

December 2012

HIV and men who have sex with men

## I. RESPONSE HIGHLIGHTS

- Treatment and care for men who have sex with men (MSM) were included in the national health insurance scheme for antiretroviral drugs.<sup>13</sup>
- Significant support from the Global Fund to Fight AIDS, Tuberculosis and Malaria is expended in Round 8.<sup>14</sup>
- Strong MSM-related leadership and advocacy relative to other countries in the region.<sup>15</sup>

## II. PRIORITIES FOR “GETTING TO ZERO”

- Increase domestic spending on HIV prevention services for MSM, commensurate with trends in HIV transmission and prioritizing high-impact interventions based on evidence.
- Include cost estimations for comprehensive MSM programmes in Thailand’s National Strategic Plan (2012-2016).
- Remove laws against sex work that prevent barriers to effective HIV prevention.
- Develop the capacity of MSM community-based organizations (CBOs) to provide advocacy and peer-based programmes.

## III. THE CURRENT SITUATION

Despite Thailand’s numerous innovations in the global AIDS response, men who have sex with men have been virtually absent in national strategic plans until 2007. Once MSM entered routine national surveillance, evidence for a rapidly growing HIV epidemic among MSM became available. HIV prevalence among MSM in Bangkok was estimated to be 17.3 percent in 2003, 28.3 percent in 2005, 30.7 in 2007, and 24.7 in 2009.<sup>9,16</sup>

Early in the response, MSM received HIV prevention services to the extent that male sex workers were targeted in the 100 percent Condom Use Programme. In 2003, the ‘Law and Order Campaign’ introduced punitive and legalistic policies that punished gay venue management for providing condoms and lubricant. The campaign is regarded as a significant setback to Thailand’s HIV response. Common HIV prevention tools rapidly disappeared from gay venues during this period.<sup>17,18</sup> While the situation is much improved, barriers to offering effective prevention services still exist.

The rapid spread of HIV among MSM during 2003-2007 was gradually matched by an increase in attention from national and international stakeholders, including in Thailand’s National HIV Plan beginning in 2007.<sup>2,19</sup> The ambitious new plan got to a slow start after the country’s HIV prevention budget was cut by approximately two-thirds in 2006.<sup>19</sup> A revised budget for 2007-2011 allocated 8.1 percent of HIV prevention resources to HIV prevention services for MSM.<sup>19</sup> Although only 0.8 percent of HIV prevention

## DATA SUMMARY

Indicator	Estimate	Year
<b>Epidemiology</b>		
Estimated no. of MSM <sup>1</sup>	550,571	‘10
% of HIV cases that are among MSM <sup>2</sup>	41.0	‘12
HIV prevalence among MSM (select sites) <sup>*†4</sup>	20.0%	‘10
No. of times higher than among general <sup>†5</sup>	16.7	‘10
HIV prevalence among youth MSM <sup>*†4</sup>	12.1%	‘10
No. of HIV-positive MSM needing ART <sup>‡6</sup>	77,080	‘10
Syphilis prevalence among MSM <sup>7</sup>	6.8%	‘05
<b>Behavioural data</b>		
Condom use during last encounter, MSM <sup>*4</sup>	84.5%	‘10
HIV test in last year, MSM <sup>*4</sup>	29.2%	‘10
Prevention knowledge <sup>*5</sup>	26.0%	‘09
Reported vaginal sex in past month, MSM <sup>6</sup>	37.0%	‘07
<b>Programmatic situation</b>		
Prevention spending on MSM, US\$ <sup>*8</sup>	3,625,246	‘11
Spending as % of total prevention spending <sup>*8</sup>	8.2%	‘11
Cost for full service coverage, US\$ <sup>§6</sup>	36,119,360	‘10
Reporting on UNGASS indicators <sup>*9</sup>	4 of 4	‘12
HIV prevention coverage, MSM <sup>*4</sup>	49.2%	‘10
Existence of national network of MSM <sup>2</sup>	Yes	‘12
MSM-specific programme line in NSP <sup>2</sup>	Yes	‘12
Specific MSM and HIV strategy <sup>2</sup>	Yes	‘12
Inclusion in ongoing HIV surveillance <sup>2</sup>	Yes	‘12
<b>Legal environment</b>		
Male-male sex is legal <sup>10</sup>	Legal	‘12
Sex work is legal <sup>11</sup>	Illegal	‘12
Soliciting for sex <sup>11</sup>	Illegal	‘12
Laws that pose obstacles for MSM <sup>12</sup>	Yes	‘12

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

† This figure is the latest figure from Bangkok, Chiang Mai and Phuket 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 antiretroviral 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.

## THE CHALLENGE OF DISCRIMINATION IN THAILAND

Thai society does not explicitly proscribe homosexuality nor is everyday life particularly difficult for Thai men who have sex with men. The historical and well-known antipathy towards same-sex behaviour in most parts of the world has allowed outsiders, and often Thais themselves, to interpret this as an absence of discrimination. Disapproval of homoeroticism in Thailand is rooted not in same-sex sexuality *per se*, but in the association made with femininity. A Thai male that fulfilled his social obligations, including fathering and supporting a family, but preferred sex with males was not, until recent years, susceptible to social stigmatization.<sup>3</sup>

resources were spent on MSM programmes in 2009, this value increased to 5.4 percent in 2010 and 8.2 percent in 2011.<sup>8,20</sup>

Pre-exposure prophylaxis using daily Truvada is being studied among MSM in a large multicountry trial that includes a site in Chiang Mai. The trial has so far shown efficacy but additional randomized trials will be required before it is implemented as part of HIV prevention interventions.<sup>21</sup>

## IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- There are various estimates for the size of the MSM and transgender people population in Thailand. The government currently uses an estimate of 550,571, or approximately 3 percent of the adult male population.<sup>1</sup> Other studies have generated estimates as high as 17 percent of males that had sex with another male at least once in their lifetime.<sup>1,22-25</sup>
- The combined HIV prevalence estimate among MSM in Bangkok, Chiang Mai and Phuket for MSM was reported as 20 percent in the 2012 Country AIDS Progress Report, higher than the 13.5 percent reported in 2010 but lower than the 25 percent reported in 2008.<sup>5,9,26</sup>
- In Bangkok, HIV prevalence was 17.3 percent in 2003, 28.3 percent in 2005, 30.8 percent in 2007, and 24.7 percent in 2009.<sup>5,16</sup>
- In Chiang Mai, HIV prevalence was 15.3 percent in 2005 and 17 percent in 2007. In Phuket, HIV prevalence was 5.5 percent in 2005 and 20 percent in 2007. In Udonthani and Pattalung, HIV prevalence has been recorded at 5 percent.<sup>16,27</sup>
- The country-wide prevalence among transgender people was found to be 13.5 percent in 2005; 11.5 percent in Bangkok; 17.6 percent in Chiang Mai; and 11.9 percent in Phuket.<sup>28</sup>
- Among male sex workers, HIV prevalence in 2005 was found to be 14.5 percent among venue-based workers, and 22.6 percent among street-based workers.<sup>29</sup>
- In 2005, the prevalence among MSM who also had sex with women was found to be 8.2 percent (as compared to 21.2 percent among MSM who have sex with men only).<sup>30</sup>

