

Indonesia



SUMMARY OF SITUATION

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

HIV Prevalence

- The number of MSM was estimated at about 760,000 (2006).
- HIV prevalence of MSM increased from 3.5-4.5% in 2006 to 5.2% in 2007.
- In 2002-04, the HIV prevalence among MSM was estimated to be 2% in Bandung, 6% in Surabaya and 8% in Jakarta.
- In 2005 in Jakarta, a prevalence of 36% of at least one sexual transmitted infection was found among MSM.
- HIV prevalence among transgender (waria) ranged from 14% to 34% in big cities in Java in 2008.

Selected Behaviors & Knowledge

- In 2004-05, 63% of MSM reported unprotected sex with their commercial sex partners. Similar percentages were reported in 2007.
- In 2002, 53% of MSM reported unprotected anal intercourse with their male partner.
- The percentage of condom use in most recent anal sex went up from 31% in 2002 to 63% in 2004. In 2007, only 39% had used condom during last anal sex contact.
- 9% of MSM reported sex with both men and women.
- In 2007, 40% of 998 MSM reported having ever been HIV tested and 33%-86% of transgender (waria) in cities in Java.
- In 2007, 42% of MSM reported correct ways of preventing sexual transmission and rejected major misconceptions about HIV transmission.
- 39% of MSM reported condom use in 2007.
- In 2007, 64%-94% of transgender (waria) in cities in Java knew that condoms protect against STI and HIV.
- The percentage of consistent condom use among transgender ranged from 15% to 50% in cities in Java in 2007.
- Waria are considered at risk for HIV transmission, especially due to: stigma and marginalization; strong association with sex work; have less access to health services; health services lack skills and expertise in providing services to transgender; low educational levels and social economic status; highly mobile; significant violence and human rights abuses especially by police and in prisons.

National Response

- In 2007, 40% of MSM were reached by HIV prevention programmes. (IBBS Survey)
- In 2008, 824,200 received outreach and peer education for prevention of sexual transmission of HIV and condom use; out of the total number 32,000 were MSM.
- MSM and transgender (waria) are formally and informally organized.
- MSM and transgender (waria) are explicitly mentioned in the national HIV strategy (2007-10). Activities for MSM are explicitly funded through the Global Fund Round 8, as well as USAID.

RECOMMENDED RESPONSES

Contact the UNAIDS Indonesia office for more information at feen@unaids.org

- Remove laws impeding effective HIV prevention.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender (waria) people.



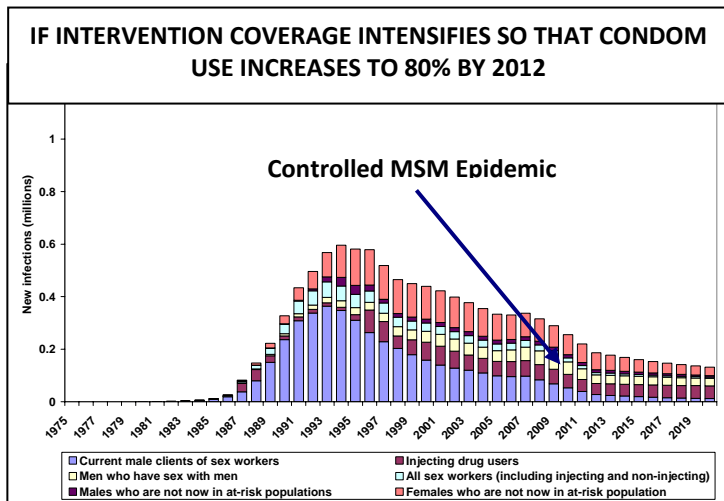
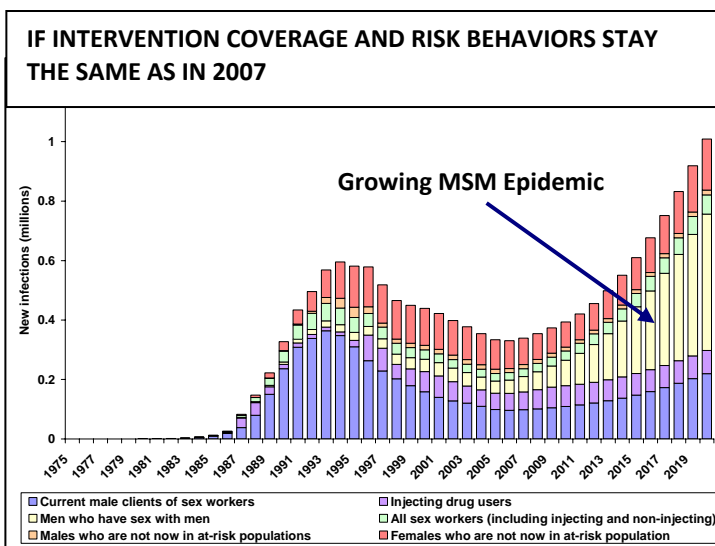
The Regional Picture

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