

December 2012

HIV and men who have sex with men

## I. RESPONSE HIGHLIGHTS

- The 2009 Integrated HIV Behavioural and Serologic Surveillance (IHBS) exercise set an important precedent for strategic information on men who have sex with men (MSM) and transgender people in the Philippines. It led to further qualitative analysis, a national network of MSM and transgender people, and the National Comprehensive Strategic Plan for MSM and Transgender Populations—a key component of the 5th National AIDS Medium Term Plan.<sup>15</sup>
- The Davao Declaration, adopted at the ‘Visayas and Mindanao MSM and Transgender Conference on HIV’ in 2009, represents the country’s first effort to hold members of the community and government accountable for upholding the rights of MSM and transgender people in the context of the national HIV response.<sup>15</sup>
- National HIV and AIDS authorities and civil society have capitalized on the use of online technologies for HIV-related outreach. This has included innovative online marketing for mobile counselling and testing services (e.g., ‘Take the Test,’ ‘The Love Yourself Project’); an online resource on living with and being affected by HIV called ‘Positivism;’ and the use of social networking sites to provide peer support and education related to HIV.<sup>16,17</sup>

## II. PRIORITIES FOR “GETTING TO ZERO”

- Increased access to HIV prevention and treatment services.
- Continue advancing key institutional partnerships between the private sector, government, and civil society in the spirit of generating a comprehensive response.
- Avoid wrongful interpretations of the law to prevent further harassment of MSM and transgender people by law enforcement agencies.
- Local government should become involved in recruiting police and other government agencies for HIV prevention efforts and ensuring the sustainability of such efforts.
- Ensure greater differentiation between HIV prevention efforts targeted to MSM and transgender people.

## III. THE CURRENT SITUATION

The Philippines has among the lowest rates of HIV transmission in the region, with an estimated total of just over 10,514 infections between 1984 and August 2012.<sup>8</sup> Its HIV epidemic is increasingly concentrated among men who have sex with men and other key affected populations, with tremendous variation across subpopulations and location.<sup>2,18</sup> Some attribute the relatively slow spread of HIV in the Philippines to its complex geography and isolation from the larger regional epidemic.<sup>19</sup>

There is growing concern of an emerging epidemic among Filipino MSM. Sexual transmission between males has been the predominant mode of transmission since 2007.<sup>1</sup> Sero-

## DATA SUMMARY

| Indicator   | Estimate        | Year |
|---|-----------------|------|
| <b>Epidemiology</b>                                     |                 |      |
| Estimated no. of MSM <sup>1</sup>                       | 390,700-689,500 | ‘11  |
| % of all cases that are among MSM <sup>2</sup>          | 61.3%           | ‘11  |
| HIV prevalence among MSM (national) <sup>3,6</sup>      | 1.7%            | ‘11  |
| No. of times higher than among general <sup>3,6</sup>   | 16.8            | ‘11  |
| HIV prevalence among youth MSM <sup>7</sup>             | 1.4%            | ‘11  |
| No. of HIV-positive MSM needing ART <sup>16</sup>       | 6,360           | ‘11  |
| Syphilis prevalence among MSM <sup>7</sup>              | 1.6%            | ‘11  |
| <b>Behavioural data</b>                                 |                 |      |
| Condom use during last encounter, MSM <sup>7</sup>      | 35%             | ‘11  |
| HIV test in last year, MSM <sup>7</sup>                 | 5%              | ‘11  |
| Prevention knowledge <sup>7</sup>                       | 42%             | ‘11  |
| Reported vaginal sex in past month, MSM <sup>7</sup>    | 34%             | ‘11  |
| <b>Programmatic situation</b>                           |                 |      |
| Prevention spending on MSM, US\$ <sup>8</sup>           | 234,477         | ‘09  |
| Spending as % of total prevention spending <sup>8</sup> | 4.0%            | ‘09  |
| Cost for full service coverage, US\$ <sup>9</sup>       | 13,502,500      | ‘10  |
| Reporting on UNGASS indicators <sup>6</sup>             | 4 of 4          | ‘12  |
| HIV prevention coverage, MSM <sup>6</sup>               | 22.7%           | ‘10  |
| Existence of national network of MSM <sup>6</sup>       | Yes             | ‘12  |
| MSM-specific programme line in NSP <sup>10</sup>        | Yes             | ‘12  |
| Specific MSM and HIV strategy <sup>11</sup>             | Yes             | ‘12  |
| Inclusion in ongoing HIV surveillance <sup>10</sup>     | Yes             | ‘12  |
| <b>Legal environment</b>                                |                 |      |
| Male-male sex <sup>12</sup>                             | Legal           | ‘12  |
| Sex work in private <sup>13</sup>                       | Illegal         | ‘12  |
| Soliciting for sex <sup>13</sup>                        | Illegal         | ‘12  |
| Laws that pose obstacles for MSM <sup>14</sup>          | Yes             | ‘12  |

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

† This figure is calculated taking the estimated proportion of infections due to sex between men, multiplying it by the estimated number of infections in the country, 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 (ART).

‡ 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

Filipino MSM are tremendously heterogeneous—often far removed from mainstream conceptualisations of ‘gay’ identity. The understanding of identities is generally based on one’s gender role expression (i.e., feminine or masculine).<sup>3-5</sup> On one end of a spectrum is the *pa-girl* or effeminate *bakla*, while on the other end is the masculine, straight-identifying MSM. In between are the ‘discreet’ MSM, who are generally less comfortable appearing feminine in public. Meanwhile, transgenderism has become more pronounced as a separate category from MSM in recent years.<sup>3,4</sup>

A simplistic and static view of MSM betrays the complexity of MSM identities, since the categories are found to be fluid and are influenced by a host of factors. While MSM shift from one identity to another, largely dependent on the contexts they find themselves in, being perceived as masculine still is, in general, privileged. Thus, discreet MSM often tend to self-identify as *bakla* or gay only in the company of friends. Three reasons are cited for this: (1) less feminine MSM are less stigmatized and discriminated; (2) more masculine MSM are more desirable and marketable; and (3) a discreet to discreet relationship is perceived as more egalitarian.<sup>5</sup>

Preferences for certain labels also mirror socioeconomic hierarchies. The term ‘gay’, for instance, is perceived to be more respectable over ‘*bakla*’, since the latter connotes being a ‘*parlorista*’ (parlor gay), which, in turn, is often associated with those coming from lower economic strata.<sup>3,4</sup>

In regard to cultural factors in sexual risk-taking, machismo, sex-negative attitudes, issues of self-worth, and folk health beliefs all play a role in constructs of safety and risk, necessitating a more holistic approach in determining channels and messages for HIV interventions.<sup>5</sup>

logic surveillance over the last few years indicates that HIV incidence among females is reaching a plateau but appears to be growing rapidly among males.<sup>20</sup> Approximately six out of ten people living with HIV contracted the virus through sexual transmission between men.<sup>2</sup> In 2011, about eight out of ten new infections were among MSM.<sup>2</sup> HIV diagnoses have increased three-fold between 2003 and 2008, a fact that, in the context of other mounting evidence, suggests a forthcoming expansion of the HIV epidemic.<sup>19</sup>

The central advisory, planning, and policy-making body of the government is known as the Philippine National AIDS Council (PNAC). It was established in 1992 to act as a multi-sectoral advisory body to the President on policy related to HIV.<sup>21</sup> However, it remained crippled by a small budget until the Philippines Government enacted the Philippine AIDS Prevention and Control Act of 1998. Among the things it called for were a comprehensive nationwide HIV and AIDS educational and information campaign; greater recognition of the human rights of persons affected by HIV; and heightened involvement of local governments to provide community-based HIV services.<sup>19</sup>

The National HIV and AIDS Strategic Plan for MSM and TG Populations 2012-2016, which is anchored on the 5th AIDS Medium Term Plan for 2011 to 2016, represents the most ambitious effort yet to combat HIV in the Philippines. It calls for policies and programmes informed by serologic

surveillance data, a broader range of actors, and the integration of stigma reduction measures across the spectrum of HIV and AIDS services.<sup>10,11</sup> There is indeed a precedent for a late-stage resurgence of HIV transmission in countries with historically low and stable HIV prevalence.<sup>22</sup> But there is also little doubt that the epidemic’s future toll will depend in large part on how quickly and comprehensively the Philippines responds to rising HIV risk among men who have sex with men.

## IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The Philippines latest size estimation of MSM found that between 390,733 and 689,529 males had sex with another male in the last 12 months. These figures correspond to 1.7 percent to 3.0 percent of total adult males.<sup>1</sup>
- The low estimate was taken from a survey of 3,615 men performed in 2000 across three major urban areas (Quezon City, Cebu City, and Davao City). In it, investigators found that 13.8 percent of males had ever had sex with another male. For approximately, one-fourth of these males, their experience involved anal sex. However, only 1.7 percent of the 3,516 males had sex with another male in the last 12 months.<sup>23</sup> This became the official low estimate of male same-sex sexual behaviour.<sup>1</sup>
- In 2012, the government estimated that the HIV prevalence among MSM was 1.7 percent, showing an increase from 0.99 percent, 0.28 percent in 2007, and 0.11 percent in 2003.<sup>2,8,24</sup>
- In July 2012, 80.2 (N=278) percent of reported HIV cases were due to sex between men, higher than the 61.3 (N=10,242) percent of total cumulative HIV cases reported between 1984 and July 2012. Among overseas Filipino workers, the values are 38.9 (N=36) percent and 21.9 (N=1,985) percent, respectively. These data appear to indicate an increasing share of the HIV epidemic, possibly due to increasing risk of HIV among MSM.<sup>2</sup>
- In 2011, integrated HIV behavioural and serologic surveillance (IHBSS) performed among 5,353 MSM found that 1.6 percent had syphilis, lower than the 2.1 percent found in 2009 and the 6.2 percent found in Manila in 2005.<sup>7,25,26</sup> The 2005 IHBSS found that 32 percent of MSM tested positive for at least one sexually transmitted infection (STI) and rectal chlamydia was found in 14.6 percent and 18.4 percent of MSM in Manila and Baguio, respectively.<sup>26</sup>

