CHAPTER I

INTRODUCTION

CONFRONTING THE HIV/AIDS EPIDEMIC IN GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN IN LATIN AMERICA AND THE CARIBBEAN

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As the HIV/AIDS epidemic in Latin America comes to the end of its second decade, a review of epidemiological information available reveals a situation that, despite its magnitude, has seldom merited the attention of the news media: In more than one-third of reported AIDS cases for which information was given about the probable mode of transmission, such probable mode was attributed to sexual transmission between men *(PAHO, 2000)*, even though, ostensibly, men who have sex with men (MSM) account for a much smaller fraction of the population. Furthermore, the prevalence of HIV infection in MSM populations in most major cities in Latin America is between 5% and 20%, which, generally speaking, is much higher than in the general adult population (usually under 1%). By definition, therefore, most regional epidemics are mainly *concentrated in MSM populations* (see Chapter II).

A combination of passive acceptance of the notion that this epidemic among MSM is «to be expected» (in light of recent history and given the view that AIDS is the result of 'promiscuity'), and ignorance of the cultural characteristics of MSM

populations, together with the fact that in practice they are not regarded as persons with rights (even the right to health), probably led to a degree of indifference towards the figures mentioned above. Despite the long duration and magnitude of the ongoing epidemic in this group, it would not at all be fair to say that it is on the way to being controlled (*PAHO, 2001).*

This study, a joint effort by researchers and activists in Latin America and the Caribbean, seeks to boost - or strengthen - a regional response to this crucial issue. Having examined the experience of more than 20 years of anti-AIDS struggle, this group can say with certainty that successful public health policies are inextricably linked to the observance of rights, and that the one nourishes the other.

¿Why was this study necessary?

This study arises in response to the disparity between, on one hand, the scale of the epidemic among gay and other MSM in the region and, on the other, the social response to it (particularly at the level of governments). Ironically, this situation is partly the result of a worldwide movement launched at the end of the 1980's to «dehomosexualise» the epidemic, in order both to avert the stigmatisation of MSM and to convince others of the risks to which any sexually active person is exposed. This task implied confronting the myth that AIDS is a disease that affects «others». No consideration was given, however, to that fact that some of the assumptions that guided this strategic measure took it for granted that, a) sufficient effort had been invested in prevention in MSM; and, b) the epidemic among these groups was adequately controlled. However, there is no evidence to support either of these views. Although there were many programmes targeting MSM visible in the early days of the regional response to the epidemic, most of them were low-budget projects implemented by community-based organizations and designed without the proper technical support needed to ensure their impact. For their part, government programmes and initiatives played a minor role and, in any event, were late and insufficient.

There are several explanations for the inadequacy of government programmes. Probably the main reason, as mentioned, is that it was assumed that these groups were already receiving assistance from community-level initiatives and that the risks among them had already diminished. Other reasons we can cite include, a) the failure on the part of many AIDS control programme authorities in the region to properly understand the sexual cultures of MSM, in the context of a poor understanding of human sexuality in general, which limited their ability to see the

need for these programmes, or to design them properly when they realized their necessity; b) the view that the state should only concern itself with prevention in the general population; and, c) the difficulty to conceive MSM populations (and, by extension, other marginalised groups, such as male and female sex workers) as persons with rights, including the right to health.

In response to this situation, the main aim of this book is to provide persons who design, implement, or fund programs and projects in the area of public health and HIV/AIDS (as well as researchers and other interested individuals) with instruments to: a) better understand the sexual cultures of different groups of MSM in the region (including men with gay or transgender identities); b) better examine the dynamic scale of the HIV epidemic among them, and understand its roots in the social structure; and, c) implement better responses to the epidemic.

A Look at the Point of Departure

As stated above, the response to the epidemic affecting MSM populations in the region has been insufficient to achieve its control. That is not to say, however, that there has been no response; on the contrary, parts of this study, in particular Chapter VI, are devoted to examining it. Here we will limit ourselves to putting forward some general ideas that will enable us to understand the validity of our point of departure, and move on from there to ways to consolidate progress made and correct shortcomings and failures.

