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POLICIES & PROGRAMS FOR MEN WHO HAVE SEX WITH MEN (MSM) IN INDIA: CURRENT SITUATION, GAPS, & RECOMMENDATIONS
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Outline of this presentation:

1. TERMINOLOGY
2. MSM IN INDIA - IDENTITIES/LABELS/BEHAVIOR
3. CURRENT SITUATION & GAPS - GOVT. OF INDIA: NACO/SACS
4. 'TARGETED INTERVENTION' (TI) APPROACH TO REACHOUT TO 'MSM': GAPS
5. RECOMMENDATIONS - TO NACO/SACS

Purpose of the presentation:
To briefly review the current policies and 'targeted interventions' model for MSM in India and to find out gaps and propose appropriate recommendations.

(For a more detailed discussion, see - *V Chakrapani et al.* HIV Prevention among Men who have Sex with Men (MSM) in India: Review of Current Scenario and Recommendations. April 2002. Available at http://www.indianglbthealth.info/Authors/index.htm**)**

1. TERMINOLOGY

- 'Men who have sex with men (MSM)' denotes men who have sex with other men regardless of the presence or absence of any specific sexual identity.

2. MSM IN INDIA- IDENTITIES/LABELS/BEHAVIOR

- 'MSM' are a heterogeneous group.
- There are many subpopulations of MSM in India

Subpopulations of 'MSM':

- MSM who don't have any specific sexual identity
- Kothi-identified homosexual males (Kothi = "feminine and mostly receptive")
- The masculine partners of kothis who are called 'Panthis' (Panthi = "real men who only penetrate").
- Double-decker ("who penetrate and receive")
- Gay-identified homosexual men
- Bisexual identified men with same-sex/bisexual behavior

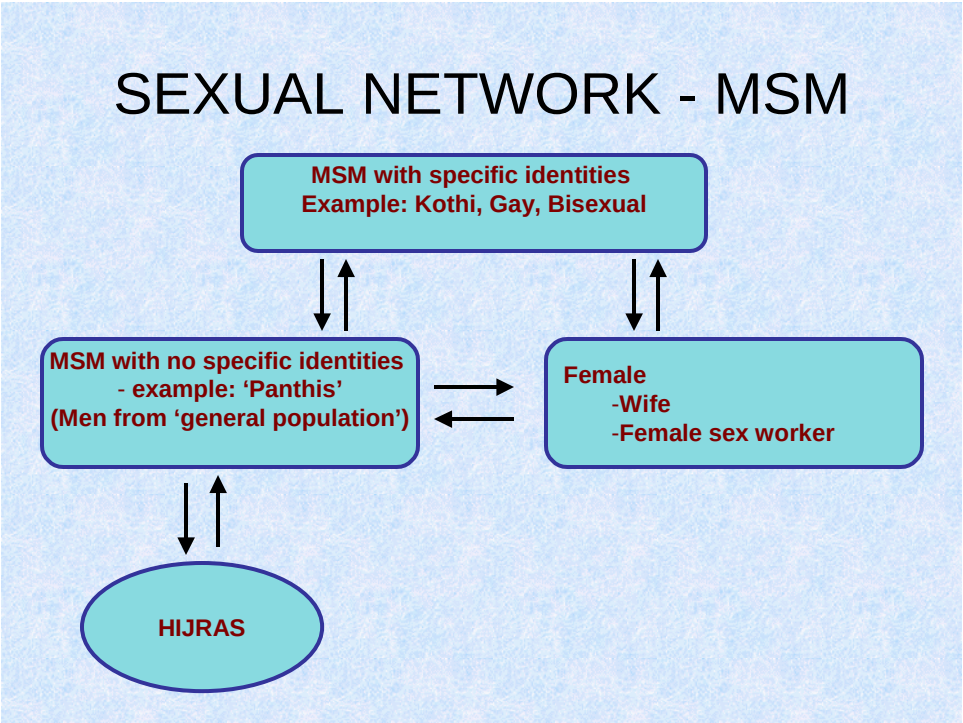
Note:

- "Panthi" and "DD" are labels and usually not 'identities'
- Identities may or may not correlate with the presumed sexual behavior.

Hijras

- Born as biological/anatomical males who reject their 'masculine' identity in due course of time to identify either as women, or not-men, or in-between man and woman, or neither man nor woman.
- Most Hijras identify themselves as '*Kothi*'

(Thus 'Kothi' identity is shared by both feminine homosexual men and Hijras. i.e. male-to-female transgender/transsexuals)



3. CURRENT SITUATION & GAPS
Govt. of India: NACO/SACS

NACP-II and MSM/TG:

- "MSM" is regarded as a target group ("targeted interventions") in NACP-II.
- NACO (through SACS) claims to have funded 76 intervention programs for MSM this year (mostly funded to NGOs, not CBOs). However the number of programs may be inadequate with regard to the potential number of MSM who could be reached.
- "Male sex work" or "Male sex workers" – not mentioned in NACP-II
- The terms - "Hijras" or "transgender/transsexual" (male-to-female) – are not found in NACP-II

1. No Comprehensive National HIV Prevention and Care Strategy for MSM: There is no coordinated and comprehensive HIV prevention and care strategy or plan for MSM in India.