## V. ADDITIONAL BEHAVIORAL INFORMATION

- In the 2011 IHBSS, the mean number of non-paying sexual partners in the last month was three, the same value found in the 2009 IHBSS.<sup>7,20</sup> In 2005, the average number of male partners in the last month was 5.4 in Manila and 3.3 in Baguio; and 48 percent had had anal sex with two or more male partners in the last month in both cities.<sup>26</sup>
- From 2007 to 2011, 32-36.3 percent of MSM used condoms at the last occasion of anal sex with a male partner.<sup>6,8,24</sup>
- In the 2011 IHBSS, MSM across six cities were more likely to report condom use with a male partner over the last 12 months (37 percent) than with a female partner (21 percent).<sup>7</sup>
- The 2012 AIDS Progress Report stated that 5.2 percent of MSM had been tested for HIV in the previous 12 months and knew the result, down from 7 percent reported in the

2010 UNGASS Report and 16 percent reported in the 2008 UNGASS Report.<sup>6,8,24</sup>

- In 2011, 47 percent of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions, up from 34.3 found in 2009 and 10 percent found in 2007. In 2005, less than one-third of MSM knew that consistent condom use could prevent HIV and STI transmission.<sup>7,20,26</sup>
- In 2011, 51 percent of MSM reported to have ever sold sex and 45 percent reported having sold sex in last 12 months.<sup>7</sup>
- According to the Philippine HIV and AIDS Registry, all 1,331 MSM diagnosed with HIV between 1984 and 2010 were unmarried at the time of diagnosis.<sup>6</sup>

## VI. ADDITIONAL PROGRAMMATIC INFORMATION

### Community-based responses

- MSM are formally and informally organized, with CBOs, outreach programmes, and a national LGBT policy network.<sup>27</sup>

### National MSM networks

- The Philippines hosts the Lesbian and Gay Legislative Advocacy Network and it is represented in the Insular South East Asia Network (ISEAN), established in 2009.<sup>27,28</sup>
- The Dangal National Network, Philippines' national network of MSM and transgender people, was officially formed in October 2012 with the goal of addressing critical gaps in supporting and scaling up activities that reduce HIV and AIDS among MSM and transgender people.<sup>29</sup> Dangal is supported by the ISEAN/Hivos multi-country Global Fund Programme.

### International support

- International organizations such as UNDP, UNFPA, UNAIDS, WHO, UNICEF and USAID have supported MSM and transgender people programmes in the Philippines, including information dissemination, condom promotion, surveillance and clinical service provision. The United Nations Development Programme (UNDP) supported the first MSM and transgender conference on HIV and AIDS in 2009, and is supporting a MSM project until at least 2012.<sup>27,30</sup>
- The Philippines has received funds from the Global Fund. In Rounds 3 and 5, there was a focus on MSM, however both of these rounds have now ended. In 2007, a specific budget line of US\$2.6 million has been earmarked for MSM through the Global Fund, accounting for 11 percent of total HIV spending in 2007.<sup>31</sup>
- UNDP Philippines has implemented a three year national MSM programme focusing on community systems strengthening, improving strategic information, and promoting dialogue between government and civil society organizations.<sup>35</sup>

### National health system

- There is no information on the existence of specialized clinics for MSM or the sensitivity of the above health facilities to the issues and needs of the MSM community.

## VII. ADDITIONAL LEGAL INFORMATION

- There are no laws protecting MSM/transgender people. Schools can adopt any policy on exclusion of students or banning condoms.<sup>32</sup>
- There are no laws to allow transgender people to change sex or gender on official documents and records.<sup>32</sup>
- The AIDS Prevention and Control Act (1998) forbids discrimination on the basis of HIV status.<sup>33</sup>
- Reports of difficulties with law enforcement authorities for MSM and HIV workers have been documented. Condoms have been used as evidence of sex work; police have raided MSM venues; there have been reports of extortion by police; venues have difficulty taking part in HIV interventions if condoms are involved; and the anti-vagrancy law and anti-public scandal law have been used to harass MSM and transgender people.<sup>33,34</sup>
- In 2009, the legal system in the Philippines was categorized as 'moderately repressive' for MSM or transgender people by a UN legal review.<sup>33</sup>

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Edited by Diego Solares, MPH. Design by Diego Solares and Ian Mungall/UNDP.

## KEY CONTACT INFORMATION

| Civil Society   | Government  | UN Country Team   |
|---|---|---|
| Jonas Bagas<br>Chair, Dangal National Network<br>Quezon City, Philippines<br><a href="mailto:jonasbagas@gmail.com">jonasbagas@gmail.com</a> | Dr. Ferchito Avelino<br>Office In Charge, PNAC<br>Manila, Philippines<br><a href="mailto:pnac_sec@yahoo.com">pnac_sec@yahoo.com</a> | Teresita Marie P. Bagasao<br>Country Coordinator, UNAIDS Philippines<br>Manila, Philippines<br><a href="mailto:bagasaob@unaids.org">bagasaob@unaids.org</a> |

