode.org). All articles can be submitted in English, Chinese, Hindi or French.

### Call for papers: Developing World Bioethics special issue: HIV/AIDS, pregnancy and reproductive autonomy: rights and duties

HIV has ethical and legal implications for reproductive health, not least in the area of pregnancy. Women who are HIV positive may experience difficult choices about whether and how to become pregnant or remain pregnant. Those who do decide to become pregnant may be subjected to overt or subtle negative pressures by partners, families, the community, and the state on because of perceived duties about protecting the health and welfare of yet to be born children. The availability of HIV testing and counselling, antiretroviral therapy, and abortion is apt to impact on the freedom to decide whether or not to continue with a pregnancy. In recent times, 'routine' HIV testing has been suggested as an appropriate response in countries with a high HIV prevalence. In some settings, access to health care services, such as fertility services, is contingent upon the woman agreeing to undergo HIV testing. Thus, the intersection between HIV and pregnancy raises myriad ethical and legal issues.

Submission are invited on all aspects of this topic from a bioethical and/or legal/human rights perspective. Submissions should ultimately seek to illuminate the parameters of reproductive autonomy at the intersection between HIV and pregnancy. Issues of particular interest include, but are not limited to, ethical and legal challenges in: mandatory and routine HIV testing; HIV screening; abortion and adoption counselling; a ccess to reproductive health services, which is contingent upon HIV testing; fairness and transparency in access to abortion services, including operationalising indications for abortion in the context of HIV, such as the therapeutic and rape indications; access to antiretroviral therapy; and stigma against HIV+ pregnant women.

Deadline for submission is 1st July 2007. Maximum word length is 5,500 words. Papers can be submitted via the online submission form: <http://mc.manuscriptcentral.com/dwb>. You may also email [ngwenac.HUM@mail.uovs.ac.za](mailto:ngwenac.HUM@mail.uovs.ac.za) with brief proposals. For more information, go to:

[www.blackwellpublishing.com/dwb](http://www.blackwellpublishing.com/dwb)

### New website: Sexuality Policy Watch (SPW)

Established in 2002, Sexuality Policy Watch (formerly International Working Group on Sexuality and Social Policy (IWGSSP)) has launched a new website. A wide variety of visual materials, including short films presenting interviews with authorities in the field will be available soon. Sexuality Policy Watch is a forum for researchers and sexual and reproductive health and rights (SRHR) activists from all over the world. The SPW has two main objectives: to contribute to sexuality related global policy debates through strategic policy-oriented research and analysis projects, and to promote more effective linkages between local, regional and global initiatives.

See the new site at: [www.sxpolitics.org](http://www.sxpolitics.org)

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See the complete list of new additions, announcements, job adverts at: [www.eldis.org/hiv aids](http://www.eldis.org/hiv aids)

The HIV and AIDS Reporter is produced by the IDS Health and Development Information team in collaboration with the DFID Health Resource Centre (HRC) and Eldis.

The IDS Health and Development Information team promotes health and equity in developing countries through the provision of high quality, accessible information to policymakers and practitioners. IDS Health and Development Information currently has three flagship products:

- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/hiv aids/index.htm>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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If you are unable to access any of these materials online and would like to receive a copy of a document as an email attachment, please contact our editor at the email address given below.

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Please forward this email bulletin to colleagues and networks who may be interested.