

ENGAGING **with Men Who Have Sex with Men** **in the Clinical Setting**

**A Primer for Physicians, Nurses
and Other Health Care Providers**



May 2011

BACKGROUND & CONTEXT

This document is intended to serve as a primer on information related to men who have sex with men (MSM) for physicians, nurses, and other health care providers delivering HIV and primary care services in diverse clinical settings. Longstanding evidence indicates that MSM experience significant barriers to quality health care due to widespread stigma against homosexuality in mainstream society and within health systems.¹⁻⁵ Social discrimination against MSM, or homophobia,² has also been described as a key driver of poor health outcomes in this population across diverse settings.⁶ In nearly every country around the world, MSM are disproportionately burdened with HIV and other sexually transmitted infections (STIs) when compared to the general adult population.⁷ Higher rates of depression, anxiety, smoking, alcohol abuse, substance use, and suicide have been reported among MSM as a result of chronic stress and disconnection from a range of social services and support mechanisms.⁸⁻¹³

From a health systems perspective, MSM may delay or avoid seeking health- or HIV-related information, care, and services as a result of perceived homophobia within these systems.¹⁴ Homophobia also hinders disclosure of sexual and other health-related behaviors in health settings that may otherwise encourage discussions between the provider and patient to inform subsequent clinical decision-making. Providers are likely to feel biased when their own cultural, moral or religious leanings are incongruent with a patient's reported behaviors.¹⁵ Additionally, inquiry into the level of knowledge among training physicians, nurses and other health care providers on MSM-related health issues has shown that clinical curricula, particularly in low- and middle-income countries, do not address these knowledge gaps adequately.¹⁶⁻¹⁹

Recognizing a provider's mediatory role and related responsibilities in the mitigation of risk within a given community, this brief provides an initial framework for developing a broader set of guidelines to encourage ethical and effective clinical practice with MSM. Physicians, nurses, and other health care providers demonstrate leadership by modeling stigma-reduction, evidence-based clinical effectiveness, and purposeful engagement with patients who may also be MSM. An appendix section includes a listing of resources for further reading to develop more specialized clinical knowledge and skills.

^a Mean, unfair, or unequal treatment (including acts of verbal or physical violence) intended to marginalize or subordinate men who have sex with men based on real or perceived affiliation with socially constructed stigmatized attributes. Source: Ayala G. MSM guide to the guidance package. Advancing the Sexual and Reproductive Health and Human Rights of People Living With HIV. GNP+ and MSMGF. 2010.

By virtue of a provider's known qualities of maintaining professionalism and delivering ethical and person-centered care, the provider then becomes one of the most important players in the environment where MSM navigate their health care needs.

A NOTE ON TERMINOLOGY

Sex between men has been recorded throughout history.²⁰ Today, there are widely accepted terms used to describe same-sex relationships, behaviors, and identities, such as gay (attracted to same sex) or bisexual (attracted to more than one sex). Despite increasingly specific nomenclature, many MSM choose to remain invisible because of societal expectations, to conform to patriarchal norms, or due to fear of discrimination, arrest, or violence. For the purposes of this brief, men who have sex with men or MSM, is therefore used as an umbrella term that characterizes sexual behavior between men but encompasses a broad spectrum of multiple sexual identities and gender expressions. The following descriptions help delineate basic differences between key terms that may be useful in the clinical context.

- **Homosexual or Same-Sex Sexual Behavior:** Sexual acts between people of the same sex.
- **Sexual Orientation:** An enduring emotional, romantic, sexual, or affectional attraction to another person. Research has confirmed that sexual orientation is largely innate.^{21, 35}
- **Sexual Identity:** While a proportion of MSM may choose to identify sexually as gay or bisexual, some better relate to other culturally unique identities or sometimes remain heterosexually identified while continuing to engage in same-sex behaviors.²² Homosexual orientation may not necessarily be accompanied by same-sex identities.²³
- **Gender Identity:** Gender identity refers to a person's basic sense of being male, female, or transgender and may or may not be congruent with one's assigned gender at birth. Gender identity must be viewed as a spectrum, much like sexual orientation.
- **Gender Expression:** Gender expression refers to the way in which a person acts to communicate gender within a given culture, for example, in terms of clothing, communication patterns, and interests. A person's gender expression may or may not be consistent with socially prescribed gender roles, and may or may not reflect their gender identity.