## V. ADDITIONAL BEHAVIOURAL INFORMATION

- A large study with MSM have shown that in 2003, 97.9 percent of MSM reported ever having anal sex, 95.7 percent reported this in 2005, and 87.5 percent reported this in 2007.<sup>16</sup>
- In 2005, 81.5 percent of MSM who also had sex with women reported usually taking the insertive role in anal sex, while 2.7 percent usually took the receptive role, and 15.9 percent took both roles. In MSM who had sex with men only, these percentages were 34.8 percent, 35.5 percent and 29.7 percent respectively.<sup>30</sup>
- In 2005, consistent condom use over the past three months was higher among MSM who also have sex with women (77.6 percent) as compared to MSM-only (62.9 percent). However, among MSM who also had sex with women, consistent condom use over the past three months with female partners was lower (44.4 percent).<sup>30</sup>
- From 2003 to 2007, 64 percent of MSM reported that they always used condoms with all male steady and casual partners in the last three months.<sup>16</sup>
- In 2005, 37 percent of 927 MSM reported having unprotected sex with a male in the last three months; 45 percent had unprotected sex with male steady partners; 21 percent had unprotected sex with casual partners; and 14 percent had unprotected sex with both types of partners.<sup>7</sup>
- In 2010, the UNGASS report stated that 21.3 percent of MSM in three provinces had been tested for HIV in the previous 12 months and knew the result, down from 35 percent in 2007.<sup>5</sup>
- In 2007 and 2009, approximately 25 percent of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions.<sup>5,26</sup>
- In Bangkok, 17 percent in 2005 and 17.3 percent in 2007 of MSM had sex in exchange for money, favours or valuables.<sup>16</sup>
- In 2007, MSM who also had sex with women were more likely (61.1 percent) to have had sex for money, favours or valuables than MSM-only (34.1 percent).<sup>30</sup>
- In 2005, 34 percent of 927 MSM were not concerned at all about becoming infected with HIV, and 57 percent felt that way about acquiring a sexually transmitted infection (STI).<sup>7</sup>
- In 2005, MSM obtained HIV information from the following sources: TV (90 percent), newspapers (83 percent), radio (81 percent), friends (57 percent), the Internet (51 percent), health professionals (47 percent), school (43 percent), and family (36 percent).<sup>7</sup>
- Factors associated with HIV prevalence have been reported. These include: social isolation (57.6 percent), suicidal thoughts (27.6 percent), drug use (23.6 percent), selling sex (19.8 percent), a history of coerced sex (19 percent) and binge drinking (12.7 percent). Men experiencing five of these factors were found to be almost twice as likely to be HIV positive as those experiencing one of them.<sup>31</sup>

## VI. ADDITIONAL PROGRAMMATIC INFORMATION

### Community-based responses

- In 2009, gay activists and the National Human Rights Commission argued that the new Constitution should protect lesbian, gay, bisexual, and transgender people.<sup>32</sup>

- There are approximately 20-23 organizations focused on communities of MSM, people living with HIV (PLHIV), or transgender people.<sup>33</sup>
- CBOs that work with MSM or transgender people conduct a wide range of HIV-related activities and services, including: peer outreach and education, drop-in centres, condom and lubricant distribution, social marketing, health counselling, community awareness events, advocacy, peer support for PLHIV, and STI clinic and voluntary counselling and testing (VCT) referral.<sup>32</sup>

### National MSM networks

- There are specific CBOs of MSM and transgender people (Mplus+, Rainbow Sky Association), a national network (Thai Sexual Diversity Network – chaired by Rainbow Sky Association) and NGO programmes providing peer outreach and other HIV services.<sup>2</sup>
- Thailand has the National MSM Network focusing on MSM and HIV, as well as the national Sexual Diversity Network, which has a broader mandate for all ‘people with sexual diversity.’<sup>34</sup>
- Thailand is represented on the Purple Sky Network for the Greater Mekong Subregion.<sup>34</sup>

### International support

- International and local NGOs have conducted and supported MSM and transgender people programmes in Thailand. For example, these include: FHI, PACT, PSI, HIV/AIDS Alliance, and the Thai Red Cross.<sup>33</sup>
- UN agencies such as UNDP, UNESCO, and the WHO have conducted and supported programmes with MSM and transgender people.<sup>5,14</sup>

### National health system

- In 2009, there were six MSM-specific clinics.<sup>35</sup>

## VII. ADDITIONAL LEGAL INFORMATION

- Sex on premises venues (e.g., saunas and bathhouses) are illegal. Sex venues still operate, but are registered as other types of businesses.<sup>32</sup> Approximately 30 were found to be operational in Bangkok in 2009.<sup>36</sup>
- In 2006, it was reported that MSM and transgender people faced problems with law enforcement authorities, especially in sex venues during the 2001-06 ‘social order campaign.’ However, it is not clear whether police currently interfere. The situation has improved, but condoms are still not widely available in saunas.<sup>18,34</sup>
- In 2004, owners of gay saunas in Bangkok removed condoms from their businesses due to concerns that police would use condoms as evidence for charges of operating commercial sex establishments.<sup>18</sup>
- The legal system has been classified as ‘neutral’ for MSM in two UN reviews and MSM are excluded from rape laws.<sup>32,37</sup>
- Sex between men was criminalized from the early 1900s until 1956.<sup>32</sup>
- The vision under the AIDS Rights Protection strategy is to ensure that the, ‘rights of hard-to-reach groups such as IDUs, labour migrants, ethnic groups, MSM, sex workers, prisoners etc., are protected and they have access to

prevention services with proper coverage and quality assurance.’<sup>33</sup>

## REFERENCES

1. Peerapatanapokin, W. (2012). Estimated sizes of Men who have Sex with Men (MSM), Power Point Presentation at Size Estimation Stake-Holder Seminar. Nonthaburi.
2. National AIDS Programme (2012). Thailand National AIDS Strategy 2012-2016. Bangkok, National AIDS Management Center.
3. Jenkins, R.A. and B. Kim (2004). “Cultural Norms and Risk: Lessons Learned from HIV in Thailand.” *The Journal of Primary Prevention* 25(1): 17-40.
4. National AIDS Programme (2011). Integrated Biological and Behavioural Surveillance (IBBS) Report 2011. Bangkok, Bureau of Epidemiology, Ministry of Public Health.
5. National AIDS Programme (2010). UNGASS Country Progress Report: Thailand. *Global AIDS Response Progress Report*. Bangkok, National AIDS Management Center.
6. Beyrer, C., A. L. Wirtz, et al. (2011). *The Global HIV Epidemics among Men Who Have Sex with Men*. Washington, The World Bank.
7. Mansergh, G., S. Naorat, et al. (2006). “Inconsistent condom use with steady and casual partners and associated factors among sexually-active men who have sex with men in Bangkok, Thailand.” *AIDS Behav* 10(6): 743-751.
8. National AIDS Programme (2012). Thailand: National AIDS Spending Assessment 2010-2011. Bangkok, International Health Policy Programme.
9. National AIDS Programme (2012). Country Progress Report: Thailand. *Global AIDS Response Progress Report*. Bangkok, National AIDS Management Center.
10. HIV & AIDS Data Hub for Asia-Pacific (2012). Global AIDS Response Progress and Universal Access Combined High Level Meeting Targets. Bangkok, AIDS Data Hub.
11. Godwin, J. (2012). *Sex Work and the Law in Asia and the Pacific: Laws, HIV and human rights in the context of sex work*. Bangkok, UNDP Asia-Pacific Regional Centre and UNFPA Asia Pacific Regional Office.
12. UNAIDS (2012). AIDS Info Database. Geneva.
13. USAID Health Policy Initiative (2006). HIV Expenditure on MSM Programming in the Asia-Pacific Region. Bangkok, USAID.
14. Thailand Country Coordinating Mechanism (CCM) (2009). “Global Fund Round 8 Proposal.”
15. Thailand Delegation to Risks & Responsibilities (2006). *Risks & Responsibilities Thailand Country Report. Risks & Responsibilities Consultation*. New Delhi.
16. van Griensven, F., A. Varangrat, et al. (2009). “Trends in HIV Prevalence, Estimated HIV Incidence, and Risk Behavior Among Men Who Have Sex With Men in Bangkok, Thailand, 2003-2007.” *J Acquir Immune Defic Syndr*.
17. Beyrer, C. (2007). *STD Prevention in Vulnerable Populations: Human Rights Issues and Ways to Move Forward. 17th International Society for STD Research Conference*. Seattle, WA.
18. Baxter, D. (2006). “Bangkok’s MSM HIV Explosion—precursor for Asia’s mega-cities?” *HIV Australia* 5: 6-11.
19. National AIDS Programme (2007). National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007–2011. Bangkok, National AIDS Programme.

