INDIA

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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Geographical distribution, coverage, and quantity of targeted interventions to key affected populations (KAPs), including men who have sex with men (MSM), increased between 2008-10.[16] Nearly 11 percent of all targeted interventions overseen by the National AIDS Control Organisation are targeted to MSM.[2]
- MSM and other most at risk populations are consistently involved in technical working groups related to HIV/AIDS prevention and treatment.[17]
- Since 2008, MSM and *hijra* have been included in comprehensive and methodologically sound Integrated Biological and Behavioural Surveillance (IBBS).[18]
- In 2009, the Delhi High Court decriminalized consensual sex between adult men after a case brought by the Naz Foundation (India) Trust. The ruling was grounded on the acknowledgement that Section 377 of the Indian Penal Code obstructed effective HIV prevention.[19]
- India is one of the recipient countries of the approved South Asia Multi-country Global Fund Round 9 Programme as well as India's national Round 9 Proposal which includes MSM programmes.[19]
- Achievements during NACP-III (2007-12) in relation to MSM and *hijra* include: seventy-fold increase in HIV prevention services coverage; the initiation of 150 surveillance sites for MSM/*hijra*; a 'targeted intervention' presence across nearly all Indian states.

II. PRIORITIES FOR "GETTING TO ZERO"

- Incorporate female partners of MSM in information, education, and communication programmes and promote more consistent condom use among MSM.
- Implement advocacy campaigns to sensitize the general public and law enforcement agencies with the aim of fostering a more enabling, stigma-free environment.
- Ensure universal access to HIV services, regardless of sexual identity, marital status, age, or presumed or stated sexual practices.
- Implement rights-based approaches to health care, including the provision of comprehensive HIV services and the continuation of voluntary HIV counselling and testing.
- Invest in the formation and strengthening of MSM community groups and networks to promote greater community ownership of the HIV response.

III. THE CURRENT SITUATION

India accounts for approximately half of Asia's HIV epidemic with approximately 2.4 million people living with HIV. In 2009, an estimated 87.4 percent of all infections were related to heterosexual sex and 1.7 percent was related to

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM[2]	2,350,000	'09
Estimated no. of high-risk MSM[2]	430,000	'09
% of all cases that are among MSM[4]	1.7%	'09
HIV prevalence among MSM (national)*[3]	4.4%	'11
No. of times higher than among general*[3]	14.8	'11
HIV prevalence among youth MSM*[9]	4.2%	'07
No. of HIV-positive MSM needing ART†[9,10]	28,896	'10
Syphilis prevalence among MSM[1]	0.5-17.8%	'09
Behavioural data		
Condom use during last encounter, MSM*[9]	58.0%	'09
HIV test in last year, MSM*[9]	17.0%	'09
Prevention knowledge*[9]	30.0%	'09
Reported vaginal sex in past month, MSM[1]	4.0-66.0%	'09
Programmatic situation		
Prevention spending on MSM, US$	-	-
Spending as % of total prevention spending	-	-
Cost for full service coverage, US$‡[10,11]	615,960,000	'10
Reporting on UNGASS indicators[12]	4 of 4	'12
HIV prevention coverage, MSM[3]	18.1%	'09
Existence of national network of MSM[13]	Yes	'12
MSM-specific programme line in NSP[13]	Yes	'12
Specific MSM and HIV strategy[13]	Yes	'12
Inclusion in ongoing HIV surveillance[13]	Yes	'12
Legal environment		
Male-male sex§[14]	Legal	'12
Sex work in private[15]	Legal	'12
Soliciting for sex[15]	Illegal	'12
Laws that pose obstacles for MSM[14]	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 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.

§ This interpretation is based on the principle that if a state High Court passes judgment on issues related to Fundamental Rights in the Indian Constitution, as Delhi State has with regard to male-male sex, such a judgment applies throughout the country.

A NOTE ON HIV AMONG *HIJRA* IN INDIA

The combined HIV prevalence among MSM and *hijra* was 5.7 percent, against an overall adult HIV prevalence of 0.36 percent.[1] Until recently, HIV sentinel serosurveillance in India did not distinguish *hijra* from MSM. As a result, data on the prevalence of HIV and sexually transmitted infections (STIs) among *hijra* is limited. However, a few specific studies conducted among *hijra* call for an urgent response:

HIV Prevalence:

- 8.82 percent in three cities in 2011, the highest of which was found in Mumbai (18.8 percent).[3]
- 17 percent in Chennai in 2009.[5]
- 41 percent among a small clinical sample in Mumbai in 2008.[6]

STI prevalence:

- Syphilis – 13.6 percent to 57 percent.[7]
- Genital Herpes (HSV-2): 29 percent.[7]

Hijra face increased risk of sexual health issues including HIV. Both personal- and contextual-level factors influence sexual behaviors and health seeking practices such as access to and use of sexual health services. For example, most *hijra* are from lower socioeconomic status and have low literacy levels that pose barrier to seeking health care. Consequently, *hijra* face unique barriers in accessing treatment services for STIs.[8]

sex between men.[4] India's national HIV epidemic is concentrated, though a functional distinction is made between 'core' and 'bridge' populations. Both receive focused support in India's National AIDS Control Programme but the intensity of the intervention varies between the two and across geographic areas. The 50 percent decline in incidence attributed to intensified programmatic attention in six high-prevalence states serves as possible evidence of the value of this approach.[21]

In 2007, the third National AIDS Control Programme (NACP – III) articulated the need for enhanced programmatic attention to MSM and was the first to outline a strategy for HIV prevention interventions targeted at *hijra* and male sex workers.[22] It is thought that funding for targeted prevention interventions for MSM, male sex workers, and *hijra* is insufficient to meet basic needs for condoms and water-based lubricant.[22]

Much of HIV services in India are managed by community-based organizations. A 2008 organization mapping exercise found that 65 percent of all organizations and networks working with MSM in India are community-based.[23] A handful of LGBT-oriented organizations and networks also play a key role in the formulation of national policy and guidelines related to HIV. They include: the Indian Network for Sexual Minorities (INFOSEM), and MANAS Bangla in West Bengal state.[22]

Whereas MSM are viewed as a 'core' population under NACP – III, there is emerging evidence of MSM as a 'bridge' population.[22] The proportion of MSM that report recent sex with women varies greatly across states and reaches as high as 66 percent.[24] Yet female partners of MSM are excluded from information, education, and communication programmes, a cornerstone of India's HIV prevention strategy. India's National AIDS Control Programme has demonstrated remarkable leadership in responding to the HIV prevention needs of MSM. Future policy advancements may depend on the extent of overlap between MSM and other risk groups and the ability for policy leaders to quickly recognize the need for greater spending on targeted programmes for MSM.

Hijra in India are often ostracised by their own families, and forced to leave their homes at a young age with no education. Many enter into sex work and consequently face high risk of HIV. In April 2008, the state government of Tamil Nadu, India, established the Tamil Nadu Aravanigal (Transgender) Welfare Board (TGWB) as the principle body to address the social protection needs of *hijra*. By offering social welfare programmes to *hijra*, TGWB is believed to have significantly reduced their risk of HIV transmission. Similar models of social protection programmes for *hijra* are needed in other states of India.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The sexual transmission of HIV between men is a major cause for concern in many parts of India. HIV prevalence is high among MSM in states such as Maharashtra, Manipur, Karnataka, and Delhi.[9]
- HIV prevalence among MSM in India has not shown much of a downward trend. The midterm review of the NACP carried out in 2009 noted that despite a high coverage of MSM (78 percent) with preventive services, prevalence rates have remained stable over the previous five years.[1,15]
- HIV sentinel surveillance (HSS) found HIV prevalence of 7.3 percent among MSM in 2010, down from 7.4 percent in 2007.[9]
- In HSS 2008/09, HIV prevalence among MSM was more than 5 percent in 27 out of 60 valid sites; while in 2007 it was higher than 5 percent in 19 out of 37 valid sites.[25]
- Andhra Pradesh, Maharashtra, Manipur, Gujarat, and Tamil Nadu have HIV prevalence of more than 10 percent among MSM.[4]
- In 2007, HIV prevalence estimates in MSM included: 5.6 percent in West Bengal, 6.6 percent in Tamil Nadu, 7.4 percent in Orissa, 7.9 percent in Goa, 8.4 percent in Gujarat, 11.7 percent in Delhi, 11.8 percent in Maharashtra, 16.4 percent in Manipur, 17 percent in Andhra Pradesh, and 17.6 percent in Kamataka.[26]
- In 2007, specific cities showed higher prevalence rates among MSM, including: 14 percent in Gujarat, 19.2 percent in Bangalore, 23.6 percent in Pune, and 32.8 percent in Delhi.[27]
- A 2010 survey of 676 high-risk MSM in Hyderabad and Secunderabad found an HIV prevalence of 21.9 percent.[28]
- A small 2009 clinic-based study of 75 male sex workers (MSW) in Mumbai, found HIV prevalence of 33 percent; a larger 2006 survey of MSM in Mumbai found a prevalence of 18.8 percent; and another large survey in Mumbai found 5 percent among married MSM in 2009.[29,6,30]
- Limited information is available on non-HIV sexually transmitted infections (STIs) among MSM in India. In a study of 51 MSM in Chennai who regularly attended a community-

based clinic, 26 percent were clinically diagnosed to have one or more STIs.[31] A study of 513 MSM during 2008-09 in Mumbai and Hyderabad, 13.8 percent were found to have gonorrhoea.[32]

V. ADDITIONAL BEHAVIOURAL INFORMATION

- In 2003-04, a study of 6,661 MSM in urban areas in Andhra Pradesh found that the average number of male partners in the last month was six men.[33]
- The same study found that in the last three occasions of sex with a male, 92 percent of MSM reported anal sex at least once.[33]
- In 2010, condom use at the last occasion of anal sex with a male was reported by 57.6 percent of MSM in Manipur and 48.9 percent in Tamil Nadu. In 2007, 50 percent of MSM reported this (ranging from 13 percent to 87 percent).[9]
- Consistent condom use with paid male partners from BSS 2008/09 remains low in Karnataka at 35 percent; it was reported at 54 percent in Tamil Nadu; 72 percent in Uttar Pradesh and as high as 95 percent in Andhra Pradesh. This shows an increase in all states compared to the previous round of BSS except for Karnataka.[25]
- In 2009, a study of 150 MSM in Mubai found that of those engaging in insertive anal intercourse, condoms had been used in 63 percent of their encounters in the last month. Those engaging in receptive anal intercourse reported condom use in 95 percent of encounters.
- In 2009, 35.9 percent of 210 MSM in Chennai reported having ever paid another man for sex.[34]
- In 2009, 46.3 percent of MSM in Tamil Nadu reported having been tested for HIV in the last 12 months and were able to recall the result. This contrasts with 35 percent who reported the same in 2007.[9] According to the same 2009 BSS, HIV testing among MSM in Uttar Pradesh was 9 percent; 7 percent in Manipur; 54 percent in Karnataka; and 83 percent in Andhra Pradesh.[25]
- In 2010, 39.4 percent of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV (ranging from 17.4 percent to 56.7 percent). In 2007, this figure was 45 percent (ranging from 16 percent to 75 percent). A 2010 study conducted in Mumbai showed that only 27 percent of respondents had an accurate understanding of HIV and routes of transmission.[9]
- The 2009 BSS also reported low levels of comprehensive knowledge about HIV among MSM surveyed, including 21 percent in Uttar Pradesh; 30 percent in Manipur; 32 percent in Tamil Nadu; 22 percent in Karnataka; and 57 percent in Andhra Pradesh.[25]
- The same survey reported varying proportions of MSM that were ever married (to a woman): 45 percent in Uttar Pradesh; 11 percent in Manipur; 25 percent in Tamil Nadu; 34 percent in Karnataka; and 47 percent in Andhra Pradesh.[25]
- In 2009, a study of 210 MSM reported psychosocial problems, such as anxiety and depression, attributed to HIV infection or perceived risk of HIV.[34]