Activities designed to prevent HIV infection or to reduce its social impact have been implemented in most parts of the region, particularly in capital cities. These activities have been carried out by gay organizations, non-gay NGOs and, in some cases, government programs *(Aggleton et al., 1998; UNAIDS/LCLCS, 1999)*. If we compare countries, we find that factors influencing the magnitude of the social response to the epidemic among gay men and other MSM have included: the relative incidence of AIDS among MSM; the view of AIDS as a public health problem; and, in particular, the level of civil-society involvement in issues concerning access to health and the status of sexual rights *(Parker, Barbosa and Aggleton, 2000)*. Clearly, the Brazilian case is a 'best practice', given the energetic multi-sectoral response based on the perception of AIDS as a serious public health threat, and the political decision to earmark a significant portion of the budget at the federal, state, and local levels for prevention and care. Also worth noting is Brazil's rich tradition of civic activism and the highest level in the region of integration of gay communities with mainstream society *(The Lancet, 2000)*.

Very few comparisons have been made of the quality, sustainability, and coverage of these activities carried out at different times, in different countries, and with different stakeholders. Although narrative information exists on many of them, very few experiences have been documented or published, and even less have been formally evaluated, partly because most such activities have originated from the heroic enthusiasm and commitment of the community and have been carried out with very small budgets *(Aggleton et al., 1998)*. These programs have been designed for implementation on several different levels: from those aimed simply to disseminate information or develop inter-personal capacities, to those that seek to change social norms or, in particular, to stimulate community organization with a view to consolidation of sexual citizenship *(UNAIDS/LCLCS 1999)*. The community has been targeted with approaches that included promotion of HIV voluntary counselling and testing (VCT), group-level interventions, community mobilization, outreach on streets or shopping centres to distribute educational materials, educational theatre, and the promotion of peer leadership. It is encouraging that there is an increasing move away from traditional models based solely on information delivery or capacity building; these are progressively being replaced with structural interventions aimed at reducing vulnerability through community development and promotion of sexual rights *(Parker, 1996)*.

With the exception of a handful of governments that have become involved in programs for MSM (notably, Argentina, Brazil, Colombia, Chile, Mexico, Peru and Dominican Republic), through either direct implementation or through the funding of activities of community-based organisations, most programs in this area have been funded by international cooperation agencies (e.g. UNAIDS, USAID, the Dutch Government), private donors (such as HIVOS, NOVIB, the International HIV/AIDS Alliance, the Ford Foundation) and humanitarian assistance organizations. All too often this has led to programmes with limited sustainability. The type of implementing agency also has a bearing on program coverage and quality, and the majority of successful programmes have been carried out by organisations that combine a reasonable level of technical capacity with well-established grassroots contacts in the community. Unquestionably, a crucial shortcoming of this response has been a lack of innovative and effective strategies aimed at reaching MSM subpopulations who do not identify themselves as gay and exerting an influence on the main structural factors of their vulnerability and that of their partners, both male and female *(Aggleton, 1996; Parker, 1995)*.

Special mention should be made of regional initiatives on MSM and HIV. En 1997, a Special Consultation on HIV/AIDS Prevention, Care and Support Programs for MSM in the region organized by Joint United Nations Programme on HIV/AIDS (UNAIDS) *(UNAIDS 1999)*, accomplished two things: a) A pledge to develop a Manual on Strategic Planning Guide for HIV/AIDS Prevention and Assistance Programs for MSM in the

region (published in Spanish with funding provided by UNAIDS) *(UNAIDS/LCLCS 1999)*; and, b) a major effort in strategic planning of HIV/AIDS prevention programs targeting MSM, spearheaded by the Association for a Comprehensive Health and Citizenship in Latin America (ASICAL), with financing from UNAIDS and the Government of Brazil; this effort involved the participation of multi-sectoral committees from 13 countries in Central and South America *(Meléndez et al., 2000)*.

The *Research Network on Sexualities and HIV/AIDS in Latin America*, which is responsible for this publication, has a similar background: In 1998 UNAIDS provided funds to support initial communication among researchers and researchers/activists involved in the issue of HIV/AIDS and sexual diversity in the region. This led to a Regional Meeting in Lima (February 1999) and the preparation of a Catalogue of Research on HIV/AIDS and MSM –sexual diversity-sexual rights– conducted between 1990 and 1999. Toward the end of 2000 a further grant from UNAIDS made it possible to update the catalogue and include it here for the benefit of policy makers in the region, in order to facilitate implementation of programs on HIV/AIDS in MSM populations. A new project, carried out with support from the Ford Foundation, on Sexualities, Health and Human Rights, will enable us to persevere with our efforts to build a networking forum for researchers and activists on these issues in the region, which will not only address the crucial matter of confronting the HIV epidemic, but also examine the epidemic in the light of the social exclusion of the people with alternative sexualities, which clearly is one of the core factors in its propagation.

