I. THE CURRENT SITUATION

Epidemiology

- No scientific size estimations of the MSM and TG population have been conducted in Sri Lanka. The Government’s official consensus-based estimate was 12,000 “high risk” MSM and 2,000 “beach boys”. The UNDP had estimated 30,000 “beach boys” (i.e. male sex workers) in 2006, however a later study found considerably less. (References: 4, 13, 14)

- The HIV prevalence among MSM/TG is unclear. In 2010, surveillance found 0.48% prevalence (2 out of 411 men), and in 2008, surveillance found no positive cases. However, from 2006 to 2009, of the cumulative total of HIV cases, 11-13% report being MSM and contracting HIV through sex. (4, 13, 17, 20)

- In 2009, there were an estimated 512 MSM living with HIV in Sri Lanka. (4)

- The general population has an HIV prevalence rate of less than 0.1%. (5, 20)

- In 2007, the behavioural surveillance survey (BSS) found that 8.9% of MSM and 16.4% of “beach boys” had ever had STI symptoms. (14)

- In 2005, a study of 105 MSM in the city of Anuradhapura who had had anal sex in the previous year showed that 52% reported ever having STI symptoms. (10)

Behaviour, Knowledge and Social Research relating to HIV

- In 2007, over the past 12 months, 45.4% of “beach boys” and 92.4% of MSM had anal sex with a male. The “beach boys” were more often the receptive partner, and had anal sex with more foreign than “local” men. (14)

- In 2006-07, over 80% of 494 MSM in 5 cities had had anal sex in the previous 3 months. (6)

- In 2007, overall, 60% of MSM used condoms at the last occasion of anal sex. For “beach boys”, 68.5% used condoms with casual partners and 39.6% with regular partners. For MSM, 63.7% used condoms with casual partners, and 34.9% with regular partners. (11, 14)

- Consistent condom use over the past 12 months was practiced by: 18% of 105 MSM in Anuradhapura in 2005; 45.9% of “beach boys” with casual partners and 21.6% with regular partners in 2007; and 46.5% of MSM with casual partners and 25.9% with regular partners in 2007. (10, 14)

- In the previous 12 months, 33% of 105 MSM in Anuradhapura never used condoms in 2005. In 2007, 11% of “beach boys” never used condoms with casual partners and 31.4% never used condoms with regular partners. Also in 2007, 15.8% of MSM never used condoms with casual partners and 40.4% never used condoms with regular partners. (4, 10, 14)

- In 2006-07, 50% of MSM who engaged in anal sex sometimes used condoms for insertive anal sex, while 42.4% used condoms for receptive anal sex. (5)

- In 2007, the mean number of regular partners for MSM was 1.4 over the past 12 months. The mean number of casual partners was 10.9. In a 2006-07 study of 494 men in 5 cities, 80% of MSM had multiple sex partners in the previous 3 months, and 36% of these had over 21 partners in the previous 3 months. In Anuradhapura in 2005, MSM had 2 to 4 sex partners in the previous year, and 4 to 10 in their lifetime. (6, 10, 14)

- In 2007, 13% of MSM had been tested for HIV in the last 12 months and knew the result. 82.4% of “beach boys” and 79.1% of MSM had never been tested for HIV. (11, 14)

- In 2007, 19% of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions. (11)
In 2007, 20.3% of “beach boys” and 30.7% of MSM did not believe condoms would protect them from HIV. (14)

In 2006-07, 41.3% of MSM in 5 cities had ever had sex with a woman. In 2007, 80.6% of “beach boys” and 23% of MSM had had sex with a woman in the previous year. 7.6% of the MSM were married. (6,14)

In 2007, 8.2% of “beach boys” never used condoms with casual female partners and 74.1% never used condoms with regular female partners. 27.8% of MSM never used condoms with casual female partners, and 59.1% never used them with regular female partners. (14)

In 2006-07, most MSM in 5 cities knew about lubricant, but only 32.4% had ever used it. (6)

