## I. THE CURRENT SITUATION

### Epidemiology

- The estimated size of the combined MSM and TG population ranges from the official government estimate of 240,000 (1.4% of adult male population) used in the National Strategic Plan, to 418,037, which is 3% of the adult male population. One study of out-of-school youth found that 2.3% of males had ever had sex with another male. (References: 10, 14, 15)

- The country-wide HIV prevalence estimate for MSM and TG was 29.3% in 2007 to 28.8% in 2008. In 2007, the prevalence was 35% in Mandalay, 23.5% in Yangon, and 15.5% among young MSM aged 14-24. A study of MSM-specific VCT-users estimated a prevalence of 25-40% in Yangon. (6, 8, 15).

- The estimated HIV prevalence among MSM and TG was 41 times higher than the general prevalence rate of 0.7% in 2007. (15)

- In 2006, a study of 828 MSM and male sex workers found that 26.2% of MSM and 45% of MSW had ever had an STI. 11.8% of MSM and 25.4% of MSW had STI symptoms in the past 3 months. (2)

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

- In 2007, 67% of MSM used a condom at the last occasion of anal sex. (7)

- In 2006, a study of 828 MSM and male sex workers found that 53% of MSM/TG used condoms consistently with paid male partners and 52% with casual male partners. 52% of MSW and TG sex workers used condoms consistently with one-time male clients, 48% with regular male clients, and 43% with casual male partners. Consistent condom use was higher across all groups with paid female partners, and lower with casual female partners. (2)

- In 2007, an NGO survey of 423 MSM in Yangon and Mandalay found that 32% of TG had had unprotected anal sex with a male commercial partner and 35% with a male casual partner in the past month. (2)

- In 2007, an NGO survey of 423 MSM in Yangon and Mandalay found that 82% of respondents had multiple male partners in the past month. The average number of anal sex partners was 7 for TG and 4 for MSM, while partners of TG had 3. (2)

- In the 2007 NGO survey of 423 MSM, 45% of respondents also had sex with women. (2)

- The 2006 study of 828 MSM and MSW found that 45% of MSM/TG and 28% of MSW/TG sex workers had paid a male partner in the past month. (2)

- In 2007, 90% of MSM believed they were not at risk for HIV. (2)

### Legal Situation and Law Enforcement Authorities

- Sex between males is illegal with penalties of 10 years to a life sentence. (13)

- Sex work is illegal for males and females. (7)

- There are no laws protecting MSM/TG and there are no laws against discrimination on the basis of HIV status. (7)

- The law does not allow TG to change sex/gender on official documents and records. (13)

- Laws against “public nuisance”, “obscene material” and “conduct that might affect the morality of an individual, society or the public” can also be used against MSM/TG. (13)

- The legal system has been classified as “highly repressive” and “prohibitive in high intensity” for MSM/TG. (4, 13)

- MSM/TG and HIV project workers face problems with law enforcement authorities. In 2006, a study of 828 MSM and MSW found 13% of MSM/TG and 30% of MSW reported police harassment in the past 30 days. 15% of MSM/TG and 26% of MSW reported being beaten or forced to have sex in the past year. (2)
MSM Community, other Social Research and Stigma/Discrimination

- There are no specific gay bars or nightclubs for MSM/TG, although men use cinemas, tea-shops and parks to congregate. There are no commercial sex-on-premises venues. (5)

- There are no commercial media publications for MSM/TG, although there is one small, monthly newsletter produced by a positive organisation (not specific to MSM). (5)

- There are no MSM/TG organisations that are not focused on HIV, and there are no MSM/TG human rights organisations. (5)

- Historically there has not been an “MSM community”, but rather informal sexual and friendship networks. (16)

- The sub-populations of MSM in Myanmar are: apwint (cross-dressing, transgender, very open), apone (masculine-identifying, identify as same-sex attracted among peers), and thange (the potential sex partners of of apwint and apone). (16)

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 $5.55 million, but 80% is not funded. (7,14)

- The NSP includes: HIV prevention, access to treatment, MSM & HIV specific support services, peer outreach, STI services, community engagement and empowerment, strengthening of MSM CBOs, targeted condom and lubricant distribution. (11,14)

- The current NSP ends in 2010. (14)

- Myanmar has not yet received funds from the Global Fund to Fight AIDS, Malaria and Tuberculosis. The successful Round 9 grant is due to start in January 2011, and plans to reach 16,970 MSM in Year 1 to 53,093 MSM in Year 5. No MSM CBOs were named in the grant proposal, and MSM activities are to be delivered by international NGOs. (15)

- In 2006, it was reported that Myanmar had no local MSM-related leadership, such as politicians or spokespeople. (11).

Community-based Response

- In 2006, it was reported that MSM are informally organised, but that most formal organising appears to happen through international, non-MSM NGOs. (11)

- In 2010, there are 11 MSM CBOs. (5)

- There are a number of small social support groups for PLHIV, brought together by the 2 national PLHIV networks. (5)

- MSM CBOs conduct outreach, distribute condoms and lubricant, and run drop-in centres. For positive MSM, some CBOs do psychosocial counselling & support, home-based care, hospital care, funeral support, and nutritional support. (5)
Support from multi-laterals and international NGOs

- International NGOs conduct MSM and TG programs in Myanmar. For example, PSI Myanmar runs 15 drop-in centres, conducts peer education and clinical services for sexual health. Other NGOs are: HIV/AIDS Alliance, Artsen Zonder Grensen, CARE, and Medecins du Monde. (3,5,8,11)

Strategic Information

- There is no ongoing research on MSM/TG in Myanmar. (5,11)

- Some limited research has been conducted by the National AIDS Programme, PSI Myanmar, and APN+ Positive MSM Working Group. (5)

- The national HIV surveillance system has started to include MSM from 2007. Behavioral surveillance is included for the general population, but it appears not for MSM. (5)

Health System

- PSI Myanmar operates sexual health services delivered through 15 drop-in centres. (1)

National and International Networks

- The national MSM network started in late 2009. (5)

- In 2010, there are two national networks for PLHIV – a general one, and one specific to women. (5)

- Myanmar is represented on the "Purple Sky Network" for the Greater Mekong Subregion.

III. THE RESULTS

Coverage of prevention

- Coverage estimates of prevention activities vary widely. The 2010 UNGASS report stated that 16% of MSM were reached by prevention interventions. Other coverage estimates include 21,000 reached in 2005 to 31,546 reached in 2007 (13% of the 240,000 officially estimated MSM). PSI Myanmar estimated contact with 66% of MSM in the relevant areas through outreach services. (1,10,11,17)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $7.5 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (9)

- In 2009, it was estimated that over the next 5 years (2010-2014), USD $24.4 million will be needed to achieve 80% coverage. It is also estimated that 93.2% of the required resources are currently unavailable. (Please note: some incomplete data.) (12)
IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention.
- 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 Myanmar are available at: