iPrEx Fact Sheet: The Epidemic in Men Who Have Sex with Men (MSM)

The need for effective new prevention methods is critical, especially within populations with elevated risk for HIV infection, such as men and transgender women who have sex with men (MSM).

iPrEx is:
- the first large efficacy study of PrEP to be conducted in Africa, Asia, and North and South America
- the first large-scale HIV clinical trial conducted exclusively among men and transgender women who have sex with men (MSM) in Africa or Asia
- the first study to demonstrate efficacy for a biomedical HIV prevention intervention in MSM.

Male circumcision was found in three trials to provide substantial protection to heterosexual men. A vaginal gel containing tenofovir was recently found to provide protection to heterosexual women, especially among those reporting more consistent use. The iPrEx study found that oral FTC/TDF PrEP provided additional protection to MSM, who were not studied in trials of male circumcision and gels. Oral PrEP was especially protective among those participants reporting rectal exposure, for which male circumcision is not expected to provide benefit.

Taken together, findings offer novel strategies for slowing the spread of HIV in heterosexual men and women and now MSM. Used in combination with other prevention methods, these new prevention methods could enable and empower people to substantially slow the spread of HIV in their communities.

MSM are among the groups most affected by HIV in a number of countries. Across different societies, where data are available, the prevalence of HIV infection is generally far higher among MSM than in the population at large. Worldwide, MSM are in urgent need of improved HIV prevention, treatment and care.

MSM have selflessly led and consistently contributed to HIV prevention efforts since the beginning of the epidemic. Despite that record of leadership, however, and despite the grave impact of HIV on these communities worldwide, MSM have often been underrepresented in HIV prevention research and services.

- In certain studies, HIV prevalence among men who have sex with men has been found to be as high as 25% in Ghana, 30% in Jamaica, 43% in coastal Kenya and 25% in Thailand.\(^1\)

- Among transgender people, HIV prevalence is thought to be even higher. Data presented at the 2008 International AIDS Conference in Mexico showed HIV prevalence of over 25% among transgender people in three Latin American countries and prevalence ranging from 10% to 42% in five Asian countries.\(^2\)

- Overall, the HIV epidemic among men who have sex with men contributes significantly to wider HIV epidemics. In low-income countries, on average, 20% of men who have sex with men report having sex with women at some time; 16% of men who have sex with men also report having sex with a woman in the last year; and 16% of men who have sex with men also report being married\(^3\).

- A study in and around Mombasa, Kenya, of men who had sex with both men and women found an HIV prevalence of 12.3%—more than double Kenya’s estimated adult HIV prevalence of 6.1% at the time of the study (2005)\(^4\).

- Some men who have sex with men and transgender people are also involved in sex work and/or inject drugs. For example, in Hanoi, Viet Nam, 9% of men who have sex with men reported that they have injected drugs at least once in their lives\(^5\).

- In 2007, the Global HIV Prevention Working Group, convened by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation, estimated that HIV prevention services reach only 9% of men who have sex with men\(^6\).

- The latest global data available (UNGASS 2008 country reports) on the percentage of men who have sex with men receiving HIV prevention services show that, while 71% of countries did not report on this indicator, where information was reported, access to HIV services for men who have sex with men varied from 12% in Africa to 43% in Latin America\(^7\).

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\(^1\) amfAR 2008, MSM, HIV, and the Road to Universal Access—How Far Have We Come? Special Report, amfAR, USA.
\(^7\) amfAR 2008, MSM, HIV, and the Road to Universal Access—How Far Have We Come? Special Report, amfAR, USA.
A recent analysis of data from eight industrialized countries, including the United States, United Kingdom, the Netherlands, France, Germany, Spain, Australia, and Canada, found that, although the prevalence of diagnosis of HIV infection generally decreased from 1996 through 2000, diagnoses of HIV infection among MSM have increased by 3% per year from 2000 through 2005.8

In resource-limited countries, such as Dakar, Senegal, Bangkok, Thailand, and Peru, there is mounting evidence of emerging HIV epidemics among MSM, often in settings marked by discrimination, homophobia, and criminalization9.

A recent systematic review identified high rates of HIV infection among MSM virtually in all areas where data were available (sub-Saharan Africa, Latin America and the Caribbean, southern and Southeast Asia, China, and the Russian Federation).10

The great majority of MSM in developing countries have yet to be reached by HIV prevention services; a recent Joint United Nations Programme on HIV/AIDS estimate shows that <1 in 5 MSM globally have access to the most basic interventions, such as information on risk of HIV infection in MSM and use of condoms11.

MSM account for nearly half of the more than one million people living with HIV in the United States (48%, or an estimated 532,000 total persons).

MSM account for more than half of all new HIV infections in the U.S. each year (53%, or an estimated 28,700 infections).

The rate of new HIV diagnoses among MSM in the U.S. is more than 44 times that of other men (range: 522–989 per 100,000 MSM vs. 12 per 100,000 other men).

New HIV infections are increasing among MSM in the U.S. While new infections have declined among both heterosexuals and injection drug users, the annual number of new HIV infections among MSM has been steadily increasing since the early 1990s.

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• In the United States, the primary ages at which MSM become infected differ by race:
  o Young Black MSM: Most new infections among black MSM occur among young black MSM. In fact, there are more new HIV infections among young black MSM (aged 13–29) than among any other age and racial group of MSM. The number of new infections among black MSM in this age group is roughly twice that of their white and Hispanic counterparts (5,220 infections in blacks vs. 3,330 among whites and 2,300 among Hispanics).
  o White MSM in their 30s and 40s: Most new infections among white MSM occur among those aged 30–39 (4,670), followed by those aged 40–49 (3,740).
  o Young Hispanic MSM: Among Hispanic MSM, most new infections occur in the youngest (13–29) age group (2,300), though a substantial number of new HIV infections also occur among those aged 30–39 (1,870).