

China



SUMMARY OF SITUATION

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

HIV Prevalence

- Estimated population of MSM in China: 2-4 million in 2007.
- 2008 Nation-wide survey conducted among 18,101 MSM in 61 cities, average prevalence rate 4.9%, varying from over 10% in south-west including Guiyang, Chongqing, Kunming and Chengdu, around 7% in the east and 4-5% along coast in the south and north-east.
- Prevalence of active syphilis among MSM is 11.9% according to the findings from the 2008 nation-wide MSM survey.
- 2008 Cohort study on MSM in Liaoning Province revealed that new HIV infection rate was 4.92% person/year and the new syphilis infection rate was 27.58% person/year.
- BED testing conducted in Sichuan and Chongqing revealed that 28-39% of reported positive MSM in 2008 were newly infected within 6-12 months.

Selected Behaviors & Knowledge

- 75% reported the use of a condom the last time they had sex with a male partner (2008).
- Surveillance data (2007): 70% of MSM reported sex with more than 1 partner in the past 6 months and only 30% reported consistent condom use for anal sex, while 50% reported consistent condom use commercial male-male sex.
- In Beijing, 46% of MSM had more than 10 lifetime male sex partners (2006).
- 30% had been tested for HIV in the past year and knew the result in 2008.
- A cross-sectional survey of 215 MSM in a bar in northeast China found that 53% denied they were at higher risk of contracting HIV, 34% reported having a low risk, and only 4% perceived themselves at a high risk.

National Response

- Though there is no law forbidding or punishing MSM, there are still high levels of stigma and discrimination.
- MSM are formally and informally organized through social groups, NGOs/CBOs, and networks, and more MSM groups are active in the response to HIV.
- Although there are no specific interventions for MSM in the national HIV plan (2006-2010), the Chinese Government has strengthened its intervention efforts to MSM since 2005. "MSM and HIV" are now part of the country's strategy of scaling up towards universal access to prevention, treatment, care and support initiatives. However, only 8.6% of MSM have been reached by intervention services by end of 2008.
- IBSS was being established among MSM and 3 rounds nation-wide epidemiologic survey have been conducted to strengthen evidence-based planning and program implementation.

RECOMMENDED RESPONSES

Contact the UNAIDS China office for more information at schwartlanderb@unaids.org

- Develop, strengthen and promote right-based norms and standards for the integration of MSM into national AIDS response.
- Improve epidemiological and behavioral surveillance, program monitoring and evaluation, and related operational research on MSM and TG in relation to HIV. Ensure the utilization of good-quality strategic information to inform the development of appropriate HIV-related policies regarding MSM and TG.
- Develop, document and share evidence of successful HIV program models that address MSM and TG to facilitate improved, more targeted and scaled-up programming.
- Strengthen the capacity of MSM community-based organizations to provide advocacy and peer-based programs, and promote partnerships.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Scale up MSM-friendly VCT and sexual health screening centers. Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Specific prevention activities should focus on transgender people.



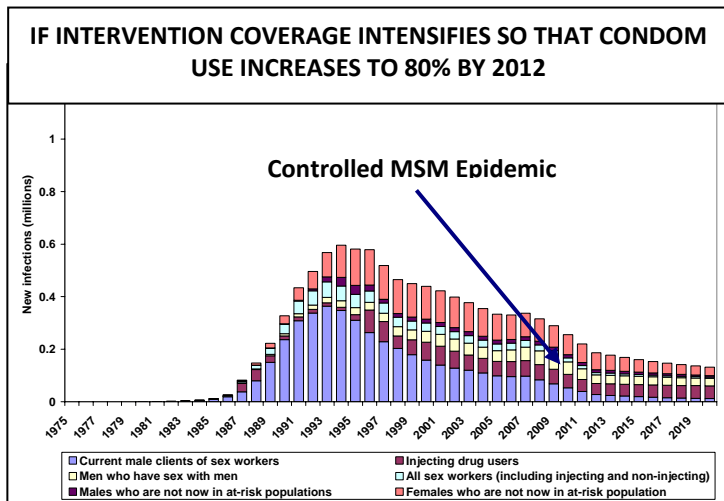
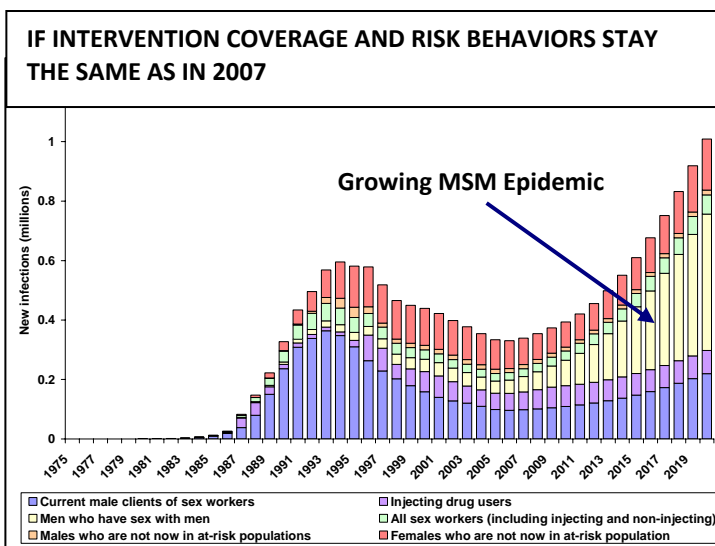
The Regional Picture

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