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HIV and men who have sex with men

## I. RESPONSE HIGHLIGHTS

- High-level leadership has been a major catalyst for China's HIV response, more than three quarters of which is financed with domestic funding.<sup>10</sup>
- The Chinese Ministry of Health rolled out the 'MSM Population Comprehensive AIDS Response Trial Work Implementation Plan,' and carried out comprehensive AIDS response trial work with men who have sex with men (MSM) in 61 cities across China.<sup>5</sup>
- Central involvement in the 'Men who have sex with men and transgender populations Multi-City Initiative,' leading to the establishment of a collaborative partnership between MSM community-based organizations in Chengdu.<sup>11</sup>

## II. PRIORITIES FOR "GETTING TO ZERO"

- Increase domestic spending on HIV prevention services for MSM, commensurate with trends in HIV transmission and prioritizing high-impact interventions based on evidence.
- Continue implementing a targeted national strategy to respond to the rapidly growing HIV epidemic among men who have sex with men, particularly in major cities.
- Prioritize structural interventions that aim to reduce stigma and discrimination.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programmes.

## III. THE CURRENT SITUATION

There is mounting evidence for a rapidly growing HIV epidemic among men who have sex with men in China.<sup>2</sup> Over one-third of new infections across the country are among MSM, with HIV prevalence estimates in some south-western cities approaching 17 percent.<sup>12</sup> A large-scale survey in 2008-09 that spanned 61 cities found an average prevalence in medium and large cities of about 5 percent.<sup>5</sup>

Men who have sex with men have been largely absent from national AIDS strategies until recent years. Sentinel surveillance began to include MSM in 2002 and a specific strategy to implement a comprehensive response to HIV among MSM began being implemented in 2009.<sup>5,12</sup>

Positive experiences in Chengdu, a city with one of the largest HIV epidemics among MSM as well as some of the best-organized MSM community-based organizations, are serving as a model for other large cities in China. The outcome of its role in the 'Men who have sex with men and transgender populations Multi-City Initiative' demonstrates the potential and importance of collaborative partnerships and networks of MSM in China's HIV response.<sup>11</sup>

Growing public acceptance of homosexuality has introduced new venues, such as bars and clubs, and new methods for MSM to become better connected. While a welcome development in light of valid concerns over stigma

## DATA SUMMARY

Indicator	Estimate	Year
<b>Epidemiology</b>		
Estimated no. of MSM <sup>1</sup>	4,100,000	'09
% of all cases that are among MSM <sup>2</sup>	13.7%	'11
HIV prevalence among MSM (national) <sup>*2</sup>	6.3%	'11
No. of times higher than among general <sup>†2</sup>	63.2	'11
HIV prevalence among youth MSM <sup>*2</sup>	5.2%	'11
No. of HIV-positive MSM needing ART <sup>†1,3</sup>	74,800	'11
Syphilis prevalence among MSM <sup>4</sup>	8.4%	'10
<b>Behavioural data</b>		
Condom use during last encounter, MSM <sup>*2</sup>	74.1%	'11
HIV test in last year, MSM <sup>*2</sup>	50.4%	'11
Prevention knowledge <sup>*5</sup>	51.1%	'09
Vaginal sex in last 12 months, MSM <sup>6</sup>	86.0%	'11
<b>Programmatic situation</b>		
Prevention spending on MSM, US\$	-	-
Spending as % of total prevention spending	-	-
Cost for full service coverage, US\$ <sup>‡3</sup>	123,000,000	'10
Reporting on UNGASS indicators <sup>2</sup>	4 of 4	'12
HIV prevention coverage, MSM <sup>2</sup>	76.7%	'11
Existence of national network of MSM <sup>2</sup>	Yes	'12
MSM-specific programme line in NSP <sup>2</sup>	Yes	'12
Specific MSM and HIV strategy <sup>2</sup>	No	'12
Inclusion in ongoing HIV surveillance <sup>2</sup>	Yes	'12
<b>Legal environment</b>		
Male-male sex <sup>7</sup>	Legal	'12
Sex work in private <sup>8</sup>	Illegal	'12
Soliciting for sex <sup>8</sup>	Illegal	'12
Laws that pose obstacles for MSM <sup>9</sup>	No	'12

\* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

and discrimination, this represents new opportunities for HIV to spread across the population and offers insight into recent epidemiological findings.<sup>13</sup>

