

# **Way forward – responding to HIV epidemic among MSM and transgender population in the region**

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Adapted from background papers prepared by  
**UNAIDS, USAID for Risk and Responsibility 2006**

**ICAAP Colombo 2007**

# Outline

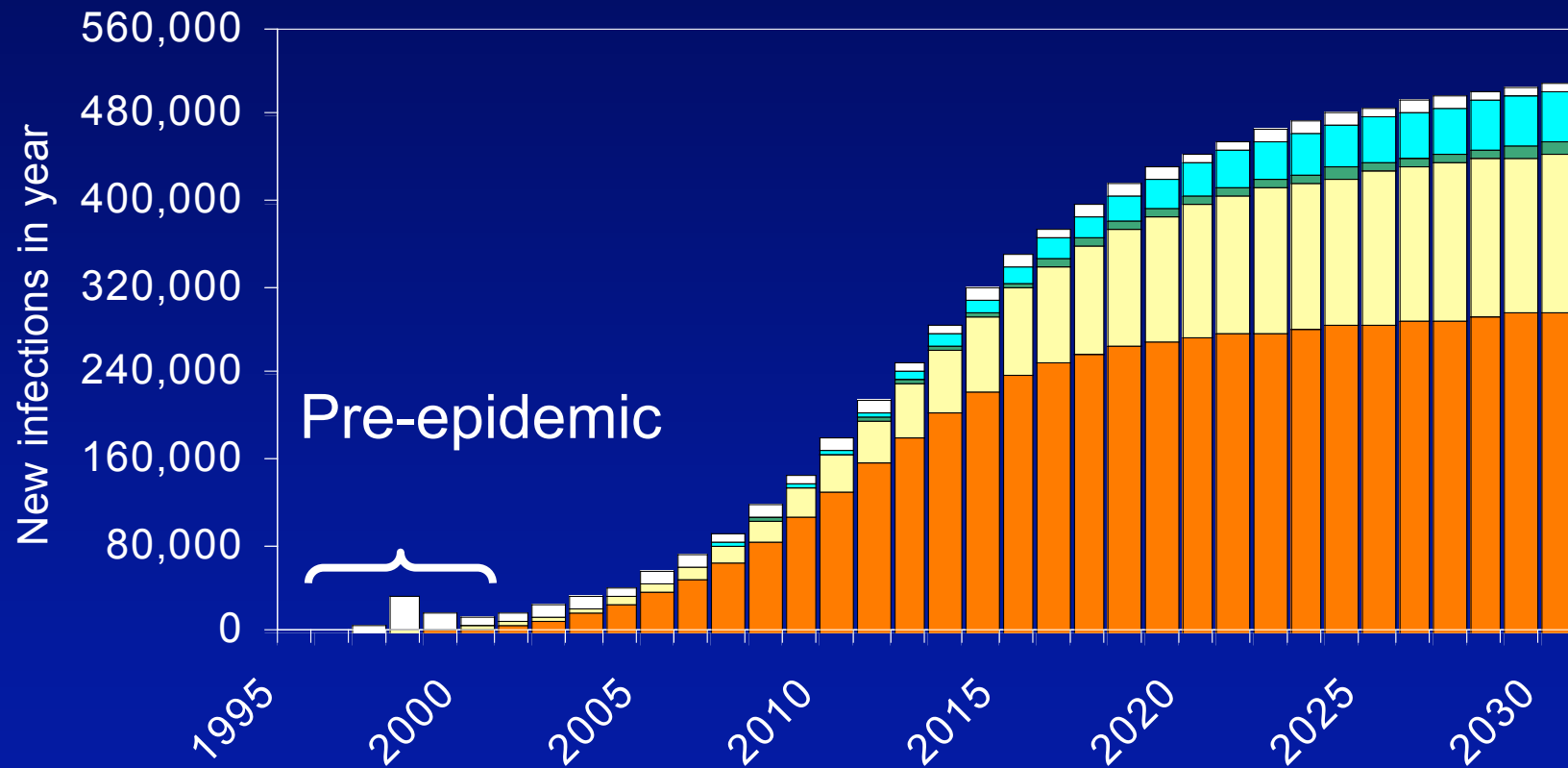
- Need
- Current Response
- What next ?

