

Briefing Note on MSM and HIV Asia Pacific Region

Most mainstream societies and cultures in Asia and the Pacific disapprove of male to male sex. As a result, in many countries in the Asia Pacific region, the existence of men who have sex with men (MSM), including transgenders (TG), is either ignored or acknowledged with a certain discomfort. This situation has led to a lack of HIV interventions which strategically focus on prevention, treatment, care and support for MSM¹ in Asia and the Pacific.

A 2006 survey of the coverage of HIV interventions in 15 Asia Pacific countries estimated that targeted prevention programs reached less than 8% of the estimated number of MSM,ⁱ whereas 80% coverage is needed to effectively reduce the incidence of HIV infections, according to a widely accepted projection modelⁱⁱ. Severe HIV epidemics among MSM have been well documented in urban areas across Asia, with HIV prevalence of 30.7% found in Bangkok (2007)ⁱⁱⁱ; 8.7% in Phnom Penh (2005)^{iv}; 12.3% in New Delhi (2007)^v, 15.6% in Maharashtra State (2007)^v; and 5.8 % in Beijing (2007)^{vi}. Despite these findings, indicating that HIV prevalence among MSM is up to 50 times higher than prevalence among general population adults and contributes between 10-25% of the total number of HIV cases in several countries, investment on HIV programming for MSM remains low at 0%-4% of the total spending for HIV programming region-wide^{vii}.

The recent report (2008) of the Commission on AIDS in Asia confirmed that high risk behaviours during sex among men is one of the three major driving forces of HIV in Asia-Pacific, along with risk behaviours during both female sex work and injection drug use. The report estimates that at least 75% of HIV infections in the region can be linked directly to these three behaviours. Moreover, the projection model calculates that if current epidemiological trends continue, 50% of new infections will be among MSM by 2020, outnumbering HIV infections caused by unsafe sex work and unsafe injecting drug use, if comprehensive targeted HIV prevention programs for MSM are not scaled up^{viii}.

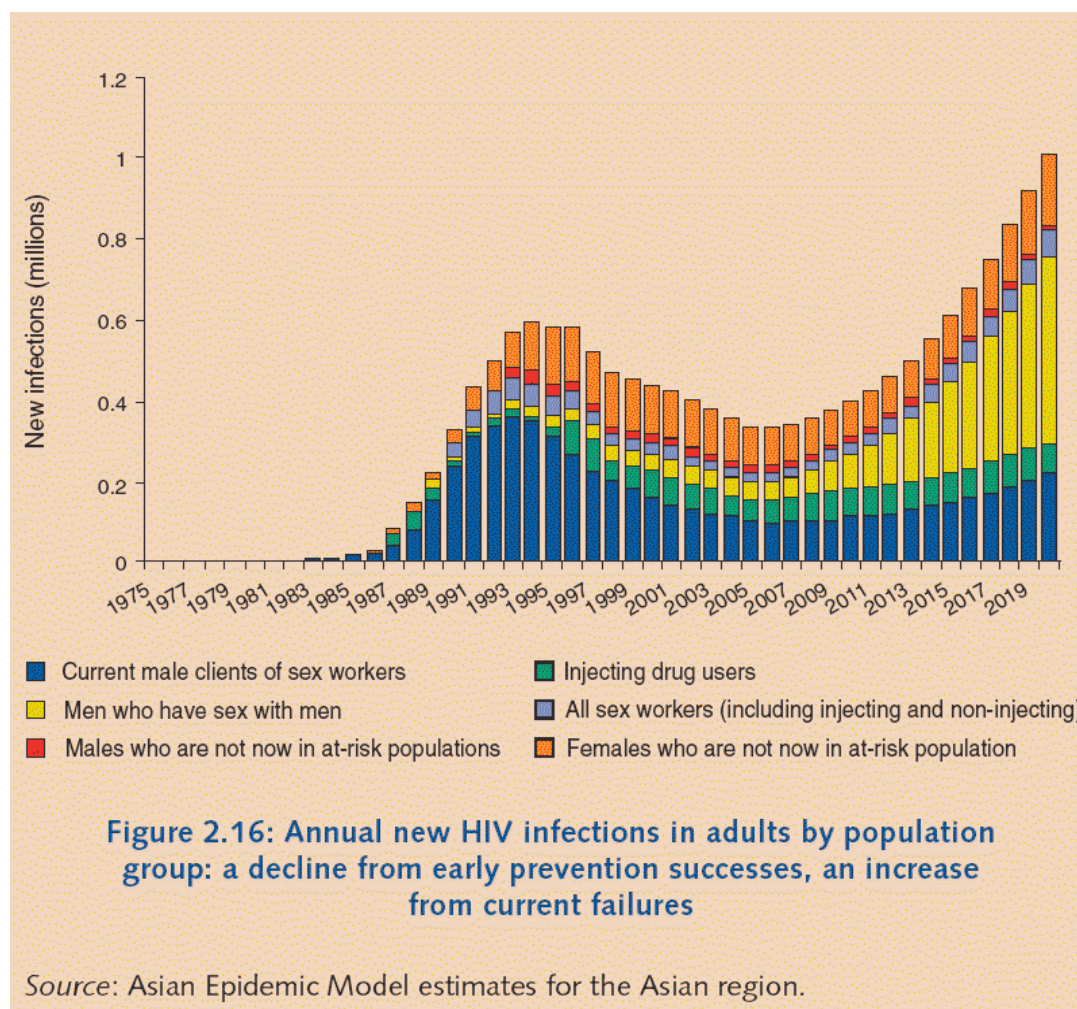
The main reasons for the discrepancy between epidemiological urgency and the current under-investment in HIV programming for MSM are:

1. A lack of data on the prevalence of HIV among MSM, leading policy makers to underestimate the need for increased investing in HIV programming for MSM.
2. A lack of evidence for what works in HIV prevention, treatment, care and support programming for MSM in different Asian and Pacific settings.
3. Social, political and legal factors that prohibit or discourage discussion of both the needs of MSM and transgender people and the existence of and male-to-male sex, and leads to stigmatization and discrimination of MSM.

Immediate attention to the issues of HIV among MSM, following the recommendations of the independent Commission on AIDS in Asia report, will significantly contribute to the reversal of the upward trends in rates of HIV infections as documented in urban areas and forewarned in the report.

¹ "Men who have sex with men" (MSM)) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular 'community'. The words 'man' and 'sex' are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place.

Illustration of increasing share of HIV among MSM in the HIV epidemics in Asia



ⁱ *Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific*. Geneva: UNAIDS (2007).

ⁱⁱ Executive Summary- *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):4

ⁱⁱⁱ Pliplat T, Kladsawas K, van Griensven, Wimonsate W. 2008. *Results of the HIV surveillance among men who have sex with men (MSM) in Bangkok, Chiangmai and Phuket*. Proceeding for the Department of Disease Control Annual Conference, Ministry of Public Health, 11-13 February 2008, Bi-Tech Convention Centre (in Thai)

^{iv} Neal JJ, Morineau G, Phalkun M et al. HIV, sexually transmitted infections and related risk behavior among Cambodian men who have sex with men. Abstract presented at the 8th International Congress on AIDS in Asia and the Pacific, Colombo, Sri Lanka, August 19-23, 2007 [#1469]

^v National Institute of Health & Family Welfare (NIHFW) and National AIDS Control Organization (NACO). *Annual HIV Sentinel Surveillance 2006*. Country Report, New Delhi, India, 2007

^{vi} Ma X, Zhang Q, He X, et al. Trends in prevalence of HIV, Syphilis, Hepatitis C, Hepatitis B and sexual risk behavior among men who have sex with men: Results of 3 consecutive respondent-driven sampling surveys in Beijing, 2004 through 2006. *J Acquir Immune Defic Syndr* 2007; 45:581-87

^{vii} *HIV expenditure on MSM programming in the Asia Pacific region*. Constella Futures/USAID (2006), available at www.healthpolicyinitiative.com.

^{viii} See Figure 2.16 in *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008); p 57