I. THE CURRENT SITUATION

Epidemiology

- There are various estimates for the size of the MSM and TG population in China. In 2009, the government estimate was 3 million MSM. However, this may be an underestimate, as many other sources report much higher figures, the most common being 5-10 million. Some sources report that the number of MSM could be as high as 17-18 million. (References: 35,37,54,62,65,73,77)
- The government size estimates are generally based on the assumption that small proportions of the male population have sex with men, such as 0.58% to 2.1%. However, many studies have shown 2% to be the lower limit in many male populations, and the upper limit to be as high as 15%. (16,38,42,64,73)
- The country-wide HIV prevalence estimate for MSM and TG was 5% in 2009. Some studies across multiple cities have found a higher average prevalence, such as 6.3%. (5,47)
- In most cities, HIV prevalence among MSM ranged from 0.5% to just over 5%. (8,15,20,26,41,51,52,57,58,59,63,68,76,78,80,81)
- However, in the large cities of the southwest, such as Guiyang, Chongqing, Kunming and Chengdu, HIV prevalence among MSM is generally higher than 10%. (18,20,21,47,70)
- The government size estimates are generally based on the assumption that small proportions of the male population have sex with men, such as 0.58% to 2.1%. However, many studies have shown 2% to be the lower limit in many male populations, and the upper limit to be as high as 15%. (16,38,42,64,73)

- Some studies have demonstrated that HIV among MSM is increasing rapidly. For example, in Beijing, it rose from 0.4% in 2004 to 5.8% in 2006. In Chongqing, it rose from 8.5% in 2007 to 10.8% in 2009. (19,43,47,70)
- HIV prevalence among sauna users in Chongqing was found to have increased from 19.7% in 2006 to 26.5% in 2007. (19)
- In male sex workers in Tianjin, the prevalence was 6.7% in 2008, and it was 5.3% in Shenzhen in 2009. (7,40)
- According to figures from the 2010 UNGASS report, the country-wide estimated HIV prevalence among MSM and TG was 88 times higher than the general prevalence rate of 0.057% in 2009. In 2009, it was estimated to be 45 times higher. (2,47,62)
- In Chongqing, the HIV incidence rate among MSM in 2008 was 7.98% per person-year. (18)
- In 2009, of the 740,000 people living with HIV in China, 14.7% contracted HIV through male-male sex. In 2009 alone, 42.2% of estimated new infections were in MSM, which was a significant increase from 12.2% in 2007. Other sources estimate that 7% to 26% of infections in various areas were due to male-male sex. (25,27,35,38,47,62)
- In 2005, it was estimated that there were 47,000 MSM living with HIV in China. (31)
- Prevalence of STIs is varied among MSM in China. In 2009, across 14 cities, 14% had an STI. In 2009, an internet study showed that 26.3% of MSM in two cities had ever had an STI. In Guangzhou in the past 12 months, 19.9% reported an STI. In Chengdu, 20.3% reported ever being diagnosed with an STI, and testing showed that 36.2% currently had one. (5,20,21,78,81)
- Syphilis prevalence varies among MSM in different studies, including: 9.1% in a meta-analysis of different studies in 2009, 9.8% in 7 provinces in 2009, 11.4% of internet users in two cities in 2010, 7% in Beijing in 2007, 19.8% in Beijing in 2008, 16.1% in Tianjin in 2007, 18.7% in Tianjin in 2009, 29.2% among male sex workers in Tianjin in 2009, 17.5% in Guangzhou in 2009, 27.7% in 2009 in Jiangsu, and 28.1% in Chengdu in 2010. (25,63,40,26,76,41,81,23,68,21,78)

Behaviour, Knowledge and Social Research relating to HIV

- Large studies with MSM have shown that over 85% have ever had anal sex, with approximately 82% having had anal sex in the past 6 months. (35,68,80)
- Condom use at the last occasion of anal sex with a male partner increased from 64.4% in 2007 to 73.1% in 2009. Other studies have found: 65.2% in 14 cities in 2009, 57.5% in Chengdu in 2010, and 66.3% for insertive sex and 60.4% for receptive sex in a study of internet users in 2009. (5,21,47,55,81)
- In various studies, consistent condom use with non-commercial male partners over the last 6 months ranged from 30% to 47.9%, while with commercial partners it ranged from 38.1% to 50%. (26,30,58,68,81)
CHINA

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

• Consistent condom use has been found to be higher for insertive rather than receptive anal sex. (45,81)

