

December 2012

HIV and men who have sex with men

## I. RESPONSE HIGHLIGHTS

- Improved multi-sectoral collaboration has strengthened the quality and effectiveness of HIV interventions under the leadership of the National Committee for HIV/AIDS, Drugs and Prostitution Prevention.<sup>14,15</sup>
- Significant support from the Global Fund to Fight AIDS, TB and Malaria (GFATM) was approved in Round 9.<sup>14</sup>
- Strong leadership and advocacy related to men who have sex with men (MSM).<sup>16</sup>

## II. PRIORITIES FOR “GETTING TO ZERO”

- Increase domestic spending on HIV prevention services for MSM, prioritizing high-impact interventions based on evidence.
- Prioritize the meaningful involvement of MSM in key decision-making processes, particularly during the development of future National Strategic Plans and National Plans of Action.
- Scale up structural interventions that engage entertainment establishment owners and the private sector.
- Include cost estimations for a comprehensive response to HIV among MSM in the National Strategic Plan.
- Remove laws against sex work that prevent barriers to effective HIV prevention.
- Develop the capacity of MSM community-based organizations involved in advocacy, peer-based education and service delivery.

## III. THE CURRENT SITUATION

Men who have sex with men in Viet Nam are at disproportionately high risk of HIV transmission.<sup>9,17,18</sup> Research suggests that this is due in large part to multiple sexual partners, low condom use and low perceptions of risk.<sup>19,21</sup> Not all MSM are at equal risk, however. HIV prevalence among MSM was found to be significantly higher in cities than in rural areas.<sup>22</sup>

In 2006, a revised law on HIV passed by the Viet Nam National Assembly listed ‘homosexual people’ among the high-risk groups prioritized for HIV prevention programming.<sup>23</sup> This represented the first time that MSM were recognized by the government of Viet Nam. However, funding for HIV services targeting MSM comes almost exclusively from donor programmes. As donors reduce their support to Viet Nam in the coming years, it will be critical for domestically funded programmes to target MSM as a population at high risk of HIV.

Men who have sex with men generally keep their sexual behaviours hidden in Viet Nam due to widespread stigma and discrimination. In 2002, Viet Nam’s state-run media declared homosexuality a ‘social evil’ equally as harmful as drug use

## DATA SUMMARY

Indicator	Estimate	Year
<b>Epidemiology</b>		
Estimated no. of MSM <sup>2</sup>	285,388	‘11
% of all cases that are among MSM	-	-
HIV prevalence among MSM (high-risk) <sup>2</sup>	11.2%	‘11
HIV prevalence among MSM (low-risk) <sup>2</sup>	1.4%	‘11
No. of times higher (low) than among general <sup>5</sup>	2.8	‘11
HIV prevalence among youth MSM <sup>*5</sup>	3.0%	‘09
No. of HIV-positive MSM needing ART <sup>†2,7</sup>	2,800	‘11
Syphilis prevalence among MSM <sup>8</sup>	1.1%	‘09
<b>Behavioural data</b>		
Condom use during last encounter, MSM <sup>*9</sup>	75.6%	‘11
HIV test in last year, MSM <sup>*9</sup>	30.2%	‘11
Prevention knowledge <sup>*5</sup>	60.3%	‘09
Reported vaginal sex in past month, MSM <sup>10</sup>	25.8-48.6%	‘09
<b>Programmatic situation</b>		
Prevention spending on MSM, US\$ <sup>*9</sup>	1,056,975	‘10
Spending as % of total prevention spending <sup>*9</sup>	2.3%	‘10
Cost for full service coverage, US\$ <sup>‡7</sup>	6,849,312	‘10
Reporting on UNGASS indicators <sup>*9</sup>	4 of 4	‘12
HIV prevention coverage, MSM <sup>5</sup>	24.0%	‘09
Existence of national network of MSM <sup>9</sup>	Yes	‘12
MSM-specific programme line in NSP <sup>9</sup>	No	‘12
Specific MSM and HIV strategy <sup>9</sup>	No	‘12
Inclusion in ongoing HIV surveillance <sup>9</sup>	Yes	‘12
<b>Legal environment</b>		
Male-male sex <sup>11</sup>	Legal	‘12
Sex work in private <sup>12</sup>	Illegal	‘12
Soliciting for sex <sup>12</sup>	Illegal	‘12
Laws that pose obstacles for MSM <sup>13</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 (not been validated by any authority of the Government of Viet Nam).

## MOVING AWAY FROM 'SOCIAL EVILS' IN VIET NAM

The complexity of homophobic stigma in Viet Nam was brought into the spotlight in 2002 when Viet Nam's state-run media referred to homosexuality as a 'social evil.'<sup>1</sup> The label dates back to the 1970s, when 'plagues' such as tuberculosis, malaria, and leprosy were associated with 'social diseases' thought to have been brought by American soldiers.<sup>3</sup> During the onset of HIV in Viet Nam, leaflets were passed around that listed 'social evils' alongside objective medical criteria for HIV diagnosis.<sup>4</sup> Traditional beliefs that attribute disease to immorality and 'bad behaviour' and not just improper hygiene have been around much longer.<sup>6</sup> The 2002 incident, while problematic in its own right, speaks volumes to the reasons for the hidden nature of MSM in Viet Nam.

However, there has been a steady move away from a social evils approach to HIV, sex work, drug use and homosexuality. Methadone maintenance treatment is being scaled up as an alternative to compulsory detention of drug users. Compulsory detention of sex workers was abolished in mid-2012. And the Government of Viet Nam recently launched a consultation process to revise the Law on Marriage and Family, which will result in a number of amendments to be submitted to the National Assembly for discussion in 2013. The Minister of Justice has stated that one of the issues to be considered is the recognition of same sex couples. The Minister told a local newspaper that, "it's unacceptable to create social prejudice against the homosexual community as well as individuals. At the same time, the State should also have legal mechanisms to protect the legitimate rights such as legal personality, property ownership or children (if any) of same sex couple living together".

and prostitution.<sup>1</sup> Among the consequences of stigma and discrimination towards MSM are continuing programmatic neglect, relative difficulty reaching MSM, and false or low perceptions of HIV risk.

In recent years, members of the Government of Viet Nam and local LGBT communities, including Institute for Studies of Society, Economy and Environment (iSEE), a non-profit Vietnamese think-tank working exclusively on issues of human rights of minority groups, have worked tirelessly for the legalization of same-sex marriage. The Ministry of Justice held a multi-disciplinary meeting on 13 April 2012 to discuss the revision of law on marriage and family including same sex marriage. In a letter that followed, the Ministry of Justice described same-sex marriage as being inevitable according to human rights principles. However, it lamented that, "given the sensitivity of homosexuality and unforeseen consequences of same sex marriage on cultural and traditional family values, it is too early for Vietnam to legalize same sex marriage."<sup>24,25</sup>

Communities of MSM in Viet Nam have been active in the response since as early as 2005, participating formally and informally in national and regional networks, including a national MSM and HIV working group founded in 2006.<sup>16</sup> While there have been important indications of recognition and commitment to MSM in the HIV response, a coherent strategy for targeting MSM, including routine HIV surveillance among MSM, reporting of homosexual sex as a risk factor for transmission in case reporting, and ensuring

meaningful participation in HIV response planning, remains to be seen.

## IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The midpoint between the upper and lower official size estimates of the combined MSM population is 1.7 percent of the adult male population. However, as with other Southeast Asian countries, this is likely to be an underestimate.<sup>26</sup> In a meta-analysis of size estimation studies, Cáceres et al. found recent same-sex sexual activity in South East Asia to be approximately 4 percent, or 1,031,560 in Viet Nam in 2010.<sup>27</sup>
- There are varying estimates of the HIV prevalence among MSM. The 2010 UNGASS report states that the HIV prevalence in Ho Chi Minh City and Ha Noi was 16.7 percent in 2009, an increase from 5.3 percent in Ho Chi Minh City and 9.4 percent in Ha Noi in 2005-06, respectively.<sup>1,18</sup>
- The 2008-09 integrated bio-behavioural surveillance (IBBS) showed that 8.8 percent of MSM in Ha Noi had rectal gonorrhoea and over 4.8 percent had rectal chlamydia. In total 15.8 percent of MSM in Ha Noi and 21.4 percent in Ho Chi Minh City, 17.3% in Can Tho and 7% in Hai Phong had at least one sexually transmitted infection (STI).<sup>28</sup>