# Need – current and emerging

- At least 2% of adult male has been reported MSM practices last year
- As epidemic ages, MSM could attribute to 10- 30 % of new infections
- In many sites HIV among MSM goes up to 10 times higher than general population
- And the importance will grow because of high prevalence attainable

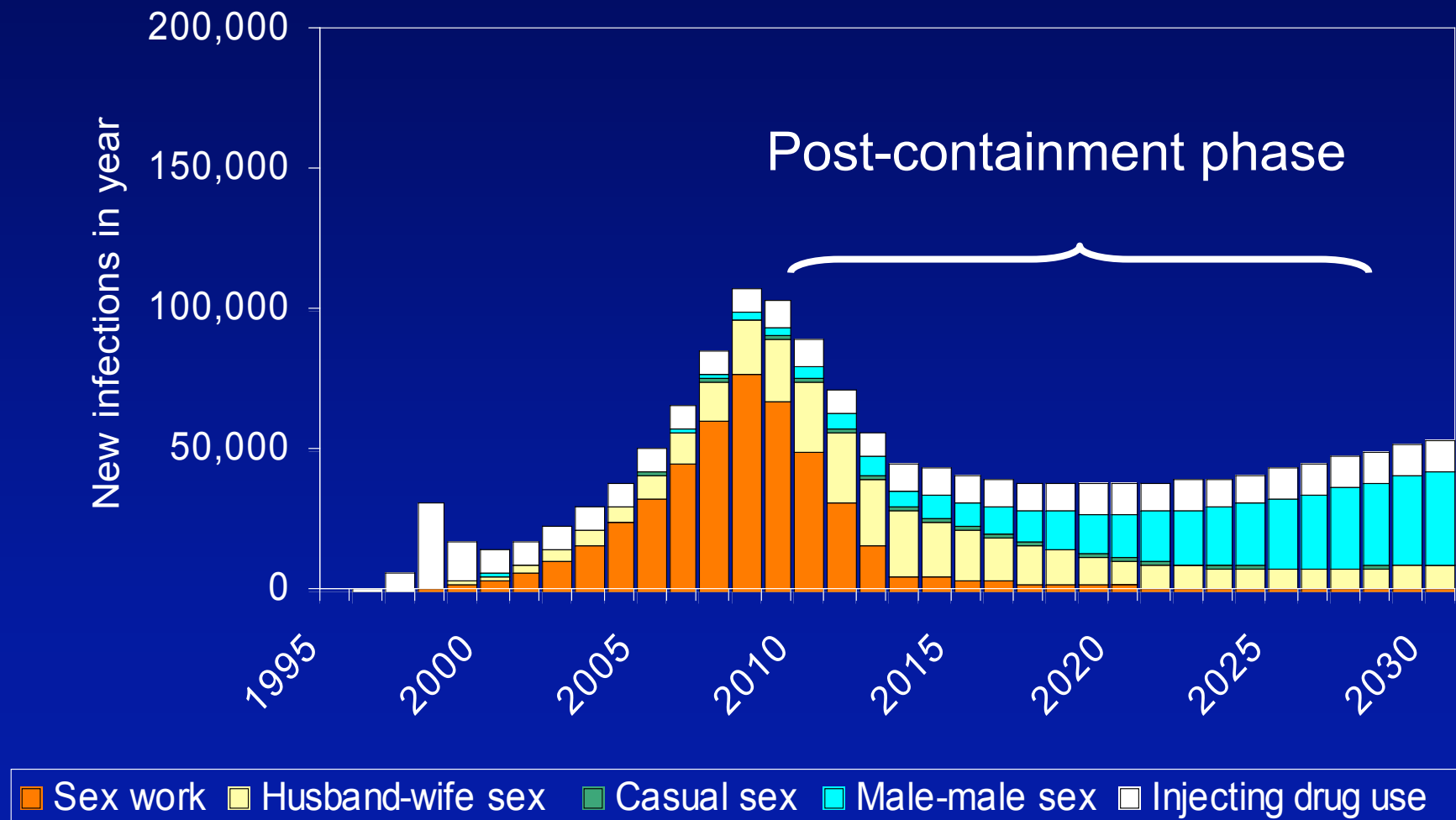
# Pre-epidemic & Expanding phases

Expanding phase

