Men who have Sex with Men (MSM) – Update for ICAAP, Bali, 2009

India

SUMMARY OF SITUATION
The following and additional data and citations can be found at www.aidsdatahub.org

- 6.4% nationwide among MSM, 20 times higher than the HIV prevalence of the general population (0.3%).
- 10% prevalence in MSM in southern and northeastern states.
- Highest in large cities: 32.8% in Delhi; 23.6% in Pune; 19.2% in Bangalore; 14% in Gujarat.
- Alarming HIV prevalence among transgendered/hijra communities where prevalence varies between 26 and 49 per cent (Mumbai and Delhi respectively).

Selected Behaviors & Knowledge (2007)
- 27% consistently used condoms in the last 6 months.
- 46% to 88% (depending on the location) used a condom at last sex with a non-commercial male partner.
- 41% in Delhi to 64% in Kolkata used a condom with a commercial sex partner in the last month.
- 3% to 67% received an HIV test in the last 12 months knew their results.
- 16% to 75% had comprehensive knowledge about HIV.

National Response
- Homosexual and transgendered relations recently became decriminalized.
- 17% in Uttar Pradesh to 97% in Goa were reached with HIV prevention programmes in the last year (2006). 40% reported attendance/participation in some meeting/activities on STI/HIV in the last year.
- MSM are formally organized, with CBOs/NGOs and networks.
- There is a specific program line for MSM in the national HIV plan.
- There is a minimal specific budget line for MSM in the national HIV plan.
- There are presently 124 targeted interventions for MSM, an increase from 30 TIs in NACP II, with the scale-up envisaged to result in 230 TIs by 2010 with coverage to reach 1.1 million MSM by end of NACP III.

RECOMMENDED RESPONSES
Contact the UNAIDS India office for more information at gilksc@unaids.org

- Support continued legal reform and remove other laws impeding effective HIV prevention.
- Destigmatize access to health facilities through effective and strong sensitization of health delivery personnel.
- 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.
The Regional Picture

REPORT ON THE COMMISSION OF AIDS IN ASIA

The Commission on AIDS in Asia used the Asian Epidemic Model (AEM) to construct a picture of how the regional HIV epidemic in different sub-populations has developed over the years, and how it is likely to grow in the future if prevention stays the same.

The regional projection shows that Asia is on the brink of a large increase in new infections among MSM if risk behavior stays at current levels of low condom use with many concurrent male partners.

AEM is a computer model that simulates the spread of HIV within and between important at-risk populations and their partners. Key inputs are levels of HIV (prevalence), and the most important HIV-related risk behaviors of each sub-population and their sizes. The regional projection was made by adding up results of AEMs for countries in Asia.

The main risky behaviors for MSM are the frequency of unprotected anal sex contacts with regular and commercial male partners, and unprotected vaginal sex with commercial and regular female partners. The probability of HIV being transmitted during anal sex between a HIV+ man and another man or transgender is much higher than during vaginal sex with a woman.

However if high coverage with effective interventions raises condom use in anal sex among men to 80% levels over the next few years, then the growing epidemic among MSM can be controlled as shown in the model on the left.

KEY MSM SESSIONS AT ICAAP

8 Aug. 08.00 Forum: From 200 to 0: Responding Effectively to HIV Among MSM in Asia and the Pacific
10 Aug. 16.00 Satellite: MSM and HIV in Asia and the Pacific – Cross-Cutting Issues
11 Aug. 16.00 Symposium: Overcoming legal barriers to comprehensive prevention among men who have sex with men (MSM) and transgender (TG) persons in Asia and the Pacific
18.00 Satellite: MSM HIV Infection in Developed East and South-East Asia
18.00 Satellite: Gender Variance and Male-Male Sexualities Across the Global South
12 Aug. 11.30 Launch: The Pacific Sexual Diversity Network Strategic Plan
14.00 Symposium: Addressing Legal Barriers and Criminalization of Risk Populations

Session details and all of the MSM Country Snapshots are available at www msmasia org August 2009