In the health context, it is important for clinicians to distinguish between homosexual behavior, sexual orientation, and sexual identity as three separate concepts that may or may not be related. As described above, sexual orientation is distinct from biological sex assigned at birth, gender identity, and gender expression. Sexual attraction therefore manifests on a continuum with individuals expressing sexual attraction that can range from being attracted to exclusively one gender identity and/or expression to being attracted to multiple gender identities and/or expressions.

EVIDENCE FOR MALE-TO-MALE SEX

Researchers have attempted to measure the incidence of male-to-male sex in the general population. The most popular of published data is available from the Kinsey studies conducted in the 1940s.²⁴ These studies, conducted in the United States, suggest that at least 10% of the general population is homosexual. A recent US study indicates that while 3.8% of Americans who were surveyed identified as gay, bisexual, lesbian or transgender, 8.2% reported that they had engaged in same-sex behavior.⁸⁶ This variation signals the presence of both overt and covert sexual identities among MSM. A recent meta-analysis²⁵ on lifetime prevalence of sex between men estimated similarly, based on a range of figures for MSM in East Asia, South and South East Asia, Eastern Europe, and Latin America, while other studies have verified the presence of MSM in Africa.²⁶⁻²⁹

These statistics provide compelling evidence for the existence of homosexuality in the general population the world over. However, there is no ideal or accurate way to measure true prevalence of same-sex behavior. This is because MSM are not likely to admit their sexual behaviors, especially to researchers, epidemiologists, or government officials. This is truer in geographies where same-sex behavior is highly stigmatized, ridiculed, and, in over 70 countries, criminalized with harsh sentences.

While the use and credibility of such survey data is therefore limiting, it underscores the fact that MSM can remain invisible in a clinical setting. This makes the development of guidance for the provision of health care for MSM challenging. While homophobia and HIV-related stigma adds to the complexity, the invisibility of MSM in health systems provides a useful context for framing guidance on clinical care at the level of the provider.

PHYSICIANS, NURSES AND OTHER HEALTH CARE PROVIDERS' ROLES AND RESPONSIBILITIES

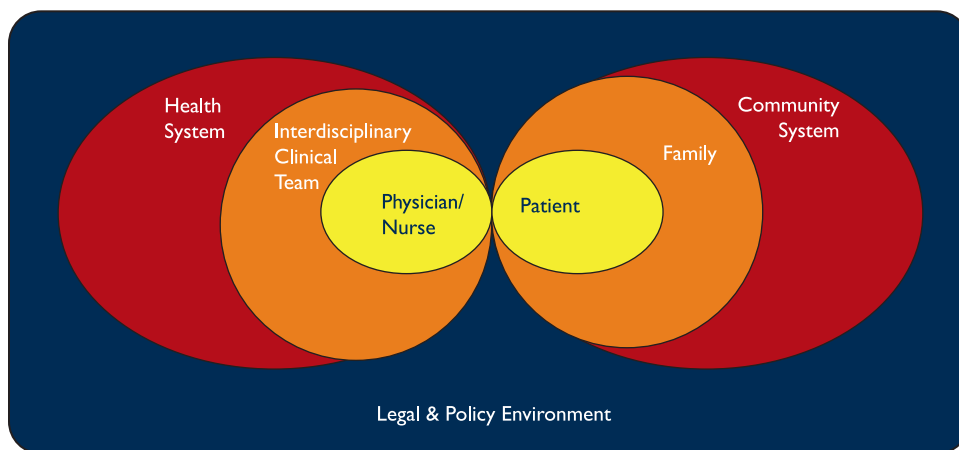
According to the World Health Organization, a key objective of any good health system is to deliver quality services to all people, when and where they need them. A primary health care setting is often a point of first contact for many MSM seeking health care in low- and middle-income countries. Moreover, specialized sexual health care practices do not exist exclusively for the MSM population in many countries.

The role of physicians, nurses, and other health care providers must be clarified with respect to their ethical responsibilities in providing compassionate care for all members of their community. An ongoing therapeutic relationship between a provider and patient that is built on trust and directed at the patient's health needs is of paramount importance. At every stage of the clinical decision-making process, MSM, like all other patients will tend to rely on the health care provider to understand their needs and to approach the delivery of care sensitively, responsively, and in a non-judgmental way. This includes adolescents and adult men who may be experimenting with their sexuality and may not be otherwise open about their sexuality in public spaces.