2. No guidelines for funding allocations to different 'target populations' from NACO: NACO does not have any guidelines regarding how it is going to use the available funds for prevention and care activities for various vulnerable groups or 'target populations'. No guidelines for SACS on the same.

3. National HIV serosurveillance and BSS:

- In 2004, NACO had only 3 annual HIV serosurveillance centers for "men who have sex with men" in India. (Mumbai-1, Tamil Nadu – 2). Queries regarding the quality of these studies have been raised by researchers.
- No separate serosurveillance center or BSS for Hijras.

4. Non-involvement of Community-Based Organizations: CBOs or community groups are not involved in designing, implementing and evaluating programs for MSM.

5. Few Financial Resources available at the ground level: Financial resources are not easily available for the CBOs to adequately address HIV prevention and care programs for MSM in urban or rural areas. Mostly NGOs (NOT CBOs) are funded by NACO/SACS for implementing intervention programs for MSM

6. No national programs to address stigma and discrimination faced by sexual minorities: Nonacceptance of homosexuality (actual or perceived) is a significant barrier to community mobilization. Discrimination and violence occur even in rural areas especially to feminine homosexual men and Hijras.

7. No national Research Agenda on issues faced by MSM or transgender persons: There is too little research to assist in HIV prevention and care among MSM. There is no strategic approach to research. No systems for doing or using research to respond to key or emerging issues.

4. 'TARGETED INTERVENTION' (TI) APPROACH TO REACHOUT TO 'MSM': GAPS

Why current 'targeted intervention' model for 'MSM' is not adequate to reach out to all subpopulations of MSM?

- By WHO definition, 'MSM' is an epidemiological term and can not be considered as a 'target group'.

- Through TI programs, mainly those MSM with specific identities like Kothi or gay may be reached out with relative ease since there are community groups and CBOs/NGOs who can able to reach out to these subpopulations of MSM.

- MSM who do not have specific identity or men who might be having sex opportunistically with other men in non-cruising areas may be reached out only through mass media campaigns.

- Many MSM also have bisexual behavior (irrespective of their self-identity) and also get married heterosexually. However, bisexual behavior is not given adequate importance in the TI programs for MSM or in the mass media campaigns.

- Since there are many subpopulations of MSM, there CANNOT be one generic intervention model for "MSM".

Components of a typical TI program for MSM:
Through a typical TI program, services provided to MSM include:

- Outreach education in cruising sites
- Condom promotion and distribution
- Drop-in center
- Counseling services – STD/HIV
- Clinical services – STD/HIV

Services unavailable to MSM in the current TI model:
Some services which may be needed by MSM which are usually not available are:

- Counseling on sexuality issues (those who are "unsure" about their sexuality), Counseling on issues faced in samesex relationships
- Teaching condom negotiation skills, and sexual communication skills
- Programs to build self-esteem and removal of self-stigma among MSM (No appropriate "empowerment" model of intervention)
- Availability of good quality condoms and different varieties (example: flavored condoms) and water-based lubricants
- Psychosocial support counseling
- Referral services for mental health and alcohol de-addiction programs.
- Legal information (education about legal rights)
- Availability of legal services

- Assistance and support in disclosure of HIV/STD status to steady partners (male or female)
- Programs to reduce stigma and discrimination in health care settings, society, prisons, and from MSM population.
- Absence of advocacy programs to challenge the criminal status of consensual male-to-male sex
- Specific needs for specific subpopulations (example: male sex workers, married MSM, youth who have samesex behavior or samesex attractions)

For Hijras (male-to-female transgender/transsexual persons): Counseling and referral services for SRS (Sex Reassignment Surgery) and Hormonal therapy are not available through current TI programs.

5. RECOMMENDATIONS
- TO NACO/SACS

(***Note:*** The following recommendations are made after discussing with some community leaders/members but a larger community consultation meeting is required to finalize these recommendations.)

1. Develop a comprehensive National HIV Prevention and Care Strategy for MSM and Transgender persons as part of NACP-III:

- NACO needs to develop a National HIV Prevention and Care Strategy for MSM and TG with appropriate strategies and multi-faceted approaches.
- Involve communities in the development of this national plan and incorporation/integration of that plan in to NACP-III

2. Prepare National Guidelines for intervention and care programs for MSM and male-to-female transgender persons:

- NACO, in collaboration with the community groups, needs to prepare national guidelines for designing intervention and care programs for MSM and male-to-female transgender persons.