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- In a 2008 mapping exercise performed by the Asia Pacific Coalition on Male Sexual Health (APCOM), 152 organizations were found to be working with MSM in India. This number represented over three-quarters of all organizations working with MSM in South Asia.[23]
- Of the 35 states and Union Territories in India, 14 were found to not have any groups, organizations, or networks engaged with MSM issues.[23]
- There was a high concentration of organizations in Tamil Nadu, Andhra Pradesh, and West Bengal. Together, organizations in these three states comprised nearly half.[23]
- Key organizations include Humsafar Trust in Mumbai, Naz Foundation India Trust in Delhi, and Social Welfare Association for Men in Chennai, Manas Bangala (a coalition of MSM targeted intervention organizations), Sahodharan, Lakashya Trust, Sangama-Samara.[22]
- A recent assessment found that MSM groups in India are not consulted adequately in the national Universal Access target setting processes.[35]
- MSM community-based organizations (CBOs) 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 people living with HIV (PLHIV), voluntary counselling and testing (VCT) clinics, and STI clinic and VCT referral.[36,37,38]

National MSM networks

- While there are several national coalitions of agencies working with MSM, the Integrated Network for Sexual Minorities (INFOSEM) has played an integral role in joint policy advocacy with the government and other key stakeholders and in formulating policy and operational guidelines of India's National AIDS Control Programme-Phase III (2007–12) on HIV targeted interventions among MSM.[22]
- Other national MSM networks include Rainbow Planet, a coalition of diverse progressive groups working for the rights of sexual minorities, sex workers and people living with HIV in India; LGBT – Adhiikhar; National MSM and HIV Policy, Advocacy, and Human Rights Network, and Voices Against 377.[39]

International support

- The South Asian MSM and AIDS Network (SAMAN), which includes India, 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 (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).[20]
- India GFATM Round 9 ('The *Pehchan* Project') aims to: strengthen the capacity of 200 community-based organizations that will serve 450,000 MSM and *hijra* across 17 states by 2015; and conduct policy development and advocacy.[40] Its principle recipient is the India HIV/AIDS Alliance.[40]

- India receives additional MSM-related support from: Department For International Development (DFID), the Bill & Melinda Gates Foundation, the U.S. Agency for International Development (USAID), the Elton John AIDS Foundation, Oxfam, the UNDP, the Joint UN Programme on HIV/AIDS (UNAIDS), the World Bank, and the UN Population Fund (UNFPA).[23]

National health system

- Health services are not adequately targeted to MSM and other key affected populations. Many are not able to access crucial sexual health services due to inadequate or inappropriate services and poor patient understanding.[35]
- India has the largest network of integrated counselling and testing centres in the world, with over 4,200 in operation. The current NACP aims to reach 22 million ICTC clients by the end of 2012, a target towards which India is making significant strides.[40]
- A total of 96 Community Care Centres operate in high prevalence states to provide: access to ART; treatment adherence support and monitoring; management of opportunistic infections; nutrition counselling; second-line ART for those experiencing treatment failure; outreach; and home-based health services for PLHIV who are not on ART.[40]

VII. ADDITIONAL LEGAL INFORMATION

- Sex between men became legal in Delhi State in 2009 when the High Court of Delhi ruled Section 377 of the *Indian Penal Code* unconstitutional.[41,19]
- Sex work is legal, but most related activities are illegal, such as selling, procuring, exploiting for commercial sex or profiting from the prostitution of another.[42]
- India does not recognize a 'third gender' but there is piecemeal recognition. For example, since 2009, voters have been able to register as *eunuch* (third sex) and there is anecdotal evidence of female passports being given to *hijra*.[39]
- Many reports of MSM, *hijra*, and HIV outreach workers facing problems with law enforcement have been documented. A study in 2007 found that 48 percent of 301 *kothis* surveyed had been harassed by police because of their sexual orientation. Beatings and blackmail attempts by police have also been reported.[36,43,44,41]
- Legal reviews conducted by the UN reported that, prior to the High Court of Delhi decision, India's legal system was classified as "prohibitive in high intensity." However, since the decision, the classification changed to "moderately repressive."[45,39]
- The National Legal Services Authority has in the recent past announced a social justice litigation to be filed in the Supreme Court of India on the constitutional rights of *hijra*.[46]
- The Alternative Law Forum (ALF), a collective of lawyers committed to the practice of law that responds to social and economic injustice, and Lawyers Collective, have provided valuable legal aid to LGBT communities in India.[39]

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