For accurate diagnosis, treatment, and follow-up of HIV and STIs, physicians, nurses, and other health care providers are primarily guided by a leading clinical history. A genuine recount of past sexual history informs subsequent clinical decisions about physical examination and laboratory investigations as required. MSM are not likely to seek health care if they do not feel comfortable discussing their sexual histories with their providers. By virtue of a provider's known qualities of maintaining

professionalism and delivering ethical and person-centered care, the provider then becomes one of the most important players in the environment where MSM navigate their health care needs.

Despite many barriers that exist, physicians and nurses become the most important players in the space where MSM navigate their health and HIV needs.



It is likely that physicians, nurses, and other health care providers in certain regions will serve MSM who engage in behaviors that may conflict with their own moral or religious principles.³⁰ Physicians, nurses, and other health care providers who conscientiously object to the provision of care to MSM as a result of their moral beliefs against homosexuality can consequently harm their patients' health. According to the World Medical Association (WMA), this is in direct opposition with a provider's obligation to provide care without discrimination.³¹ The WMA further recommends that the interests of the patient be held to take precedence over those of the physician. There is broad consensus that physicians and nurses who refuse care in this context should be obligated by law to refer the patient to someone who can provide quality clinical care.³²⁻³⁴

HOMOSEXUALITY IS NOT A MENTAL DISORDER

Decades of scientific research have provided indisputable evidence that homosexuality is not a psychiatric illness and that lasting change to one's sexual orientation is unlikely, if attempts are made at conversion.³⁵ Homosexuality is therefore understood globally among the scientific community as a normal expression of human sexuality. Any attempts to reform or "cure" one's sexual orientation using so-called "reparative therapies" are likely to fail and to cause harm such as depression, anxiety, suicidality, and, in some cases, a loss of sexual feeling altogether. In cases where patients themselves expressed the desire to change their sexual orientation as a result of internalized social stigma or external pressure, the most effective and appropriate therapeutic responses that resulted in maximum mental health benefit have been provider-initiated support, acceptance, and validation of their same-sex sexual orientation.

In 1973, a landmark decision largely informed and led by the research and advocacy efforts of noted psychologist Evelyn Hooker enabled homosexuality to be declassified as a mental disorder in the Diagnostic and Statistical Manual of the American Psychiatric Association.³⁶ In 1992, the World Health Organization removed homosexuality as a psychiatric disorder from its International Classification of Diseases, 10th Revision.³⁷ Statements by the Chinese Psychiatric Association in 2001 and the Indian Psychiatric Association in 2009 helped endorse the fact, in a non-Western context, that homosexual behavior does not signal the need for psychopathological intervention.^{38,39} In July 2009, the Delhi High Court in India noted that "there is almost unanimous medical and psychiatric opinion that homosexuality is not a disease or a disorder and is just another expression of human sexuality."⁴⁰

MYTHS CONCERNING HOMOSEXUALITY

Several misconceptions, myths and stereotypes concerning the lives and behaviors of MSM continue to marginalize MSM and challenge their meaningful integration with society.

MYTH: HIV is a Homosexual Disease

HIV was long considered a "homosexual disease" due to the earliest discovery of AIDS-related illnesses among a group of homosexuals in 1981 in the United States. This viewpoint has considerably changed, given epidemiological research data revealing major modes of transmission (vaginal and anal sex, blood transfusions, mother-to-child, and infected needles). Research has now helped trace the origins of the virus to hunters in Africa who were infected with HIV through cross-species transmission from monkeys.⁴¹

MYTH: Homosexuality can be Cured

Another common misconception in many cultures is the view that same-sex attraction or homosexual orientation is a

choice that individuals make and that this choice can be altered or cured through appropriate interventions. On the contrary and based on accrued evidence, the scientific establishment has found that homosexual orientation is largely innate and that any attempts to change it would result in harm. Although the exact etiology of sexual orientation is a complex subject for debate, a host of mutually interacting biological, psychological, and social factors influence sexual development in an individual.

MYTH: MSM have Pathological Characteristics

Other common myths that fuel prejudice against MSM are perceptions within the society that (a) MSM seek to be feminized and treated in that gender role, (b) MSM are pedophiles, and (c) MSM become homosexual as a result of a traumatic childhood or abuse. Scientific data suggests that none of these myths are true.⁴²⁻⁴⁵ It is crucial for physicians, nurses, and other health care providers to understand these misperceptions and create mechanisms to dispel these and other myths concerning MSM within their communities.⁴⁶

MSM HEALTH NEEDS AND ISSUES

MSM present unique issues in the context of developing guidance for the provision of comprehensive care. These individuals also possess the range of primary care needs—basic physical and mental health problems—faced by anybody else. The need is therefore significant to work toward building safe, sensitive, and integrated health systems that are responsive to the holistic and specific needs of MSM.

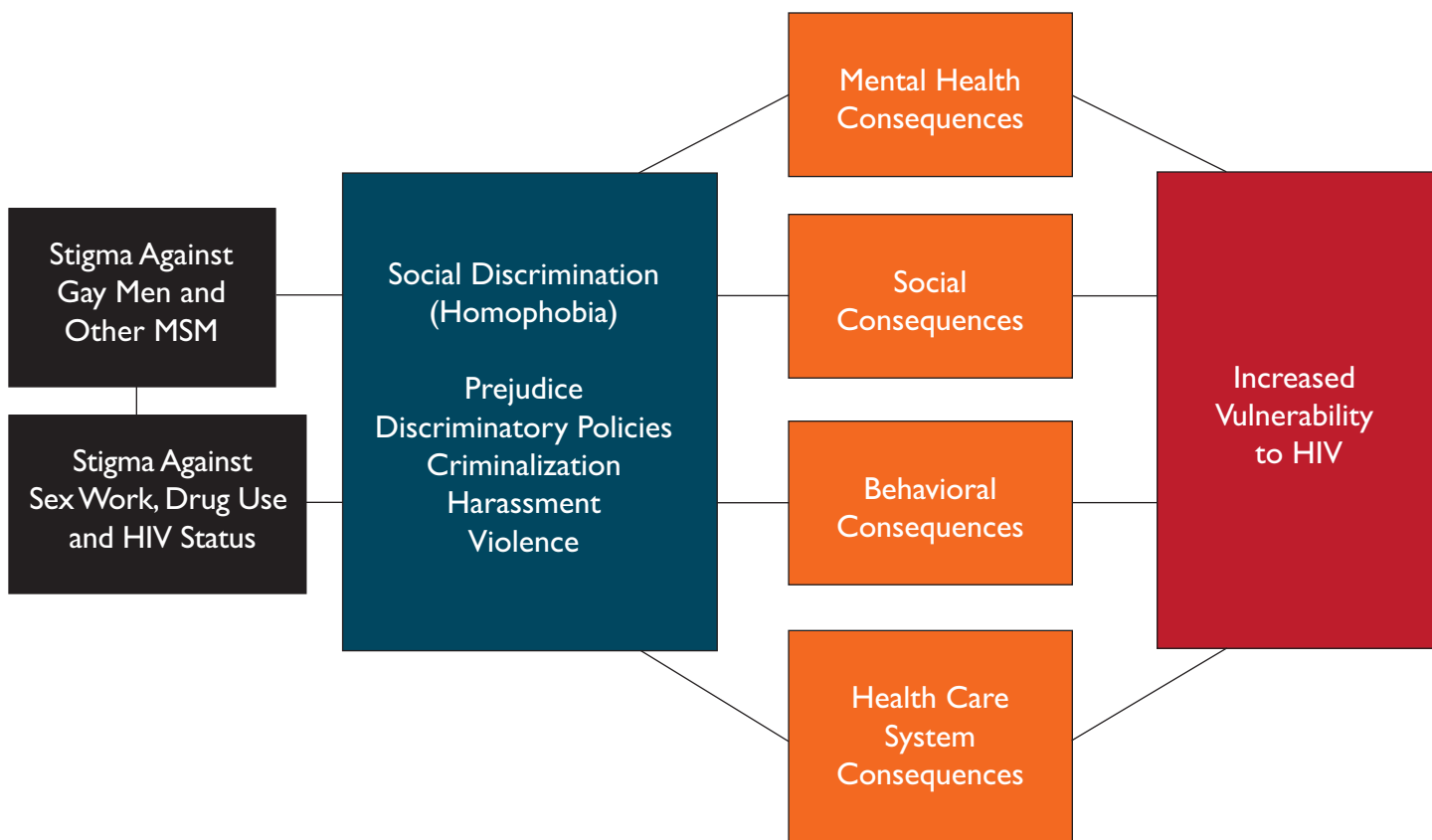
Enabling MSM to fully participate in and contribute to mainstream society and thereby into health systems is an effective approach to ensuring that their basic health needs are met. A comprehensive listing of the multiple health needs of MSM and ways to address them is beyond the scope of this primer. The following section however provides an initial context for physicians, nurses, and other health care providers to better understand some of the most common health concerns faced by MSM.

