COUNTRY SNAPSHOTS

MONGOLIA

December 2012

HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Mongolia was among the first countries in the region to attempt grassroots organizing between lesbian, gay, bisexual, and transgender (LGBT) populations in the late 1990s. It set the stage for more coherent efforts towards the broader recognition of the rights of LGBT people.[12]
- A relatively progressive sexuality and reproductive health curriculum was introduced in 1999 to primary school children in grades 6 to 11. It included, for example, material aimed at dispelling myths about sexual orientation.[12]

II. PRIORITIES FOR "GETTING TO ZERO"

- Secure greater resources for critical services not yet offered such as mental health services and free legal counsel.
- Strengthen the capacity of community-based organizations (CBOs) oriented towards men who have sex with men (MSM) by providing organizational assessments and technical assistance.
- Work towards ending stigma and discrimination directed to MSM and other key affected populations (KAPs) through structural and community-level interventions.
- Retrieve and share strategic information from monitoring and evaluation of current interventions to strengthen future programmes.

III. THE CURRENT SITUATION

Mongolia hosts one of the region's smallest HIV epidemics. It remained hidden until around 2007 when serological surveillance was performed after indications of rising incidence. From then until now, 75 HIV diagnoses were added to the HIV registry, bringing the total cumulative number of infections between 1992 and the end of 2011 to 100.[13] Among these cases, 66 percent were reported cases among MSM. Given that between 1992 and 2007, data on sexual orientation were not collected, the 66 percent is probably an underestimation.

Similar to in neighbouring countries, MSM in Mongolia remain largely hidden because of widespread and institutionalized prejudice. Societal and family pressures lead many Mongolian MSM to marry and live secret 'double lives' with both male and female sexual partners.[12] One survey meant to gauge levels of discrimination against MSM in Ulaanbaatar and Darkhan-Uul found that 53 percent of respondents thought of MSM as healthy people whose sexual behaviour is abnormal, meanwhile 14 percent thought MSM are mentally ill.[14] Arbitrary detentions and physical abuse by law enforcement authorities have also been recorded.[12]

A 2012 study discovered that stigma and discrimination against LGBT populations and MSM is common in Mongolia and creates significant barriers to health service access, employment, and social acceptance. The same study reported that 77.4 percent of MSM in Ulaanbaatar had

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM[1]	3,164-10,046	'12
% of all cases that are among MSM*[4]	66.0%	'11
HIV prevalence among MSM (capital city)*[4]	10%	'11
No. of times higher than among general*[4]	80.0	'11
HIV prevalence among youth MSM*[6]	2.6%	'09
No. of HIV-positive MSM needing ART†[1]	538	'11
Syphilis prevalence among MSM[4]	9.7%	'11
Behavioural data	-	-
Condom use during last encounter, MSM[4]	66.2%	'12
HIV test in last year, MSM[4]	67.8%	'12
Prevention knowledge[6]	54.0%	'09
Reported vaginal sex in past month, MSM[4]	28.2%	'11
Programmatic situation		
Prevention spending on MSM, US$[4]	$6,260	'09
Spending as % of total prevention spending[4]	0.2%	'09
Cost for full service coverage, US$‡[7]	$331,250	'10
Reporting on UNGASS indicators*[4]	4 of 4	'12
HIV prevention coverage, MSM[4]	65.5%	'11
Existence of national network of MSM[4]	Yes	'12
MSM-specific programme line in NSP[8]	Yes	'12
Specific MSM and HIV strategy[8]	Yes	'12
Inclusion in ongoing HIV surveillance[4]	Yes	'12
Legal environment		
Male-male sex[9]	Legal	'12
Sex work in private[10]	Illegal	'12
Soliciting for sex[10]	Illegal	'12
Laws that pose obstacles for MSM[11]	Yes	'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 antiretroviral 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.

LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

Among the challenges to high-impact HIV prevention in Mongolia is the pervasiveness of traditional beliefs about sexuality. Embarrassment is a common feature of any discussion about sex or sexuality in Mongolia, especially when it concerns the role of males in condom use or so-called "deviant behaviour" such as homosexuality. Contraception is considered the sole responsibility of females and so acquiring condoms can be socially hazardous for males.[2] Consequently, many young men seem not to see the need to use condoms to protect themselves. In a survey of teachers and male students in a school in Ulaanbaatar, homosexuality was believed to not be a native behaviour to Mongolia. It was viewed as a "foreign concept" that had not yet penetrated their immediate surroundings.[3]

experienced at least one of the following incidents in the last three years: forced sex or rape (14.7 percent); verbal harassment (54.8 percent); and physical harassment or beating (10.4 percent). Other key issues included: loss of employment upon discovery of sexual orientation or HIV status; being tested for HIV without consent; and blackmail by law enforcement.[5]