Among the more immediate concerns facing China in the response to HIV among MSM is the need to understand the relative effectiveness of HIV prevention interventions by ensuring that strong evaluation mechanisms are in place.<sup>5</sup>

Thankfully, MSM are recognized as a priority population in China's national strategic plan and crucial work is already underway to scale-up the response in key cities.<sup>5,11</sup>

#### IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- There are various estimates for the size of the MSM and transgender people population in China. In 2009, the government estimate was 3 million MSM. However, this is likely an underestimate, as many other sources report much higher figures, the most common being 5-10 million. Some sources report that the number of MSM could be as high as 17-18 million.<sup>14-20</sup>
- The government size estimates are generally based on the assumption that small proportions of the male population have sex with men, such as 0.58 percent to 2.1 percent. However, many studies have shown 2 percent to be the lower limit in many male populations, and the upper limit to be as high as 15 percent.<sup>19,21-24</sup>
- A meta-analysis that reviewed 94 articles found that recent local estimates of HIV prevalence among MSM across China range from 3.5 to 11.4 percent.<sup>25</sup>
- In the large cities of the southwest, such as Guiyang, Chongqing, Kunming and Chengdu, HIV prevalence among MSM is generally higher than 10 percent.<sup>25</sup>
- Some studies have demonstrated that HIV among MSM is increasing rapidly. The official countrywide estimate rose from 1.4 percent during 2001–2003, to 2.3 percent during 2004–2006, and 5.3 percent during 2007–2009.<sup>25</sup> For example, in Beijing, it rose from 1.4 percent in 2004 to 6.9 percent in 2006.<sup>25,26</sup> In Chongqing, it rose from 8.5 percent in 2007 to 15.1 percent in 2008.<sup>27,28</sup>
- HIV prevalence among sauna users in Chongqing was found to have increased from 19.7 percent in 2006 to 26.5 percent in 2007.<sup>23</sup>
- In male sex workers in Tianjin, the prevalence was 6.7 percent in 2008, and it was 5.3 percent in Shenzhen in 2009.<sup>29,30</sup>
- Prevalence of sexually transmitted infections (STIs) is varied among MSM in China. A review of recent surveillance studies found a summarized estimate of 9.1 percent; and specific estimates ranged from 1.3 percent to 19.3 percent.<sup>31</sup> In 2009, across 14 cities, 14 percent had an STI. In 2009, an internet study showed that 26.3 percent of MSM in two cities had ever had an STI. In Guangzhou in the past 12 months, 19.9 percent reported an STI. In Chengdu, 20.3 percent reported ever being diagnosed with an STI, and testing showed that 36.2 percent currently had one.<sup>32-34</sup>
- Syphilis prevalence varies among MSM in different studies, including: 9.1 percent in a meta-analysis of different studies in 2009, 9.8 percent in seven provinces in 2009, 11.4 percent of internet users in two cities in 2010, 7 percent in Beijing in 2007, 19.8 percent in Beijing in 2008, 16.1 percent in Tianjin in 2007, 18.7 percent in Tianjin in 2009,

29.2 percent among male sex workers in Tianjin in 2009, 17.5 percent in Guangzhou in 2009, 27.7 percent in 2009 in Jiangsu, and 28.1 percent in Chengdu in 2010.<sup>31,33,30,34-40</sup>