HIV and other Sexually Transmitted Infections

Globally, MSM have been historically under-served and ignored in the delivery of health information and care.⁴⁷ The coming of age of the HIV epidemic has meant that epidemiological data has become increasingly available with the use of targeted surveillance measures. Sexually transmitted infections (STIs) are also a serious public health concern for MSM. There is an increased susceptibility for HIV transmission among those infected with STIs. STIs are also difficult to diagnose and treat in resource-limited settings. As a hard-to-reach and vulnerable population in low- and middle-income countries, MSM are, on average, more likely to be infected with HIV when compared to men in the general adult population in nearly every nation where such data is available.⁴⁸

The diagram on the following page is a summary of key mechanisms that better explain the links between social discrimination against MSM and vulnerability to HIV risk.

Schematic Representation of Linkages Between Homophobia and HIV Risk



Mental Health

There is no innate association between homosexuality and psychopathology. However, social discrimination, rejection, isolation, and marginalization elevate the risk for mental health problems among MSM.^{49,50} According to the Centers for Disease Control and Prevention, MSM are at heightened risk for major depression during adolescence and adulthood, bipolar disorder, and generalized anxiety disorder during adolescence and adulthood, the common basis of which is likely homophobia.⁵¹ Sustained levels of stress as a result of homophobia can in turn lead to co-morbid conditions among MSM that typically occur in conjunction with other mental health problems such as substance use and suicide.⁵² Mental health problems are also a concern for MSM living with HIV and their loved ones due to the widespread stigma that is associated with both HIV and homosexuality. A reluctance to disclose sexual behavior and HIV status in the clinical setting will leave both physical and mental health needs unaddressed.⁵³

Physical and Sexual Violence

Sexual violence against men is still an ignored area within clinical science research and practice around the world. MSM, especially those who are visible in the community, are often subject to harassment, physical violence, and rape.⁵⁴ According to the World Health Organization, men can be raped or sexually coerced in a variety of settings, including home, the workplace, schools, on the streets, in the military, and during war, as well as in prisons and police custody. MSM who suffer these negative experiences may not be willing to speak about these issues openly due to

shame, fear, or guilt, thereby missing possible opportunities to be cared for and be helped. MSM who are violently attacked or raped not only will need to have their physical health needs addressed, but will also possibly present mental health and legal issues as a result of these traumatic experiences.

Drug Use

MSM may use drugs recreationally or as a strategy for coping with social oppression, rejection, isolation, loneliness, or loss. In a study conducted in San Francisco, MSM reported higher drug using behaviors when compared to heterosexual men from the general population.⁵⁵ Drugs commonly used by MSM include alcohol, marijuana, cocaine, crystal methamphetamines, ketamine, and amyl nitrites. MSM who use drugs tend to also engage in high-risk sexual behaviors such as unprotected anal intercourse.⁵⁶ Prohibitive laws around drug use and possession in nearly every country around the world prevent MSM from engaging in candid discussions concerning drug-using behaviors with physicians, nurses, and other health care providers. Increased prevalence of unprotected sex as a result of drug use heightens disease risk, leaving MSM who use drugs more vulnerable to HIV and other STIs. The lack of programming focused on established strategies such as harm reduction^b can lead to the transmission of diseases like HIV and Hepatitis C among people who

^b According to Harm Reduction International, harm reduction refers to policies, programs, and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.

inject drugs like heroin, cocaine, or amphetamines. This poses treatment challenges for physicians, nurses, and other health care providers. Draconian policies that continue to undermine syringe and needle exchange programs or other evidence-based harm reduction interventions only escalate disease rates and impede public health progress. MSM who use drugs therefore need sensitive, person-centered, and non-judgmental care to reduce harm, prevent disease and enhance overall well-being.⁵⁷⁻⁵⁹ Physicians, nurses, and other health care providers are uniquely positioned to provide such integrated care.

Sex Work

The limited data available on male sex workers who have sex with men, a population that is largely understudied and neglected, indicate that these individuals are at high risk for HIV transmission and substance use. There are multiple social, economic, and psychological factors to be aware of and sensitive to when addressing the needs of male sex workers. It is important to note that male sex workers are common subjects of harassment, violence, and rape as seen from reports from all over the world.⁶⁰⁻⁶³ MSM are already marginalized in nearly every country through punitive policies and, in 76 countries, through laws criminalizing homosexual sex.⁶⁴ Sex work is also criminalized in a majority of the world's nations, driving these individuals further underground, doubly stigmatizing them, and isolating them away from necessary health services. Inadequate access to HIV-related services and accompanying homophobia continue to be part of ground reality for both MSM who are sex workers and their clients. These individuals face discrimination and struggle on a daily basis for the realization of access to basic health information and care. Specialized knowledge and a non-judgmental attitude are both central to the provision of care and counseling to male sex workers who have sex with men.

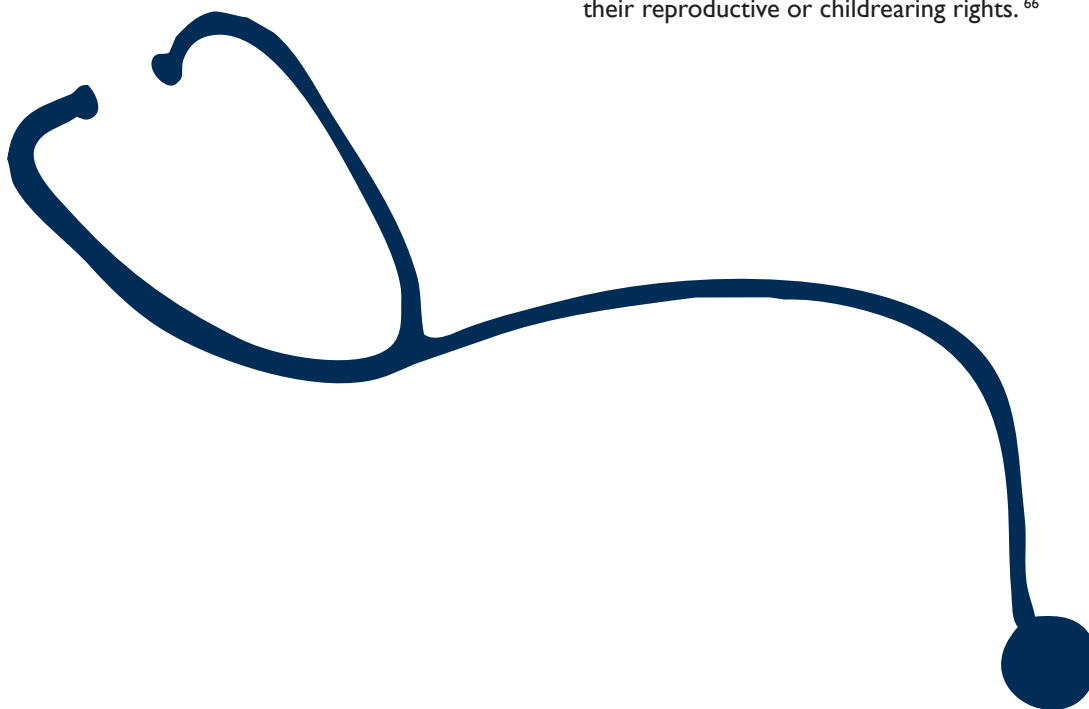
Partners and Families of MSM

Health care should not only be directed to MSM patients but also, when possible, to their sexual partners. MSM can have multiple sexual partners or be in exclusive long-term relationships. There may be variability in the forms that MSM sexual partnerships take. Irrespective of sexual partnership status, MSM seeking health care both for themselves and their sexual partners should be supported.

MSM around the world continue to navigate through societal mechanisms to find greater support and security for their relationships through legal frameworks such as marriage, civil partnerships, or civil unions. MSM may also choose to simply cohabit in the same household or to be in relationships with more than one sexual partner. In many countries, equal civil rights still do not exist for the recognition of same-sex relationships like they do for heterosexual couples. Seeking and receiving health care in this context thus remains a challenge for everyone involved.