In 2006-07, 14.8% of MSM had been able to get free condoms in the previous month. (6)

In the same study, 16% of MSM reported being forced into sex against their will. (6)

Legal Situation and Law Enforcement Authorities

- Sex between males is illegal under the Penal Code. (18)
- Sex work is legal, but soliciting sex is illegal. The vagrancy law has also been used to arrest sex workers for loitering. (7)
- Sri Lanka has no HIV anti-discrimination laws. (7)
- There appear to be no laws protecting the rights of MSM and TG.
- There have been reports of MSM and HIV workers facing problems with law enforcement authorities. The vagrancy law has been used to harass MSM and male sex workers. (15,18)
- Legal reviews conducted by the UN have found that Sri Lanka is “prohibitive in high intensity” and “highly repressive” for MSM and TG. (3,18)

MSM Community, other Social Research and Stigma/Discrimination

- Small social networks exist, especially among higher-class and educated MSM, but there is little sense of an MSM “community”. (5)
- There is very little published information about the MSM and TG community in Sri Lanka.
- The 2007 BSS found that “beach boys” had negative attitudes towards people living with HIV. For MSM, 39.7% would not work with, and 50.2% would not live with, an HIV positive person. (14)

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line and a budget line for MSM/TG in the national strategic plan (NSP). (12)
- The NSP states 10% of the budget will go to MSM/TG. In 2009, this amounted to approximately USD $240,000. (8,12)
- The NSP states that services for MSM will not be scaled up until 2011. This weakness was recognised in the Sri Lanka Round 9 submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria. (4,13)
- The current NSP ends in 2011. (12)
- In the Global Fund Round 9 proposal, the aim is to reach 6,000 MSM and 2,000 “beach boys”, with a focus on peer outreach. Larger NGOs are to assist smaller CBOs to train a total of 50 counsellors and 550 peer educators. (4)
- Sri Lanka is part of the successful Naz Foundation International multi-country Round 9 proposal, focusing on South Asian countries. The focus in Sri Lanka will be on strengthening the key MSM CBO, Companions on a Journey (CoJ). (13)
- In 2008 and 2010, the Government of Sri Lanka reported on 3 of the 5 UNGASS indicators directly relevant to MSM. (1,20)
- In 2006, it was reported that there were MSM-related leadership and spokespeople. (15)

Community-based Response

- MSM are formally and informally organised, with CBOs, programs and social networks. (15)
- In 2006, there were 3 NGOs/CBOs working with MSM, plus informal groups and internet groups. (15)
- Examples of the community organisations include: Companions on a Journey, Equal Ground, and the Sakhi Collaboration. (18)

Strategic Information

- In 2006, it was reported that there is ongoing research on MSM in Sri Lanka, conducted by academics, NGOs and CBOs. (15)
- MSM are not included in the sentinel surveillance system that has been running every two years for 15 years. (4,7,15)
- A round of behavioural surveillance was conducted in 2006-07 with MSM and “beach boys”; and a round of integrated bio-behavioural surveillance is planned in the Global Fund Round 9 proposal. (4)
Health System

- The proportion of VCT-users that are MSM is 14%. (4)

National and International Networks

- A national MSM network was established in November 2009. (5)
- Sri Lanka is included in the South Asian MSM and AIDS Network.

III. THE RESULTS

Coverage of HIV services

- In 2005, the government reported 5,000 MSM had been reached with prevention activities. (16)
- However, in the Global Fund Round 9 proposal, it was reported that service coverage to MSM by NGOs and CBOs could not be determined. (4)
- It has been estimated that only 1-2% of “beach boys” have been reached by any kind of prevention service. (4)

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. (9)
IV. RECOMMENDED RESPONSES

List of recommended actions

• Remove laws impeding effective HIV prevention, including laws criminalizing male-male sex and laws affecting sex workers.

• The next 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 Sri Lanka are available at: