

Men who have Sex with Men (MSM) – Update for ICAAP, Bali, 2009

Philippines



SUMMARY OF SITUATION

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

HIV Prevalence

- Estimated population of MSM is 670,000 in 2007.
- HIV prevalence among MSM in 2007 was 0.28% whereas national prevalence is less than 0.1%
- Among reported cumulative cases of HIV, homosexual transmission accounts for 27% up to 2009.
- Prevalence of active syphilis among MSM in Manila in 2004 was 6.2%.

Selected Behaviors & Knowledge

- 32% of MSM reported the use of a condom the last time they had sex with a male partner (2007).
- Consistent condom use during anal sex with male partners was 10.8% in Manila and 1.5% in Baguio whereas consistent condom use with female partners in Manila and Baguio was 4.7% and 13.4% respectively in 2004.
- In 2007, 10% of MSM could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.
- 16 % of MSM reported having been tested for HIV in the past year and knew the result (2007).
- 40% of MSM reported having sexual intercourse with more than one partner in last year (2007).
- The mean number of male sexual partners in the last month was 5.4 and 3.3 in Manila and Baguio respectively in 2004.
- 12% of MSM reported ever having sex with both men and women (2000).

National Response

- Estimated 19% of MSM were reached by HIV prevention programmes in 2007.
- Male-to-male sex is legal over the age of 18. There is no law criminalizing homosexuality, but some laws are used to harass MSM. The superficial tolerance of homosexuality conceals significant stigmatization and discrimination in the forms of violence and extortion of MSM when arrested.
- MSM are formally and informally organized through self-help groups, NGOs/CBOs, and networks.
- 4th AIDS Medium Term Plan 2005-2010 recognizes MSM as a most at risk population and prevention activities are focused among MSM.
- There is a specific budget line of 2.6 million USD through Global Fund for MSM related activities which is 11% of total spending on AIDS in 2007.

RECOMMENDED RESPONSES

Contact the UNAIDS Philippines office for more information at bagasaob@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.
- Conduct research to: profile emerging sub-groups of most-at-risk MSM; evaluate current behaviour change communication strategies; and, determine effective intervention programs for MSM and TG especially among newly identified sub-populations.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, social networking mechanisms, mass media, and individual counseling.
- Strengthen representation of MSM and TG in decision-making bodies at all levels.
- Develop the capacity of MSM community-based organizations in advocacy, community organizing and peer-based programs.
- Scale up MSM and TG-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 people.



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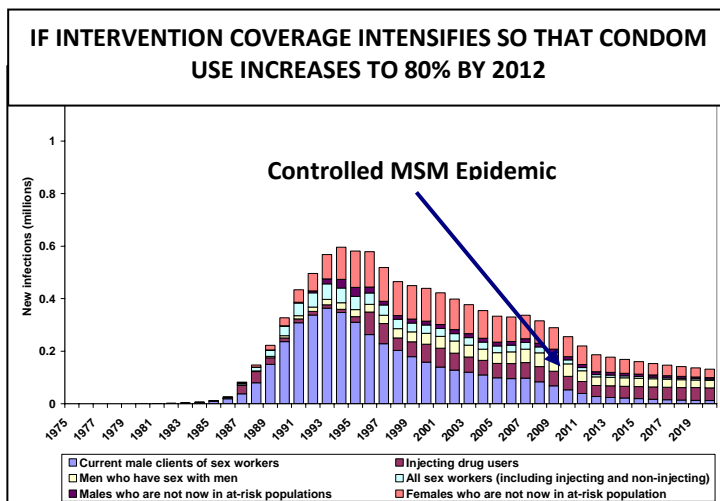
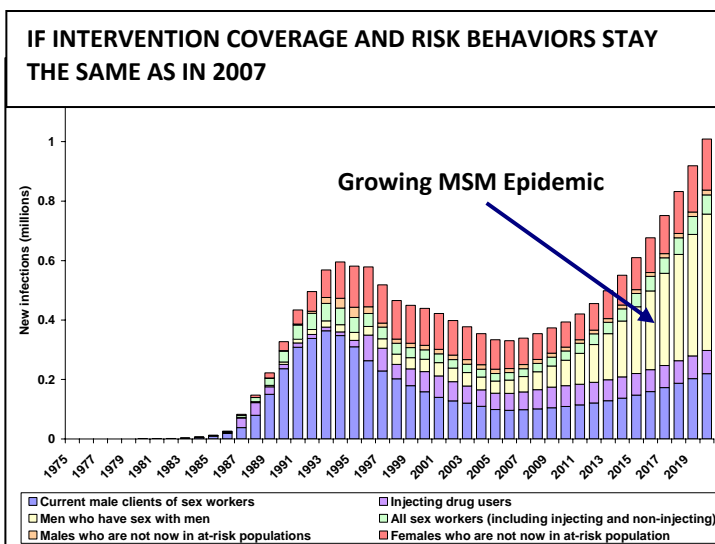
The Regional Picture

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