#### V. ADDITIONAL BEHAVIOURAL INFORMATION

- Large studies with MSM have shown that over 85 percent have ever had anal sex, with approximately 82 percent having had anal sex in the past six months.<sup>14,35,41</sup>
- Condom use at the last occasion of anal sex with a male partner increased from 64.4 percent in 2007 to 73.1 percent in 2009. Other studies have found: 65.2 percent in 14 cities in 2009, 57.5 percent in Chengdu in 2010, and 66.3 percent for insertive sex and 60.4 percent for receptive sex in a study of internet users in 2009.<sup>5,32-34,42</sup>
- Consistent condom use has been found to be higher among insertive rather than receptive anal sex partners; and higher among casual than with regular partners.<sup>26,34,43</sup>
- The majority of MSM in many studies had unprotected anal sex in the previous year or six months. The proportions included: 70 percent in 2005, 63.1 percent in 2007, and 76.4 percent in 2007. One study in Guangzhou found that in the previous six months, 29.3 percent had unprotected insertive sex, 18.5 percent had unprotected receptive sex, and 52.3 percent had both.<sup>19,37,44,45</sup>
- In 2009, one study found that 52 percent of MSM had never used a condom in the past year with their primary partner. A study in 2007 in Beijing found that 34.7 percent had never used a condom for insertive sex with a regular partner, 37.8 percent for receptive sex with a regular partner, 13.8 percent for insertive sex with a casual partner, and 16.4 percent for receptive sex with a casual partner.<sup>24,26</sup>
- In 2008, it was reported that experiences of homophobia were associated with high levels of unprotected anal intercourse in China.<sup>46</sup>
- Various studies have uncovered many incorrect beliefs held by Chinese MSM, including: in 2007, 35 percent of male sex workers in two cities did not know condoms protect against HIV transmission; in Chengdu in 2010, 52.9 percent believed HIV can be avoided by washing after intercourse; and in Jinan in 2008, more than 20 percent did not recognize condoms as a means of HIV prevention.<sup>33,43,47</sup>
- Many MSM in China also have sex with women. Between 2000 and 2008, estimates ranged from 29 percent to 64 percent who had ever had sex with a woman.<sup>14,47,48</sup>
- Marriage to women is also common among MSM. Between 2000 and 2006, estimates of MSM who were married ranged from 7 percent to 80 percent.<sup>19,49,50</sup>
- In 2009, 6.2 percent of 6,101 MSM and 5.9 percent of 4,983 MSM bought sex from another male in the last six months. In Chengdu, the proportion was higher at 10.2.<sup>33,35,51</sup>
- In 2009, 11.2 percent of 6,101 MSM had sold sex to another male in the last six months. In Chengdu, another study found that 18.3 percent of MSM had ever sold sex to another male.<sup>33,51</sup>
- In 2004, one study showed that more than 80 percent of MSM did not believe they were at risk of HIV. In 2010, a different study found that 59.4 percent believed they were not at risk. A study in 2002 found that only 4 percent believed themselves to be at risk.<sup>34,52</sup>

- Studies in 2009 found that 10.4 percent to 30.1 percent of MSM did not seek treatment for symptoms of STIs, while 31.9 percent in one study bought medicines on their own without consulting a health practitioner.<sup>35,37</sup>

## VI. ADDITIONAL PROGRAMMATIC INFORMATION

### Community-based responses

- MSM are formally and informally organized, with CBOs, NGOs, outreach programmes, and a national network. There are approximately 300 MSM CBOs and NGOs.<sup>18,53,54</sup>
- CBOs that focus on MSM and transgender people in China conduct a wide range of HIV-related activities and services, including: peer outreach and education, drop-in centres, condom and lubricant distribution, social marketing, health counselling, peer support for people living with HIV (PLHIV), voluntary counselling and testing (VCT), and STI clinic and referrals.<sup>49</sup>

### National MSM networks

- In 2008, the China Male Tongzhi Health Forum was formed by 20 key MSM NGOs to focus on advocacy and policy with support from UNDP.<sup>55</sup>
- In 2006, it was reported that there were several ‘competing’ MSM programme networks based on funding channels rather than geography.<sup>53</sup>
- Regionally, China forms its own sub-region in the Asia Pacific Coalition on Male Sexual Health (APCOM) network; and Yunnan and Guangxi provinces are represented in the Purple Sky Network for the Greater Mekong Subregion.<sup>56</sup>

### International support

- China has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Round 5 focused on MSM in 18 cities, and Round 6 supported NGOs working with MSM in 15 provinces.<sup>17</sup>
- UNDP and UNAIDS provide both funding and technical support for national and city level advocacy initiatives.

### National health system

- The government provides treatment for people living with HIV in China.
- It is unclear if there are MSM-specific sexual health and VCT clinics.

## VII. ADDITIONAL LEGAL INFORMATION

- The Regulation on the Prevention and Treatment of HIV/AIDS (Decree 457) protects the rights of people living with HIV.<sup>54</sup>
- In 2006, it was reported that MSM/transgender people and HIV workers faced problems with law enforcement authorities. There have been reports of police detaining outreach workers in parks (along with other men believed to be having sex). Protests have been held against police.<sup>53,54</sup>
- The ‘double registration’ system for NGOs has made it difficult for MSM CBOs to register, although restrictions have eased since 2007.<sup>54</sup>

- Internal regulations prohibit the discussion of homosexuality on TV, in the media or in cultural productions. The Internet is censored, and homosexuality is included in the definition of ‘obscene’.<sup>54</sup>
- The legal system has been classified as ‘neutral’ for MSM/transgender people in two UN reviews.<sup>54,57</sup>

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