Some MSM, either singly or along with their same-sex partners, may want to raise children and build families during the course of their lifetimes. These individuals require quality health care for each member of the family. Although children of same-sex parents may face stigma from society, increasingly available evidence strongly suggests that children of same-sex couples grow up to be mentally and socially healthy adults. An analysis of several hundred households in the United States indicates that children in same-sex households do not show any compromise in their self-esteem or emotional health.⁶⁵

There continues to be a growing need for physicians, nurses, and other health care providers to understand related health needs of MSM in the context of their reproductive or childrearing rights.⁶⁶



PRINCIPLES FOR EFFECTIVE CLINICAL PRACTICE AND ENGAGEMENT WITH MEN WHO HAVE SEX WITH MEN

Steering away from a range of assumptions related to an individual's sexual behavior, sexual orientation, sexual identity, or gender identity can allow for authentic and supportive patient-centered communication to further inform clinical decision-making as appropriate. It is additionally important for physicians, nurses, and other health care providers to introspect on their ethical role and responsibilities toward the health needs of MSM in the context of quality service delivery. Leadership approaches may include educating colleagues and patients about social discrimination against MSM, taking an active role in community-level engagement with MSM, leading and launching programs that mitigate homophobia, advocating for the removal of structural barriers that prevent health care access to MSM and speaking out on behalf of the health needs of MSM at related forums. The following set of principles serves as a broad guideline on which to premise further development of skills and knowledge in effective clinical practice and engagement with MSM.

- **Physicians, nurses, and other health care providers must adopt a non-judgmental attitude and self-examine their own ethical and moral responsibilities toward MSM.**
- **Physicians, nurses, and other health care providers must be prepared to provide confidential and anonymous care as required with no compromise to the safety and health of MSM.⁶⁷**
- **Physicians, nurses, and other health care providers should strive to effectively communicate with MSM patients to elicit a thorough social and sexual history in a respectful, compassionate and non-judgmental manner.^{68,69,70}**
- **Physicians, nurses, and other health care providers must increase their knowledge on areas that are basic and integral to approaching the delivery of care for MSM, such as (a) common sexual practices and behaviors of MSM; (b) main barriers to health and health care faced by MSM; (c) HIV prevention, treatment, care, and support needs of MSM; and (d) caring for partners and families of MSM.⁷¹**

- **Physicians, nurses, and other health care providers must educate other non-clinical staff and administrative officials within their respective clinical settings concerning the need for increased awareness on MSM issues and institutional anti-discrimination policies.^{72,73}**
- **Health care education and clinical training models must adopt issues of concern to MSM into their training curriculum in a structured and focused manner.**
- **Professional medical associations must take an active role in sensitizing health care providers, and the health systems they work in, to the health needs and concerns of MSM.**
- **Physicians, nurses, and other health care providers must model leadership by being proactively involved in strategies that mitigate social discrimination against MSM within clinical settings.**

CONCLUSION

Physicians, nurses, and other health care providers are responsible for enhancing the public health of all members of the community that they serve. This includes communities that have been socially marginalized and hard to reach within health systems. MSM are a vulnerable population that experience significant barriers to health information and health care access, as evidenced by disproportionate negative health outcomes. A meaningful approach to sensitizing health systems to the health and HIV needs of MSM will require several steps and significant coordination across the health sector. Physicians, nurses, and other health care providers as frontline workers have an opportunity to demonstrate leadership within clinical settings by advocating for ethically principled approaches.

APPENDIX

The following compilation of resources^c can serve as additional reading for physicians, nurses, and other health care providers interested in furthering their knowledge and skills concerning the unique health needs of men who have sex with men. Most of these resources are designed for broader sexual and gender minority groups and are therefore also relevant to the needs of individuals who may identify as lesbian, gay, bisexual, or transgender, as well as other culturally specific identities.

