In order to achieve a coherent strategy around HIV/AIDS, DIFID should take into account the wider health inequalities and cultural and structural factors that contribute to the burden of HIV/AIDS in vulnerable populations and in particular, in gay, bisexual, and other MSM (GBMSM). This population is often ‘invisible’ in a developing world context as reliable data on sexual orientation is not forthcoming.

This population undoubtedly remains at disproportionate risk of HIV. In addition to HIV other health inequalities related to mental health, alcohol and substance use have been identified (1). These inequalities are often interrelated having a synergistic effect driving further inequality and increasing risk of HIV. (1) DIFID should ensure its funding is appropriately directed to projects that recognise the interrelated nature of HIV and other health inequalities in GBMSM.

Despite the well documented health inequalities, various cultural and structural problems discriminate against this population leading to unequal access to healthcare. Punitive laws enforced at varying levels in 75 countries worldwide (39% of UN Member States), render gay men at increased risk of arrest, convictions and violence (2). Decriminalisation and anti-discrimination legislation therefore remain first steps toward improving health and wellbeing globally. GBMSM in these countries will be less likely to disclose sexual orientation hence limiting their access to healthcare and effective health promotion. Any funding for biomedical HIV prevention strategies (e.g. expanding access to testing, treatment or Pre-exposure prophylaxis) must take into account these structural factors and DFID should highlight the need for the UK government to use its influence to highlight the health inequality consequences and costs of continuing to criminalise the sexual behaviour of GBMSM. Legacies of hostility still remain in more liberal countries. Stonewall, reported more than half of gay and bisexual UK school pupils experienced homophobic bullying (3). A reluctance to ‘come out’ can create stress predisposing to poorer mental health (4) and its consequences. GBMSM also remain victims of hate crime and may be subjected to abuse for public displays of affection (2). DIFID should consider funding projects that attempt to improve societal attitudes and tackle abuse and bullying of GBMSM as well as those that provide sex and relationship education containing a curricula that is more inclusive of same sex relationships.

References

1. Pakianathan M, Daley N, Hegazi A. Gay, bisexual, and other men who have sex with men: time to end the fixation with HIV. BMJ. 2016 Sep 2;354:i4739. doi: 10.1136/bmj.i4739.

