

Response to HIV epidemic among MSM and transgender population in the region

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Adapted from background papers prepared by

**UNAIDS, USAID, Risk and
Responsibility**

“Risk and Responsibility”

New Delhi 2006

Purpose of the study

To review the current status of response to MSM epidemic in the region

Questionnaire to 20 low and middle income countries of Asia and Pacific

List of Countries

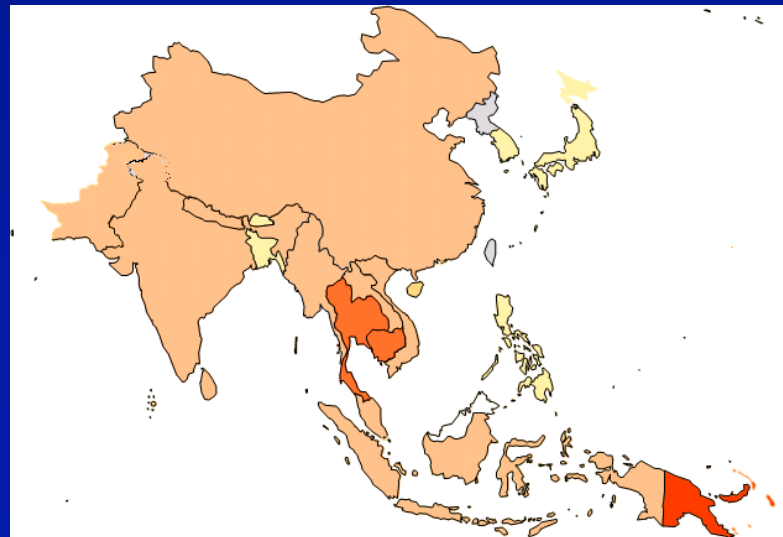
- South Asia : Pakistan, India, Bangladesh, Nepal, Sri-Lanka, Bhutan, Maldives
- South East Asia: China, Mongolia, Indonesia, Philippines, Thailand, Laos, Cambodia, Vietnam, Myanmar, Malaysia, Singapore
- Pacific : PNG, Fiji

Areas of information

- Political Support
- Policy and planning
- Strategic information and M/E
- Resource
- Legal rights and empowerment
- Human rights

Methodology

- Questionnaire for 20 countries
- Joint UN-Government-Civil society response
- Response rate 100%



Results

Planning

Expected : While all countries are required to invest on MSM program and reverse the MARP epidemic in Asia as a part of the Government commitment to UNGASS and all countries had National Strategic Plans

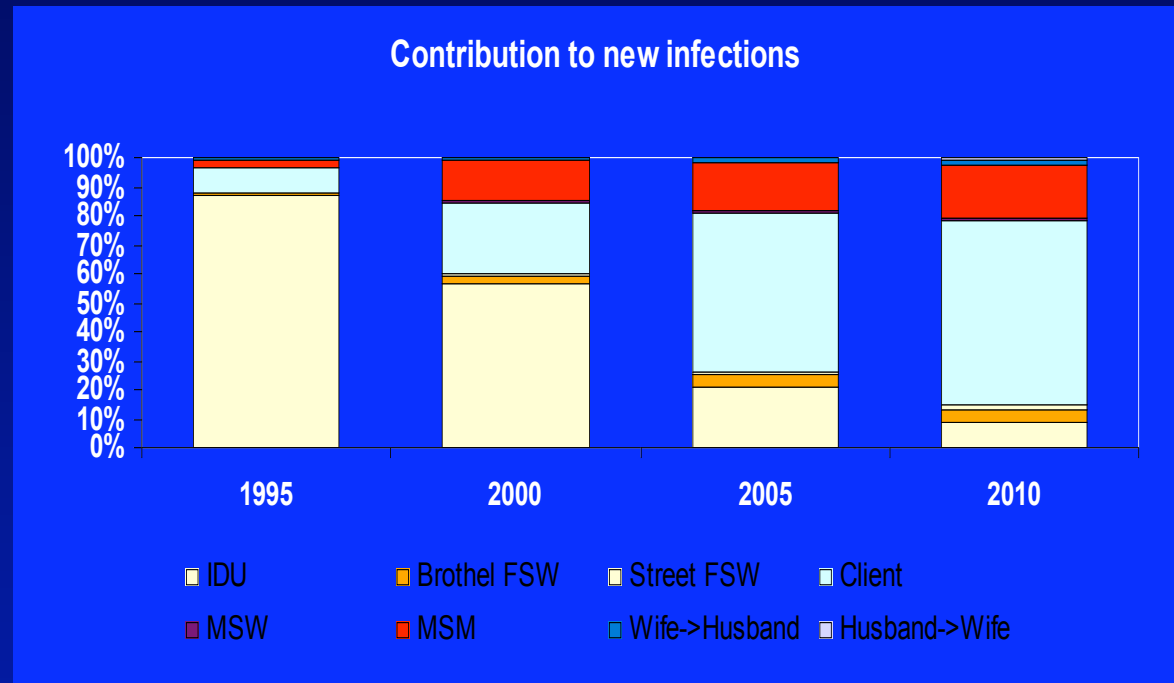
- Did not mention MSM in 40% plans
- Did not have national investment in 75% plans
- None had a scaling up plan

Financial Resource

Most countries spend only $< 1\%$ of AIDS budget on MSM where it may account for 5-20% of new infection

Thailand: demand vs need

- 20% of new annual infections are from MSM
- 0.5 m USD available against required 5 m/yr



Typical of Asia

Most countries possibly require 10% of total AIDS budget but spend < 1%*

* Total need is estimated based on standard costing and population size, actual need and availability is under study

Legal situation: MSM activity is illegal in most countries

- In 13 countries MSM activity is illegal
- Only 4 countries have explicit legal provision supporting MSM activities

Legal or no legal provision-

- HIV Projects facing problems with law and order authorities : 15
- MSM population facing problem with law and order authorities are 15
- Does not vary between countries having law or not having law

Strategy

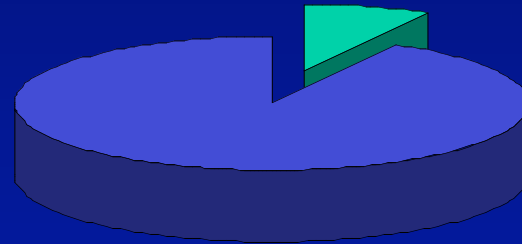
Elements of a Comprehensive strategy : Peer outreach, Friendly STI service, Condom and water based lubricants & environmental change (Community engagement & advocacy)

Strategic Information

- No of countries with claimed MSM Surveillance: 12
- No of countries with BSS and HIV studies among MSM in surveillance :2
- No of countries reporting coverage data in UNGASS report : 5

Coverage

- Only 8% of MSM population has coverage to comprehensive prevention of services
- Seems overestimation when matched by resources (background paper on costing)



Summary

- One third countries do not have any plan for MSM
- Even if there is a plan, majority budgets are from external sources
- All sources together account for less than 1% of resource needed
- Coverage is poorer than claimed 8%

Recommendations (all countries)

- Must include MSM program in NSP
- With 80% target at least for most at risk MSM population
- Annual Surveillance and coverage monitoring
- National investment to increase
- Critical Partner for Donors:
 - Strategic information: Government
 - Services and capacity building : Community based organizations

Good news

- No of countries having advocates for HIV interventions for MSM: 8
- No of countries having consultations between community, UN and Governments for this conference: 20

This is just a beginning