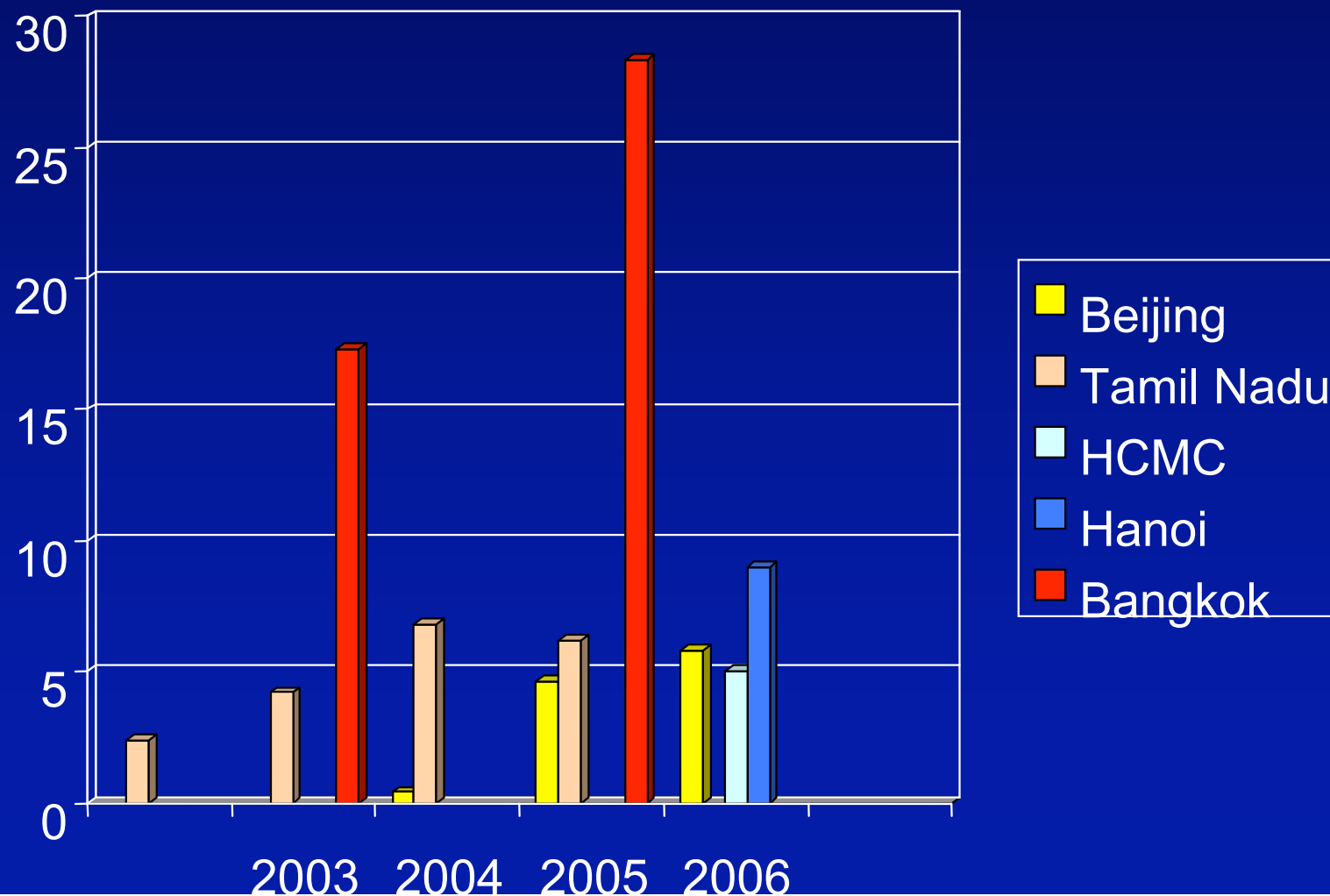


Sex work Husband-wife sex Casual sex Male-male sex Injecting drug use

# When HIV in sex work is addressed other groups become quite important



# HIV among MSM is high, increasing, and found in more places – a regional epidemic



# Current Response

Review the current status of response to MSM epidemic in the region