## V. ADDITIONAL BEHAVIOURAL INFORMATION

- It was reported in the 2010 UNGASS report that 66.5 percent of MSM used a condom the last time they had sex with a male partner. In 2005-06, 70 percent of MSM in Ha Noi and 54 percent of MSM in Ho Chi Minh City used a condom the last time they had anal sex with a non-commercial partner.<sup>5,18</sup>
- The 2008-09 IBBS showed that 54.1 percent of MSM in Ha Noi and 30.3 percent in Ho Chi Minh City reported using condoms consistently with consensual male partners in the past month.<sup>28</sup>
- The 2008-09 IBBS showed that 47 percent of MSM in Ha Noi and 24.2 percent in HCMC consistently used a condom when they sold sex in the last month.<sup>28</sup>
- A study of 295 rural MSM in 2005 found that 26 percent of rural men used lubricant with condoms, which was significantly less than urban MSM.<sup>22</sup>
- The 2012 AIDS Progress Report for Viet Nam reported that 30.2 percent of MSM were tested in the previous 12 months and knew the result, an improvement over the 19.1 percent reported in the 2010 UNGASS Report. Of those who tested positive in Ha Noi during the 2005-06 IBBS, 10 percent had previously been tested and knew their results, compared to 27 percent in Ho Chi Minh City.<sup>5,9,18</sup>
- In 2009, 60.3 percent of MSM in four provinces could correctly identify ways of preventing the sexual transmission of HIV and rejected major misconceptions, an increase from 55 percent in 2005-06.<sup>5,18</sup>

## VI. ADDITIONAL PROGRAMMATIC INFORMATION

- In 2006, the Viet Nam Delegation to the Risks and Responsibilities Consultation in New Delhi reported that there is MSM-related leadership or spokespeople in Viet Nam.<sup>16</sup>
- The 2010 UNGASS Report stated that 24 percent of MSM in four provinces had been reached by prevention activities,

lower than the 26 percent estimated in the 2008 UNGASS Report.<sup>5,29</sup>

### Community-based responses

- MSM are formally and informally organized, having social networks, outreach programmes, community based organizations and NGOs.<sup>16</sup>
- There are many MSM self-help groups working on HIV-related issues.<sup>27</sup>
- On 12 June 2012, iSEE was invited to a meeting with department of civil and economic law that is tasked to draft the marriage law revision. The representatives from the ministry of justice expressed their desire to have a dialogue with LGBT communities in Hanoi and Ho Chi Minh City, organize meetings on 'LGBT and same-sex relationships' with experts from Vietnam and other countries, and educate the public on same-sex relationships.<sup>30</sup>

### National MSM networks

- A national MSM and HIV working group has been meeting regularly since 2006.<sup>16</sup>
- The national MSM and HIV working group is a member of the Purple Sky Network for the Greater Mekong Subregion.<sup>31</sup>

### International support

- The US President's Emergency Plan for AIDS Relief and a World Bank-DFID project provide funding for the lion's share of HIV services targeting MSM in Viet Nam.
- Viet Nam has also received funds from the Global Fund to Fight AIDS, TB and Malaria. There was some inclusion of MSM in Round 8, but it is unclear how much money will go towards MSM-focused programmes. Round 9 does include MSM, with outreach and condom provision to be conducted by CBOs.<sup>27,32-34</sup>
- UNDP and UNAIDS provide both funding and technical support for national and city level advocacy initiatives.

### National health system

- There are public MSM-friendly clinics in Hanoi, Ho Chi Minh City, Khanh Hoa, Da Nang and Can Tho.<sup>35</sup>
- A clinic for MSM has been established in Ho Chi Minh City under a public-private partnership model.<sup>36</sup>

## VII. ADDITIONAL LEGAL INFORMATION

- There do not appear to be any laws protecting MSM in Viet Nam, though a legal clinic is available for MSM and other most at risk populations.<sup>15,26</sup>
- The 2006 Law on HIV/AIDS Prevention and Control acts as a framework for a rights-based response to the epidemic and includes sections on HIV stigma and discrimination.<sup>37</sup>
- The legal system has been classified as 'neutral' for MSM in legal reviews conducted by the UN.<sup>26</sup>
- Since 2006, it has been reported that MSM and HIV project workers do not face problems with law enforcement authorities when implementing harm reduction interventions.<sup>16</sup>

- The Ministry of Justice noted that there is "an increase in same-sex relationships and there have been legal consequences of same sex co-living that the court does not know how to resolve such as property rights and inheritance. Therefore it is necessary to consider the legal consequences of same sex relationship during the revision of the law on marriage and family."<sup>25</sup>
- The Government of Viet Nam has launched a consultation process to revise the Law on Marriage and Family, which will result in a number of amendments to be submitted to the National Assembly for discussion in 2013.<sup>25</sup>

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