

## QUICK FACTS BOX

Estimated number of MSM & TG	<b>Unknown</b>
Latest country-wide HIV prevalence estimate for MSM & TG	<b>1.8%</b>
Number of times higher than national prevalence	<b>90</b>
Male-male sex is legal or illegal	<b>Legal</b>
MSM-specific program line in NSP	<b>Yes</b>

## I. THE CURRENT SITUATION

### Epidemiology

- The size of the MSM and transgender (TG) population in Mongolia is unknown.
- In 2010, the HIV prevalence estimate among MSM and TG was 1.8%, increasing from 0.85% (ranging from 0% to 2.5%) in 2007. (*References: 12,16*)
- The 2010 UNGASS report stated that 68% of all cumulative HIV cases were in MSM. In 2008, out of 46 cumulative cases of HIV in Mongolia, 34 were men, and 27 were MSM. In 2005 to 2007, there were 31 new reported cases of HIV, and 22 of these were in MSM, that is, 61.1%. (6,13,16)
- In 2010, the estimated HIV prevalence among MSM and TG was 90 times higher than the general population prevalence rate of 0.02%. (16)
- Second generation surveillance showed that in 2005, 22% of MSM in Ulaanbaatar had syphilis, and in 2007, 11% had syphilis. In 2005, 12% had genital discharge or ulcer and this fell to 9.9% in 2007. A different study of 50 MSM in 2007 found that while no one tested positive for HIV, 42% tested positive for hepatitis B and 18% for hepatitis C. (6,12)
- In 2005, 75% of MSM reported seeking treatment for genital discharge or ulcer, while in 2007, 85.7% had sought treatment. (12)
- Knowledge of HIV transmission has recently increased. In 2009, the proportion of MSM who could correctly identify ways of transmitting HIV and rejected major misconceptions was 54.2%, whereas it was 26.4% in 2007 and 22.6% in 2005. (12,16)
- Paying for sex with a male or being paid for sex by a male was reported by 9.3% in 2005, and 10.1% in 2007. (12)
- In 2005, 2 out of 7 MSM used condoms consistently with commercial male partners, whereas in 2007, 4 out of 7 did. At the last occasion of sex, 7 out of 7 used a condom in 2005, and 5 out of 7 used a condom in 2007. (12)
- In 2007, out of 118 MSM, 8.5% were married to a woman and living with her; and 18.9% were married to a woman but not living with her. (12)
- It has been reported that the prevalence of STIs in MSM is evidence of high risk sexual intercourse taking place. (6)

### Behaviour, Knowledge and Social Research relating to HIV

- Second generation surveillance found that in the last 12 months, 56% of MSM had multiple anal sex partners in 2005, which rose to 75.3% in 2007. (12)
- The proportion of MSM who used a condom at the last occasion of anal sex with a male partner was 78.1% in 2009, 87.2% in 2007, and 66.7% in 2005. (12,16)
- Consistent condom use for anal sex over the past 12 months with male partners increased from 41.3% in 2005 to 53.7% in 2007. (12)
- The proportion of MSM who had been tested for HIV in the previous 12 months and knew the result was 77.6% in 2009, 80.7% in 2007, and 60% in 2005. (12,16)

### Legal Situation and Law Enforcement Authorities

- Sex between males has been legal since 2002. (14)
- Sex work is illegal. (9)
- There do not appear to be laws protecting the rights of MSM and TG.
- The legal system has been classified as “neutral” by two UN studies. (5,14)
- In 2006, it was reported that MSM and HIV project workers did not face harassment by law enforcement authorities in Mongolia. (11)

# MONGOLIA

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

### MSM Community, other Social Research and Stigma/Discrimination

- There is very little published information about the MSM and TG community in Mongolia.
- It has been reported that prejudice and stigma toward MSM is high. (6)

## II. THE RESPONSE TO HIV

### Government Response

- There is a specific program line for MSM in the national strategic plan (NSP), but there is no budget line. (7,11)
- The NSP includes: peer education, STI services, access to treatment, and strengthening of CBOs. (7,11)
- The current NSP ends in 2010. (7)
- A process of consultation to develop a specific MSM strategic plan commenced in November 2009. (4)
- There are resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria ear-marked for MSM programs. (11)
- In 2006, it was reported that there was no MSM representation on Mongolia's Country Coordinating Mechanism, and that there was no MSM-related leadership or spokespeople. (11)
- In 2010, the Government of Mongolia reported on all 5 of the UNGASS indicators directly relevant to MSM, an increase from 4 in 2008. (1,16)

### Community-based Response

- MSM are informally and formally organised, with social groups, CBOs, NGOs and informal networks. (11)
- There is at least one MSM CBO that conducts peer education, VCT referral, and has a Drop in Centre. (3)
- There are at least 2 NGOs that work with MSM, conducting outreach, VCT, emotional support, and support to positive MSM. (3)
- There is one NGO for people living with HIV, but it has no resources, funds, office or programs. (4)
- Civil society is a relatively new concept in Mongolia, and it is a challenging environment for community organisations to operate. (4)

### Strategic Information

- In 2006, it was reported that there is ongoing research on MSM in Mongolia, conducted by NGOs and the government. (11)
- However, very little published research could be found either in the form of reports or academic literature.
- Surveillance has been conducted on MSM in 2005 and 2007, however the sample sizes were small, and it has been reported that there is a "lack of a sound surveillance system" (6,11)

### III. THE RESULTS

#### Coverage of prevention

- The 2010 UNGASS report indicates that 77.6% of MSM were reached by HIV prevention activities. (16)
- Various sources report that the coverage of prevention activities among MSM was 66.7% to 70.3% between 2005 and 2008. (8,9,12,15)

#### Resource Estimation and Gaps

- In 2006, it was estimated that USD \$500,000 would be needed to achieve 60% coverage with peer education, outreach, VCT and condom/lubricant distribution. (10)

### IV. RECOMMENDED RESPONSES

#### List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- The National Strategic Plan 2011-2015 presently being developed 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.

# MONGOLIA

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

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## V. REFERENCES

All references are available at:

[www.apcom.org/snapshots2010.html](http://www.apcom.org/snapshots2010.html)

Contact details of UNAIDS office in Mongolia are  
available at:

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



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