- by questionnaire to 20 low and middle income countries of Asia and Pacific in 2006
- desk review

# Current Response

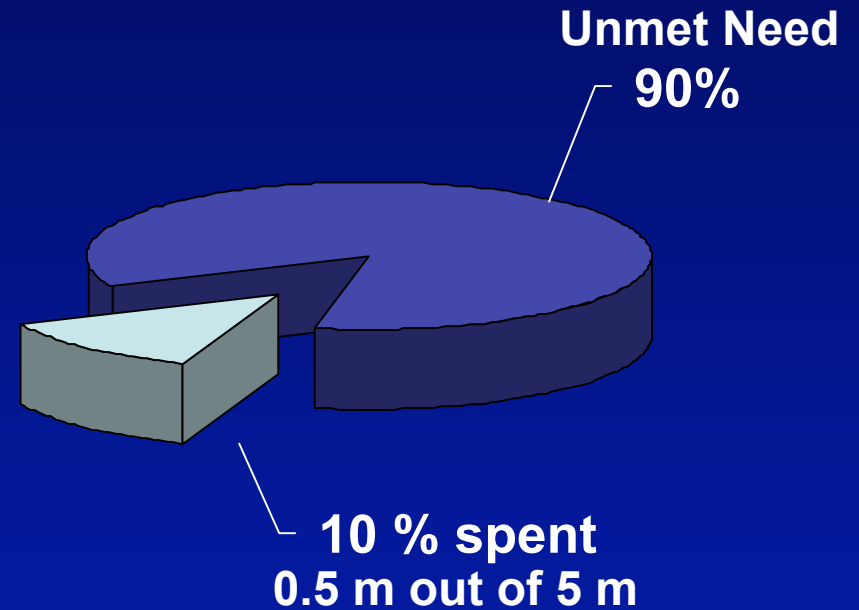
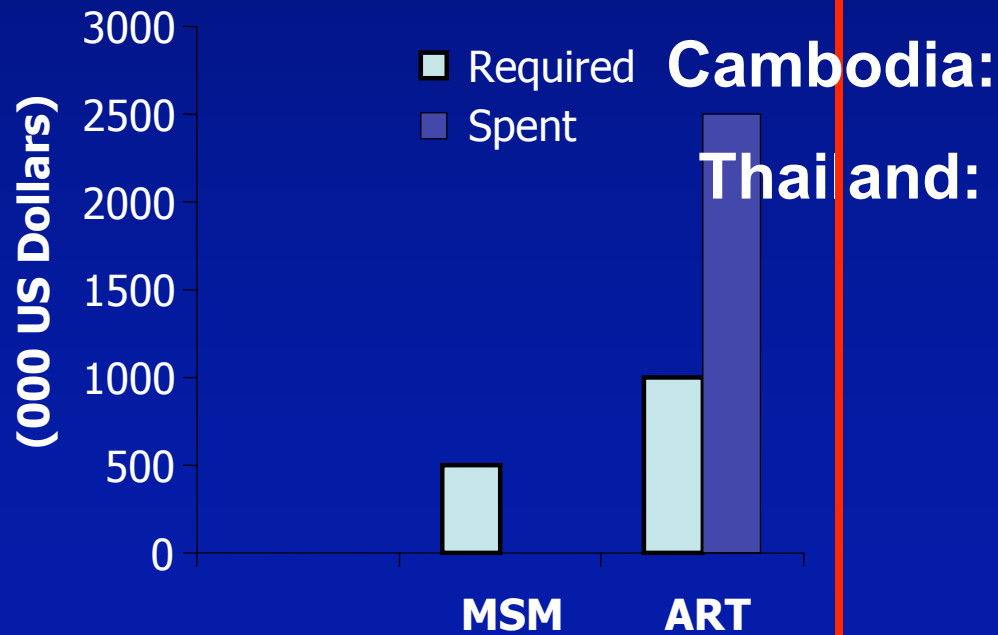
- **One third countries do not have any plan for MSM**
- **Even if there is a plan, majority budgets are from external sources**
- **All sources together account for less than 1% of resource needed**
- **Coverage is poorer than claimed 8%**

