

# Investing in HIV prevention for men who have sex with men: Averting a ‘Perfect Storm’

REGIONAL POLICY BRIEF

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## Understanding the HIV epidemic among men who have sex with men

A *perfect storm* occurs when a combination of circumstances or events comes together at the same time to create a situation much worse than if each had happened separately. *A perfect storm is brewing for the HIV epidemic among men who have sex with men in Asia.*

High and increasing HIV prevalence
+
Low coverage with prevention services
+
Inadequate funding for interventions
=
50% of new HIV infections in the region will be among men who have sex with men by 2020 <sup>1</sup>

## High and increasing prevalence

HIV prevalence among men who have sex with men in Bangkok went from 3% in 1990 to 17% in 2003 to 28% in 2005 to 30.8% in 2007.<sup>2,3</sup> There are alarming HIV epidemics among men who have sex with men in many other urban areas across the Greater Mekong Subregion (GMS) and China, e.g., prevalence figures of 8.7% in Phnom Penh (2005);<sup>4</sup> 5.8% in Beijing (2007);<sup>5</sup> 9.1% in Chengdu (2007);<sup>6</sup> and 29.3% in Yangon (2007).<sup>7</sup> HIV prevalence among men who have sex with men is up to 91 times higher than prevalence among general population adults. *See table, right.*

## Lack of coverage with prevention services

Despite mounting evidence of the effectiveness of available behavioral

## How much is needed?

In 2009, the USAID | Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C), the Asia Pacific Coalition on Male Sexual Health (APCOM), and the United Nations Development Programme (UNDP) formed an advocacy coalition to address issues of resources for HIV programming for men who have sex with men. HPI/GMR-C took the lead to conduct a study to estimate the amount of funding needed to scale up HIV prevention services for men who have sex with men over the period 2010–2014 for the GMS: Burma, Cambodia, China (Yunnan and Guangxi Provinces), Lao PDR, Thailand, and Vietnam. As part of this process, an advocacy tool to estimate

resource allocation needs over a 5-year period was developed, which uses local data on population size estimates of men who have sex with men, local costs of the core components of the Comprehensive Package of Services, and service coverage targets. The Resource Estimation Tool for Advocacy, or RETA, is a Microsoft Excel-based spreadsheet application developed primarily for community advocates to expand the evidence base for advocacy. The intended outcome of advocacy efforts is increased resource allocation to effectively scale up HIV prevention programs for men who have sex with men, including transgenders. This policy brief focuses on key findings and issues emerging from that study.

## Comparison of HIV prevalence among men who have sex with men and the general adult population, Greater Mekong Subregion countries.

	HIV prevalence in men who have sex with men	HIV prevalence in the general population	Ratio
Burma	29.3% <sup>7</sup>	0.7%	41.9
Cambodia	0.8%–8.7% <sup>4</sup>	0.6%	1.3–14.5
China	0.5%–9.1% <sup>5,6</sup>	0.1%	5–91
Lao PDR	5.4% <sup>8</sup>	0.1%	54
Thailand	17%–31% <sup>2</sup>	1.4%	12.1–22.1
Vietnam	5.3%–9.4% <sup>9</sup>	0.5%	10.6–18.8

Current data show that the prevalence of HIV among men who have sex with men is up to 91 times that of the general population in GMS countries.

## Who are men who have sex with men?

All males, including transgenders, who engage in sex with other males, regardless of how they identify, no matter whether they have female partners or also have sex with women, or how often they engage in sex between men.

prevention strategies, prevention efforts among men who have sex with men are woefully insufficient—prevention services currently reach less than 8% of these men in the Asia Pacific region.<sup>10</sup> Most of these services are delivered by local nongovernmental organizations (NGOs) and community-based organizations. Mainstream government services have yet to play a major role in serving marginalized populations. Yet, to halt and reverse the epidemic among men who have sex with men, coverage with combination prevention services will need to reach 80% of men, according to the Commission on AIDS in Asia Report.<sup>1</sup>

### Lack of funding for interventions

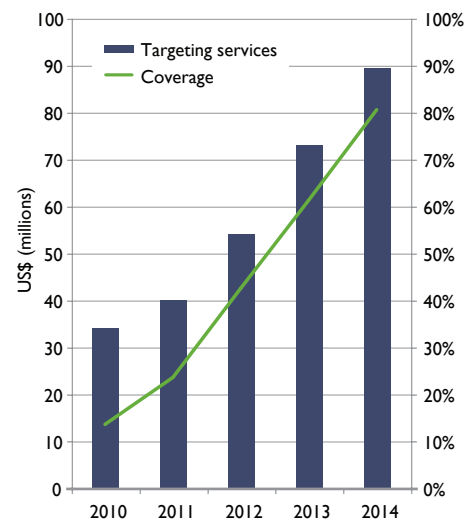
In 2008, a study by HPI/GMR-C showed that the U.S. Agency for International Development (USAID) was still the only significant donor supporting HIV prevention programs in the GMS. Financial investments by governments and donors, made today, will take time to establish effective services which will have the intended impact in reductions in HIV transmission rates. **For rapid scale-up to meet the required level of coverage, investment is needed now.**

### Estimating the cost of scale-up

Using currently available data, RETA calculated that for the GMS countries and provinces to reach 80% coverage with comprehensive services over a 5-year period will require approximately US\$291 million. This figure is calculated on the basis that services will be targeted in a manner that accounts for some men being more accessible than others.

**To sustain coverage at 80%, US\$89 million will be required for each year in the future.** See Graph A, right.

This estimate is based on the assumption that approximately 3% of adult males have had male-male sex in the past year. However, studies have shown that between 7% and 12% of men in the GMS have had a same-sex experience during their lifetime and around 50% of those men report having had sex with a man within the previous 12 months.<sup>11</sup> For lifetime sexual experience with a man, these proportions may be higher in Thailand<sup>12</sup> and Lao PDR (17–18%)<sup>8,13</sup> and lower in China (3–5%)<sup>14,15</sup> and Burma (2.3%).<sup>16</sup>



**Graph A:** Annual resources needed to scale up HIV prevention services for men who have sex with men in the Greater Mekong Subregion.

*Most national HIV programs typically use lower figures than 3% for their planning purposes. In reality the actual numbers of men who have sex with men and transgenders are likely to be much higher. This has significant cost implications for prevention services. Population size estimations need to be conducted to better forecast the scale of services needed. Scaling up to 80% coverage of the Comprehensive Package of Services for these men will make a significant impact on national HIV budgets, and governments will need to plan for this expenditure immediately.*

### Closing the gap

Current and anticipated funding in the GMS is inadequate. Estimates of resource availability have assumed that current

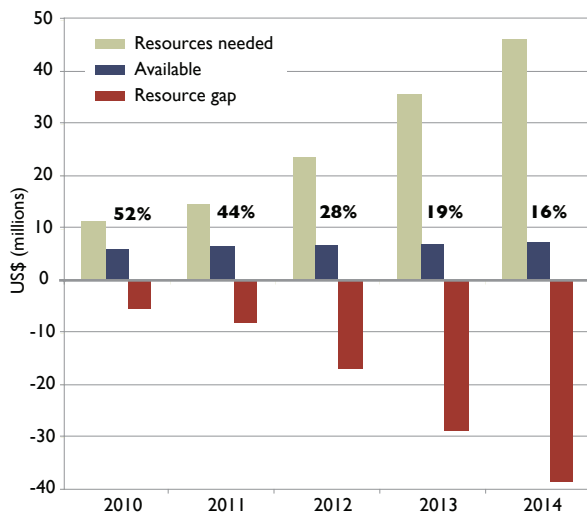
### National prevention strategies

Except for Vietnam, all of the countries in the Greater Mekong Subregion and China include men who have sex with men in their national strategic plans on HIV. When considering best available behavioral research, many countries still dramatically underestimate the numbers of men who have sex with men. This can result in governments under-resourcing programs and submitting unreasonably low budgets to major donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

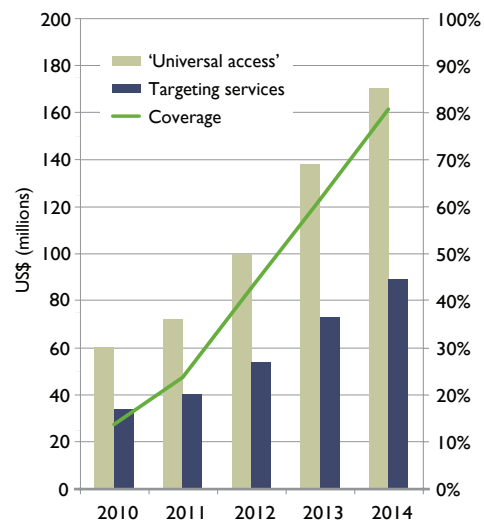
Country	National HIV Plans		Figures used in RETA	
	Estimated number of men who have sex with men	Percent of men aged 15–49	Estimated number of men who have sex with men	Percent of men aged 15–49
Burma	240,000	1.72%	418,037	3%
Cambodia	140,000	4%	140,000	4%
China, Guangxi	10,000 (official estimate, Nanning City)	2.1%	803,402 (whole province)	3%
China, Yunnan	106,000	0.58%	552,864	3%
Lao PDR	52,000	3.12%	50,027	3%
Thailand	210,000 39,902 in Global Fund Round 8	1.16%	544,316	3%
Vietnam	Not included	–	431,790	1.7%

### Men who have sex with men in Asia also have sex with women

Investing in men who have sex with men will also avert infections among their female partners and children. A consistent finding from studies in all focus countries is that a large proportion of men who have sex with men also have sex with women, ranging from 36% in Bangkok<sup>17</sup> to 45% in Yangon and Mandalay,<sup>16</sup> 54% in Phnom Penh,<sup>18</sup> 57% in Vientiane,<sup>13</sup> and 64% in Beijing.<sup>14</sup> In China, a high proportion of men having sex with men are married, especially those men in rural areas.<sup>15</sup>



**Graph B:** Total resource needs and gaps—China (Yunnan and Guangxi Provinces), Lao PDR, Thailand.



**Graph C:** Comparison of resources required between an 80% universal access approach and an approach that targets services according to varying levels of accessibility among men who have sex with men.

funding from USAID will continue at current levels (which is optimistic) and has included recent initiatives from the GFATM.

Data which allow meaningful resource gap analyses are only available for Yunnan and Guangxi Provinces in China, Lao PDR, and Thailand. These four sites, have an aggregate resource gap of approximately US\$98 million to reach the desired 80% coverage over the next 5 years. The resources required for these four sites increase from US\$11 million in 2010 (which achieves the goal of 10% coverage), to US\$46 million in 2014 where 80% coverage is the goal. *See Graph B, above.*

Projecting the resource availability and gaps as percentages of total resources required, and assuming no increase in funding is made available over the coming 5 years from current figures, by 2014 where 80% coverage is the goal, only 16% of required resources will be available. This indicates a significant increase in required donor commitments (particularly by local and national governments) to achieve 80% coverage in these four sites alone. Perhaps more alarmingly, a near doubling of available resources committed for 2010 will be required just to achieve a modest 10% coverage.

### Achieving effective scale-up

In estimating resource needs, RETA has, perhaps for the first time, considered the diversity in subpopulations of men who have sex with men based on the difficulty of reaching each group with targeted

services. Calculations based on 'universal access' for all men would estimate that 50% more funding would be needed by Year Five than if services are appropriately targeted. *See Graph C, above.*

### Taking action

Investing in HIV prevention is simply the right thing to do. With five new infections for every two patients accessing Highly Active Antiretroviral Therapy globally, prevention efforts remain critical to reversing and halting the epidemic.<sup>19</sup> To avert the perfect storm, the following action is required now.

**1. Aggressive advocacy:** Influencing decision making and gaining financial commitment are needed now. Despite recently increased advocacy efforts and growing acknowledgement of the current and potential epidemiologic impact of HIV on men who have sex with men and transgenders, there are still insufficient resources to scale up critically needed prevention programs to halt and reverse the epidemic. The GMS study highlights the significant gaps in resources needed to achieve only modest program coverage levels, even when adding recent Global Fund contributions into the formula. Civil society actors can use RETA to inform their advocacy efforts with government ministries, decision makers, and donors to garner support

for concerted efforts for taking interventions up to scale. **And, these advocacy efforts must begin now.**

**2. Immediate increased financial commitment:** Expanding prevention services globally could avert more than half the HIV infections projected to occur by 2015 and save US\$24 billion in treatment costs.<sup>20</sup> With unsafe male-male sex projected to be the major driver of the epidemic in Asia by the middle of the next decade, intensified prevention efforts targeting this group would have the most dramatic impact on the epidemic and its costs upon society and national governments. Due to government and donor planning and funding cycles, decisions taken today likely will not see increased funding for 1 to 2 years, meaning program scale-up and resultant positive impacts will take even longer. In the meantime, without significant additional funding we are rapidly progressing into the path of the perfect storm. **Tools like RETA will allow us to know the level of resources required; commitments are needed now to meet the challenge.**

**3. Targeted research:** There is an urgent need for research to better understand the factors driving the HIV epidemic. Accurate estimates of resource needs will only be possible if countries are better able to define the proportion of men in their population who engage in sex with other men, based on better information on male sexual behavior and HIV risk. **This requires population-based surveys of male sexual behavior. We need to:**

- have more accurate estimates of the numbers of men who have sex with men in each country or area,
- understand the varying effectiveness of different behavioral interventions on prevention efforts,
- understand which subpopulations of men who have sex with men are more likely to engage in behaviors that facilitate transmission of the virus,
- understand the varying degrees of difficulty in reaching different subpopulations of men who have sex with men and how this correlates to

their risk behavior profiles, and

- understand the sociobehavioral dynamics of **who** in sexual networks of men who have sex with men are more likely to be transmitting the virus, **where these men** may be accessible, and **what types of services** are most appropriate to elicit behavior change.

From both an economic perspective, demonstrated by use of the resource allocation tool, and an epidemiological perspective, available resources should be targeted at men who are most accessible and likely to be transmitting the virus, not allocated on assumptions of universal access to all men who have

sex with men with a Comprehensive Package of Services.

**4. Promote transparency:** It is essential that there be transparency in costing and current resource allocation information. Increased investment, after all, requires increased responsibilities which are shared among all stakeholders: donors, governments, communities, NGOs, and individuals.

Political will combined with appropriate levels of investments and community action can avert the coming storm, but only if we take action now.

The Asia Pacific Coalition on Male Sexual Health (APCOM) is a regional coalition of men who have sex with men and transgenders, HIV CBOs, the government sector, donors, technical experts, and the United Nations system. The main purpose is advocating for political support and increases in investment and coverage of HIV services in Asia and the Pacific. APCOM promotes principles of good practice and lessons learnt by bringing together representatives from diverse groups in an effort to share experience, knowledge, and expertise. For more information, please see <http://msmasia.org/>

## References

- 1 Commission on AIDS in Asia (March 2008). *Redefining AIDS in Asia, Crafting an Effective Response*. Oxford University Press.
- 2 Tantirattanong V, Kladsawat K (2008). *National responses to the HIV epidemic among MSM* (in Thai). Proceedings of the Annual Conference on National Disease Control and Prevention, Bangkok, February 11–13, 2008, p 10–20. Thailand Ministry of Public Health, Bureau of Knowledge Management, Nonthaburi. Available at <http://www.kmddc.go.th/kmcms/UserFiles/File/HIV.pdf>; and “HIV Prevalence among Populations of Men Who Have Sex with Men—Thailand, 2003 and 2005.” *MMWR*. August 11, 2006/55 (31): 844–848.
- 3 Pliplat T, Kladsawat K, van Griensven, Wimonasate W (2008). *Results of the HIV surveillance among men who have sex with men (MSM) in Bangkok, Chiangmai and Phuket* (in Thai). Proceedings for the Department of Disease Control Annual Conference, Ministry of Public Health, February 11–13, 2008.
- 4 Neal JJ, Morineau G, Phalkun M, et al. (2007). *HIV, sexually transmitted infections and related risk behavior among Cambodian men who have sex with men*. Abstract presented at the 8th International Congress on AIDS in Asia and the Pacific, Colombo, Sri Lanka, August 19–23, 2007 [Abstract #: 1469].
- 5 Ma X, Zhang Q, He X, et al. (2007). “Trends in prevalence of HIV, Syphilis, Hepatitis C, Hepatitis B and sexual risk behavior among men who have sex with men: Results of 3 consecutive respondent-driven sampling surveys in Beijing, 2004 through 2006.” *J Acquir Immune Defic Syndr* 45:581–587.
- 6 Feng Y, Wu Z, Detels R (2008). *HIV/STD prevalence among MSM in Chengdu, China and associated risk factors for HIV infection*. Presented at the XVII International AIDS Conference, Mexico City, Mexico, August 3–8, 2008 [Abstract #: CDC088].
- 7 National AIDS Programme (2009). *Report of the HIV Sentinel Sero-surveillance Survey 2007, Myanmar*. Department of Health, Ministry of Health, Yangon, Myanmar.
- 8 Toole MJ, et al. (2006). “Understanding male sexual behaviour in planning HIV prevention programmes: lessons from Laos, a low prevalence country.” *Sex Transm Inf* 82:135–138.
- 9 Nguyen T, Nguyen H, Le G, and Detels R (2008). “Prevalence and risk factors associated with HIV infection among men who have sex with men in Ho Chi Minh City, Vietnam.” *AIDS Behav* 12:476–482; and Ministry of Health Vietnam (2006). *Results from the HIV/STI Integrated Biological and Behavioural Surveillance in Vietnam, 2005–2006*. Hanoi.
- 10 UNAIDS (2007). *Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific*. Geneva.
- 11 Caceres C, Konda K, Pecheny M, Chatterjee A, and Lyster R (2006). “Estimating the number of men who have sex with men in low and middle income countries.” *Sex. Transm. Inf.* 82:3–9.
- 12 Kitsiriphornchai S (1996). “Observing and preventing HIV risk behaviours among 21 year old Thai males (1996).” Unpublished internal report for the Royal Thai Army. In, Jackson P, Sullivan G, eds. *Lady boys, tom boys, rent boys: male and female homosexualities in contemporary Thailand*. Silkworm Books, 2000.
- 13 Sheridan S, et al. (2009). “HIV prevalence and risk behaviour among men who have sex with men in Vientiane Capital, Lao People’s Democratic Republic, 2007.” *AIDS* 23:409–414.
- 14 Zhang Beichuan, et al. (2000). “A survey of men who have sex with men: Mainland China.” *American J Public Health* 12:1949–1950.
- 15 Choi KH, et al. (2003). “Emerging HIV-1 epidemic in China in men who have sex with men.” *Lancet* 361:2125–2126.
- 16 National AIDS Programme, Ministry of Health (March 2009). *Report of the Sentinel Behavioural and Sero-Surveillance Survey, Myanmar 2008*. World Health Organization, Myanmar.
- 17 Van Griensven F, et al. (2005). “Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand.” *AIDS* 19:521–526.
- 18 Catala TA, Sovanara K, and van Mourik G (2003). *Out of the Shadows. Male to male sexual behaviour in Cambodia*. International AIDS Alliance and Khmer HIV/AIDS NGO Alliance, Phnom Penh.
- 19 Lay PD (2008). “AIDS remains an exceptional issue.” *BMJ (Rapid Response)*. Available at: <http://www.bmj.com/cgi/content/full/336/7655/1206-a>.
- 20 Global HIV Prevention Working Group (2007). *Bringing HIV prevention to scale: an urgent global priority*. Seattle, WA: Global HIV Prevention Working Group.

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Under the UNAIDS division of labor, UNDP is the lead agency on issues relating to men who have sex with men and transgender people and HIV-related issues.