20. National AIDS Programme (2010). Thailand: National AIDS Spending Assessment 2008-2009. Bangkok, International Health Policy Programme.
21. Grant, R. M., J. R. Lama, et al. (2010). "Preexposure chemoprophylaxis for HIV prevention in men who have sex with men." *N Engl J Med* 363(27): 2587-2599.
22. Nelson, K. E., S. Eiumtrakul, et al. (2002). "HIV infection in young men in northern Thailand, 1991-1998: increasing role of injection drug use." *J Acquir Immune Defic Syndr* 29(1): 62-68.
23. Beyrer, C., S. Eiumtrakul, et al. (1995). "Same-sex behavior, sexually transmitted diseases and HIV risks among young northern Thai men." *AIDS* 9(2): 171-176.
24. Kitsiripornchai, S., L. E. Markowitz, et al. (1998). "Sexual behavior of young men in Thailand: regional differences and evidence of behavior change." *J Acquir Immune Defic Syndr Hum Retrovirol* 18(3): 282-288.
25. London, A. S., M. J. VanLandingham, et al. (1997). "Socio-demographic correlates, HIV/AIDS-related cofactors, and measures of same-sex sexual behaviour among northern Thai male soldiers." *Health Transit Rev* 7(1): 33-60.
26. National AIDS Programme (2008). UNGASS Country Progress Report: Thailand. *Global AIDS Response Progress Report*. Bangkok, National AIDS Management Center.
27. van Griensven, F., S. Thanprasertsuk, et al. (2005). "Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand." *AIDS* 19(5): 521-526.
28. Guadamuz, T. E., W. Wimonasate, et al. (2011). "HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand." *AIDS Behav* 15(3): 650-658.
29. van Griensven, F. (2006). Emerging and existing epidemics of HIV infection among men who have sex with men and other populations in the Greater Mekong Region. *Bangkok Symposium*.
30. Li, A., A. Varangrat, et al. (2009). "Sexual behavior and risk factors for HIV infection among homosexual and bisexual men in Thailand." *AIDS Behav* 13(2): 318-327.
31. van Griensven, F. (2009). HIV Epidemiological Status of Men who have Sex with Men and Transgenders in the Asia Pacific Region. *From 200 to 0: Responding Effectively to HIV among MSM and Transgenders in Asia and the Pacific, pre-ICAAP forum*. Bali, Indonesia.
32. Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. *XVIII International AIDS Conference*. Vienna, International AIDS Society.
33. USAID Health Policy Initiative (2009). Men who have sex with men: Challenges and recommendations in estimating resource needs to scale up HIV prevention services in the Greater Mekong Region and China (Yunnan and Guansi Provinces). Bangkok, USAID.
34. Rainbow Sky Association (2009). Personal Communication. Bangkok.
35. TREAT Asia (2009). Ensuring Universal Access to comprehensive HIV services for MSM in Asia and the Pacific. Bangkok, The Foundation for AIDS Research (amfAR).
36. UNESCO (2009). Listing of Saunas and Spas in Bangkok. (Excel Spreadsheet). UNESCO. Bangkok.
37. Cáceres, C. F., C. Heredia, et al. (2008). Review of legal frameworks and the situation of human rights related to sexual diversity in low and middle income countries. Geneva, UNAIDS.

The MSM Country Snapshots are intended to circulate condensed strategic information, share progress and good practices, stimulate discussion, and inform priority interventions and advocacy efforts. The designations and terminology employed may not conform to United Nations practice and do not imply the expression of any opinion whatsoever on the part of the partnering organizations. Development of this document was a shared effort between the partnering organizations, UN country offices and national partners.

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

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

## KEY CONTACT INFORMATION

Civil Society	Government	UN Country Team
Kosol Chuenchomsakulchai (Owie) M&E Coordinator Rainbow Sky Association of Thailand (RSAT) Bangkok, Thailand <a href="mailto:kosol@rsat.info">kosol@rsat.info</a>	Dr. Petchsri Sirinirand Director, National AIDS Management Center Nonthaburi, Thailand <a href="mailto:spetchsri@gmail.com">spetchsri@gmail.com</a>	Michael Hahn Country Coordinator, UNAIDS Thailand Bangkok, Thailand <a href="mailto:hahn@unaids.org">hahn@unaids.org</a>