# **Legal situation: MSM activity -illegal in most countries**

- In 13 countries MSM activity is illegal
- Only 4 countries have explicit legal provision supporting MSM activities
- HIV Projects facing problems with law and order authorities did not vary according to legal status of MSM

# Allocation and Priorities

>80% from donor funding



Contribute to 20% new infection

# No Information = no problem

- No of countries with claimed MSM Surveillance: 12
- No of countries with BSS and HIV studies among MSM in surveillance :3
- No of countries reporting coverage data in UNGASS report : 5

# What next ?

- **Partnership, advocacy, activism**
- **Specific tangible action on ground**

# Partnership, Advocacy and Activism

- Regional body on partnership APCOM
- Partnership and 'voice' at national level
- Champions and leaders
- Legal, policy support
- Advocacy at local level

Demonstration is the best advocacy

# Specific Tangible Actions on ground

- **Government owned data on MSM epidemic**
- **National plans to compulsorily include MSM**
  - With 80% target at least for most at risk MSM
  - Costed and budgeted with quality elements
- **National investment to increase**
- **Annual Surveillance and coverage monitoring**
- **Community organisations to provide services,**
- **Donors role is critical:**
  - Strategic information: Government
  - Services and capacity building : Community based organizations

# Areas of information

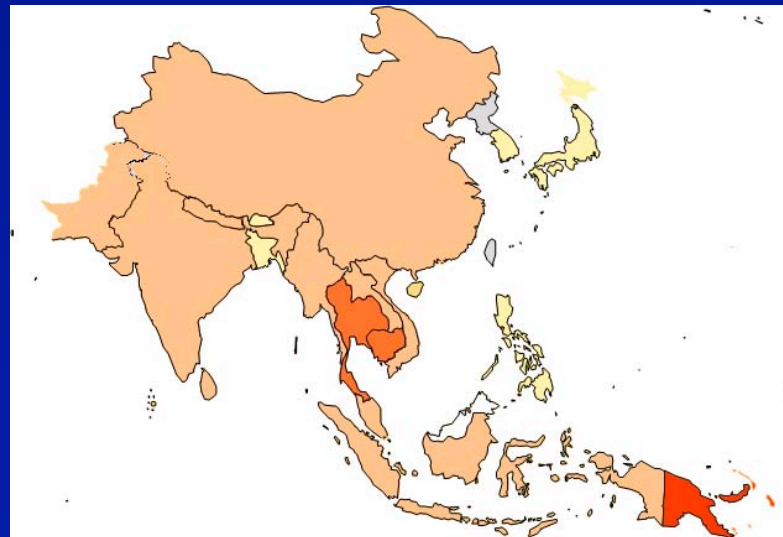
- Political Support
- Policy and planning
- Strategic information and M/E
- Resource
- Legal rights and empowerment
- Human rights

# List of Countries

- South Asia : Pakistan, India, Bangladesh, Nepal, Sri-Lanka, Bhutan, Maldives
- South East Asia: China, Mongolia, Indonesia, Philippines, Thailand, Laos, Cambodia, Vietnam, Myanmar, Malaysia, Singapore
- Pacific : PNG, Fiji

