

# Recommendations for Use of Behavioral Interventions to Reduce the Risk of Sexual Transmission of HIV among Men Who Have Sex with Men

Task Force on Community Preventive Services

Men who have sex with men (MSM) are the people most affected by the HIV epidemic in the United States<sup>1,2</sup> as well as Canada,<sup>3</sup> the United Kingdom,<sup>4,5</sup> Australia,<sup>6,7</sup> New Zealand,<sup>8</sup> and countries of Latin America and the Caribbean.<sup>9,10</sup> In 2004, almost two of three newly diagnosed AIDS cases among U.S. men were among men infected through sexual contact with other men<sup>11</sup>; nearly half of all newly diagnosed HIV infections among men in 19 Western European countries resulted from homosexual or bisexual contact.<sup>12</sup>

The sexual risk-taking behavior of MSM seems to be on the rise,<sup>9,13-18</sup> as indicated by increasing rates of syphilis in the United States<sup>19,20</sup> and recent outbreaks of syphilis and gonorrhea in several major European cities.<sup>4,21-24</sup> The potential for increased rates of HIV transmission among MSM is clear in these global data,<sup>25</sup> as is the need for integrated HIV and sexually transmitted disease (STD) behavioral prevention strategies to avert new infections.<sup>26</sup> Behavioral interventions remain an important tool in the global fight against HIV,<sup>27,28</sup> along with other prevention efforts such as the development of an effective vaccine<sup>29</sup> and identification and treatment of infected individuals.<sup>30,31</sup>

The accompanying systematic review<sup>32</sup> found strong evidence, according to *Community Guide* rules,<sup>33</sup> that individual-level and group-level risk reduction interventions are effective in changing sexual behaviors, such as unprotected anal intercourse, associated with HIV and STD transmission. The review also found sufficient evidence that community-level risk reduction interventions are effective in changing sexual behaviors associated with HIV and STD transmission. Based on this

evidence, the Task Force on Community Preventive Services recommends the use of these person-to-person interventions at the individual, group, and community levels.

## Using These Recommendations

The accompanying review<sup>32</sup> establishes that HIV behavioral interventions—at the individual, group, and community levels—are effective in modifying the risky sexual behavior of adult MSM. In addition, both the group- and community-level interventions were found to be cost-saving, suggesting that the benefits of these interventions are likely to outweigh the cost of providing lifetime HIV/AIDS treatment and care. HIV prevention planners, providers, and funding agencies are encouraged to adapt person-to-person behavioral interventions to the needs and resources of their communities and to setting, participant, and cultural characteristics of their populations. The Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention is currently developing guidelines to help inform intervention implementers on how to adapt HIV behavioral interventions to fit their local needs.<sup>34</sup> Researchers may want to consider investigating identified gaps, especially including application to diverse populations and settings; quality of outcome measurement; effectiveness of specific components of these interventions; and adaptation of interventions to technologic, social, and environmental changes. The recommendations from the Task Force include the need to pursue research in these areas, and can be used in support of grant applications and other requests for funding.

The names and affiliations of the Task Force members are listed at the front of this supplement and at [www.thecommunityguide.org](http://www.thecommunityguide.org).

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