I. THE CURRENT SITUATION

Epidemiology

- Various sources cite different estimates for the size of the MSM and transgender population. The WHO reports approximately 350 to 2000 MSM/TG in Timor-Leste. Mapping in Dili in 2008 found 267 open MSM, who each had networks of “hidden MSM” as partners, resulting in an estimate of about 500 MSM in Dili. (References: 4,11)
- The HIV prevalence rate for MSM is estimated to be 1%. This estimate has not changed between 2003 and 2009. (9,11)
- The estimated HIV prevalence among MSM and TG was 10 times higher than the general prevalence rate of 0.1%. (5,11)
- In the 2008 Behavioural Surveillance Survey of 253 MSM, 21.1% reported ever having STI symptoms. Earlier studies showed high levels of Herpes Simplex Virus (29%, 30%), and 14% for gonorrhoea, 15% for syphilis and 13% for Chlamydia. (1,5,8)

Behaviour, Knowledge and Social Research relating to HIV

- In 2008, 37.5% of 253 MSM used a condom on the last occasion of anal sex with a regular male partner, and 43% with a casual male partner. (5)
- The same study showed 21% of MSM had never used condoms for anal sex with men in the past 12 months. 85.1% had had unprotected anal intercourse with a regular male partner and 82% had had unprotected anal intercourse with a casual male partner in the previous 12 months. (5)
- In 2008, consistent condom use over the past 12 months was reported by 14.8% with regular male partners, and 18% with casual male partners. (5)
- In 2008, 18% always used lubricant when using condoms in the past 12 months, while 35.2% used lubricant some of the time, and 23.8% never used lubricant. (5)
- The main reasons given for not using condoms were: reduced pleasure (50.2-58.5%), condoms not being available (18.4-20.1%); their partner objected (17.8-19.9%) and in the case of casual sex only, not knowing how to obtain condoms (17.6%).
- In 2008, 24.6% reported having ever had an HIV test, and 92.3% of those going back for the results. 67.6% of those tested had been tested in the previous 6 months. (5)
- In 2008, 26.9% of 253 MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions. (5)
- In 2008, over the past 12 months, men with regular partners had a mean of 2 partners, whereas men with casual partners had a mean of 6 partners. Men who engaged in receptive sex had a greater average number of partners than men who engaged in insertive sex. (5)
- It is common for MSM to also have sex with women. In 2008, 93.8% had had sex with a female partner in the past 12 months, and condom use with female partners was low. (5,7)
- In 2008, 19.2% of MSM paid for sex with a regular male partner and 10% with a casual male partner in the past 12 months. (5)
- The same survey showed that 91.1% of MSM had been paid for sex with a regular male partner and 80.5% with a casual male partner in the last 12 months. These findings were higher than in 2003, when a survey of 570 men (110 MSM) found that 40% of the MSM had been involved in sex work. (5,7)
- In 2008, 11.6% had both paid and been paid for sex with a regular male partner and 5% had both paid and been paid for sex with a casual male partner in the last 12 months. (5)
TIMOR-LESTE
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. (10)
- It is unclear whether sex work is illegal or legal. (3)
- There are no laws protecting MSM/TG. (3)

MSM Community, other Social Research and Stigma/Discrimination

- There is very little information about the MSM and TG community in Timor-Leste.
- There are no commercial MSM social or sex venues and no MSM-specific CBOs. However, well-established social networks of MSM do exist. (3,4)
- There is evidence of high levels of violence and stigma faced by MSM. (3)
- There is evidence that MSM hold stigmatizing attitudes towards people living with HIV. For example, only 38.7% stated they would buy food from an HIV positive shop-keeper. (5)
- The 2008 BSS also found that 48.1% of MSM had been forced to have sex within the past 12 months. (5)

II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the NSP and a specific budget line. (6)
- The NSP includes: peer based education, social marketing, condom distribution and outreach. (6)
- The current NSP ends in 2010 and a new one is being developed to cover 2011-2016. (3,6)
- Timor-Leste has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Round 5 proposal had a strong focus on MSM and female sex workers. Phase 1 showed 787 individual contacts with MSM, which was 120% over the target number. (2,9)

Community-based Response

- MSM are not formally organised. There is no MSM CBO and no national MSM network. (3)

Support from multi-laterals and international NGOs

- There is one NGO called FTH that has MSM programs. (3)

Strategic Information

- There is no ongoing research on MSM/TG in Timor-Leste. Small, once-off studies have been conducted by academics (funded through the Ministry of Health) and by NGOs.
- In 2010, integrated bio-behavioural surveillance will begin to include MSM. (3)
III. THE RESULTS

- No relevant information was identified relating to coverage of prevention; coverage of treatment, care, support; resource estimation and gaps; or effectiveness of prevention efforts.

IV. RECOMMENDED RESPONSES

List of recommended actions

- The to-be-developed National strategic plan 2011-2015 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 relevant UN agency office in Timor-Leste are available at:

www.unaids.org