• Consistent condom use has been found to be higher with casual partners than with regular partners. (53)

• The majority of MSM in many studies had unprotected anal sex in the previous year or 6 months. The proportions included: 70% in 2005, 63.1% in 2007, and 76.4% in 2007. One study in Guangzhou found that in the previous 6 months, 29.3% had unprotected insertive sex, 18.5% had unprotected receptive sex, and 52.3% had both. (24,73,78,80)

• In 2009, one study found that 52% of MSM had never used a condom in the past year with their primary partner. A study in 2007 in Beijing found that 34.7% had never used a condom for insertive sex with a regular partner, 37.8% for receptive sex with a regular partner, 13.8% for insertive sex with a casual partner, and 16.4% for receptive sex with a casual partner. (53,64)

• In 2008, it was reported that experiences of homophobia were associated with high levels of unprotected anal intercourse. (12)

• UNGASS reports showed that being tested for HIV in the past 12 months and knowing the result increased from 32.7% in 2007 to 44.9% out of 6,319 MSM in 2009. Various other studies have found testing rates ranging from 14% to 47.9%. (14,47,55,68,71,78,81)

• The 2010 UNGASS report stated that 51.1% of 6,324 MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions. (47)

• Various studies have uncovered many incorrect beliefs held by Chinese MSM, including: in 2007, 35% of male sex workers in 2 cities did not know condoms protect against HIV transmission; in Chengdu in 2010, 52.9% believed HIV can be avoided by washing after intercourse; and in Jinan in 2008, more than 20% did not recognise condoms as a mean of HIV prevention. (21,45,51)

• Many MSM in China also have sex with women. Between 2000 and 2008, estimates ranged from 29% to 64% who had ever had sex with a woman. (13,35,36,52,72)

• Studies have found that in the previous 6 months, between 10% and 28% of MSM in various parts of China had had sex with women. (11,36,68,78)

• Marriage to women is also common among MSM. Between 2000 and 2006, estimates of MSM who were married ranged from 7% to 80%. (13,28,60,66,72,73)

• In 2009, 6.2% of 6,101 MSM had sold sex to another male in the last 6 months. In Chengdu, one study found that 18.3% of MSM had ever sold sex to another male. (5,21)

• In 2004, one study showed that more than 80% of MSM did not believe they were at risk of HIV. In 2010, a different study found that 59.4% believed they were not at risk. A study in 2002 found that only 4% believed themselves to be at risk. (33,49,81)

• Studies in 2009 found that 10.4% to 30.1% of MSM did not seek treatment for symptoms of STIs, while 31.9% in one study bought medicines on their own without consulting a health practitioner. (68,78)

Legal Situation and Law Enforcement Authorities

• Sex between males is legal. (61)

• Sex work is illegal. (29)

• There are no laws protecting MSM/TG. (82)

• The Regulation on the Prevention and Treatment of HIV/AIDS (Decree 457) protects the rights of people living with HIV. (61)

• The law allows TG who have undergone sex reassignment surgery to change their sex on official documents. They can also marry. (61)

• In 2006, it was reported that MSM/TG and HIV workers faced problems with law enforcement authorities. There have been reports of police detaining outreach workers in parks (along with other men believed to be having sex). Protests have been held against police. (10,61)

• The “double registration” system for NGOs has made it difficult for MSM CBOs to register, although restrictions have eased since 2007. (61)

• Internal regulations prohibit the discussion of homosexuality on TV, in the media or in cultural productions. The internet is censored, and homosexuality is included in the definition of “obscene”. (61)

• The legal system has been classified as “neutral” for MSM/TG in two UN reviews. (6,61)

MSM Community, other Social Research and Stigma/Discrimination

• China has an emerging MSM community, with social and entertainment venues (bars, pubs, clubs), and sex venues (saunas). (19,65)

• Despite the large amount of published research on MSM in China, very little is published on aspects of the MSM community itself.
There have been many published reports regarding the stigma and discrimination faced by Chinese MSM, including strong social pressure to get married and the common view that homosexuality is an illness. One study of 950 MSM found that: 62.8% experienced social discrimination, 57.5% experienced severe reduced life quality, 63.3% were depressed, and 36.3% were reprimanded after disclosure. It has also been reported that widespread stigma inhibits MSM from seeking HIV and STI services. (12,21,39,68,73)

II. THE RESPONSE TO HIV

Government Response

- MSM are not mentioned in the long-term national strategic plan (NSP). (46,62)
- The NSP mentions “high risk populations” and in 2004, the Ministry of Health issued guidelines defining MSM as one of these. (10,46)
- There is no specific budget line for MSM in the NSP. (10,46)
- The current NSP ends in 2010. (46)
- There have been strategic plans and processes specifically focusing on MSM. In 2006, national technical guidelines were developed, and a national consultation with MSM communities was conducted in 2007. The “China MSM HIV Prevention and Control Framework” was developed in 2008. (61)
- In 2010, the UNGASS report states that the “MSM Population Comprehensive AIDS Response Trial Work Implementation Plan” has been developed, outlining a comprehensive response including: testing and counseling, case reporting, medical follow-up and treatment, STI services and core peer interventions. (47)
- A number of sources have discussed that the government has started to highly prioritise interventions in high risk groups, including MSM. (17,67)
- China has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Round 5 focused on MSM in 18 cities, and Round 6 supported NGOs working with MSM in 15 provinces. (62)
- In 2008, China reported on 2 out of the 5 UNGASS indicators directly relevant to MSM. In 2010, this increased to all 5 indicators. (1,47)
- In 2006, it was reported that China has local MSM-related leadership and spokespeople. (10)

Community-based Response

- MSM are formally and informally organised, with CBOs, NGOs, outreach programs, and a national network. (10,61,65)

Support from multi-laterals and international NGOs

- International and local NGOs have conducted and supported MSM and TG programs in China, as have some UN agencies.

Strategic Information

- There is ongoing research on MSM in China, conducted by local and international academics, NGOs, CBOs and government agencies. (10)
- There appears to be far less research on TG people in China.
- MSM are included in national surveillance. The number of surveillance sites increased from 15 in 2006 to 61 in 2009. (10,47)

Health System

- The government provides treatment for people living with HIV/AIDS in China. (67)
- It is unclear if there are MSM-specific sexual health and VCT clinics.

National and International Networks

- In 2008, the National MSM Coalition was formed by 20 key MSM NGOs to focus on advocacy and policy. (61)
- In 2006, it was reported that there were several “competing” national MSM networks based on funding channels rather than geography. (10)
- Regionally, China forms its own sub-region in the Asia Pacific Coalition on Male Sexual Health (APCOM) network; and Yunnan and Guangxi provinces are represented in the “Purple Sky Network” for the Greater Mekong Subregion. (4)

III. THE RESULTS

Coverage of prevention

- The estimated coverage of prevention activities for MSM increased from 37.8% in the 2008 UNGASS report to 75.1% in the 2010 UNGASS report. (47,55)
- There have been various estimates for coverage of prevention in specific jurisdictions or populations. In 2005, it was reported that 8% of an estimated 4 million
MSM were reached. In 2006-07, 71.9% of MSM in Chongqing were reached. In the third quarter of 2007, 8.2% of MSM were reached. In 2009, 46.3% of 4983 MSM in 7 provinces were reached. In 2009, it was reported that 73.5% of MSM in Guangzhou had accessed at least one HIV service in the past 12 months. (17,19,56,62,68,78)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $225 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (44)
- In 2009, it was estimated that over the next 5 years (2010-2014), USD $54.2 million will be needed in Guangxi Province to achieve 80% coverage. It is also estimated that 78.9% of the required resources are currently unavailable. (48)
- In 2009, it was estimated that over the next 5 years (2010-2014), USD $31.9 million will be needed in Yunnan Province to achieve 80% coverage. It is also estimated that 76% of the required resources are currently unavailable. (48)

Effectiveness of prevention efforts

- HIV interventions with MSM/TG have been effective in China.
- In 2009, the results of comprehensive interventions among MSM in 18 cities showed that after two years of implementation, awareness of HIV increased from 76% to 90.5%; condom use at last anal sex increased from 58% to 76.7%; consistent condom use in the past six months increased from 28.2% to 44.5%; and HIV testing increased from 18.8% to 39.1%. (79)
- In 2008, the results of comprehensive interventions in 16 cities showed that after one year, condom use at last anal sex increased from 57.2% to 66.5% and that HIV testing and access to peer education also increased. (69)
- In 2010, the results from a pilot intervention to increase condom use and testing were reported. Consistent condom use with the last 3 male partners increased from 49.8% to 59.8%; and HIV testing increased from 15.1% to 52.4%. (75)

IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- The to-be-developed new National strategic plan should include a costed comprehensive response for MSM and TG.
- Advocate for the inclusion of MSM in HIV strategies at the provincial level.
- 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 China are available at: