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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Myanmar Gay Education and Maung Doe Yuar are examples of intelligent uses of online social networking for low-cost outreach to harder-to-reach men who have sex with men (MSM) in larger cities like Yangon and Mandalay.²
- Capacity building is provided to small, non-registered community groups by the International HIV/AIDS Alliance.²
- Médecins Sans Frontières Holland has created a strong referral system to link MSM with its clinical and behaviour change communication (BCC) services.²
- Population Services International (PSI/TOPS) remains Myanmar's largest provider of sexual health services to MSM and transgender people.
- Continued dialogue between law enforcement agencies and HIV service providers to ensure a safe environment for the delivery of HIV prevention services.²

II. PRIORITIES FOR "GETTING TO ZERO"

- Prioritize the development of strategic information to inform future HIV programmes, including updated population size estimations of MSM and other hidden groups.
- Scale up structural interventions focused on reducing homophobic stigma among the general public.
- Ensure greater inclusion of key MSM-oriented groups in decision-making processes.
- Train health providers to ensure that services are relevant, inclusive, and respectful of differences among its beneficiary populations.

III. THE CURRENT SITUATION

Myanmar's HIV epidemic is highly concentrated among people who inject drugs, sex workers, men who have sex with men, and the sexual clients of these populations. People who inject drugs exhibited the highest HIV prevalence (21.9 percent) in the most recent serosurveillance, meanwhile MSM exhibited the second highest (7.8 percent).⁶ There is growing concern of a large-scale HIV epidemic among MSM amidst mounting evidence of it previously being underestimated.²

One of the primary reasons for delayed progress in the national response to HIV risk among MSM is a highly restrictive legal environment. Sex between men in Myanmar is punishable by a prison sentence of up to 10 years.¹⁴ Although such laws are rarely enforced, they complicate the delivery of effective HIV prevention services to the extent that they prevent community-based organizations (CBOs) from being registered with the state and discourage programme beneficiaries from accessing basic HIV services.²

Despite an unfavourable legal environment, Myanmar has identified MSM as a key target population since the previous

DATA SUMMARY

| Indicator | Estimate | Year |
|---|------------|------|
| Epidemiology | | |
| Estimated no. of MSM ¹ | 240,000 | '08 |
| % of all cases that are among MSM ^{*3} | 14.3% | '11 |
| HIV prevalence among MSM (capital city) ^{*4} | 7.8% | '11 |
| No. of times higher than among general ^{†6} | 12.9 | '11 |
| HIV prevalence among youth MSM ^{*4} | 5.7% | '11 |
| No. of HIV-positive MSM needing ART ^{†6,7} | 12,150 | '11 |
| Syphilis prevalence among MSM ⁴ | 2.5% | '11 |
| Behavioural data | | |
| Condom use during last encounter, MSM ^{*6} | 81.6% | '09 |
| HIV test in last year, MSM ^{*6} | 47.6% | '09 |
| Prevention knowledge ^{*8} | 68.0% | '09 |
| Reported vaginal sex in past month, MSM ⁹ | 45.0% | '07 |
| Programmatic situation | | |
| Prevention spending on MSM, US\$ ^{*10} | 2,974,260 | '11 |
| Spending as % of total prevention spending ^{*10} | 18.5% | '11 |
| Cost for full service coverage, US\$ ^{*10} | 10,800,000 | '11 |
| Reporting on UNGASS indicators ^{*6} | 4 of 4 | '12 |
| HIV prevention coverage, MSM ¹⁰ | 27.0% | '11 |
| Existence of national network of MSM ⁶ | Yes | '12 |
| MSM-specific programme line in NSP ¹ | Yes | '12 |
| Specific MSM and HIV strategy ¹ | No | '12 |
| Inclusion in ongoing HIV surveillance ¹ | Yes | '12 |
| Legal environment | | |
| Male-male sex ¹¹ | Illegal | '12 |
| Sex work in private ¹² | Illegal | '12 |
| Soliciting for sex ¹² | Illegal | '12 |
| Laws that pose obstacles for MSM ¹³ | Yes | '12 |

* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

As in most countries in the region, there appears to be increased visibility of 'gay'-identified MSM amidst a more complex typology of sexual and gender identities.² Myanmar's integrated biological and behavioural survey (IBBS) has found that MSM gravitate towards one of three typologies: (1) *Apwint*, transgender and transsexual groups who dress and act as women; (2) *Apone*, masculine MSM and hidden MSM more generally; and (3) *Tha Nge*, masculine MSM who enter into casual or stable sexual relationships with either *Apwint*, *Apone*, or females.⁵

National Strategic Plan (NSP) on HIV and AIDS (2006-2010). It further elaborates that key target populations will be of 'the utmost priority and will rely on high-intensity, sustained, and focused effective interventions.'¹⁵

The challenge of responding to HIV risk among MSM is compounded by a limited ability to measure progress towards stated objectives. For instance, data on condom and lubricant distribution, sexually transmitted infection (STI) service provision, and reliable resource expenditure data are for the most part unavailable.²

Several community-based organizations, some of which are not officially recognised by the state, are involved in health outreach although little is known of their operations.² Other key actors in the response include international NGOs, most notably Population Services International (PSI) who reached over 37,000 MSM in 2011 with HIV prevention services.¹⁰

Myanmar's most recent NSP (2011-2015), like the previous one, lays out a comprehensive set of targets to be met by actors across several sectors.¹ It simultaneously acknowledges the difficulty of fully implementing the plan with current levels of commitment and overseas assistance. What is certain is that there is crucial progress to be made—especially with regards to the restrictive legal environment—with careful use of planned resources.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The official estimated size of the MSM population, 240,000, corresponds to approximately 1.4 percent of the adult male population.¹⁶ This proportion draws from a behavioural surveillance survey of out-of-school youth performed in 2008 whereby 2.3 percent of males reported ever having had sex with another male and 1.6 reported having had sex with another male in the last 12 months.^{10,17}
- The countrywide HIV prevalence estimate for MSM has shown a marked decline from 28.8 percent in 2008 to 7.8 percent in 2011. HIV prevalence among young MSM (ages 15-24) also saw a reduction, from 15.5 percent in 2008 to 5.7 percent 2011.⁶ It is unclear to what extent the decline may be attributed to differences in sampling methodology or the recent increases in the number of surveillance sites.
- In 2006, a study of 828 MSM and male sex workers found that 26.2 percent of MSM and 45 percent of male sex workers (MSW) had ever had an STI and 11.8 percent of MSM and 25.4 percent of MSW had STI symptoms in the past three months.⁹

- In a 2010 survey of 1,370 MSM across four cities (Yangon, Mandalay, Patheingyi, and Monywa), 16 percent reported having an STI in the last 12 months. This figure appears to be conditional on the predominant sex role since, among those who identified as *Apwint* (predominantly receptive during anal sex), 28 reported a suspected STI in the last year. Meanwhile, among *Tha Nge* (predominantly insertive during anal sex), 12 percent reported the same.¹⁸

V. ADDITIONAL BEHAVIOURAL INFORMATION

- In the same 2010 study of 1,370 MSM, 50 percent reported having between two and six male sexual partners in the last year and 13 percent reported having between 13 and 24 male partners. Overall, more than 90 percent reported having more than one male partner.¹⁸
- More than half of the 662 respondents in Yangon in the same study endorsed the use of two condoms as a way to enhance HIV protection.¹⁸
- Among *Apwint* (predominantly receptive during anal sex), the mean number of female sexual partners in the last year was less than one; meanwhile for *Tha Nge* (predominantly insertive during anal sex), the mean number was three. Of the 1,370 survey participants, 33 percent identified as *Apwint*.¹⁸
- The same 2010 study found that 89 percent reported having used a condom during their last sexual encounter with another male. This value is nearly within range of the 81.6 percent reported in Myanmar's 2012 AIDS Progress Report but higher than the 67 percent found in a separate 2007 survey.^{6,9,18}
- In a 2007 survey of 423 MSM in Yangon and Mandalay, 32 percent reported having had unprotected anal sex with a male commercial partner and 35 percent reported having had unprotected anal sex with a male casual partner in the past month; 82 percent had multiple male partners in the past month, the average being four among MSM.⁹

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- In 2006, it was reported that MSM are informally organized, and that most formal organizing appears to be facilitated by international NGOs that do not focus exclusively on programmes that target sexual minorities.¹⁹
- In 2010, there were 11 MSM-oriented CBOs.²⁰
- There are a number of small social support groups for people living with HIV (PLHIV), brought together by the two national PLHIV networks.²⁰
- MSM CBOs conduct outreach, distribute condoms and lubricant, and run drop-in centres. Some CBOs perform psychosocial counselling, home-based care, hospital care, funeral support, and nutritional support for HIV-positive MSM.²⁰

National MSM networks

- The Myanmar National MSM Network functions as Myanmar's national MSM advocacy network and was started in late 2009 with the support of the Australian Federation of AIDS Organizations (AFAO).²⁰

- There are two national networks for PLHIV: a general one and one specific to women.²⁰
- Myanmar is represented in the Purple Sky Network for the Greater Mekong Subregion.²¹
- PSI/TOPS has conducted five national consultations involving MSM and transgender people between 2007 and 2012. The primary purposes of the consultations were to strengthen the national network of MSM and transgender people, and to promote information sharing and collaboration with other stakeholders.²²

International support

- International NGOs conduct MSM and transgender people programmes in Myanmar. For example, PSI Myanmar runs 18 drop-in centres, conducts peer education and clinical services for sexual health through the TOPS programme. Other international NGOs and local NGOs supported by international grants include: International HIV/AIDS Alliance, Médecins Sans Frontières Holland, CARE, Medecins du Monde, Myanmar Business Coalition on AIDS (MBCA), and Pyi Gyi Khin.^{19,20,22-24}
- UNDP and UNAIDS provide both funding and technical support for national and city level advocacy initiatives.

National health system

- PSI Myanmar operates sexual health services delivered through 15 drop-in centres.²⁵
- Médecins Sans Frontières Holland offers specialized clinical and behavioural HIV services to MSM and Médecins du Monde also tailors sexual health services to MSM and transgender people and supports ART.²

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males is illegal and punishable by a prison sentence of up to 10 years.²⁶
- There are no laws protecting MSM and there are no laws against discrimination on the basis of HIV status.¹¹
- The law does not allow transgender people to change their sex or gender on official documents and records.²⁶
- Laws in Myanmar against ‘public nuisance,’ ‘obscene material,’ and ‘conduct that might affect the morality of an individual, society or the public’ can also be used against MSM and other key affected populations.²⁶
- The legal system has been classified as ‘highly repressive’ and ‘prohibitive in high intensity’ by two separate UN legal reviews.^{26,27}
- MSM, MSW, and HIV project workers face problems with law enforcement authorities. In 2006, a study of 828 MSM and MSW found that 13 percent of MSM and 30 percent of MSW reported police harassment in the past 30 days; and 15 percent of MSM and 26 percent of MSW reported being beaten or forced to have sex in the past year.⁹ Police are reported to misuse existing laws to extort money from MSM, transgender people, and sex workers.²²
- Transgender people in Myanmar have very limited career opportunities. Many are said to believe they can only become a beautician, a *Nat Ka Daw* (spiritual dancer), or a sex worker.²²

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