3. Building the capacity of CBOs/community groups to carry out intervention and care programs:

- At the local level, SACS offices need to involve community groups in designing, implementing, and evaluating intervention and care programs for MSM and transgender populations. NACO needs to issue a directive and guidelines to SACS offices regarding the same.
- NACO/SACS need to give preference to CBOs in funding - for implementation of the intervention and care programs of MSM and TG persons.
- Where there are no CBOs, and hence NGOs are given funding, those NGOs need to involve community groups in designing, implementing, and evaluating the programs. Also, those NGOs need to build the capacity of the local community

groups so that later those community groups run the programs themselves. SACS offices need to develop guidelines for the same.

4. Need for better and more HIV serosurveillance centers & BSS for MSM and Hijras:

- NACO needs to improve the methodology of conducting HIV serosurveillance and BSS among MSM.
- NACO needs to scale up the serosurveillance centers for MSM in India (initially at least in cities where community groups/CBOs are present)
- NACO needs to set up separate serosurveillance centers for Hijras in different cities (at least in metros – to start with).
- NACO needs to think about conducting separate BSS among Hijra populations – where feasible and necessary.
- NACO needs to involve CBOs/Community groups in conducting annual HIV serosurveillance studies or BSS.

5. Appropriate funding allocations for prevention and care programs for MSM and transgender persons:

- NACO needs to come out with appropriate and adequate funding allocations for prevention and care programs for MSM and transgender persons at the national level.
- NACO needs to setup guidelines for SACS offices regarding funding allocations for programs for MSM and transgender persons in their respective state programs.

6. Integrate prevention and care strategy for MSM and transgender into existing national policies:

In addition to the integration of health issues of MSM and TG into NACP-III, NACO needs to find out mechanisms to include HIV prevention and care of MSM and transgender persons in the broader context of national health policy, national youth policy, etc.

7. Ensure MSM and TG have good quality condoms, and water-based lubricants:

- Good quality condoms, and water-based lubricants must be an ongoing feature of HIV prevention for MSM and transgender persons. Funding need to be allocated for these in all prevention and care programs by NACO/SACS.
- NACO should advocate for the government production of water-based lubricants in small sachets and they should be made available free of cost for the intervention programs or at subsidized rates to the general public.

8. Support public programs to decrease or eliminate stigma and discrimination faced by MSM and TG:

Sensitization programs for the general public on the issues faced by sexual minorities need to be conducted nationally and NACO/SACS need to support for the same.

9. Develop prevention programs for different subpopulations of MSM who are hard-to-reach through conventional 'outreach programs':
MSM who do not have any specific sexual identity may not be reached by conventional 'outreach programs' and may require a variety of strategies (example: addressing same-sex/bisexual behavior in mass media campaigns). There is a need to develop programs for such subpopulations of MSM. National HIV prevention and care strategy for MSM should address these subpopulations also.

10. Recognize the importance of identities and subcultures among MSM and transgender populations in prevention and care programs:
While it is the behavior that puts people at risk for HIV, one should not overlook the importance of identities like kothi, gay or bisexual among MSM populations and identities like Hijras, Aravanis, Jogtas among transgender populations. Identities are important in relation to community mobilization, and the psychosocial support provided by the presence of communities. Hence prevention and care programs should also be culturally appropriate and respect the identities chosen by MSM and transgender populations. Such Cultural approaches to prevention are lacking in current prevention activities and focus is exclusively on 'behavior change'.
NACO should ensure that the prevention and care programs for different subpopulations of MSM and TG are culturally appropriate and allow flexibilities in the TI guidelines to address these subcultural differences.

11. Recognize the importance of the linkages between decriminalization of consensual male-to-male sex and HIV prevention and care efforts:

- NACO needs to understand the importance and connection of decriminalization of consensual male-to-male sex to effective HIV prevention and care programs among MSM and Transgender persons.
- NACO needs to come out with a position statement with regard to the human rights of sexual minorities and its importance in the context of HIV prevention and care programs. This will be useful in advocating with the law ministry.

12. Develop prevention and care programs for HIV-positive MSM and transgender persons:

- NACO needs to develop guidelines for secondary prevention intervention programs for HIV-positive persons including HIV-positive MSM and transgender persons.
- NACO needs to ensure equity in access to ARVs for HIV-positive MSM and transgender persons in the national ARV roll-out programs. UNAIDS guidelines on ensuring equity in access to ARVs for the vulnerable groups need to be adapted for the Indian situation.