# Methodology

- Questionnaire for 20 countries
- Joint UN-Government-Civil society response
- Response rate 100%



# Results

# Planning

**Expected : While all countries are required to invest on MSM program and reverse the MARP epidemic in Asia as a part of the Government commitment to UNGASS and all countries had National Strategic Plans**

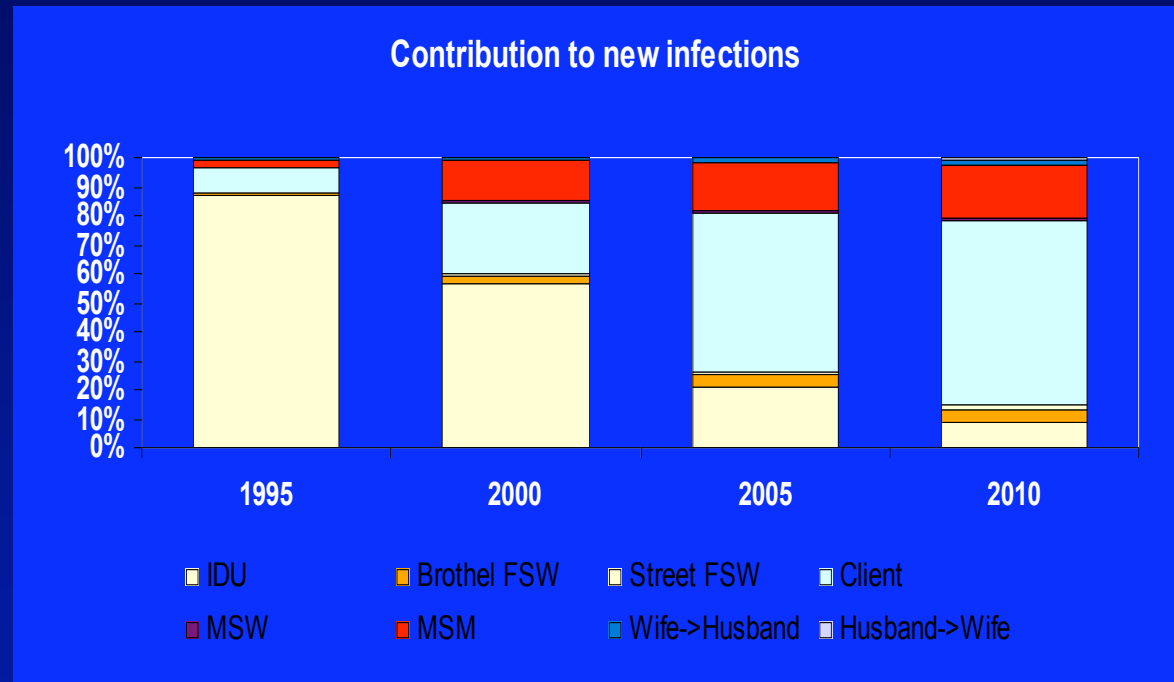
- Did not mention MSM in 40% plans
- Did not have national investment in 75% plans
- None had a scaling up plan

# Financial Resource

Most countries spend only  $< 1\%$  of AIDS budget on MSM where it may account for 5-20% of new infection

# Thailand: demand vs need

- 20% of new annual infections are from MSM
- 0.5 m USD available against required 5 m/yr



# Typical of Asia

Most countries possibly require 10% of total AIDS budget but spend < 1%\*

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\* Total need is estimated based on standard costing and population size, actual need and availability is under study

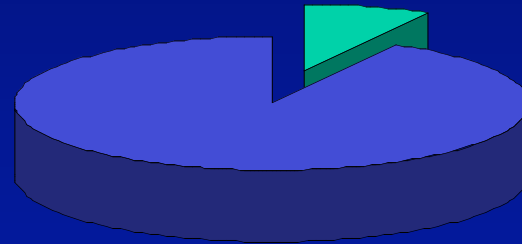
Legal or no legal provision-

# Strategy

Elements of a Comprehensive strategy : Peer outreach, Friendly STI service, Condom and water based lubricants & environmental change (Community engagement & advocacy)

