I. THE CURRENT SITUATION

Epidemiology

- There have been a number of size estimates for the MSM/TG population. In 2008, the National Center for AIDS and STD Control stated there are 134,000. In 2005, it was estimated that in the Kathmandu valley, there are 7,000 to 20,000 MSM. (References: 7,14)

- In 2010, the government reported that the HIV prevalence among MSM and TG was 3.9%, which increased from 3.3% in 2008. This was based on integrated bio-behavioural surveillance of MSM and male sex workers. (1,12,22)

- The 2007 IBBS found that the HIV prevalence among male sex workers was 2.9%, and 3.4% among other MSM. (13)

- In Kathmandu, the 2005 first round IBBS found that 5% of male sex workers had HIV, and 4.4% of other MSM had HIV. (19)

- Between the two rounds of IBBS, it appears that HIV prevalence among MSM decreased by 0.2% and by 1.9 among male sex workers. (6,13)

- In 2008, it was reported that MSM accounted for 4% of the cumulative total of infections. (12)

- In 2010, using the data from UNGASS reporting, the HIV prevalence rate among MSM was 7.96 times higher than the general prevalence rate of 0.49%. (1,12,22)

- The general STI prevalence in 2005 was 55% among male sex workers and 21% among other MSM in Kathmandu. (19)

- In the 2007 IBBS, 8.1% of MSM and male sex workers had rectal gonorrhea, 3.6% had rectal Chlamydia, and 2.3% had syphilis. (13)

- UNGASS reports indicated that the proportions of MSM and male sex workers who used a condom at the last occasion of anal sex with a male partner were 71.6% and 93.1% respectively in 2007, and 75.3% and 37.8% respectively in 2009. (12,13,22)

- Consistent condom use increased among MSM with non-paying partners from 44% in 2004 to 71% in 2007. (13)

- Consistent condom use was 100% among male sex workers with paying sex partners, and 72% among male sex workers with non-paying sex partners. (13)

- In 2007, of those who used condoms for anal sex, 40% of male sex workers and 21% of MSM used lubricant. (13)

- In 2009, 42% MSM had been tested for HIV in the last 12 months and knew the result, increasing from 30% in 2007 and 7% in 2004. (12,22)

- The proportion of MSM who could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions increased from 44.5% in 2007 to 64.3% in 2009. (12,22)

- Sexual relations and marriage to women are very common among MSM in Nepal. In 2007, 66.6% reported ever having sex with a woman, and 42.5% were married to a woman. These figures have stayed fairly stable across studies in 2001 and 2005 also. (8,13,19)
Legal Situation and Law Enforcement Authorities

- Sex between males has been legal since 2007. (20)
- Sex work is legal. (9)
- The Supreme Court ruled to end discrimination against people of different sexual orientations and gender identities, however no action has yet been taken to introduce legal protections. (20)
- Since 2007, transgenders have been officially recognised with “third gender” cards. (20)
- There has been a history of harassment of MSM and HIV project workers, but the situation has improved since 2007. (16,20)
- In 2008, an unpublished UN legal review found that Nepal was “prohibitive in high intensity” for MSM and TG. In 2009-10, a second review conducted by the UNDP found that it was now “protective”. This indicates the greatest degree of change possible, from the most repressive to the most protective category. (5,20)

MSM Community, other Social Research and Stigma/Discrimination

- There is very little published information about the MSM and TG community in Nepal.
- In Nepal, the term meti is used by feminised, cross-dressing males who have males as their sex partners. Metis call masculine men who sexually penetrate men or women ta, panthi, girya, or “real men”. The term dohori is given by metis to males that identify as masculine, but take both the insertive and receptive roles in anal sex. (16)
- Historically, stigma against MSM and TG has been high, and male sex work was completely invisibilised. (17)

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan (NSP) and in 2007, 6.2% of total spending was allocated to MSM (i.e. USD $550,000). (10)
- The NSP has a target to reach 70-80% of MSM by 2011. (14)
- The current NSP ends in 2011.
- Nepal has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria in Rounds 2 and 7. In Round 7, MSM was a focus, with an aim to reach 70-80% of all MSM. (14,15)
- Nepal is part of the successful Naz Foundation International multi-country Round 9 proposal, focusing on South Asian countries. The focus in Nepal will be on strengthening the key MSM CBO, the Blue Diamond Society. (14)
- In 2008 and 2010, the Government of Nepal reported on all 5 of the UNGASS indicators directly relevant to MSM. (1,12,22)
- In 2006, it was reported that there was no MSM-related leadership or spokespeople. However, in 2010, there is an openly gay politician in parliament. (16,23)

Community-based Response

- MSM are formally and informally organised, with CBOs and social networks.
- The Blue Diamond Society is the key organisation working with MSM and TG. (4,7)
- Services conducted by the Blue Diamond Society include: peer outreach, condom distribution, training on safe sex and HIV, community sensitization and awareness, and support services for MSM and TG living with HIV. (4)

Strategic Information

- In 2006, it was reported that there is ongoing research on MSM in Nepal. (7)
- The surveillance system includes MSM and male sex workers, and also includes behavioural surveillance. Two rounds of IBBS have been conducted. (3)

Health System

- Blue Diamond Society runs 6 MSM-focused “care and treatment” centres. (2)
National and International Networks

- In 2006, Blue Diamond Society established a national federation focusing on MSM and HIV with 9 founding partners, and now includes 16 organisations.

- Nepal is included in the South Asian MSM and AIDS Network. (14)

III. THE RESULTS

Coverage of HIV services

- In 2010, the government reported that 77.25% of MSM/TG had been reached by HIV prevention activities, increasing from 47% in 2007 and 10% in 2004. (12,22)

- In 2005, the government reported reaching 26% of 12,000 MSM. (18)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $4 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (11)

Effectiveness of prevention efforts

- HIV interventions with MSM/TG have been effective in Nepal. An FHI program evaluation of Blue Diamond Society’s programs found that exposure to interventions increased condom and lubricant use, knowledge of STI symptoms, knowledge of STI and VCT services, and seeking STI services. (21)
IV. RECOMMENDED RESPONSES

List of recommended actions

- National strategic plan targets should be met by 2011.
- 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 Nepal are available at: