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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Sri Lanka's 'National Strategic Plan 2007–2011' explicitly focuses on men who have sex with men (MSM) and other key affected populations (KAPs) and aims to reach universal access by scaling up interventions among KAPs.⁶
- Since 2008, MSM have been included in Integrated Biological and Behavioural Surveillance and HIV sentinel surveillance activities.
- In 2010, a comprehensive mapping exercise was conducted to estimate the size of the MSM population and determine geographic density. The information is being used to improve HIV prevention targeting.³
- Sri Lanka is one of the recipient countries of the approved South Asia Multi-country Global Fund Round 9 Programme.¹³

II. PRIORITIES FOR "GETTING TO ZERO"

- Ensure that existing HIV service providers offer appropriate services to MSM and transgender people and collaborate with MSM, transgender people, and LGBT-oriented organizations.
- Promote collaboration and harmonization among MSM, transgender people, and LGBT-oriented organizations in Sri Lanka to increase participation of said groups in the national HIV response.
- Expand outreach services to areas outside of Colombo, Kandy, and Anuradhapura.
- Ensure sufficient and sustainable programmatic funding to programmes that provide HIV services to MSM and transgender people.
- Repeal aspects of laws that hinder HIV prevention efforts. Law enforcement agencies should also be sensitized so as to not interfere with HIV-related service activities and recognize the human rights of MSM and transgender people.

III. THE CURRENT SITUATION

Sri Lanka's HIV epidemic is considered low-level, with 1,544 cumulative reported cases and an estimated 3,000 people living with HIV.¹⁴ Infections related to sex between men account for approximately one-eighth of total reported cases.³ Other key affected populations include injecting drug users and female sex workers.³ HIV risk among MSM is low relative to other countries in the region but is increasing, both in HIV prevalence and as a proportion of total infections.¹⁵ There is little evidence to suggest that Sri Lanka's epidemic will become generalized in the future.⁶

Since the first detected case in 1987, Sri Lanka has demonstrated a progressive commitment to a comprehensive response. Socio-economic and cultural factors are taken into account when designing programmes. To-date, the National STD and AIDS Control Programme (NSACP) has been

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM ¹	32,000	'11
% of all cases that are among MSM ²	12.3%	'11
HIV prevalence among MSM (national) ³	0.9%	'11
No. of times higher than among general ^{†3}	9.0	'11
HIV prevalence among youth MSM ^{*3}	0.8%	'09
No. of HIV-positive MSM needing ART ^{†4,2}	241	'10
Syphilis prevalence among MSM ⁵	4.7%	'09
Behavioural data		
Condom use during last encounter, MSM ^{*3}	61.0%	'09
HIV test in last year, MSM ^{*3}	14.0%	'09
Prevention knowledge ^{*6}	19.9%	'07
Reported vaginal sex in past month, MSM ⁷	23.0%	'06
Programmatic situation		
Prevention spending on MSM, US\$ ⁸	200,000	'10
Spending as % of total prevention spending ⁸	5.7%	'10
Cost for full service coverage, US\$ ^{‡4,1}	864,000	'10
Reporting on UNGASS indicators ³	3 of 4	'12
HIV prevention coverage, MSM ⁹	10.0%	'05
Existence of national network of MSM ¹⁰	Yes	'12
MSM-specific programme line in NSP ¹⁰	Yes	'12
Specific MSM and HIV strategy ¹⁰	Yes	'12
Inclusion in ongoing HIV surveillance ¹⁰	Yes	'12
Legal environment		
Male-male sex ¹¹	Illegal	'12
Sex work in private ¹²	Legal	'12
Soliciting for sex ¹²	Illegal	'12
Laws that pose obstacles for MSM ¹¹	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.

unsuccessful in scaling prevention programmes targeted to MSM and is yet to develop community sensitive clinical services. The NSACP's attention to MSM is characterized by a non-continuous series of awareness programmes primarily in Colombo, Kandy, and Anuradhapura and occasional support to groups working for the human and political rights of LGBT communities in Sri Lanka.¹⁶ Despite strong civil society interest in operating targeted HIV prevention interventions, limited and inconsistent funding has limited the expansion of such activities.¹⁶ In addition, the limited capacity of MSM community groups in administration and financial management contributes to funding issues.¹⁷

Sri Lanka's laws are unsupportive of MSM and present significant challenges to effective HIV prevention programmes. A sodomy law that punishes sex between men with long-term imprisonment is used to extract bribes and threaten individuals and LGBT organizations.^{18,19} Negative societal attitudes towards homosexuality discourage access to critical health services targeted at MSM.¹⁵ In response to growing concerns of homophobic violence, the NSACP issued a 'special policy statement' to voice support for the protection of the rights of MSM and sex workers.⁶

A national Global Fund grant, awarded in 2011, will finance longer-term, targeted HIV prevention interventions for MSM, 'beach boys' (some of whom are male sex workers), and drug users in Sri Lanka beginning in 2012.³ It is expected that Sri Lanka's forthcoming National Strategic Plan (NSP) for HIV (2012-16) will include a more concrete commitment to stopping new infections among MSM and other KAPs.³

