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HIV and men who have sex with men

## I. RESPONSE HIGHLIGHTS

- Nepal's *National HIV/AIDS Strategy 2011–16* recognizes the disproportional impact borne by men who have sex with men (MSM) and includes principles of universal access and rights-based approach aligned with the 2011 Political Declaration on HIV/AIDS.<sup>3</sup>
- Legal and policy barriers to effective HIV prevention for MSM have been considered by the Supreme Court of Nepal since at least 2007 in response to pleas from LGBTI advocacy groups. Since then, it began recognizing a third gender (*metis*) for purposes of citizenship rights.<sup>14</sup>
- MSM and other key affected populations are consistently involved in Nepal's Country Coordinating Mechanism (CCM) and other technical working groups related to HIV/AIDS prevention and treatment.<sup>3</sup>
- Since 2004, MSM have been included in comprehensive and methodologically sound Integrated Biological and Behavioural Surveillance (IBBS).<sup>15</sup>
- In 2008, an HIV-related risks and vulnerability and social networks study in Nepal revealed, among other things, the serious risk of HIV faced by MSM and *tesro lingi* (a local term for the third sex) and limited access to HIV services.<sup>16</sup>
- Nepal is a recipient country of the approved South Asia Multi-country Global Fund Round 9 Programme and previously received national Global Fund grants during Rounds 2, 7, and 10.<sup>17</sup>

## II. PRIORITIES FOR “GETTING TO ZERO”

- Ensure a continuum of prevention, treatment, and care and support programmes for key affected populations, including MSM and their partners, in priority geographical areas across the country.
- Integrate HIV interventions that adequately address the unique needs of MSM into existing government-run programmes to ensure greater sustainability.
- Conduct local research to generate more evidence on the changing dynamics, risks, and vulnerabilities of MSM and their networks. Findings should then inform national policies, programme and funding priorities, and advocacy.
- Promote efforts to create an enabling environment for effective MSM programme implementation. This must include continued review of the Criminal and Civil Code.
- Increase domestic funding to the country's AIDS response. Currently, over 90 percent of HIV resources are coming from external development partners.

## III. THE CURRENT SITUATION

Nepal's National Centre for AIDS and STD Control has officially recognized MSM as an important driver of the country's HIV epidemic since at least 2003.<sup>3</sup> Infections

## DATA SUMMARY

Indicator	Estimate	Year
<b>Epidemiology</b>		
Estimated no. of MSM <sup>1</sup>	246,419	'11
% of all cases that are among MSM <sup>3</sup>	21.6%	'11
HIV prevalence among MSM (capital city) <sup>3,3</sup>	3.8%	'09
No. of times higher than among general <sup>3,4</sup>	12.7	'09
HIV prevalence among youth MSM <sup>3</sup>	1.3%	'09
No. of HIV-positive MSM needing ART <sup>3,6</sup>	6,540	'11
Syphilis prevalence among MSM <sup>7</sup>	1.5%	'09
<b>Behavioural data</b>		
Condom use during last encounter, MSM <sup>8</sup>	75.3%	'09
HIV test in last year, MSM <sup>8</sup>	42.0%	'09
Prevention knowledge <sup>8</sup>	64.3%	'09
Reported vaginal sex in past month, MSM <sup>9</sup>	66.6%	'07
<b>Programmatic situation</b>		
Prevention spending on MSM, US\$ <sup>3</sup>	821,371	'11
Spending as % of total prevention spending <sup>3</sup>	7.5%	'11
Cost for full service coverage, US\$ <sup>16</sup>	4,189,123	'10
Reporting on UNGASS indicators <sup>3</sup>	4 of 4	'12
HIV prevention coverage, MSM <sup>3</sup>	77.3%	'09
Existence of national network of MSM <sup>3</sup>	Yes	'12
MSM-specific programme line in NSP <sup>10</sup>	Yes	'12
Specific MSM and HIV strategy <sup>10</sup>	Yes	'12
Inclusion in ongoing HIV surveillance <sup>3</sup>	Yes	'12
<b>Legal environment</b>		
Male-male sex <sup>11</sup>	Legal	'12
Sex work in private <sup>12</sup>	Legal	'12
Soliciting for sex <sup>12</sup>	Illegal	'12
Laws that pose obstacles for MSM <sup>11</sup>	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 HIV-positive MSM (9,343) by 70 percent, a figure used to estimate the proportion of HIV cases that meet clinical criteria for anti-retroviral therapy (ART). The National Center for AIDS and STD Control of Nepal estimates that 3,200 MSM meet the clinical criteria for ART but are not receiving it.

‡ 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.

## LOCAL INTERPRETATIONS OF GENDER & SEXUALITY

In Nepal, the term *meti* is used by feminised, cross-dressing males who have males as their sex partners. *Metis* call masculine men who sexually penetrate men or women *ta*, *panthi*, *giryā*, or 'real men'. The term *dohori* is given by *metis* to males that identify as masculine, but take both the insertive and receptive roles in anal sex.<sup>2</sup> Relative to other South Asian countries, there is a high degree of interaction between masculine-acting and feminine-acting MSM.<sup>4</sup> One ethnographic study of MSM in Nepal suggests that sex between feminine-acting *metis* may be more common than is openly admitted given that it generally remains taboo in Nepalese society.<sup>4,5</sup>

among the general population and injecting drug users have declined in recent years. Meanwhile, infections among MSM and female sex workers appear stable. Nepal's HIV programme is recognised as a 'PI' or first priority in the country's Interim National Development Plan.<sup>3</sup> The Government of Nepal prioritises PI programmes over all other non-PI programmes when determining budget allocations.<sup>1</sup> However, there are popular concerns regarding the sustainability of Nepal's HIV financing mechanisms.<sup>18,19,20</sup>

Coverage among key affected populations has improved over the years as a result of focused interventions and increased community-based organization involvement.<sup>3</sup> Community-level interventions, some of which involve MSM, are central to Nepal's National HIV/AIDS Strategy, 2011–2016.<sup>10</sup>

As in most countries, MSM are stigmatized and socially marginalized in Nepal. The Blue Diamond Society (BDS), a prominent advocacy group for the rights of LGBTI Nepalis, reports of a prevalent 'double stigma,' or stigma related to sexual orientation and HIV infection.<sup>21</sup> Faced with continued discrimination and threats of violent attacks, '*metis*,' or persons of the third gender in Nepal, sometimes take to hospices.<sup>21</sup>

Several policy and legal advancements have been made with regard to MSM and other key affected populations. Sunil Babu Pant, Director of BDS and member of the Constituent Assembly and Parliament of Nepal, led a campaign that demanded an end to all kinds of discrimination and violence against LGBTI populations.<sup>14,22</sup> In 2007, the Supreme Court of Nepal ruled in favour of recognizing the third gender in national identification cards, a same sex marriage law, and ending or amending discriminatory laws against LGBTI populations. The ruling allegedly led to a reduction in violence against LGBTI populations and greater acceptance among segments of society, media, and government.<sup>22</sup>

Nepal's political instability continues to be a major barrier to an effective national response. It threatens sustained leadership in the national HIV response and risks a reversal of progress on meeting Millennium Development Goals.

## IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- HIV prevalence among the MSM has not changed much over the three rounds of the Integrated Biological and Behavioural Survey (IBBS) survey (3.9 percent in 2004, 3.3 percent in 2007 and 3.8 percent in 2009).<sup>7,9,23</sup>
- Disparities are also observed among sub-populations of MSM. The third round (2009) of IBBS found that 5.2 percent of male sex workers had HIV, meanwhile 3 percent of other MSM were also HIV-positive.<sup>7</sup>
- In 2012 it was reported that sex between males accounts for 21.6 percent of cumulative HIV infections. This is an increase from the figure of 4 percent reported in 2008 and 6.2 percent reported in 2009.<sup>3,24,25</sup>
- There have been a number of size estimates for the MSM and transgender population. In 2009, the National Centre for AIDS and STD Control estimated that there were 140,691 MSM and in 2011 they estimated 74,220 high-risk MSM in Nepal.<sup>1,25</sup>
- Prevalence of active syphilis (1.7 percent in 2004, 2.4 percent in 2007 and 1.5 percent in 2009) and syphilis history (8.9 percent in 2004, 2.8 percent in 2007 and 2.5 percent in 2009) among MSM are lower in the third round of IBBS as compared to the first and second rounds.<sup>7</sup>
- Of all MSM surveyed in the 2009 IBBS, 20.8 percent of non-male sex worker (MSW) MSM reported at least one STI symptom in the last 12 months. Among MSW, this figure was 25.9 percent. Most of the non-MSW MSM (86.8 percent) cited genital ulcers as an STI symptom.<sup>7</sup>
- In the 2009 IBBS, 12.5 percent of non-MSW MSM and MSW had rectal gonorrhoea;<sup>7</sup> and in the 2007 IBBS, 3.6 percent had rectal chlamydia, and 2.4 percent had syphilis.<sup>9</sup>

## V. ADDITIONAL BEHAVIOURAL INFORMATION

- The 2007 and 2009 UNGASS reports indicated that the proportions of MSM and male sex workers who used a condom at the last occasion of anal sex with a male partner were 71.6 percent and 93.1 percent respectively in 2007, and 75.3 percent and 37.8 percent respectively in 2009.<sup>8,24</sup>
- Consistent condom use increased among non-MSW MSM with non-paying partners from 39.3 percent in 2004 to 77.5 percent in 2007 and then decreased to 65.1 percent in 2009.<sup>7</sup>
- Among male sex workers, consistent condom use with regular paying male anal sex partners was found to be 97.2 percent in 2007 and 75.8 percent in 2009. Consistent condom use with non-paying partners also decreased from 71.8 percent in 2007 to 65.4 percent in 2009.<sup>7</sup>
- In the 2009 IBBS, 86.8 percent of overall MSM surveyed had used lubricant at least once during anal sex and 96.5 percent of them had used it during their last act of anal sex. Male sex workers were 17 percent more likely to use lubricant during their last act of anal sex than non-MSW MSM.<sup>7</sup>
- In 2009, 42 percent of MSM had been tested for HIV in the last 12 months and knew the result, increasing from 30 percent in 2007 and 7 percent in 2004.<sup>8,24,26</sup>
- The proportion of MSM who could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions increased from 44.4 percent in 2007 to 64.3 percent in 2009.<sup>7,9</sup>

- More than half of MSM surveyed in each of the three previous IBBS rounds reported having their first sexual experience before the age of 17.<sup>7,9,23</sup>
- A recent multivariate analysis of data obtained from MSM in Nepal showed that ‘high risk of HIV infection’ was significantly associated with being involved in sex work, having no knowledge of male STI symptoms, and having a history of STI symptoms.<sup>27</sup>
- Sexual relations and marriage to women are common among MSM in Nepal. In 2007, 66.6 percent reported ever having sex with a woman and 42.5 percent were married to a woman. These figures have stayed fairly stable across studies in 2001 and 2005 also.<sup>4,9,28</sup> The proportion of males whose first sexual partner was female was found to be between 40.8 and 63.9 percent during all three rounds of IBBS.<sup>7,9,23</sup>

## VI. ADDITIONAL PROGRAMMATIC INFORMATION

### Community-based responses

- BDS is the key organization working with MSM in Nepal, with an expansive network of care, support, and human rights centres. As of September 2009, BDS’s MSM programme covers 26 districts and 31 cities.<sup>3,5,29</sup>
- Services conducted by the BDS include: peer outreach, condom distribution, training on safe sex and HIV, community sensitization and awareness, and support services for MSM and transgender people living with HIV.<sup>3,29</sup>
- As of 2012, there were 17 city offices, drop-in-centres, or separately established community-based organizations (CBOs) delivering HIV and sexual health services to MSM and male sex workers across Nepal.<sup>30</sup>
- In Nepal’s 2005-06 annual HIV/AIDS plan, almost 70 percent of the total resources budgeted for HIV programmes were executed through NGOs.<sup>5</sup>
- MSM groups in Nepal are consulted and are part of a variety of national processes.<sup>31</sup>

### National MSM networks

- BDS helped found the Federation of Sexual and Gender Minorities of Nepal (FSGMN), a national network of nine national organizations, during Round 7 of the Global Fund for AIDS, TB and Malaria (GFATM).<sup>30</sup> FSGMN was supported by the USAID-funded ASHA Project from its inception and is currently supported by the USAID-funded Saath-Saath Project.<sup>32</sup>
- In a 2008 mapping exercise performed by the Asia Pacific Coalition on Male Sexual Health (APCOM), 14 organizations were found to be working with MSM in Nepal.<sup>33</sup>
- White Feather Nepal, a CBO that includes 50 members (including 25 hospitality, 15 beauticians and 20 fast food restaurants), provides capacity building and ‘life enhancement’ services in an effort to reduce stigma and promote social integration among Nepali MSM living with HIV.<sup>34</sup>

### International Support

- The South Asian MSM and AIDS Network (SAMAN), which includes Nepal, was awarded a multi-country grant in Round 9 of GFATM. The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI/TOPS), and the United Nations Development Programme (UNDP).<sup>17</sup>
- Nepal also receives MSM-related support from: United Nations Children’s Fund (UNICEF), UNDP, United States Agency for International Development (USAID) / Family Health International (FHI-360), and U.K. Department for International Development (DFID).<sup>5</sup> The latter amounts to approximately US\$ 3.6 million over a seven-year period—a sizeable contribution relative to historical funding.<sup>35</sup>
- Estimated funding for HIV prevention activities related to MSM during fiscal year 2011/12 represented 23 percent (or approximately US\$ 1.2 million) of the total national HIV prevention budget.<sup>36</sup> This suggests increased emphasis on MSM programming but reduced overall funding as compared to 2009 spending estimates.

### National health system

- BDS runs six MSM-focused ‘care and treatment’ centres in Nepal.<sup>37</sup>
- A 2009 IBBS recommended that emphasis should be put on the availability of health services to MSM who are subjected to sexual violence.<sup>38</sup>

## VII. ADDITIONAL LEGAL INFORMATION

- Since 2007, transgender people, or *metis*, have been officially recognised with ‘third gender’ cards.<sup>39</sup>
- There has been a history of harassment of MSM and HIV project workers, but the situation has improved since 2007.<sup>2,39</sup>
- In 2008, an unpublished UN legal review found that Nepal was ‘prohibitive in high intensity’ for MSM and transgender people. In 2009-10, a second review conducted by the UNDP found that it was now ‘protective.’ This indicates the greatest degree of change possible, from the most repressive to the most protective category.<sup>39,40</sup>

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

## KEY CONTACT INFORMATION

National MSM Network	Government	UN Country Team
Sunil Pant Executive Director, Blue Diamond Society Kathmandu, Nepal <a href="mailto:pantsunil@gmail.com">pantsunil@gmail.com</a>	Dr. Krishna Kumar Rai Director, NCASC Kathmandu, Nepal <a href="mailto:raikrishnadr@yahoo.com">raikrishnadr@yahoo.com</a>	Dr. Ruben F. del Prado Country Coordinator, UNAIDS Nepal Kathmandu, Nepal <a href="mailto:delprador@unaids.org">delprador@unaids.org</a>

