APCOM
ASIA PACIFIC COALITION ON MALE SEXUAL HEALTH

MSM in Asia Pacific: Critical HIV Research for Better Decision Making

POLICY BRIEF

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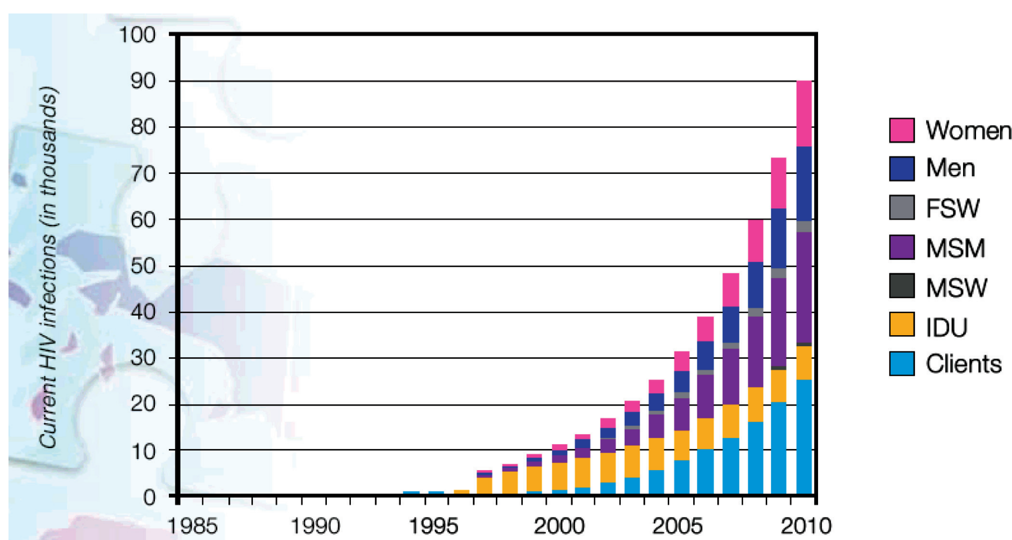
The issue

Sex between men occurs in all countries and in all cultures. It is estimated that between 5-10 percent of all HIV infections worldwide have resulted from sex between men,[1] however this figure varies considerably within countries and between regions. Despite information gaps regarding the impact of HIV on men who have sex with men (MSM)[2], HIV prevalence among MSM wherever it has been measured is substantially higher than in the population as a whole[3], and as high as 14 percent in Phnom Penh, Cambodia, 16 percent in Andhra Pradesh, India,[4] and over 30 percent in Bangkok, Thailand.[5] Between 3-19 percent of men in Asia Pacific report engaging in male-to-male sex during their lifetime.[6] If current responses remain unchanged, then by 2010 the number of HIV infections attributed to sex between men in Asia is likely to overtake those from injecting drug use, and from sex with male and female sex workers. In Thailand it is estimated that sex between men already accounts for over 30 percent of current HIV infections.[7] The potential magnitude of the problem is illustrated in the following chart.

Figure 1. Estimated number of current infections among adults in an Asian country of 100 million people with average levels of risk [8,9]



[1] Joint United Nations Programme on AIDS (UNAIDS). Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific, at p.7. Bangkok, 2007.

[2] "Men who have sex with men" (MSM) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular 'community'. The words 'man' and 'sex' are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place.

[3] UNAIDS (2007) op cit, at p.8.

[4] UNAIDS Regional Support Team – Asia and the Pacific. HIV infection and associated risk behaviours among men who have sex with men in the Asia-Pacific region – implications for policy and programming. Bangkok, May 2008, at p.5.

[5] Pliplat T, Kladsawas K, van Griensven, Wimonsate W. 2008. Results of the HIV surveillance among men who have sex with men (MSM) in Bangkok, Chiangmai and Phuket. Proceeding for the Department of Disease Control Annual Conference, Ministry of Public Health, 11-13 February 2008, Bi-Tech Convention Centre (in Thai).

[6] Caceres C, Konda K, Pecheny M et al. Estimating the number of men who have sex with men in low and middle income countries. Sex Transm Infect, 2006;82:iii3-9.

[7] F van Griensven. The Epidemiology of HIV and STI among Men who have Sex with Men and Transgender in Asia. South-east Asia Regional Office, US Centers for Disease Control and Prevention. Presentation to 8th ICAAP, August 19-23, Colombo, Sri Lanka, 2007.

[8] UNAIDS (2007). Op cit, at p.9.

[9] "Low risk men" are defined as men who are not currently IDUs, MSM, MSW, or clients of sex workers.

Why we need more and better research

In many countries we lack sufficiently detailed information regarding the determinants of HIV vulnerability and transmission among MSM – information we need to inform HIV prevention strategies and programming.[10] Existing research is hampered by poorly informed theoretical underpinnings concerning gender and sexuality, and tends to produce superficial understandings of male to male sex, focussing mainly on behaviours[11]. We must improve our knowledge base, and apply new information to the design and delivery of HIV prevention policies and programmes for MSM in Asia Pacific.

The need for different types of research

We need information to help develop and implement more effective responses to the HIV-related risks and needs of MSM in Asia Pacific. Research is a tool for obtaining that information. When we think of "HIV research" for prevention work, we tend to think of epidemiological and behavioural research. While these are important, they are by no means the only knowledge needed. And although we currently face many knowledge gaps, we can identify areas in which further information is needed.

Area One: The legal and policy environment in which we work

A survey in 2006 found that sex between men was illegal in 16 of 20 countries in Asia Pacific.[12]

Criminalization of sex between men poses serious obstacles to effective HIV service provision[13]. Even where sex between men is not criminalized, stigma and discrimination can have a similar effect in hindering access to HIV and sexual health services. In policy making, this can manifest in the invisibility of MSM in HIV policies and programmes. Most national HIV plans in Asia and the Pacific largely ignore MSM. Among 20 Asia-Pacific countries surveyed in 2006, only nine of the national strategic plans included MSM-specific interventions[14].

Area Two: MSM and surveillance systems

The invisibility of MSM resulting from stigma and discrimination often extends to HIV and STI surveillance. A 2006 survey of 20 Asia-Pacific countries identified only 8 countries which had any form of HIV surveillance specific to MSM, while only 5 included MSM in behavioural surveillance[15]. Effective responses can only be implemented where the dynamics of the epidemic are clearly understood. We need basic HIV epidemiological and behavioural information concerning MSM, as a foundation for prioritising scarce resources and developing effective policies and programmes. National governments must assume responsibility for the collection of such information, in partnership with affected communities and the organisations working with them. Generating quality evidence, and using it effectively, is vital.[16]

Area Three: The allocation of resources for HIV programmes

Resources allocated for HIV programmes for MSM are generally not proportionate to the impact of the epidemic among MSM, and the reach and effectiveness of prevention interventions is inadequate. In Ho Chi Minh City, Viet Nam, where sex between men accounts for approximately 8 percent of all new HIV infections, spending on prevention programmes for MSM in 2006 was less than 1 percent of the HIV prevention budget[17]. A 2006 survey in 15 Asian and Pacific countries estimated that targeted HIV programmes reached less than 8 percent of MSM[18]. In addition, there are few instances in which information about resource allocation is documented, correlated with HIV epidemiological and behavioural data, and publicly available. We need this information, together with information on the cost-effectiveness of different types of HIV prevention interventions, to advocate for appropriately targeted and adequately resourced HIV programmes and services.

[10] Naz Foundation International. Developing research and understanding of male-to-male sexualities, behaviours and practices in South Asia in order to enhance the effectiveness of HIV/AIDS programming and service delivery, at p.2. London, 2005.
[11] Naz Foundation International. Op cit, at p.3.
[12] Sanders D (2006). Health and Rights: Human Rights and Interventions for Males Who Have Sex with Males. Cited in UNAIDS (2007). Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific. Available at www.risksandresponsibilities.org
[13] Sanders D (2006). Op cit.
[14] UNAIDS. Response Survey (unpublished), Bangkok, 2006.
[15] UNAIDS (2006). Op cit, at p.14.
[16] Commission on AIDS in Asia. Redefining AIDS in Asia: Crafting an Effective Response, at p.179. New Delhi, 2008.
[17] Martin G, Alkenbrack S, and Sangrujee N. HIV spending on MSM programming in Asia-Pacific Region. Cited in UNAIDS (2006), op cit, at p.15.
[18] Stover J and Fahnestock M. Coverage of Selected Services for HIV/AIDS Prevention, Care, and Treatment in Low- and Middle-Income Countries in 2005. Washington DC, 2005.

Area Four: Ethnographic and sociological research

To improve HIV programmes and health-seeking behaviours of MSM in Asia Pacific, we need a deeper understanding of male-to-male sexualities, including sexual practices, and the ways in which MSM view their own and their partners' sexuality and identity. The use of such information to improve the design and implementation of services can reduce the barriers MSM face in accessing them. One approach is to consider the concept of "sexual cultures", defined as *patterns of sexual activity and the meanings attached to them, which are shared in common and developed over time in certain circumstances*[19]. Such an approach can encompass the numerous varieties of masculinities, sexualities, and gender identities we need to address in HIV prevention and health promotion programmes for MSM.

Area Five: The need to determine the number of MSM – and why it might never work

There are differing views on the importance of estimating the size of MSM populations. Some differences of opinion derive from different understandings of what the term "MSM" encompasses. For example, the proponent of understanding variant male sexual behaviour in terms of "sexual cultures" quoted above argues that MSM can never be counted because "MSM" it is not a group or population with a boundary, in the way that sex workers or injecting drug users are[20]. Others, who acknowledge the complexities of male sexualities, sexual practices, and related constructions of gender, still identify as a knowledge gap the number of males who have sex with males in the geographical area in which they work[21]. While accurate estimates of population sizes may be desirable for programme planning purposes, the complexity of this issue should not divert attention or resources from more immediately identifiable policy and programme needs.

Area Six: Gathering knowledge "from the field"

MSM and the organisations which work with them are a crucial source of information for improving the effectiveness of HIV programmes. The involvement of affected communities in the design and implementation of policies and programmes has been formally recognised as a core principle of ethical and effective responses to HIV since the adoption of the GIPA[22] Principle in 1994. Building stronger partnerships between affected communities, service providers, and researchers, can have a mutually beneficial effect. Service delivery and community-based organisations can build their own research capacity, and researchers can be guided by the needs and perspectives of particular populations and the organisations which work with them. We must promote research in which MSM are involved as equal partners, and in which research expertise is applied to the design and evaluation of HIV programmes and services for MSM. Research can help identify the approaches which are most effective, including through linking information on exposure to programme interventions with epidemiological data from the same populations.

Research partnership: a case-study

A research collaboration was established in 2002 between the Rainbow Sky Association of Thailand (a Thai community-based organisation run by and for MSM), the Thai Red Cross, and the Thai Ministry of Health-US Centers for Disease Control Collaboration. The aim was to gain more information about HIV prevalence and associated risks among MSM in Thailand. The first study was conducted in Bangkok in 2003, and was repeated in 2005, with expansion to Chiang Mai and Phuket, as well as to male sex workers and transgenders in Bangkok. The involvement of Rainbow Sky helped shape the research methodology, including determining what information was collected, and where - community knowledge about venues where MSM meet was essential in identifying appropriate research sites. Over 2700 MSM were recruited for the study between 2003 and 2005 by volunteers trained by Rainbow Sky. The involvement of MSM in the research built trust on the part of participants, and helped increase the study's reach. Rainbow Sky built relationships with venue owners and managers, which enhanced their capacity to ensure safe conditions at venues where MSM met. In addition to producing better information about HIV prevalence and risk among MSM, the research partnership had other benefits. The training programme for Rainbow Sky volunteers, and the experience of being involved in the research collaboration, equipped MSM with new skills and knowledge. The collaboration enhanced Rainbow Sky's understanding of research methodologies and data analysis, as well as the value of effective collaboration with researchers and other stakeholders such as venue owners and MSM community leaders. It has also created the foundation for participation in follow-up studies, as well as involvement in other relevant research. The fact that this collaboration involved research *with* communities, rather than research *on* them, enhanced both the reliability of the research findings, and the research capacity of the communities involved.

19 Dowsett G. Op cit.
20 Dowsett G. Op cit.
21 Naz Foundation. Op cit, at p.2.
22 Greater Involvement of People Living with and Affected by HIV and AIDS.

New information must translate to new strategies

While there are knowledge gaps in most areas related to MSM and HIV in Asia Pacific, new knowledge will not in itself lead to better health outcomes for MSM. Information must be analysed, disseminated, and applied to the development of programmes which research shows are relevant to MSM. Technical information must be presented in ways that are accessible to audiences who may not be technical experts. Information for policy makers should include clear messages regarding required actions. Where possible, such information should include economic analyses of proposed actions, as well as the cost of inaction. Information on future health costs avoided through effective HIV prevention programmes are compelling messages, particularly in resource-constrained settings. Research results should be disseminated to the individuals and communities from whom information is gathered, as well as to the wider population. This is not just a matter of research ethics, but also a practical measure which can increase understanding of HIV risk, prevention, and the availability of services. Using information in this way can also reduce stigma and discrimination, and generate support for decisions which policy makers might otherwise be reluctant to make.

Research should not be a barrier to action

While we commit ourselves to advocacy for research as outlined in this paper, we already know that levels of HIV risk and transmission through sex between men in Asia Pacific are very high, and that HIV epidemics have advanced rapidly among MSM in many places. Delays associated with establishing comprehensive research programmes should not hamper the urgent need to immediately scale up HIV prevention, treatment, and care programmes for MSM.

Initial – minimum – steps

Priorities for promoting a stronger knowledge base will depend on the existing situation in a country. A "minimum package" of activities should include:

1. Identify funding and technical resources for research on MSM and HIV.
2. Agree on research priorities through collaboration between a broad partnership of stakeholders including MSM.
3. Conduct a rapid assessment on MSM and HIV, involving collaboration between stakeholders, and covering to the extent possible: information on HIV transmission through male-to-male sex; the burden of HIV and STIs among MSM; key features of the legal, policy, and programmatic environment as they relate to HIV and MSM; coverage of programmes; key knowledge gaps and how they can be filled.
4. Advocate for a national working group on MSM and HIV under the auspices of the national HIV/AIDS authority, with responsibility for developing a national research agenda on MSM and HIV.

In conclusion

As advocates, our interest in research is its potential for the production of knowledge that can be used to develop better policies and programmes, and to promote the allocation of resources in ways that will optimise health outcomes for MSM. By improving our understanding of the factors which contribute to the risk of HIV infection, the nature and extent of current responses, and the ways in which policies and programmes can be improved, we can promote enhanced HIV prevention, care, and health seeking behaviours among MSM. While there are gaps in our knowledge in most areas of concern, there are sufficient indicators of the seriousness of the threat of HIV for MSM in Asia Pacific to warrant urgent action.

The Asia Pacific Coalition on Male Sexual Health (APCOM) is a regional coalition of MSM and HIV community-based organisations and networks, the government sector, donors, technical experts and the UN system. The main purpose is advocating for political support and increases in investment and coverage of HIV services for MSM in Asia and the Pacific. APCOM promotes the principles of good practice and lessons learnt by bringing together representatives from diverse groups in an effort to share experience, knowledge and expertise. The APCCOM website includes additional resource materials including this Policy Brief, news stories and APCOM membership registration.

Visit www.msmasia.org for more information.