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- Nearly 30 percent of all MSM reside in Colombo based on 2010 size estimates.²⁰
- By December 2010, an estimated 8 percent of all HIV infections were due to sex between men. By December 2011, this number increased to 12.3 percent.^{21,2}
- HIV prevalence among MSM appears to be on the rise since national HIV serosurveillance began including MSM. Official figures increased from 0 percent in 2008 to 0.5 percent in 2009, and to 0.9 percent in 2011.^{22,3}
- In 2007, the behavioural surveillance survey (BSS) found that 8.9 percent of MSM and 16.4 percent of 'beach boys' had ever had STI symptoms.²³
- In 2005, a study of 105 MSM in the city of Anuradhapura who had anal sex in the previous year showed that 52 percent reported ever having STI symptoms.²⁴

V. ADDITIONAL BEHAVIOURAL INFORMATION

- In a 2009 survey of 812 young MSM (ages 18-24) from the Galle District (Southern Province), only 3 percent reported using a condom during the previous instance of anal sex with a male partner.²²
- In a 2008 survey of 900 male military personnel, 6 percent of those with male sexual partners reported consistent condom use during the last 12 months and 10 percent reported using a condom during the last sexual encounter with a male partner. The same survey also found that 31 percent of respondents reported ever having a relationship with another male.²⁵

- In 2007, over the past 12 months, 45.4 percent of 'beach boys' and 92.4 percent of MSM had anal sex with a male. The 'beach boys' were more often the receptive partner and had anal sex with more foreigners than 'local' men.²³
- In a 2006 socio-behavioural survey, over 80 percent of 494 MSM in five cities reported having had anal sex in the previous three months; 14.8 percent of MSM were able to obtain free condoms in the previous month; most MSM in five cities knew about lubricant, but only 32.4 percent had ever used it; and 16 percent of MSM reported being forced into sex against their will.⁷
- In 2006, 41.3 percent of MSM in five cities had ever had sex with a woman.⁷ In another 2006 survey, 80.6 percent of 'beach boys' and 23 percent of MSM had had sex with a woman in the previous year; and 7.6 percent of the MSM were married.²³
- In the same 2006 behavioural surveillance survey as above, 47 percent of MSM practiced consistent condom use with their male 'non-regular' partner; 36 percent practiced it with their female 'non-regular' partner; 26 percent practiced it with their male regular partner; and 18 percent practiced it with their female regular partner.²³
- Whereas 21 percent of MSM in one 2006 survey had ever been tested for HIV, only 14 percent were tested in the last 12 months and knew their results.^{23,3} In 2007, another survey showed that 13 percent of MSM had been tested for HIV in the last 12 months and knew the result; 82.4 percent of 'beach boys;' and 79.1 percent of MSM had never been tested for HIV.^{23,6}
- In 2006, 50 percent of MSM who engaged in anal sex sometimes used condoms for insertive anal sex, while 42.4 percent used condoms for receptive anal sex.²⁶

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- While many organizations have demonstrated interest in working with MSM, few have demonstrated the organizational capacity to do so.¹⁵ The capacity of NGOs based in regions outside of Colombo to deliver HIV services is especially limited.
- In 2010 a pilot mapping and national size estimation exercise was conducted by the MSM community in partnership with NSACP, UNAIDS, World Bank and UNFPA with technical support from the University of Manitoba.²⁰
- Subsequently in 2011, prevention microplanning interventions were piloted based on the data gathered from mapping exercise.²⁷
- Services conducted by the MSM community-based organizations (CBOs) include peer-led education, counselling on safer sexual behaviours, condom and lubricant use, reducing number of partners, and STI counselling, testing, and referrals.²⁸
- HIV prevention care and support interventions have commenced in five districts through national Global Fund Round 9, with potential to continue until 2015.¹⁷
- A recent assessment found that MSM community groups in Sri Lanka are not consulted adequately in national processes related to HIV.²⁸

National MSM networks

- A national MSM network was established in 2009 as a result of a consultation organized and conducted by Companions on a Journey and Naz Foundation International (NFI).²⁶
- MSM CBOs, programmes, and social networks are also informally organized in Sri Lanka.²⁹

International support

- The South Asian MSM and AIDS Network (SAMAN), which includes Sri Lanka, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International, Population Services International (PSI), and the United Nations Development Programme (UNDP).¹³
- Sri Lanka also receives MSM-related support from: the Canadian International Development Agency (CIDA), the Swedish International Development Cooperation Agency (SIDA), Helvetas, UNAIDS, the World Bank, and the UN Population Fund (UNFPA).^{30,31}

National health system

- In 2010, only one sexually transmitted infections drop-in centre with specific services for MSM was found in Sri Lanka.²⁸
- The proportion of voluntary counselling and testing users that are MSM is approximately 14 percent.³²

VII. ADDITIONAL LEGAL INFORMATION

- Sex between males is illegal under the Penal Code.³³
- Sex work is legal *per se*, but soliciting sex is illegal. The vagrancy law has also been used to arrest sex workers for loitering.³⁴
- There appears to be no laws protecting MSM from violence, stigma, or discrimination.³⁴
- There have been reports of MSM and HIV workers facing problems with law enforcement authorities. The vagrancy law has been used to harass MSM and male sex workers.^{29,33}
- Legal reviews conducted by the UN have found that Sri Lanka is 'prohibitive in high intensity' and 'highly repressive' for MSM.^{26,33}

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View all MSM Country Snapshots at: www.aidsdatahub.org, www.apcom.org, and <http://asia-pacific.undp.org/practices/hivaids/>

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