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The estimated HIV prevalence among MSM was 90 times higher than the general population in 2009 but was 80 times higher in 2011.[4,6] Increased risk of HIV among the general population might explain the growing ratio.
- Biological surveillance performed in Ulaanbaatar has shown a steady decrease in the prevalence of syphilis among MSM, moving from 22 percent in 2005, to 11 percent in 2007 and 9.7 percent in 2011.[13,15,16]
- Second generation surveillance showed that in 2005, 22 percent of MSM in Ulaanbaatar had syphilis, and in 2007, 11 percent had syphilis. In 2005, 12 percent had genital discharge or ulcer and this fell to 9.9 percent in 2007.
- A separate study of 50 MSM in 2007 found that while no one tested positive for HIV, 42 percent tested positive for hepatitis B and 18 percent for hepatitis C.[17]

V. ADDITIONAL BEHAVIOURAL INFORMATION

- Second generation surveillance found that in the last 12 months, 56 percent of MSM had multiple anal sex partners in 2005, which rose to 75.3 percent in 2007 and around 50 percent in 2012.[5,15]
- Consistent condom use continues to be comparatively low among MSM surveyed, although it increased from 41.3 percent in 2005 to 53.7 percent in 2007.[15]
- The proportion of MSM who used a condom at the last occasion of anal sex with a male partner was found to be 66.7 percent in 2005, 87.2 percent in 2007, 78.1 percent in 2009, and 70.2 percent in 2011.[4,6,15]
- The proportion of MSM who had been tested for HIV in the previous 12 months and knew the result has also fluctuated. It was found to be 60 percent in 2005, 80.7 percent in 2008, 77.6 percent in 2009, 66.3 percent in 2011, and 48.9 percent in 2012.[46,15]
- The proportion of MSM who could correctly identify ways of transmitting HIV and rejected major misconceptions is reported to have increased between 2005 and 2009: 22.6 percent in 2005, 26.4 percent in 2007, 54.2 percent in 2009, and around 50 percent in 2012.[5,6,15]
- Paying for sex with a male or being paid for sex by a male was reported by 9.3 percent of MSM in 2005, 10.1 percent in 2007 and 12.4 percent in 2012.[5,15]
- In the 2007 behavioural surveillance survey, 8.5 percent of 118 MSM reported being married to a woman and living with her; meanwhile 18.9 percent reported being married to a woman but not living with her.[15]
- A recent academic paper interpreted the increasing prevalence of sexually transmitted infections (STIs) among MSM as sufficient evidence of high levels of high-risk sexual intercourse.[17]

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- MSM are informally and formally organized, with social groups, CBOs, NGOs and informal networks.[18] Most notable are three CBOs focused on HIV prevention: Together Centre, Youth for Health, and Support Centre. All three provide outreach, peer education and counselling, condom distribution, and referrals to HIV and STI testing and treatment services.[12,19]
- One CBO named Youth for Health was established in 2003 to operate a confidential hotline to offer counselling to MSM. After limited success, it joined the Together Centre in 2005 in providing a broader range of health services targeted to MSM.[12]
- The Support Centre was established in 2009 and supports MSM and their families, offering support groups and linking vulnerable LGBT people to psychosocial services. Its main target group are hidden MSM. In 2012 it opened a drop-in centre in downtown Ulaanbaatar.[20]
- New Positive Life NGO offers specialized support services for MSM living with HIV, but its programmes are believed to have ended due to insufficient funding and other resources.[20,21]
- Civil society is a relatively new concept in Mongolia, adding to the inherent difficulties of operating an effective community-based organization.[21]

National MSM networks

- In 2011, a national technical working group on MSM was established to coordinate MSM activities. This group consists of the major NGOs working with MSM including the Together Centre, Youth for Health, Support Centre and LGBT Centre. It includes members from the National Committee on HIV/AIDS, the National Centre for Communicable Diseases and the National Human Rights Commission, as well as representatives from major UN agencies. It does not yet extend throughout the countryside.[20]

International support

- Currently, Mongolia receives MSM-related support from the United Nations Development Programme (UNDP), Global Fund for AIDS, TB, and Malaria (GFATM), AusAID, American Foundation for AIDS Research (AMFAR), European Union and the National Centre for Global Health and Medicine.[20,22]

National health system

- Delegates to the Human Rights and HIV/AIDS Consultative Meeting in Ulaanbaatar in 2006 reported that many MSM avoid accessing HIV support services because of low adherence to basic confidentiality standards.[12]
- A recent study reported that 29.1 percent of MSM have a fear of seeking healthcare. MSM are frequently denied health care services within Mongolia, with 5.8 percent stating they had overheard health care workers gossiping about them.[5]

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males has been legal since 2002 but there are not any non-discrimination laws in place intended to protect the rights of sexual minorities.[23]
- One HIV-related law, that criminalizes discrimination based on HIV status, has passed the Standing Committee and will be discussed in parliament shortly. The law will also ensure greater confidentiality for people living with HIV (PLHIV) and will remove all travel restrictions in and out of the country for PLHIV.[20]
- There do not appear to be laws protecting the rights of MSM and transgender people.
- The legal system has been classified as 'neutral' by two UN studies.[24,25]
- In 2006, it was reported that HIV project workers did not face harassment by law enforcement authorities in Mongolia.[18] There are anecdotes, however, of harassment in the form of arbitrary detentions and violence directed towards MSM at the hand of law enforcement authorities.[26]

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