Contents

This publication contains a collection of contributions prepared from different perspectives of disciplinary analysis, which aim to cover several relevant dimensions of the epidemic in a complementary manner. Although they basically reflect the views of their authors, they are part of a jointly-agreed publishing project and each helps in a different way to improve a common understanding of this and related problems in the framework of public health and human rights in Latin America and the Caribbean.

Chapter II describes the epidemiological context. Carlos Cáceres, a medical doctor and social epidemiologist from Peru sums up the situation and trends of the HIV/AIDS epidemic in the region, and shows the extent to which unprotected sex between men is a major cause of HIV transmission in practically every country. The author also criticizes certain categorisations and calculations that have hindered a proper analysis of the scale of the epidemic in MSM, and reviews an array of

options for organizing (or improving, where the groundwork has already been done) *second-generation* HIV epidemiological surveillance activities in MSM populations. Such review includes an analysis of ethical considerations, which, given the context, are an essential factor to bear in mind.

In Chapter III, Gabriel Guajardo, a Chilean anthropologist, describes and illustrates with examples the immense variety of situations and experiences encapsulated by an abstract category such as «men who have sex with men». If there is one common denominator in the practices, experiences and meanings attributed to sex and affective ties among men it is diversity. Any would-be effective preventive policy designed has to recognize that diversity and take stock of distinct symbolic worlds defined according to geography, age, social class, and cultural backgrounds. Cultural diversity entails, in turn, diversity in terms of capacities, resources and structural and symbolic vulnerabilities within a broader context of general hostility towards homosexuality.

In Chapter IV, José Toro-Alfonso, a psychologist from Puerto Rico, explores the issues of vulnerability and capacity from the perspective of the individual in a social context of homophobia; that is, a context in which sexual and affective ties between persons of the same sex are stigmatised. In particular, Toro examines this phenomenon in relation to the social construct of masculinity and exclusion of things that are different. This context produces a number of experiences linked to the creation of subjectivity that need to be recognized in order to ensure preventive practices that must be sustained in time.

In Chapter V, sociologist Hernan Manzelli and political scientist Mario Pecheny from Argentina, focus on HIV/AIDS prevention models targeting gay and other MSM. They start by describing three main theoretical prevention models and then describe concrete modalities in which they are applied to the diversity of practices and situations described in the preceding chapters. In this way the authors show the strengths and weaknesses that have emerged in their application.

In Chapter VI, the Chilean-American communicator and activist Tim Frasca summarizes and examines lessons learned from two decades of experience of prevention activities among gay men and other MSM in the region. The concrete daily efforts of activists and volunteers in the region yield lessons as to what works, what does not, and even what is harmful; those lessons are a key input for sound decision making in the future.

Finally, in Chapter VII, by way of conclusion, community health specialist and activist Veriano Terto from Brazil, discusses AIDS and the broader issue of the health of gay men and other MSM as we enter the third decade of the epidemic.

Annex I includes an introduction to the Catalogue of Research on HIV/AIDS and MSM conducted between 1990 and 2001 in Latin America and the Caribbean, a complete version of which is attached in an interactive CD-ROM in Spanish and English. The first part of the catalogue, covering the period 1990 to 1999, was the main product of the first project carried out by the Research Network with UNAIDS funding (1998-1999); the second part, which updates the research as far as 2001, was compiled by Mexican communicator and activist Alejandro Brito. Percy Fernández Dávila, a Peruvian psychologist, has combined the two parts into a single version.

Finally, Annex II contains an Executive Summary of this book prepared wit the help of Peruvian writer Jesús Martínez.

Overcoming exclusion and accessing health as a right

We would like to conclude this short introduction by underscoring some of the ideas advanced in this book: the disproportionately high impact of the epidemic on gay male and other MSM populations should not be regarded as 'to be expected', thus making light of the enormous vulnerability of this group to this public health menace; that vulnerability cannot be reduced simply through individual behaviour changes, but depends to a considerable degree on altering the situation of social exclusion that curtails the quality of life and life expectancy of MSM, among other socially sidelined groups; like anyone else, MSM are entitled to the full exercise of their rights as citizens, which includes the right to health services for prevention and care; finally, we believe it is necessary to reiterate that government and society in general must act to curb the HIV epidemic that is seriously harming MSM populations in the region, in ways that are consistent with effective public health practices and with proper standards of protection for their human rights.

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