Title	Components	Target	Organization	Online Access
Basic Resources Related to MSM Health				
Timeline of Lesbian, Gay, Bisexual and Transgender (LGBT) History ⁷⁴	A historical perspective of developments pertinent to LGBT individuals.	Multiple stakeholders	Official State of Connecticut Web site	Yes
CDC Fact Sheet: HIV and AIDS among Gay and Bisexual Men ⁷⁵	A fact sheet on HIV among gay, bisexual, and other men who have sex with men (MSM)	Multiple stakeholders	Centers for Disease Control and Prevention	Yes
The Fenway Institute's Library of LGBT Literature V. 3 ⁷⁶	A large collection of abstracts and resources compiled covering a range of health topics and issues.	Multiple stakeholders	The Fenway Institute	Yes
Fenway Guide to Lesbian, Gay, Bisexual and transgender health	A popular textbook that serves as a tool for physician and health care providers and the LGBT community to understand and help address the health needs of sexual and gender minorities.	Multiple stakeholders	American College of Physicians	No, available for purchase through the American College of Physicians (www.acponline.org)
Clinical Guidance				
MSM:An Introductory Guide For Health Workers In Africa ⁷⁷	A comprehensive manual designed to assist providers with the skills they require to address the broad sexual health needs of men who have sex with men in Africa.	Health care providers and other health workers	Desmond Tutu HIV Foundation	Yes
From Top to Bottom: A sex-positive approach to men who have sex with men:A manual for healthcare providers ⁷⁸	A resource for health care providers to provide psychosocial and medical care to men who have sex with men in South Africa.	Health care providers	Anova Health Institute	Yes
Clinical Guidelines for Sexual Health care of men who have sex with men ⁷⁹	A comprehensive resource for health care providers that discusses sexually transmitted infections and their clinical management in the Asia-Pacific context.	Health care providers	International Union against Sexually Transmitted Infections (IUSTI) Asia Pacific Branch	Yes

^c Links to online resources are provided in the References section on page 11.

Guidelines for care of Lesbian, Gay, Bisexual and Transgender Patients ⁸⁰	A leading resource designed to guide health care providers caring for LGBT patients.	Health care Providers	Gay and Lesbian Medical Association	Yes
Caring for Lesbian and Gay People: A Clinical Guide	A resource for clinicians wanting to provide sensitive, competent care for lesbian and gay people and for professional educators wanting to help trainees examine their own attitudes toward sexuality.	Health care providers and educators	Allan D. Peterkin and Cathy Risdon (Authors)	No, available for purchase from the University of Toronto Press (www.utpress.utoronto.ca)
Sexually Transmitted Diseases Treatment Guidelines, 2010 ⁸¹	Current clinical guidelines for the treatment for people who have or are at risk for sexually transmitted infections.	Health care providers	Centers for Disease Control and Prevention	Yes
Resources Related to Medical Education				
Recommendations regarding Institutional Programs and Educational Activities to Address the Needs of Gay, Lesbian, Bisexual and Transgender Students and Patients ⁸²	A brief guidance for medical education frameworks to implement sensitive programs and educational activities to address the needs of LGBT students and patients.	Medical Education Stakeholders	American Association of Medical Colleges	Yes
Resources on Sexual Orientation				
American Psychological Association Division 44 Web site (Society for the Psychological Study of LGBT Issues) ⁸³	A comprehensive collection of several resources on science and research, education and training, aging issues, journals, and links to other Web sites on LGBT issues.	Multiple Stakeholders	American Psychological Association	Yes
Resources on Gender Identity				
The Center of Excellence for Transgender Health Website ⁸⁴	A resourceful Web site with a library of online resources that help address HIV and broader health care issues among transgender individuals.	Multiple Stakeholders	Center of Excellence for Transgender Health, University of California (San Francisco)	Yes
Report of the APA Task Force on Gender Identity and Gender Variance ⁸⁵	A comprehensive resource with policy recommendations, education and training recommendations, guidance for meeting the needs of transgender psychologists and students, and recommendations for collaboration with other organizations.	Multiple stakeholders	American Psychological Association	Yes
Transgender Care: Recommended Guidelines, Practical Information & Personal Accounts	An overview of standards of care and clinical practice. It also includes personal narratives.	Health care providers and multiple stakeholders	Gianna Israel and Donald Tarver	No, available for purchase from Temple University Press (www.temple.edu/tempress/)

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The Global Forum on MSM & HIV (MSMGF) is an expanding network of AIDS organizations, MSM networks, and advocates committed to ensuring robust coverage of and equitable access to effective HIV prevention, care, treatment, and support services tailored to the needs of gay men and other MSM. Guided by a Steering Committee of 20 members from 18 countries situated mainly in the Global South, and with administrative and fiscal support from AIDS Project Los Angeles (APLA), the MSMGF works to promote MSM health and human rights worldwide through advocacy, information exchange, knowledge production, networking, and capacity building.

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