Men who have Sex with Men (MSM) – Update for ICAAP, Bali, 2009

Nepal

SUMMARY OF SITUATION
The following and additional data and citations can be found at www.aidsdatahub.org

HIV Prevalence
- HIV prevalence among MSM in Kathmandu in 2007 was 3%, which is 6 times higher than adult national prevalence of 0.5%.
- Among the estimated 70,000 people living with HIV, MSM account for 4% of reported cases.
- Prevalence of active syphilis among MSM was 2% in 2007.

Selected Behaviors & Knowledge
- 74% of MSM reported the use of a condom the last time they had sex with a male partner.
- 44% of MSM could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.
- 30% of MSM reported having been tested for HIV in the past year and knowing the result.
- 2 in every 3 MSM reported sex with females and 43% were married.

National Response
- Male-to-male sexual activity is illegal under the chapter on Bestiality in the Country Code.
- In December 2007 the Supreme Court of Nepal issued an Order to the government to take appropriate actions to ensure that the rights of LGBTI are upheld just like other citizens, and to amend all discriminatory laws against sexual identities.
- An HIV Act to protect the rights of people infected and affected, and vulnerable communities including MSM is now being drafted.
- 47% of MSM were reached by HIV prevention programmes in 2007 as compared to about 10% in 2004.
- MSM are formally and informally organized through social groups, NGOs/CBOs, and networks
- The National HIV/AIDS Strategy 2006-2011 recognizes MSM as one of the most at risk populations and it proposes a comprehensive approach in HIV intervention among MSM
- There is a specific budget line for MSM in the National Action Plan on HIV and AIDS 2008-2011. Eleven percent (11%) of the total budget of US$ 128 million for 3 years is allocated for MSM which is the highest proportion for all MARPs.
- The National Advocacy Plan on AIDS has provided scope for advocacy on relevant issues of most-at-risk populations including the constitutional, programmatic and human rights protection.

RECOMMENDED RESPONSES
Contact the UNAIDS Nepal office for more information at borromeom@unaid.org

- Enactment of the “HIV Act 2009” that would decriminalize homosexuality and remove other laws impeding effective HIV prevention.
- More systematic size estimation, mapping 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.
- Continue to 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.

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The Regional Picture

REPORT ON THE COMMISSION OF AIDS IN ASIA

The Commission on AIDS in Asia used the Asian Epidemic Model (AEM) to construct a picture of how the regional HIV epidemic in different sub-populations has developed over the years, and how it is likely to grow in the future if prevention stays the same.

The regional projection shows that Asia is on the brink of a large increase in new infections among MSM if risk behavior stays at current levels of low condom use with many concurrent male partners.

AEM is a computer model that simulates the spread of HIV within and between important at-risk populations and their partners. Key inputs are levels of HIV (prevalence), and the most important HIV-related risk behaviors of each sub-population and their sizes. The regional projection was made by adding up results of AEMs for countries in Asia.

The main risky behaviors for MSM are the frequency of unprotected anal sex contacts with regular and commercial male partners, and unprotected vaginal sex with commercial and regular female partners. The probability of HIV being transmitted during anal sex between a HIV+ man and another man or transgender is much higher than during vaginal sex with a woman.

However if high coverage with effective interventions raises condom use in anal sex among men to 80% levels over the next few years, then the growing epidemic among MSM can be controlled as shown in the model on the left.

KEY MSM SESSIONS AT ICAAP

8 Aug. 08.00 Forum: From 200 to 0: Responding Effectively to HIV Among MSM in Asia and the Pacific
10 Aug. 16.00 Satellite: MSM and HIV in Asia and the Pacific – Cross-Cutting Issues
11 Aug. 16.00 Symposium: Overcoming legal barriers to comprehensive prevention among men who have sex with men (MSM) and transgender (TG) persons in Asia and the Pacific
18.00 Satellite: MSM HIV Infection in Developed East and South-East Asia
18.00 Satellite: Gender Variance and Male-Male Sexualities Across the Global South
12 Aug. 11.30 Launch: The Pacific Sexual Diversity Network Strategic Plan
14.00 Symposium: Addressing Legal Barriers and Criminalization of Risk Populations

Session details and all of the MSM Country Snapshots are available at www.msmasia.org

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