

QUICK FACTS BOX

Estimated number of MSM & TG	431,790
Latest country-wide HIV prevalence estimate for MSM & TG	16.7%
Number of times higher than national prevalence	38.8
Male-male sex is legal or illegal	Legal
MSM-specific program line in NSP	No

I. THE CURRENT SITUATION

Epidemiology

- The midpoint between the upper and lower official size estimates of the combined MSM and TG population is 1.7% of the adult male population, or 431,790. However, as with other south-east Asian countries, this is likely to be an underestimate. (23)
- There are varying estimates of the HIV prevalence among MSM and TG. The government statistics in the 2010 UNGASS report state that the prevalence was 16.7% in 2009, an increase from 5.3% in Ho Chi Minh City and 9.4% in Hanoi in 2005-06. (17,24,29)
- Using the figures reported for UNGASS in 2010, the HIV prevalence among MSM/TG is 38.8 times higher than the general Vietnamese population prevalence of 0.43%. (29)
- The 2005-06 integrated bio-behavioural surveillance (IBBS) showed that 2.5% of MSM had self-reported genital STI symptoms, and 1% had self-reported anal STI symptoms. (19,24)

Behaviour, Knowledge and Social Research relating to HIV

- It was reported in the 2010 UNGASS report that 66.5% of MSM used a condom the last time they had sex with a male partner. In 2005-06, 61% used a condom the last time they had anal sex with a regular partner, and 70% with a casual partner. (19,24,29)
- The 2005-06 IBBS showed that 31% of MSM in Hanoi and 37% in Ho Chi Minh City consistently used condoms with non-commercial partners in the past month. (24)
- Studies have found that 30% to 40% of MSM have ever had sex with women, with the higher rate occurring outside of the major cities. (17,23,24)
- The 2005-06 IBBS showed that 33% of MSM in Hanoi and 51% in HCMC consistently used a condom when they sold sex in the last month. (24)
- A study of 295 rural MSM in 2005 found that 26% of rural men used lubricant with condoms, which was significantly less than urban MSM. (9)

- The 2010 UNGASS report stated that 19.1% of MSM had been tested for HIV in the previous 12 months and knew the result. The 2005-06 IBBS found that 19% of the MSM had ever been tested for HIV before, while 16% had been tested in the past year. Of the 16%, 71% received their results. (17,24,29)
- In the 2005-06 IBBS, only 11% of the men found to be positive had been aware of their positive HIV status. (20)
- In 2009, 60.3% of MSM in four provinces could correctly identify ways of preventing the sexual transmission of HIV and rejected major misconceptions, an increase from 55% in 2005-06. (24,29)

Legal Situation and Law Enforcement Authorities

- Sex between males is legal. (22)
- Sex work is illegal. (13)
- There do not appear to be any laws protecting MSM/TG.
- The law does not allow TG to change sex/gender on official documents and records, but sex change operations are legal. (22)
- There do not appear to be any legal protections against discrimination on the basis of HIV status.
- The legal system has been classified as “neutral” for MSM/TG in legal reviews conducted by the UN. (6,24)
- In 2006, it was reported that MSM/TG and HIV project workers do not face problems with law enforcement authorities. (27)

MSM Community, other Social Research and Stigma/Discrimination

- Published information about the MSM and TG community in Vietnam is scarce.
- It was not possible to find information on MSM sex or entertainment venues, media or non-HIV-focused community organisations.
- In Vietnam, MSM are classified based on appearances, mannerisms, and perceived levels of masculinity

VIETNAM

MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)

and femininity. *Bong kin* refers to masculine MSM who hide their homosexual activities; *bong lo* present themselves as women, but accept their male biological sex; *trai kin* identify as heterosexual but do have sex with men in some situations; and *hai he* are young men who have sex with both men and women. (11)

- The term *gay* is being adopted by many urban MSM. (8)
- MSM with HIV have reported high levels of “double stigma”, but as yet, no studies have been conducted to compare the experience of stigma in MSM with and without HIV. (12)

II. THE RESPONSE TO HIV

Government Response

- There is no specific program line or budget line for MSM in the National Strategic Plan. (27)
- In 2008 and 2010, 5 out of the 5 UNGASS indicators relating to MSM were reported on by Vietnam, and in 2009, MSM have been included in the Global Fund Round 9 proposal. (2,18,26,29)
- Vietnam has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. There was some inclusion of MSM in Round 8, but it is unclear how much money will go towards MSM-focused programs. Round 9 does include MSM, with outreach and condom provision to be conducted by CBOs. (23,25,26)
- In 2006, it was reported that there is MSM-related leadership or spokespeople in Vietnam. (27)

Community-based Response

- MSM are formally and informally organised, having social networks, outreach programs, community based organisations and NGOs. (27)
- There are at least eight MSM CBOs working on HIV-related issues. (1,26)

Support from multi-laterals and international NGOs

- International and local NGOs conduct or support MSM and TG programs in Vietnam.

Strategic Information

- There is ongoing research on MSM/TG in Vietnam, which is conducted primarily by NGOs or academic researchers. (27)
- In 2009, the Global Fund Round 9 proposal stated that there is ongoing HIV surveillance in Vietnam, but that MSM are not routinely included. (26)

Health System

- There is at least one MSM-friendly clinic in Ho Chi Minh City. (3)

National and International Networks

- In 2006, it was reported that there was a national MSM working group. (27)
- Vietnam is represented on the “Purple Sky Network” for the Greater Mekong Subregion. (22)

III. THE RESULTS

Coverage of prevention

- It was reported in the 2010 UNGASS report that 24% of MSM in four provinces had been reached by prevention activities. In 2007, the government reported that 26% of MSM were reached by prevention activities. (13,28,29)

Resource Estimation and Gaps

- In 2006, it was estimated that approximately USD \$14 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (14)
- In 2009, it was estimated that over the next 5 years (2010-2014), USD \$42 million will be needed to achieve 80% coverage. It is also estimated that approximately 87% of the required resources are currently unavailable. (*Please note: some incomplete data.*) (15)

IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:

www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Vietnam are
available at:

[http://www.unaids.org/en/CountryResponses/
Countries/viet_nam.asp](http://www.unaids.org/en/CountryResponses/Countries/viet_nam.asp)



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