# Coverage

- Only 8% of MSM population has coverage to comprehensive prevention of services
- Seems overestimation when matched by resources (background paper on costing )



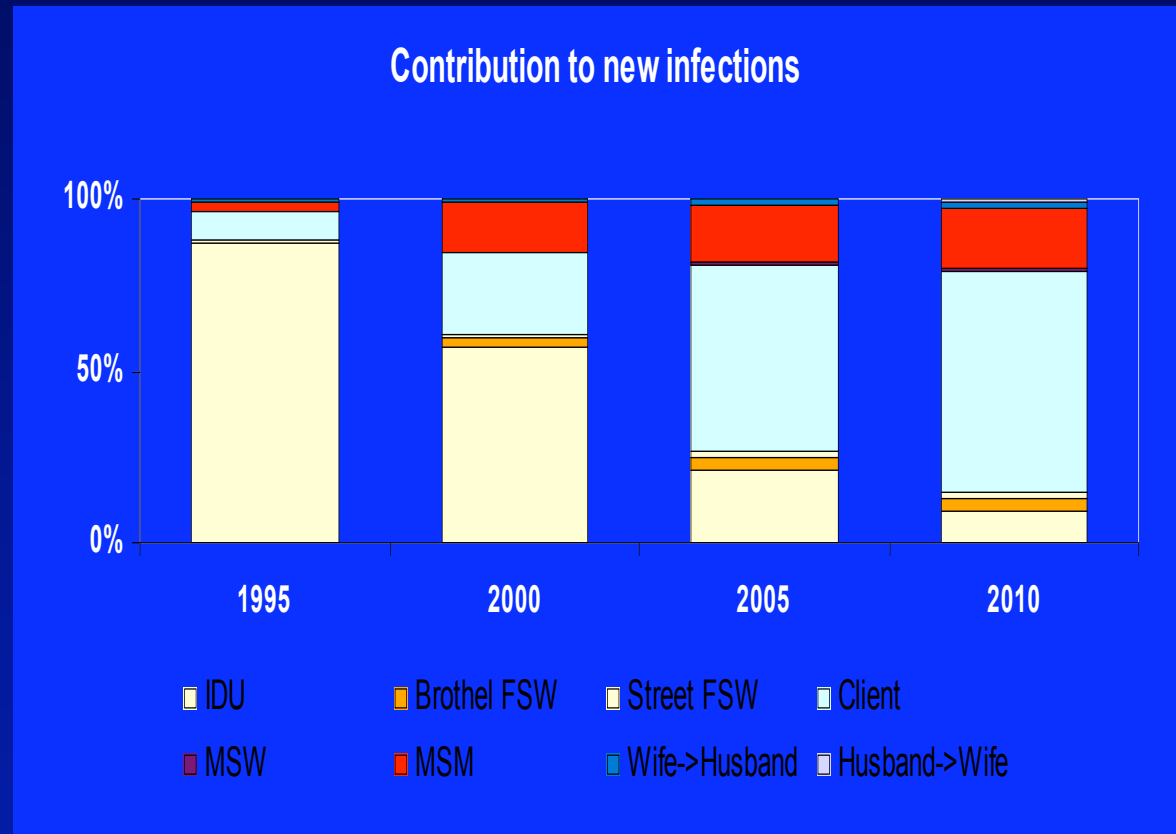
# Good news

- No of countries having advocates for HIV interventions for MSM: 8
- No of countries having consultations between community, UN and Governments for this conference: 20

*This is just a beginning*

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# HIV prevalence among MSM is more than 10x population prevalence

- Bangkok
  - 28.3% among MSM vs 1.4% adults
- Hanoi
  - 9.4% among MSM vs 0.88% adults
  - In Hanoi this is 30% of all HIV infections
- MSM are a major component of the epidemic in some Asian countries
  - And the importance will grow because of high prevalence attainable

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