

QUICK FACTS BOX

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| Estimated number of MSM & TG | 52,000 |
| Latest country-wide HIV prevalence estimate for MSM & TG in Vientiane | 5.4% in 2007 |
| Number of times higher than national prevalence | 54 |
| Male-male sex is legal or illegal | Legal |
| MSM-specific program line in NSP | Yes |

I. THE CURRENT SITUATION

Epidemiology

- The official estimated size of the combined MSM and TG population is 3.12% of the adult male population, or 52,000. However, this is likely to be an underestimate, as a 2004 survey of 800 men found that up to 18.5% of men aged 16-30 had ever had sex with another man. 4.6% had had sex with a man more than 5 times, and 10% had had sex with a man in the past 6 months. (References: 19,21)
- The HIV prevalence estimate for MSM and TG was 5.4% in Vientiane in 2007 and 0% prevalence in Luang Prabang in 2009. (11,23)
- The estimated HIV prevalence among MSM and TG was 54 times higher than the general prevalence rate of 0.1% (3800 cases) in 2007. There were 3640 MSM living with HIV at this time. (5,21)
- Homosexual transmission is estimated to contribute to 75% of new HIV infections. (9)
- A 2007 study of 540 MSM/TG in Vientiane found that 42.2% reported ever having had an STI. (17)
- In 2009, 14% of MSM in Luang Prabang had been tested in the past 12 months and knew the result. In 2007, only 6% of MSM/TG had ever been tested for HIV, and only 4% had been tested and received the result. (13,23)
- In 2007, 30% of MSM/TG could correctly identify ways of preventing sexual transmission and rejected misconceptions about HIV. (13)
- Many MSM in Lao PDR also have sex with women. Most MSM also have sex with women, and do not identify as homosexual. In 2007, 58% of MSM/TG had ever had sex with women, and 39.4% in the last 3 months. 3.5% of the MSM/TG in this study were married or had been in the past. In 2004, 8% of MSM had sex with both men and women in the past 6 months. In one study, just under half of the HIV positive MSM had had sex with women in the past 3 months. (17,19,21)
- In 2007, 15.7% of MSM/TG had paid for sex with a man; 2.7% with a TG; and 16.7% with a woman. (17)
- The same 2007 study showed that 15% of MSM/TG had been paid for sex by a man; 8.3% by a TG; and 8.1% by a woman. A 2004 study stated that most male sex workers identify as "straight men". Many come from provincial areas, have little family support, are often from ethnic minorities, and engage in sex work for financial reasons. (17,19)

Behaviour, Knowledge and Social Research relating to HIV

- The 2007 study of 540 MSM/TG in Vientiane found that 83.7% (452 men/TG) reported that they practiced anal sex with a male partner. 42.2% were usually the insertive partner; 43.8% the receptive partner; and 13.9% took both roles. (11)
- In the 2010 UNGASS report, it was reported that 68% of MSM used a condom at the last occasion of anal sex in the past 3 months. This was higher than the 2008 reported figure of 39%. Other earlier studies have found: 58.7% of TG; 33% with last commercial partner; and 74% with non-regular partner. (4,13,16,19,23)
- The 2007 study of 540 MSM/TG in Vientiane indicated that in the past 3 months, only 14% of MSM used condoms consistently with regular partners; 24.2% with casual partners; 32.8% with paying partners; and 33.8% with paid partners. (11)
- The available data on beliefs about risk is concerning. In 2007, 80% of MSM/TG believed they were not at risk of HIV (and 75% believed they were not at risk of acquiring STIs), despite 85% knowing that anal sex is a risk behaviour for HIV. (11,16,17,19)
- The 2007 study of 540 MSM/TG found that those who had not been approached by HIV outreach workers were more likely to be HIV positive (non-significant). The most significant factor associated with HIV prevalence was suicidal thoughts. (11)
- There is a great deal of mobility among MSM in Lao PDR to high prevalence countries like Thailand, suggesting that HIV is likely to spread among MSM in Lao PDR. (11)

