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Editorial

The HIV epidemic among MSM is increasing across the world and in most countries. This is also true for countries of the Asia Pacific Region. According to the UNAIDS Report on HIV in the Asia and the Pacific 2013, national HIV prevalence for men who have sex with men (MSM) is estimated to be more than 5% in China, Indonesia, Malaysia, Myanmar, Thailand and Viet Nam[1]. In large urban areas such Bangkok, Hanoi and Jakarta, the prevalence has shown to be particularly high – 15% to nearly 25%.The National STD/AIDS Control Programme in Sri Lanka has also reported increasing number of HIV infections among MSM over the last few years. In 2005, reported HIV infections due to male to male sex and bi-sexual contact were 7.7% and in 2011 it was 18.5% of the total reported HIV infections.

The term 'MSM' is used to denote all men who as a matter of preference or practice have sex with other men, regardless of their sexual identity or sexual orientation, and irrespective of whether they also have sex with women or not.

A combination of many factors increases the risk of escalating the HIV epidemic among MSM. These include: high turnover of sexual partners (both male and female); high prevalence of HIV and STIs; inconsistent condom use; engaging in sex work; having sex with male and female sex workers; not having adequate knowledge about HIV; and use of alcohol and recreational drugs. Most MSM also do not know their HIV status which adds to their risk of acquiring and transmitting HIV.

In most countries of this region, HIV prevention, treatment, care and support services for MSM are not considered to be adequate. It is also known that MSM do not generally access services for sexually transmitted infections, HIV testing and counselling or other clinical services mainly due to the fear of being discriminated and stigmatised in healthcare settings. In many countries, male to male sex is highly stigmatised and is considered criminal behaviour by some. This results in MSM being driven underground, thus, making it even more difficult to provide specific interventions.

In this issue of the journal, a study carried out by Ranatunga et al at the sexually transmitted diseases clinic in Ragama, show a high level of unprotected sex, low condom use and the presence of sexually transmitted infections (STI) including some with multiple infections

among MSM studied[2].In this study, 22% had early syphilis, 12% had late syphilis and 8% had infection with herpes simplex virus (HSV). Syphilis and HSV (type 2), and more recently anal infection with human papilloma virus have been associated with biological risk for HIV infection in MSM[3]. This underscores the importance of screening for STI when MSM access STI services.

At the recently concluded 11th International Conference on AIDS in Asia and the Pacific in Bangkok, Thailand, the issue of late HIV diagnosis among MSM was repeatedly discussed. Low levels of access to HIV testing and counselling for high risk populations including MSM was considered a cause for serious concern across the Asia Pacific region. Conference participants that included civil society networks, United Nations agencies, and other stakeholders urged community-based HIV testing and counselling to be rapidly increased for populations at higher risk including MSM in partnership with ministries of health.

Should Sri Lanka with a wide network of STD clinics dispersed throughout the island that provide services for STI and HIV including testing and counselling consider community-based testing? The National programme needs to take into consideration the changing epidemiology including demographic and behavioural patterns and make an informed decision.The 2008 report of the Commission on AIDS in Asia highlight the fact that high risk behaviours among MSM are one of the three major driving forces of the HIV epidemic in Asia. It is estimated that without an increase in comprehensive, effective and targeted interventions, by 2020, around 50% of new HIV infections in Asia will be attributable to MSM[4].

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