

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

Vietnam



SUMMARY OF SITUATION

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

HIV Prevalence (2006)

- Prevalence amongst MSM in Ha Noi was 9%.
- Prevalence amongst MSM in Ho Chi Minh City was 5%.

Selected Behaviors & Knowledge (2005-2006)

- 22% of MSM in Hanoi and 41% of MSM in Ho Chi Minh City have received payment for sex.
- 40% of MSM in Hanoi and Ho Chi Minh City also reported having sex with women in the previous 12 months.
- 16% of MSM reported having a voluntary HIV test in the last year (7% in Hanoi and 3% in Ho Chi Minh City) and know their results.
- 55% of MSM both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions (46% in Hanoi and 18% in Ho Chi Minh City).
- 61% of MSM in Hanoi and Ho Chi Minh City reported use of condoms the last time they had sex with a male partner.
- 29% of MSM in Hanoi and 37% in Ho Chi Minh City reported consistent use of condoms with non-commercial partners in the last month.
- 33% of MSM in Hanoi and 51% in Ho Chi Minh City reported consistent use of condoms when they sold sex in the last month.

National Response

- MSM are formally organized, having outreach programs, NGOs, CBOs and an MSM working group (network). Barriers to their efficiency include: stigma, discrimination, lack of understanding and support from policy makers, service providers, community & local authorities.
- Estimated 26% of MSM were reached by HIV prevention programmes in 2007.
- There is *no* specific program line for MSM in the national HIV plan.
- There is *no* specific budget line for MSM in the national HIV plan.

RECOMMENDED RESPONSES

Contact the UNAIDS Vietnam office for more information at vietnam@unaids.org

- Remove laws impeding effective HIV prevention, including ensuring access to HIV prevention services in closed settings.
- 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 people.



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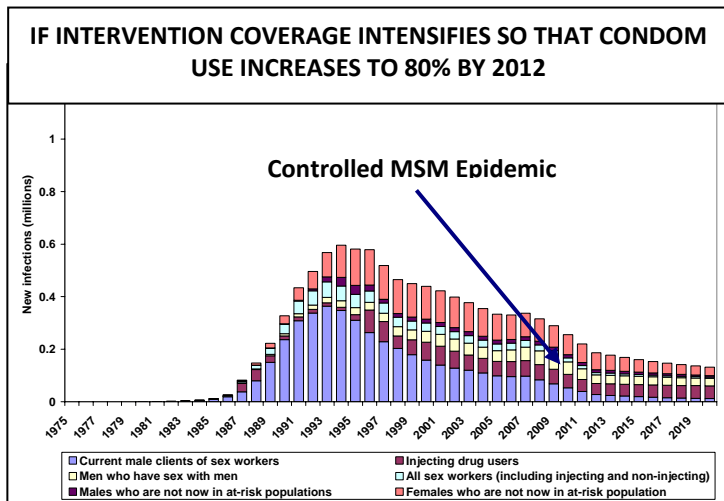
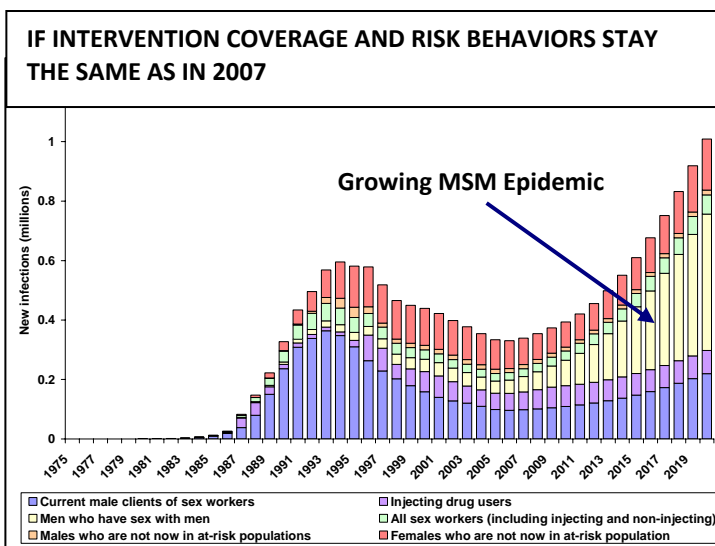
The Regional Picture

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