LAO PEOPLE'S DEMOCRATIC REPUBLIC

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

Legal Situation and Law Enforcement Authorities

- Sex between males is legal. (20)
- Sex work is illegal. (4)
- There are no laws protecting MSM/TG. (20)
- The law does not allow TG to change sex/gender on official documents and records. (20)
- There is no legal protection against discrimination on the basis of HIV status. (4)
- The legal system has been classified as “neutral” for MSM/TG. (2,20)
- In 2006, it was reported that MSM/TG and HIV project workers do not face problems with law enforcement authorities. (8)

MSM Community, other Social Research and Stigma/Discrimination

- Published information about the MSM and TG community in Lao PDR is scarce.
- There are a small number of specific social and entertainment venues for MSM/TG in Vientiane and Luang Prabang.
- It has been estimated that 30-35% of MSM in Lao PDR are TG or “effeminate”, and the remainder are “masculine-acting gay and straight identified men”. (11)
- In 2007, 44.6% of 540 MSM/TG reported exclusive attraction women; 39.6% to men; and 15.8% to men, women and TG, or various combinations of these. (11)

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan (NSP 2006-2010). There is also a specific budget line of USD \$475,000 or 1.8% of the total HIV budget. (8)
- The NSP includes: HIV prevention, MSM & HIV specific support services, access to treatment, peer outreach, community engagement and empowerment, strengthening of MSM CBOs, targeted condom and lubricant distribution. (8)
- Most activities for MSM/TG in the NSP were to be implemented by international NGOs, local and national government. No MSM CBOs were listed in the NSP. (8)
- The current NSP ends in 2010. (12)
- In 2008, the government reported on 4 out of the 5 UNGASS indicators directly relevant to MSM. The 2010 report contained testing and prevalence data from Luang Prabang only, and condom use at last anal sex in the last 3 months. (1,23)
- Lao PDR has received funds from the Global Fund to Fight AIDS, Malaria and Tuberculosis. In Rounds 6 and 8 combined, the target population size of MSM/TG has been defined as 15,000 in 11 provinces, with the intention to reach 6,100 by Year 5 (approximately 40%) with peer education, outreach, condoms and lubricant, and referral to STI clinics and VCT. However, in 2006, it was reported that no GFATM funds had yet been earmarked for MSM programs. (7,8,21)
- In 2006, it was reported that Lao PDR had no local MSM-related leadership, such as politicians or spokespeople. (8).

Community-based Response

- MSM are not formally or informally organised. (3,8,11)
- Community organising in Lao PDR is not permitted, making peer-driven programs and organisations difficult to establish and maintain. (6)

Support from multi-laterals and international NGOs

- International and local NGOs conduct MSM and TG programs in Lao PDR.
- There is at least one local NGO with an MSM program: the Laos Youth Action for AIDS Project (LYAP). Although not an MSM CBO, the MSM project does utilize a peer approach. (8,22)
- The two key international organisations working with MSM/TG in Lao PDR are Population Services International and the Burnet Institute. (8)

Strategic Information

- There is limited research on MSM/TG in Lao PDR, which is conducted primarily by NGOs or individual researchers. There is very little in the academic literature on MSM/TG, and a Ministry of Health report in 2007 stated that there was “no systematic data available”. (8,11)
- In 2006, the ongoing national surveillance system did not include MSM, nor did it include behavioural surveillance. (8)

National and International Networks

- In 2006, it was reported that there was no national network of MSM organisations. (8)
- Lao PDR is represented on the “Purple Sky Network” for the Greater Mekong Subregion.

III. THE RESULTS

Coverage of prevention

- In 2005, the government reported 1% coverage of 955 MSM. (It is unclear where the number 955 arose from.) (18)
- In 2008 and 2010, the government did not report on the coverage indicator for MSM in its UNGASS report. (1,23)

Resource Estimation and Gaps

- In 2006, it was estimated that USD \$1 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (10)
- In 2006, it was reported that from 2006-10, USD \$48,000 had been pledged for MSM activities, leaving a funding gap in the NSP of USD \$430,200. (8)
- In 2009, it was estimated that over the next 5 years (2010-2014), USD \$7.38 million will be needed to achieve 80% coverage. It is also estimated that just over half of the required resources are currently unavailable. (14)

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 Lao People's Democratic Republic are available at:

http://www.unaids.org/en/CountryResponses/Countries/lao_peoples_democratic_republic.asp



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