



Risks | Responsibilities

Male Sexual Health and HIV
in Asia and The Pacific
International Consultation

New Delhi, India, 23-26 September 2006



Final Technical and Financial Report

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The secretariat of the consultation was established in New Delhi and was given leadership by Aditya Bondyopadhyay, coordinator of the consultation. The secretariat was governed by the Steering Committee, whose members were Dédé Oetomo, Andrew Hunter, Khartini Slamah, Douglas Sanders, Shale Ahmed, Ashok Row Kavi, Sunil Babu Pant, Masao Kashiwazaki, Ravi Jain, Greg Gray, and Chung To. Our sincere gratitude goes to all the committee members for their sustained hard work and perseverance in the face of numerous odds.

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Supporters and Donors

Hosts:

Naz Foundation International (NFI)

National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India (NACO)

Community Supporters:

AIDS Project Los Angeles (APLA)

AIDS Society for the Asia and the Pacific (ASAP)

Asia Pacific Network of People Living with HIV and AIDS (APN+)

Asia Pacific Coalition of AIDS Service Organisations (APCASO)

Asia Pacific Network of Sex Workers (APNSW)

Asia Pacific Rainbow

Asian Harm Reduction Network (AHRN)

Australian Federation of AIDS Organisations (AFAO)

Bandhu Social Welfare Society

Bharosa Trust

Blue Diamond Society

Chi Heng Foundation

Gaya Nusantara

Humsafar Trust

New Zealand AIDS Foundation (NZAF)

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International HIV/AIDS Alliance

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TREATAsia – (American Foundation for AIDS Research (amfAR))

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Definitions

Men who have sex with men

While we use the term ‘men who have sex with men’ here it is within the context of understanding that the word ‘man’/‘men’ is socially constructed. Nor does it use imply that it is an identity term referring to an identifiable community that can be segregated and so labelled. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectivities, as well as just behaviours without any sense of affiliation to an identity or community. This statement addresses the concerns of all these diversities within the framework of *men who have sex with men*.

Transgender

Broadly speaking, transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including: female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers, and many more. [In the Asia and Pacific region this would include hijras, some kothis, zenanas and metis, kathoey, waria, bakla, fa’fa’finis, etc.] Because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences. (For example, the identity/experience of a post-operative FTM transsexual will probably be very different from that of a female-identified drag king who performs on weekends, but both are often lumped together under the term "transgender.")

web.mit.edu/hudson/www/terminology.html, accessed 14/9/06

In this report the abbreviations ‘MSM’ for men who have sex with men, and TGs for transgender people have been used. This is purely for the sake of brevity.

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Executive Summary

Background

Despite evidence establishing male-to-male sex as one of the driving forces of HIV transmission in the Asia and Pacific region, few strategic interventions address male-to-male and transgender sexualities and related HIV vulnerabilities.

In recognition of the need for building and strengthening interventions addressing HIV related vulnerabilities of males who have sex with males (MSM) in the region, the Male Sexual Health and HIV in Asia and the Pacific - International Consultation was organised in New Delhi, India from September 23-26, 2006, under the title of “Risks and Responsibilities.”

Co-hosted by the National AIDS Control Organisation of India and Naz Foundation International (in partnership with Bharosa, India) the consultation was funded by many international donor agencies such as Department for International Development, UK, the World Bank, Canadian International Development Agency, Swedish International Development Agency, Australian Agency for International Development, HIVOS, Netherlands, International HIV/AIDS Alliance UK, and TREAT Asia/amfAR. It was supported by many community organisations and networks from the region. UNAIDS, Naz Foundation International and Resource Centre for Sexual Health and AIDS (RCSHA), India, provided technical support to the consultation.

The consultation brought together 380 delegates from governments, policy-makers, donors, researchers, grassroots and community based organisations from 22 countries across the Asia-Pacific region and 8 other countries around the world. The main objectives of this three-day meeting were:

- Generating and sharing knowledge and learning on technical, social, policy, rights and resources issues relevant to male-to-male and transgender sexual behaviours and HIV in Asia and the Pacific;
- Identification of obstacles and challenges that impede scaling-up of MSM and HIV- specific programmes and services;
- Informing the formulation of strategies and programmes for improving and expanding MSM and HIV-specific prevention, treatment, care and support interventions and services.

The outcomes of the “Risks and Responsibilities” Consultation included:

- A Declaration of Collaboration by policymakers, civil society and donors
- An agreed set of Principles of Good Practice
- An enhanced knowledge base on the technical, social and policy issues relevant to male-to-male and transgender sexual behaviours and HIV risk and vulnerability in Asia and the Pacific
- Recommendations for action regarding issues such as resources allocation, epidemiology, intervention strategies, rights and legal issues. In short: strategies that will facilitate and assure inclusion of male-to-male sexuality in national and sub-national HIV frameworks for action.
- Identification of key strategic advocacy initiatives and policies that need to be developed and maintained in relation to MSM, sexual health and HIV vulnerabilities.
- A pan Asia/Pacific regional network of organisations and institutions to generate region-wide coordinated advocacy for policy change, social justice, rights, and an equitable allocation of public resources for HIV interventions, care, treatment and other services. This network will ensure that MSM and transgender (TG) issues remain on the HIV agenda in Asia and the Pacific and at all relevant national and regional HIV conferences and meetings.

Preparations and lead-up

As preparatory work for the consultation, an in-country process was undertaken in each country of the region, under the aegis of the UN Focal Point in that country responsible for HIV. A total of 21 Countries completed the in country process and submitted the report. Briefly, the main outputs expected of the in country process were:

- 1] Hold an in-country meeting/consultation with the officials, delegates and various community groups.
- 2] Prepare a country situation analysis of ‘MSM and HIV’
- 3] Select the list of delegates who shall attend the RR consultation in New Delhi.

Key background papers had also been commissioned by Risks and Responsibilities with support of UNAIDS RST and NFI, to be distributed to the Consultation delegates covering a range of topics specific to Asia and the Pacific. Much of this information had never been gathered or documented prior to the meeting. The topics included human rights overview related to health and male-to-male sex, HIV programming expenditures for MSM, epidemiology of HIV infection and risk behaviours, male sexuality and HIV, best practices for preventing HIV among MSM and a summary paper of national responses (or lack thereof) to HIV and AIDS in Asia and the Pacific among MSM and transgender people. As well, TREAT Asia/amfAR graciously supplied its 2006 research paper, MSM and HIV/AIDS Risk in Asia, which was distributed at the Consultation.

The Consultation

As a lead in to the Consultation proper, Community Mobilising Forums were held in the afternoon of the 23rd September prior to the opening ceremony. There were four such forums:

MSM living with HIV: facilitated by Vijay Nair of Network of India People of Alternate Sexualities With HIV/AIDS, India

Religion and MSM: facilitated by Khartini Slamah, Asia Pacific Network of Sex Workers

Gender variance and HIV: facilitated by Anindya Hajra, Pratyay Gender Trust

Sex work and HIV: facilitated by Andrew Hunter, Asia Pacific Network of Sex Workers

Participants in these forums were urged to discuss the range of issues which they would take into the working groups in the consultation process itself.

The opening ceremony of the consultation began on the evening of the 23rd September 2006, with remarks presented by each of the co-chairs, Mr JVR Prasada Rao, Director of the UNAIDS Regional Support Team for Asia and the Pacific, and Shivananda Khan, Chief Executive Officer of Naz Foundation International.

Other speakers in the opening ceremony included a keynote address by Ms Nafis Sadiq, Special Advisor to the United Nations Secretary General, and Special Envoy for HIV and AIDS in Asia and the Pacific.

The Risks and Responsibilities Consultation was comprised of three full working days each having a unique theme. Each working day began with a plenary session in the morning where experts in the topics covered by the theme of the day made presentations on respective topics. This set the agenda for the days working groups' deliberations and plenary reports.

The themes for the three days were:

Day 1: Masculinities, male-to-male sexualities and HIV – diversity, risk, and vulnerability: What do we know? What don't we know? What do we need to know?

The morning plenary of the first day was chaired by Professor Peter Aggleton of the Thomas Coram Research Unit, Institute of Education, University of London, UK. The following presentations were made in the morning plenary of the first day (24th September):

- *'The history of MSM and HIV in Asia and the Pacific, setting the context'* was presented by Dédé Oetomo of Gaya Nusantara Indonesia
- *'Evolution's Rainbow – Diversity, Gender, and Sexuality in nature and people'* was presented by Professor Joan Roughgarden from the Department of Biological Sciences, Stanford University
- *'Male to male sex in Asia and the Pacific'* was presented by Dr Carol Jenkins of Alternate Visions, Thailand
- *'Epidemiology and Risk Behaviours of MSM and transgenders in Asia and the Pacific'* was presented by Professor Lu Fan of the National Centre for AIDS/STD Control and Prevention Division, China.

Day 2: Impediments to MSM and HIV programming and coverage – Obstacles and Challenges.

The morning plenary was chaired by Mr. Anand Grover, human rights lawyer and Director of the Lawyers Collective HIV/AIDS Unit, based in Mumbai, India. The following presentations were made in the morning plenary of the day two:

- *Legal, Policy, and Public Health Obstacles, challenges and limitations, a summery report* was presented by Dr. Chancy Phimphachanh, Director of the National AIDS Centre in Lao PDR
- *‘Law and Homosexuality in Asia and the Pacific’* was a talk delivered by Professor Douglas Sanders, Faculty of Law, Chulalongkorn University in Thailand
- *‘Transgender Issues: So are we MEN? Then why are we forced into the MSM Category’* was presented by Khartini Slamah of the Asia Pacific Network of Sex Workers

Day 3: Towards Universal Access to HIV prevention, Treatment, Care and Support for MSM and transgenders– The way Forward.

The day’s morning plenary was chaired by Mr Siam Arayawongchai, Regional Coordination Secretariat-MSM Programme Coordinator for Treat Asia/amFAR. The following presentations were made in the morning plenary of the day three:

- *‘Community Mobilisation: Mobilising Communities of Sexual Minorities’* was presented by Ashok Row Kavi, veteran activist who pioneered MSM HIV intervention work in India and is the Chairperson of the Humsafar Trust, India
- *‘HIV interventions for MSM in the Greater Mekong Sub Region (GMS)’* was presented by Mr Siam Arayawongchai
- *‘What works: Preventing HIV amongst MSM and transgenders in Asia and the Pacific’* was presented by Dr. Ruben F del Prado, Deputy Country Director, UNAIDS India
- *‘The way Forward: Knowledge Development’* was presented by Professor Gary Dowsett of the Australian Research Centre in Sex, Health, and Society, La Trobe University in Australia

The unique aspect of the Risks and Responsibilities Consultation that was central to its purpose and success was the Working Group sessions held each day following the morning plenary. The attempt of the Risks and Responsibilities consultation from its very inception had been to create a tripartite dialogue between community, government, and funding agencies, so that needs can be identified, cooperation for creation of adequate government support by planned, policy interventions can be secured, and financial support for these crucial steps can be committed. The ultimate goal was to ensure that services in adequate quantity, and of good quality, reach those who need it most. The Working Group sessions held each day enabled this dialogue process to develop effectively.

The Working Group deliberations followed the specific themes of each day, supported and informed by the expert presentations made at the beginning of the day. The country reports prepared by the in country process prior to the consultation also advised the deliberations of the working groups. Based on the factors like geographic location, population size, economic development etc., the participating countries were divided into seven working groups and moderated by skilled HIV specialists recruited, as volunteers:

- 1] **China (Including Hong Kong SAR)**, moderated by Edmund Settle
- 2] **Developed Asia: Japan, Singapore, and South Korea**, moderated by Michel Carael
- 3] **Greater Mekong Sub Region (GMS): Cambodia, Lao PDR, Myanmar, Thailand, Vietnam**, moderated by Aurorita Mendoza
- 4] **India**, moderated by Veronica Magar
- 5] **South Asia: Pakistan, Bangladesh, Nepal, Sri Lanka and Mongolia**, moderated by Ana Coglan and David Bridger
- 6] **South East Asia: Malaysia, Indonesia, Philippines**, moderated by Tony Lisle
- 7] **The Pacific Region: Papua New Guinea, Samoa, Fiji, New Zealand**, moderated by Scott Hearnden

Results of Working Groups

Based on the deliberations of the various working groups the following needs and or action points were identified by the working groups on the first day:

Epidemiology Needs

- Size estimation, but done with community involvement and participation
- Prevalence of HIV in MSM groups
- Analyses and study of risk behaviour
- Incorporate MSM into national surveillance system

Cultural Needs:

- Recognition of diversity and sub-groups in program design
- Uniformity in understanding and the definition of 'MSM' as used by different stakeholders and MSM themselves
- Correlation study of MSM and TG's behaviour with religion and culture

Response Needs:

- Outcome evaluation be put in place
- Best practice standards implemented in programmes
- Mapping of available programmes, available services
- Female Partners of MSM and TG should be covered by appropriate program
- Testing should be voluntary and adequate voluntary counselling and testing (VCT) be available
- Try to cover clients of male and TG sex workers in the response strategies
- Adequate and appropriate lubricants should be made available with condoms

Social Needs:

- Analysis of policy constraints
- Research into the magnitude of stigma and discrimination
- Making available social justice and equity issues understood with rights-based training
- Anti-discrimination policy and positive legislative frameworks be adopted

Behavioural Needs:

- Study into sexual behaviours of sub-groups
- Study determinants of behaviours [what causes specific behaviour patterns]
- Study female partners of MSM and develop strategy to reach them

The following action points were recommended by the various Working Groups to overcome the challenges and obstacles, the theme of day two:

- Transgender people should have separate projects run by transgender community based organisations (CBOs) catering to specific transgender needs. Donors and governments should make funding support available for this.
- Quality indicators should be standardized and all interventions should be made responsible to achieve those standards. However funding, training, and resources needed to achieve those standards should also be made available by donors and in budgetary allocations.
- Intervention efforts should be community led. Community should also be part of monitoring and evaluation (M&E) of national programs.
- Donors and governments should reconsider their policy of not funding interventions in more developed countries.
- Adequate and appropriate lubricants should be provided with condoms and governments should subsidise lubricants.
- MSM and transgender specific healthcare needs to be made part of healthcare workers training in public healthcare delivery [including anal/oral sexual transmitted infections (STIs)]. Protocols for anal STI treatment should be made for all healthcare providers in national plans.
- National plans should have specific allocation for MSM and transgender interventions through CBOs.
- Programs should be developed to target female partners of MSM and transgender people and also clients of male and transgender sex workers.
- Allocations should be made for advocacy and legal services in program budgets.

- There is a need for decriminalization of same sex behaviours and for enacting anti-discrimination legislation. Advocacy should cover these aspects.
- Sensitisation programs should address social stigma, discrimination, and violence.
- Regional and Sub-regional networks should be encouraged along with the formation of a regional MSM network.
- Governments should create opportunities for dialogue with community.

The discussion on the last day of the consultation was divided into two parts. The pre-lunch session focused on the third aspect of strategic information, namely the way forward or the action points for the near future.

The post-lunch session was dedicated to discussing the “Delhi Declaration of Collaboration”, the “Principles of Good Practice”, and the development of an Asia Pacific MSM network that institutionalizes the tripartite partnership between government, community, and donors.

The overarching and cross cutting issues around the ways forward that came out of most Working Group discussions are:

- Greater allocation of resources for community led interventions be made available
- Gradually creating separate transgender interventions run by transgender CBOs. Funding for this to be made available.
- Technical and financial support to scale up MSM interventions all across the region.
- Creation of appropriate size estimates and prevalence data with the involvement of the community. Making allocations for this purpose.
- Include MSM and transgender people in all national [HIV] plans, and allocate funds for MSM and transgender specific interventions.
- Mainstream the concerns about anal sex and anal STIs.
- Work on advocacy for decriminalization, policy changes and greater allocation of funds.
- Involve female partners of MSM and transgenders, and clients of male and TG sex workers in HIV intervention activities.
- Advocate for subsidised lubricants in adequate quantities with condoms.
- Create regional MSM network to sustain dialogue with government and donors.

The participants of the consultation adopted the “Delhi Declaration of Collaboration”, the “Guidelines for Good Practice”, and resolved to form a network of MSM organisations, CBOs and networks to carry on the ongoing tripartite dialogue between community, government and donors.

The Closing Ceremony of the consultation was held on the evening of 26th September immediately following the final afternoon plenary session. Presentations were made at the closing ceremony by made by Mr Don Baxter, Executive Director of the Australian Federation of AIDS Organisations; Ms Sujata Rao, Director of the National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India and included a personal video message from Peter Piot, Executive Director of UNAIDS, was screened and Mr Paul Causey, consultant and member of the Technical Working Group of the Risks and Responsibilities Secretariat, recognised donors and supporters of the Consultation.

The closing keynote address was given by Ms Georgina Beyer, Member of Parliament of New Zealand and a transgendered person. In a powerful and evocative speech she spoke of her own story, starting from life as a sex worker to finally being an elected Member of Parliament. It spoke of the hurdles and hardships faced along the way, but it was ultimately a story of triumph over all these hardships. It was a story of hope, and of the final victory of truth, of honesty, of hard work, and of the sheer human spirit.

Introduction

Despite evidence establishing male-to-male sex as one of the driving forces of HIV transmission in the Asia and Pacific region, few strategic interventions address male-to-male and transgender sexualities and related HIV vulnerabilities.

In recognition of the need for building and strengthening interventions addressing HIV related vulnerabilities of males who have sex with males (MSM) in the Region; the Male Sexual Health and HIV in Asia and the Pacific - International Consultation was organised in New Delhi, India from September 23-26, 2006, with the tagline “Risks and Responsibilities.”

Co-hosted by the National AIDS Control Organisation of India and Naz Foundation International, funded by Department for International Development, UK, the World Bank, Canadian International Development Agency, Swedish International Development Agency, Australian Agency for International Development, HIVOS, Netherlands, International HIV/AIDS Alliance UK, and TREAT Asia/amfAR, the meeting was also sponsored by a host of community organisations in the region along with AIDS Project Los Angeles, New Zealand AIDS Foundation, and the Australian Federation of AIDS Organisations. Technical support was provided by UNAIDS, Naz Foundation International, Resource Centre for Sexual Health and AIDS, India, and the National AIDS Control Organisation, India.

The initial planning for the Consultation was undertaken by 12 community leaders from across the region and joined by representatives from UNAIDS, NFI, and the RR secretariat, who participated in countless hours of preparation in designing the program and developing the final drafts of key Consultation documents. Their collective expertise assured that the program was both relevant and sensitive to the needs of community while working towards the overall goals and objectives, to which they also contributed. This Steering Committee created what was to become the in-country process in which community groups in every country of Asia and the Pacific were asked to provide knowledge of MSM activities and interventions that were happening or planned in each country, meet together with government agencies and donors, when relevant, and select their country representatives to attend RR as delegates.

This regional consultation brought together 380 delegates from governments, policy-makers, donors, researchers, grassroots and community based organisations from 22 countries across the Asia-Pacific region and eight other countries around the world and provided a space for dialogue, learning, networking, and skills building, towards enabling the expansion, strengthening and scaling up of strategies addressing sexual health and related HIV vulnerabilities in relation to males who have sex with males and transgender people. In addition, the consultation provided an opportunity to inform and develop strategic advocacy initiatives and deliberate on key policies related to these issues.

The main objectives of this three-day meeting were:

- Generating and sharing knowledge and learning on technical, social, policy, rights and resources issues relevant to male-to-male and transgender sexual behaviours and HIV in Asia and the Pacific;
- Identification of obstacles and challenges that impede scaling-up of MSM and HIV-specific programmes and services;
- Informing the formulation of strategies and programmes for improving and expanding MSM and HIV-specific prevention, treatment, care and support interventions and services.

The theme of the consultation “Risks and Responsibilities”, signified the risks faced by males who have sex with males (MSM) and transgender people due to sexual practices and cultural vulnerabilities as well as the risks to individuals, communities and society as a whole of not addressing these risks with adequate and appropriate HIV prevention, treatment care and support interventions. This also flags the responsibilities that MSM and transgender people have towards protecting themselves and their partners, and the responsibilities of governments, donors and other stakeholders in ensuring resources and environments exist that enable good-quality programmes and services for prevention, treatment, care and support for MSM.

The larger goal of this consultation was to catalyse and enhance coordinated responses through increased commitment among national and international stakeholders, in tandem with the real needs of males-who-have sex with males and transgender people. This would lead to the rapid scale-up of HIV and sexual health interventions with appropriate and supportive policies, sufficient coverage and adequate funding.

In the opening session, speeches were given by the meeting co-Chairs, Dr Purnima Mane of UNAIDS, Mr Prasanna K. Hota, Secretary of Health of the Indian government, Noorie, a hijra (transgender woman) living with HIV, and Ms Fatima, a Muslim mother of a gay son providing HIV services for MSM and transgender people. The Inaugural Address given by Nafis Sadik, Special Advisor to the United Nations Secretary General and Special Envoy for HIV and AIDS in Asia and the Pacific, ended her speech with the words, "You can be assured of the support of the United Nations family in our common endeavour to win the battle against HIV among the MSM and transgender communities. If nobody else is there for you - we are here!"

Each morning plenary addressed a specific issue, with the first day looking at knowledge gaps, the second at obstacles and challenges, and the third day at ways forward, with experts from various fields speaking on these themes. For example, transgendered Professor Joan Roughgarden from Stanford University spoke on same-sex behaviours from a naturalist perspective, Professor Douglas Sanders on health rights in the region, Ashok Row Kavi on community mobilising, Khartini Slamah on transgender rights, Carol Jenkins on same-sex cultural diversity in the region and Professor Gary Dowsett on knowledge development and key questions on same sex behaviours and transgender issues - a rich diversity was presented.

The process of dialogue and discussion was facilitated by the use of sub-regional working groups (a total of seven) exploring the specific themes of the day and developing actions points relevant to their country and/or sub-region.

The key note address of the closing session followed an overview of the meeting presented by Don Baxter of the Australian Federation of AIDS Organisations, and was given by a member of the New Zealand parliament, Georgina Beyer, who spoke of how she was able to fight her way ahead despite the challenges she faced as a transgendered person, an inspiration to all who were present.

The outcomes of the "Risks and Responsibilities" Consultation included:

- A Declaration of Collaboration by policymakers, civil society and donors
- An agreed set of Principles of Good Practice
- An enhanced knowledge base on the technical, social and policy issues relevant to male-to-male and transgender sexual behaviours and HIV risk and vulnerability in Asia and the Pacific
- Recommendations for action regarding issues such as resources allocation, epidemiology, intervention strategies, rights and legal issues. In short: strategies that will facilitate and assure inclusion of male-to-male sexuality in national and sub-national HIV frameworks for action.
- Identification of key strategic advocacy initiatives and policies that need to be developed and maintained in relation to MSM, sexual health and HIV vulnerabilities.
- A pan Asia/Pacific regional network of organisations and institutions to generate region-wide coordinated advocacy for policy change, social justice, rights, and an equitable allocation of public resources for HIV interventions, care, treatment and other services. This network will ensure that MSM and transgender issues remain on the HIV agenda in Asia and the Pacific and at all relevant national and regional HIV conferences and meetings.

A range of key background papers had also been commissioned by Risks and Responsibilities. These included:

1. Health and Rights: Human rights and intervention programmes for males who have sex with males in South-East and East Asia, Professor Douglas Sanders
2. Male-to-male sex and sexual minorities in South Asia - an analysis of the politico-legal framework, Arvind Narriar and Brototi Dutta (Alternative Law Forum)
3. HIV Expenditure on MSM programming in the Asia-Pacific Region, Constella Futures
4. Epidemiology of HIV infection and risk behaviours of men who have sex with men in Asia, Philippe Girault, Jan W De Lind van Wijngaarden and Frits van Griensven.
5. Male sexuality and HIV: The case of male-to-male sex in Asia and the Pacific, Carol Jenkins
6. Preventing HIV infections among males who have sex with males in the Asia-Pacific region, Carol Jenkins
7. MSM: a missing link in national responses to HIV and AIDS in Asia and the Pacific, a Summary, Nicholas Cumming Bruce.

In-country process

The Steering Committee, with technical support from UNAIDS and NFI, created a unique in country process in which community groups in every country of Asia and the Pacific were asked to provide knowledge of MSM activities and interventions that were happening or planned in each country, meet together with government agencies and donors, when relevant, and select their country representatives to attend RR as delegates. The delegate selection process was designed to be democratic and transparent – a critical element of planning as the RR Consultation, from its inception, intended to provide the travel costs for each and every delegate so that the best and most representative people could attend. This process provided vital data to the Consultation, in addition to others within each country, about identities, behaviours, risk factors, the legal situation, existing interventions, MSM/HIV budgeting, and more.

The process also began dialogue around the issues of MSM and HIV, often for the first time. For instance, in Sri Lanka and Papua New Guinea, the in country process marked the first time that national AIDS planners from the government had considered MSM as a high-risk group for HIV infection – and before the Consultation began both groups pledged to add MSM to the national planning agenda for the coming year. In Pakistan, the process marked the first time that most of the community representatives working with MSM for HIV prevention and care had met one another, and from this a national network has formed.

The in-country process was undertaken in each country of the region, under the aegis of the UN Focal Point in that country responsible for HIV. This process was part of preliminary work in preparation for the ‘Risks and Responsibilities’ Consultation. A Guidance Note setting out in a step by step set manner the list of activities that the UN Focal Point responsible for HIV was asked to do within each country was prepared and sent out by UNAIDS Regional Support Team. Briefly the main outputs expected of the in country process were:

- Hold an in country meeting/consultation with the officials delegates and various community groups.
- Prepare a country situation analysis of ‘MSM and HIV’
- Select the list of delegates who shall attend the RR consultation in New Delhi.

The main outputs expected of the meeting/consultation held in each country were:

- To identify the delegates from the country to participate in RR.
- To create a dialogue between the community groups and the government.
- To identify issues that affects MSM and increases their vulnerability to HIV in the country.
- To produce a country situation report of MSM and HIV.

Community

The UN Focal person tried to identify as many groups as possible, that work with MSM in the country, especially if they also work on HIV issues with MSM, and tried to ensure representation by all such groups in the meeting/consultation.

The number of such delegates invited to the in-country consultation depended on factors like the number of groups that were identified and the various identities of MSM that are there in the country so that fair representation was accorded to all such identities, as well as the constraints of in country resources.

The civil society representative on the Global Fund Country Coordinating Mechanism (CCM) and the civil society representative on the national AIDS committee/council were also invited to attend the meeting.

The following criterion was applied as a part of the in country consultation to select the delegates from the country, who shall comprise the delegation to the Consultation Meeting:

Official

These include the following leading authorities of the government:

- i] The official heading the National AIDS Control Organisation of the Country or his designate.
- ii] The leading government epidemiologist
- iii] The leading AIDS researcher.

Community

Each country was allotted a specific number of community participant based on their size and population. The community delegates thus selected were comprised of:

- i] Representatives from MSM and transgender organisations, CBOs, and NGOs working with MSM and transgender issues at a grassroots level.
- ii] Professionally based champions who understand MSM, transgenders and HIV issues, like medical professionals, grassroots researchers, care-workers etc. and who have either worked on these issues in the past or are at present involved in working on these issues.
- iii] The civil society representative on the CCM of the country. If there were more than one representative of civil society on the CCM, then the person who represents and/or belongs to MSM and transgender groups should be made part of the delegation.
- iv] The civil society representative on the National AIDS Committee or National AIDS Council of the country [if such a representative exists].

Country Situation Report

An in-country situation report on MSM and HIV was prepared by the UN Focal Person and the findings of this report sent to the UNAIDS RST and the RR Secretariat. The report was based on two pre set questionnaires. This was done to ensure consistency of the data emerging from each country of the region.

The following tools and methods were used to prepare this report:

- i] Data from the in-country meeting/consultation on MSM
- ii] Commissioning of a consultant to investigate specific questions pertaining to HIV and MSM if required.
- iii] Review of existing research data [a desk review].
- iv] Utilising government data where available.

The reports of the countries formed the basis for the discussions at the consultation.

A total of 21 Countries completed the in country process and submitted the report. A brief synopsis of the findings of the report is set out in the annexure.

Programme

	Registration All day	Masculinities, male-to-male sexualities and HIV – diversity, risk, and vulnerability: <i>What do we know? What don't we know? What do we need to know?</i>	Impediments to MSM and HIV programming and coverage: <i>Obstacles and Challenges</i>	Towards Universal Access to HIV Prevention, Treatment, Care and Support for MSM: <i>The Way Forward</i>
0900-1030		Morning Plenary Chair: Peter Aggleton Opening Address <i>History of MSM and HIV in Asia and the Pacific: Setting the context for the region</i> (Dédé Oetomo) Key notes: <i>Naturalising same sex behaviours</i> (Joan Roughgarden) <i>Social anthropology of same sex behaviours</i> (Carol Jenkins) <i>Epidemiology of HIV and AIDS among MSM in Asia and the Pacific</i> (Dr. Lu Fan)	Morning Plenary Chair: Anand Grover Summary Day One Key notes: <i>Rights – a summary of 3 papers</i> (Douglas Sanders) <i>Legal, Policy and Public Health obstacles, challenges and limitations – a summary report</i> Dr. Chansy Phimphachanh <i>Rights of Trans-gendered persons and sex workers</i> (Khartini Salamah)	Morning Plenary Chair: Siam Arayawongchai Summary Day Two Key notes: <i>Community mobilising</i> (Ashok Rao Kavi) <i>The Greater Mekong Sub-Region Initiative</i> (Siam Arayawongchai) <i>What works and what does not</i> (Ruben F. del Prado) <i>Knowledge development</i> (Gary Dowsett)
1030-1100	Refreshments	Refreshments	Refreshments	Refreshments
1100-1300	Community Mobilising (Parallel sessions) 1. MSM living with HIV 2. Religion and MSM 3. Transgender and HIV 4. Male Sex Work and HIV	Country and sub-Regional Working Groups	Country and sub-Regional Working Groups	Country and sub-Regional Working Groups
1300-1400	Lunch	Lunch	Lunch	Lunch
1400-1530	Selected Movies	Country and sub-Regional Working Groups (cont'd)	Country and sub-Regional Working Groups (cont'd)	Country and sub-Regional Working Groups (cont'd)
1530-1600		Refreshments	Refreshments	Refreshments
1600-1630	Refreshments	Afternoon Plenary Chair: Dédé Oetomo	Afternoon Plenary Chair: Masao Kashiwazaki	Afternoon Plenary Chair: Ruben del Prado
1630-1800		Working Group Reports Moderated Discussion	Working Group Reports Moderated Discussion	Working Group Reports Moderated Discussion <i>Asia Pacific MSM and HIV Forum The Delhi Statement</i>
1800-1830				Break
1830-2000	Inauguration Co-Chairs: Shivananda Khan JVR Prasada Rao <i>Welcome address</i> Secretary for Health, Government of India, Mr. P Hota Purnima Mane on behalf of	UNAIDS: <i>Donors Meeting</i>	UNAIDS: <i>Government officials meeting</i>	Final Plenary and Closing Chair: Shivananda Khan OBE <i>Summing up</i> (Don Baxter) <i>Accepting the Delhi Documents</i> VIIIth ICAAP, Colombo, Sri Lannka, 2007

	<p>the Executive Director of UNAIDS</p> <p>Noorie Living with HIV</p> <p>“Masculinity in India; a visual journey”</p> <p>Statement from Archbishop Emeritus Desmond M. Tutu</p> <p>Mrs Anees Fatima Jaffar: “My son!”</p> <p>Nafis Sadiq, United Nations Secretary General Special Envoy for HIV in Asia and the Pacific</p> <p><i>A dance performance</i> <i>Sapphire Creations</i></p>			<p>Sujata Rao</p> <p><i>The way forward</i> (Georgina Beyer, MP, New Zealand)</p> <p><i>UNAIDS’ Statement of Commitment</i> (Peter Piot)</p> <p><i>Drumming the message</i> <i>Indian Manipuri Drums</i></p>
2000-2100	Dinner	Dinner	Dinner	Dinner
2100-		<p>Movie: “My Brother Nikhil” www.mybrothernikhil.com</p>		Airport transfers for those leaving on late night flights

Opening

The opening ceremony of the consultation on the evening of the 23rd September, began with remarks presented by each of the co-chairs, Mr JVR Prasada Rao, Director of the UNAIDS Regional Support Team for Asia and the Pacific, and Shivananda Khan, Chief Executive Officer of Naz Foundation International.

Dr Purnima Mane, Director, Policy, Evidence and Partnership, UNAIDS, representing Peter Piot, Executive Director of UNAIDS, next spoke of the urgent need to address the HIV risks and vulnerabilities of MSM and transgender populations. She also enunciated the possible ways forward in dealing with this issue and laid emphasis on the creation of an enabling environment where the work of HIV prevention amongst the most vulnerable populations can take place without hindrance.

Noorie, a hijra person living with HIV, presented a moving account of her personal struggle amidst the double stigma of being a transgendered person living with HIV. She inspired the gathering with the statement that “I have survived because I learnt that I have to respect myself, and that is strength. Once I have this strength, others will also begin to treat me with respect. This is important for everyone, even if to get this one has to struggle hard.”

This was followed by an audio-visual presentation by the photographer Jason Taylor, which was commissioned by UNAIDS India. Entitled “Masculinities in India: A visual journey”, this presentation sought to normalize issues of masculinities and male sexualities by exploring lives ‘beyond the sexual’ of many ordinary same-sex oriented male subjects.

The most Reverend Archbishop Desmond Tutu, OMSG, DD, FKC, had sent the consultation a letter of support and encouragement that was read out to by the Reverend Sunil Gazan, Deputy Presbyterian of the Free Church CNI, New Delhi, India. In his message Bishop Tutu stated “We need enabling environments, provided by societies and supported by laws, so people can indeed protect themselves. That is their right: their right to know, and their right to protect themselves and their loved ones. No one should be denied access to life saving services.” He further added, “Prevention and treatment go hand in hand. And for prevention of HIV, there must be more innovative, bold and honest messages, free of prejudicial restrictions, and based of sound evidence.”

Mrs Anees Fathima Jafar, as a practicing Muslim and a mother, gave a moving account of her support for her gay son. She spoke of the struggle that her son had to face as a gay man and as a worker for HIV prevention, including the time he was arrested and put in jail for his attempts at saving lives. She asserted that being gay is not a crime, nor a sin. As a Muslim she emphasised that God is love and any form of love or affection cannot be wrong is the eye of God.

Mr Prasanna K. Hota, Secretary, Ministry of Health and Family Welfare, Government of India, was the chief guest at the opening ceremony and in his address, strongly emphasised that there was an urgent need to address the legal impediments to HIV prevention work amongst MSM and transgender people. With particular reference to Section 377 of the Indian Penal Code, that criminalises consensual sexual acts between two adult males, he strongly advocated its repeal as necessary to not only create an environment that allows HIV prevention work to carry on, but also because it was a matter of general human rights of the citizens of the country.

Finally the inaugural address was given by Ms Nafis Sadiq, Special Advisor to the United Nations Secretary General, and Special Envoy for HIV and AIDS in Asia and the Pacific. She declared the Risks and Responsibilities Consultation officially open with the words “You can be assured of the support of the United Nations Family in our common endeavour to win the battle against HIV amongst the MSM and transgender Communities. If nobody else is there for you – we are here!”

The session ended with a powerful dance performance by the *Sapphire Creation Dance Workshop*, an ensemble of modern dance from Kolkata, India. They performed their dance ballet *Positive Lives* that carries a message of hope for the world faced with the trials, tribulations, and challenges of the HIV pandemic, which extracts a heavy price not just of inanimate economic and social resources, but also of individual lives. It weaves award-winning choreography with audio-visual effects and abstract performance to deliver the message that ultimately everything is possible if the human spirit determines to overcome the challenge that is laid in its path. The human spirit cannot be vanquished, the piece concludes.

Themes and Speakers

The Risks and Responsibilities Consultation was comprised of three full working days each having a different theme. The day began with a plenary session in the morning where experts in the topics covered by the theme of the day made presentations on their respective topics. This set the agenda for the days working groups' deliberations.

The themes for the three days were:

Day 1: Masculinities, male-to-male sexualities and HIV – diversity, risk, and vulnerability: What do we know? What don't we know? What do we need to know?

Day 2: Impediments to MSM and HIV programming and coverage – Obstacles and Challenges.

Day 3: Towards Universal Access to HIV prevention, Treatment, Care and Support for MSM and transgenders– The way Forward.

Day One

[*What do we know? What don't we know? What do we need to know?*]

The morning plenary was chaired by Professor Peter Aggleton of the Thomas Coram Research Unit, Institute of Education, University of London, UK

The undercutting theme of the day was 'knowledge', both that which is available, and that which needs to be generated for successful HIV programming. The following presentations were made at this plenary:

A] '*The history of MSM and HIV in Asia and the Pacific, setting the context*' was presented by Dédé Oetomo of Gaya Nusantara Indonesia, a long time HIV activist who has been part of many of the historic developments on MSM HIV interventions in the region. His speech covered the progress that has been made in the HIV movement for MSM in Asia and the Pacific, the milestones that have been reached, and therefore also those steps that need to be taken further in the times to come.

B] '*Evolution's Rainbow – Diversity, Gender, and Sexuality in nature and people*' was a talk that covered the 'naturalness' of same sex behaviours in the animal kingdom, the diversities of genders that are found not only in primates, but also in non-primate species, and the diversities of sexualities found in the animal kingdom. Presented by Harvard graduate Professor Joan Roughgarden, from the department of Biological Sciences at Stanford University, this presentation also rebutted the often used argument of the abnormality of same sex behaviours in denying services and rights to MSM and transgender people.

C] '*Male to male sex in Asia and the Pacific*' was presented by Dr Carol Jenkins, who is an independent consultant on HIV. Comprehensively covering the sociological dynamics in which same sex attractions play out in the region, this presentation highlighted the extent and prevalence of male to male sex, thereby emphasizing the need to scale up coverage of MSM and TG HIV interventions, without which the epidemic cannot be effectively and comprehensively controlled in the region.

D] '*Epidemiology and Risk Behaviours of MSM and transgenders in Asia and the Pacific*' was presented by Professor Lu Fan of the National Centre for AIDS/STD Control and Prevention Division, China. The presentation was based on a paper jointly written by Dr. Fritz Van Griensven, Jan W De Lind Van Wijngaarden, and Tim Brown and brought together the scale of the epidemic, its various dimensions, and its prevalence in the region. It therefore also highlighted the steps that need to be taken in the region to control the epidemic.

Day Two

[*Impediments to MSM/TG HIV Programming and Coverage: Obstacles and Challenges*]

The morning plenary was chaired by Mr. Anand Grover, human right lawyer and director of the Lawyers Collective HIV/AIDS Unit, based in Mumbai, India.

The theme of the day, ‘Obstacles and Challenges’, illustrated the social, legal, religious, political, judicial, and epidemiological factors that need to be addressed to create the necessary atmosphere that allows unhindered, effective, and comprehensive MSM/TG HIV interventions to take place in the region.

A] *‘Legal, Policy, and Public Health obstacles, challenges and limitations- a summery report’* was presented by Dr. Chansy Phimphachan, Director of the National AIDS Centre in Lao PDR, and adapted from various background papers prepared by UNAIDS, Constella Futures and the Risks and Responsibilities Consultation.

B] *‘Law and Homosexuality in Asia and the Pacific’* was a talk delivered by Professor Douglas Sanders, Faculty of Law, Chulalongkorn University, Bangkok. Based on two papers on the legal situation of same sex behaviours prevalent in Asia and the Pacific, commissioned by the Risks and Responsibilities Secretariat and prepared by Professor Douglas Sanders (South east and East Asia) and the Alternative Law Forum (South Asia), this talk highlighted the manner in which criminalization in large parts of the region creates an atmosphere of ‘rights vacuum’ for MSM and transgender persons in the region and how this leads to an atmosphere where HIV interventions become difficult if not impossible.

C] *‘Transgender Issues: So are we men? Then why are we forced into the MSM Category?’* was presented by Khartini Slamah of the Asia Pacific Network of Sex Workers. Highlighting the double oppression faced by transgenders, the violence and abuse they have to endure, the lack of social and political spaces, and the large numbers of transgenders who are compelled by circumstances into sex work, this presentation questioned the reason why transgender people, who are highly vulnerable to the HIV infections, should not be allowed to have their own separate interventions for HIV preventions that are suited for their needs and unique to their requirements.

Summing up the various presentations of the morning plenary, Chair Anand Grover laid out the reason why HIV interventions can successfully happen only in those spaces that respect, protect, and promote the rights of those that are most at risk. He elaborated that only if a conducive and supportive atmosphere is created by removing the impediments and obstacles created by law, society, morality, and prejudice, can we successfully intervene and curb HIV in Asia and the Pacific.

Day Three

[*Towards Universal Access to HIV Prevention, Treatment, Care and Support for MSM and transgenders – The way forward*]

The day’s morning plenary was chaired by Mr Siam Arayawongchai, MSM Programme Coordinator for Treat Asia/amfAR, Regional Coordination Secretariat in Bangkok, Thailand.

While the previous two days were devoted to the available knowledge and prevalent impediments, this day’s theme *‘the way forward’* explored the possible solutions to the challenges that exists for securing comprehensive MSM/TG HIV interventions coverage.

A] *‘Community Mobilisation: Mobilising Communities of Sexual Minorities’* was presented by Ashok Row Kavi, veteran activist who pioneered MSM HIV intervention work in India and is Chairperson of Humsafar Trust, India. Drawing on the experiences of creating successful community driven interventions in India, the presentation elaborated the steps that leads to success in such interventions and the challenges that one needs to overcome. It strongly advocated the importance of community led interventions for success in coverage of MSM and transgender HIV interventions in the region.

B] *‘HIV interventions for MSM in the Greater Mekong Sub-region (GMS)’* was presented by Siam Arayawongchai, and highlighted the importance of networking within sub-regions by introducing as a possible model the work undertaken in the Greater Mekong by FHI and others with USAID and US CDC support, that led to the creation of the secretariat as a program of TREAT Asia/amfAR in Bangkok, Thailand. It drew on the workings of the country working groups that have been established to scale-up, support and coordinate HIV interventions among MSM in the six countries that comprise the GMS: Cambodia, China (two southern-most provinces of Guangxi and Yunnan), Lao PDR, Myanmar, Vietnam and Thailand.

C] *‘What works: Preventing HIV amongst MSM and transgenders in Asia and the Pacific’* was presented by Dr. Ruben F del Prado, Deputy Country Director, UNAIDS India, and elaborated on good practices that have yielded successful MSM and transgender HIV interventions in the region, and that also have the potential of

being successfully replicated in other parts of the region. It also highlighted the importance of the participation of the tripartite of community, governments, and funding support organisations in collaborative ventures to help assure rapid and effective scale up of HIV interventions for MSM.

D] *'The Way Forward: Knowledge Development'* was presented by Professor Gary Dowsett of the Australian Research Centre in Sex, Health, and Society, La Trobe University, Australia. This presentation was premised on the outcome of the two days of deliberations at the Consultation that highlighted that there is very little data on MSM and transgenders in the region. It expanded on the importance of having good data based on good science to meet the gaps in HIV coverage. The presentation explored the problems with the terms with which we are forced to use such "MSM" but concluded that in the end, the term MSM best serve the purposes needed for HIV prevention. It also spoke of the barriers that MSM and TGs themselves create in the way of good research and laid out a scheme by which successful research can be undertaken to aid successful interventions in the region.

The day's deliberation on each of the 3 days was followed by a late afternoon plenary where the various working groups presented the summary of their deliberations and a panel discussed the issues and fielded questions from the delegates related to that day's theme. This panel included representatives from various funding support organisations (private donors and government development aid agencies) who helped the delegates to better understand how financial support for the recommendations coming from the Consultation work might be obtained.

The afternoon plenary effectively provided a space for interaction among the entire body of delegates, made possible due to the time allocated for the open session where questions could be asked, matters clarified, opinions expressed, and calls for specific actions heard.

Working Groups

The unique aspect of the Risks and Responsibilities Consultation, an aspect central to its purpose and success, was the Working Group sessions held each day following the morning plenary. The attempt of the Risks and Responsibilities consultation from its very inception had been to create a tripartite dialogue between community, government, and funding support agencies, so that needs can be identified, cooperation for creation of adequate government support by planned policy interventions can be secured, and financial support for these crucial steps can be committed. The ultimate goal being to ensure that services in adequate quantity, and of good quality, can reach those who need it most. The Working Group sessions held each day enabled this dialogue process to develop.

The Working Group deliberations followed the specific themes of each day, supported by the expert presentations made at the beginning of the day in the morning plenary sessions.

As background work, country reports of the participating countries, developed through the in-country process, was already segmented on the basis of the theme of the day and these were presented to the working groups by the delegates from the respective countries before commencing the deliberations of the day. These reports were also used by the facilitators to guide the discussions and deliberations of the day.

Four main criteria were used to form the Working Groups. These criteria in terms of their order of importance are:

- A] The geographical location of the country
- B] The scale of the population of the country and its size
- C] The scale of the economic development of the country
- D] The scale of HIV prevalence

Based on these criteria the countries of the region were divided into seven Working Groups. These Working Groups along with their respective moderators are:

- 1] **China** (including Hong Kong SAR): moderated by Edmund Settle
- 2] **Developed Asia**: Japan, Singapore, and South Korea with Australia, moderated by Michel Carael
- 3] **Greater Mekong Sub-region (GMS)**: Cambodia, Lao PDR, Myanmar, Thailand, Vietnam excluding southernmost China, moderated by Aurorita Mendoza
- 4] **India**: moderated by Veronica Magar
- 5] **South Asia (excluding India)**: Pakistan, Bangladesh, Nepal, Sri Lanka and Mongolia, moderated by Ana Coglan and David Bridger
- 6] **Southeast Asia (excluding GMS)**: Malaysia, Indonesia, Philippines, moderated by Tony Lisle
- 7] **The Pacific Region**: Papua New Guinea, Samoa, Fiji with New Zealand, moderated by Scott Hearnden

Delegates from Australia, representing a major donor country in the region, were encouraged to take part in any of the Working Groups.

The afternoon plenary each day created the opportunity to the working groups to report back on their deliberations. These presentations were based on the decisions by the Working Groups on the actions to be taken specific to the theme of the day. The afternoon plenary were also spaces for interaction by the entire body of delegates, which was possible due to the time allocated for the open session, where questions could be asked, matters clarified, opinions expressed, or specific action demanded.

A team of rapporteurs were present at each of the Working Groups taking notes of all the deliberations. This team of rapporteurs assisted the preparation of the afternoon plenary presentation. They also prepared daily reports of the deliberations of the various Working Groups. The rapporteurs created a final report at the end of

the consultation by consolidating the various reports of the 3 days. Some of the salient recommendations made by the deliberations of the working groups are summarised below:

Day One

A regional analysis of the knowledge gaps can be placed under five overarching issues. These are epidemiology, response issues, social issues, cultural issues, and behavioural issues.

Epidemiology:

- Access to services, lack of adequate and quality services
- Services and surveys limited to urban areas only; rural populations are not covered
- Diversity issue of MSM not addressed
- Groups of MSM and transgenders often hidden and not accessed

Response issues:

- Limited information and interventions are often not evidence based
- Information on interventions not available to MSM/TG populations
- Often non-voluntary and compulsory testing is done
- Female Partners of MSM and transgenders are not reached
- Funding is often conditional on donor dictated agendas and not community need

Social issues:

- Policy limitation in many countries in addressing MSM and TG as part of the national HIV prevention plans
- Human Rights violations
- Social justice issue and discrimination/stigma on MSM are not addressed
- Need for decriminalising same sex behaviours

Behavioural issues:

- Attitudinal and behavioural surveys limited to the urban areas
- It's often missing in many countries

Cultural issues:

- Diversity of MSM and transgender groups has to be acknowledged
- How to define male sexuality keeping the diversities of the group in mind
- Tracing historical antecedents is important to gain acceptability
- Religious factors affecting mental health and leading to discrimination

The needs that were identified based on the above and the corresponding action points recommended were:

Epidemiology Needs

- Size estimation, but done with community involvement and participation
- Prevalence of HIV in MSM groups
- Analyses and study of risk behaviour
- Incorporate MSM into national surveillance system

Cultural Needs:

- Recognition of diversity and sub-groups in program design
- Uniformity in understanding and the definition of 'MSM' as used by different stakeholders and MSM themselves
- Correlation study of MSM and transgender persons behaviour with religion and culture

Response Needs:

- Outcome evaluation be put in place
- Best practice standards implemented in programmes
- Mapping of available programmes, available services
- Female Partners of MSM and transgender should be covered by appropriate program
- Testing should be voluntary and adequate VCT be available
- Try to cover clients of male and transgender sex workers in the response strategy

- Adequate and appropriate lubricants should be made available with condoms

Social Needs:

- Analysis of policy constraints;
- Research into the magnitude of stigma and discrimination
- Making available social justice and equity issues; rights training
- Anti discrimination policy, and positive legislative frameworks be adopted

Behavioural Needs:

- Study into sexual behaviours of sub-groups
- Study determinants of behaviours [what causes specific behaviour patterns]
- Study female partners of MSM and develop strategy to reach them

Day Two

The discussion on the second day focused on the second aspect of strategic information, which was to identify the obstacles, challenges or the impediments faced by each country, each sub-region or in the region as a whole. A regional analysis of the obstacles and challenges can be placed under the following cross-cutting issues:

Programmatic:

- Transgender projects, or projects that cater to the specific needs of transgenders, are available in very few countries [almost negligible].
- Putting transgender interventions under the banner of MSM interventions acts as a barrier to extending services; transgenders need their own interventions with community involvement in the operations themselves.
- There are a few good interventions, and quality and coverage of programmes is sub-standard
- Technical capacity of stakeholders at all levels is inadequate to meet the needs of MSM and TGs
- Often interventions are run without MSM/transgender involvement, which leads to discrimination by service providers themselves.
- Female partners of MSM and transgenders are not covered by services and programs
- Programs targeting clients of male and transgender sex workers are not available
- Lack of training for health workers in MSM/transgender services, and MSM specific infections [anal STIs]
- Lack of sustained resources for MSM/transgender interventions; limited period funding results in inadequate coverage and interruptions in service delivery.
- Programs do not earmark for legal support, even though it is needed in most countries.
- General media campaigns do not include issues of transgenders and MSM. The IEC material specific to MSM and transgenders are also not easily available and, when they are, IEC materials are often targeted by police as obscene.

Institutional:

- Few but growing numbers of players but number of Community Groups providing services should be increased.
- MSM involvement in planning process only in very few countries.
- Good quality and affordable lubricants are not available.
- MSM and transgender specific services are not available in public health facilities. There is also very high stigma/homophobia in public health services.
- MSM mainstreamed in most national strategic plans, but no specific budget-lines for MSM/TG interventions have been allocated.
- Transgenders are often not mentioned at all in national strategic plans.
- Lack of institutional capacity in many MSM/transgender groups and funding for developing capacity is also not available.
- Community groups in economically well off countries like Singapore, Malaysia, Korea, and Japan do not get any aid or assistance to run programs, even though the greater share of new infections is amongst MSM in these countries and their governments have not prioritised MSM/transgender interventions in funding.

Environmental:

- Stigma and discrimination acts as barriers to HIV interventions.
- Fear of disclosure leads to violence and stigma, so MSM and transgender populations are difficult to reach.

- Lack of anti-discrimination laws, criminalization in many countries and social stigma are barriers to service provision.
- Religion often acts as a source of strengthening stigma, discrimination and violence.

Certain pan regional opportunities were also highlighted by the various groups.

- A framework can be agreed upon, and implemented across the region with acceptable standards of service delivery.
- A regional along with more sub-regional networks should be developed to strengthen the programs in respective countries and also to create joint advocacy opportunities.
- MSM/TG issues integrated into the national strategic plans in almost all countries but what is needed now are specific budgetary allocations.
- Governments are now more open to take MSM and transgender issues into national policies and that opens the opportunity for further action plans to be developed.
- There is increasing community awareness and acceptance of MSM and transgenders.
- National consultations are supported by the governments
- Donors are providing targeted technical support to civil society and governments, resources for capacity building, and strategic planning.

The following action points were recommended by the various Working Groups to overcome the challenges and obstacles:

- Transgenders should have separate projects run by transgender CBOs catering to specific transgender needs. Donors and governments should make funding support available for this.
- Quality indicators should be standardized and all interventions should be made responsible to achieve those standards. However funding, training, and resources needed to achieve those standards should also be made available by donors and in budgetary allocations.
- Intervention efforts should be community led. Community should also be part of monitoring and evaluation (M&E) of national programs.
- Donors and governments should reconsider their policy of not funding interventions in more developed countries.
- Adequate and appropriate lubricants should be provided with condoms and governments should subsidise lubricants.
- MSM and transgender specific healthcare needs to be made part of healthcare workers training in public healthcare delivery [including anal/oral STIs]. Protocols for anal STI treatment should be made for all healthcare providers in national plans.
- National plans should have specific allocation for MSM and transgender interventions through CBOs.
- Programs should be developed to target female partners of MSM and transgenders and also clients of male and transgender sex workers.
- Allocations should be made for advocacy and legal services in program budgets.
- There is a need for decriminalization of same sex behaviours and for enacting anti-discrimination legislation. Advocacy should cover these aspects.
- Sensitisation programs should address social stigma, discrimination, and violence.
- Regional and Sub-regional networks should be encouraged along with the formation of a regional MSM network.
- Governments should create opportunities for dialogue with community.

Day Three

The discussion on the last day of the consultation was divided into two parts. The pre-lunch session focused on the third aspect of strategic information, namely the way forward or the action points for the near future.

The post-lunch session was dedicated to discussing the ‘Delhi Declaration of Collaboration’, the ‘Principles of Good Practice’, and the development of an Asia Pacific MSM network that institutionalises the tripartite partnerships between government, community, and donors.

The overarching issues around the ways forward that came out of most Working Group discussions are:

- Greater allocation of resources for community led interventions be made available

- Gradually creating separate transgender interventions run by transgender CBOs. Funding for this to be made available.
- Technical and financial support to scale up MSM interventions all across the region.
- Creation of appropriate size estimates and prevalence data with the involvement of the community. Making allocations for this purpose.
- Include MSM and transgender in all national [HIV] plans, and allocate funds for MSM and transgender specific interventions.
- Mainstream the concerns about anal sex and anal STIs.
- Work on advocacy for decriminalization, policy changes and greater allocation of funds.
- Involve female partners of MSM and transgenders and clients of male and transgender sex workers in HIV Intervention activities.
- Advocate for subsidised lubricants in adequate quantities with condoms.
- Create regional MSM network to sustain dialogue with government and donors.

The points that the various community groups stated as being important to the common Guiding Principles of Good Practice other than to general points as have already been reported are:

- **Technical and financial support to make CBO's self sustainable, self sufficient and self reliant:** The governments, donors, international and other NGOs are urged to work together in a process towards self reliance to reduce dependency on external development partners for capacity building and programme implementation. In order to achieve this, all partners are urged to cooperate in a continuing process that will ensure both technical and organisational capacities are built.
- **Ownership and enabling environment:** Involvement of MSM and transgender communities must be in all the stages including planning, implementing, monitoring and evaluation programmes, and policies. An enabling environment must be created, including through legislative initiatives if required, so that community groups and organisations undertake the work of HIV interventions.
- **Focused participatory interventions:** Governments must recognize the importance of CBOs and should endeavour to establish new CBOs for scale up coverage of MSM intervention work where needed.
- **Evidence-based approach:** Community involvement that includes generating the necessary evidence to inform HIV intervention programmes and planning is essential for success.

The various Working Groups also deliberated on the way forward in establishing a regional network of MSM and transgender organisations. The common points that were raised by the various Working Groups and guiding principles are:

1. Human Rights and Social Justice should motivate and guide the activities of the network.
2. Sex positive approach: All MSM and transgenders have the right to healthy and fulfilling sex lives, free from judgement and persecution as well as illness and violence.
3. Empowerment: Self-organising and open participation in the provision of appropriate HIV treatment, prevention, care and support services for MSM and transgenders.
4. Involvement: Greater involvement of MSM and transgenders in programme planning and policy development arenas.
5. Resources: Increase funding and technical support for HIV programming directed at MSM and transgenders.

The Working Groups also made recommendations for the final *Delhi Declaration of Collaboration*, which is included in the annexure.

Closing

The Closing Ceremony of the consultation was held on the evening of 26th September immediately following the final afternoon plenary session. Presentations were made at the closing ceremony by Mr Don Baxter, Executive Director of the Australian Federation of AIDS Organisations who gave a broad overview of the Consultation; Ms Sujata Rao, Director of the National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India and included a personal video message from Peter Piot, Executive Director of UNAIDS, was screened, while Mr Paul Causey, consultant and member of the Technical Working Group of the Risks and Responsibilities Secretariat, recognised donors and supporters of the Consultation.

The closing keynote address was given by Ms Georgina Beyer, Member of Parliament of New Zealand, and a transgendered person. In a powerful and evocative speech she spoke of her own story, starting from life as a sex worker to finally being an elected Member of Parliament. It spoke of the hurdles and hardships faced along the way, but it was ultimately a story of triumph over all these hardships. It was a story of hope, and of the final victory of truth, of honesty, of hard work, and of the sheer human spirit.

The closing session of the Risks and Responsibilities Consultation, held in the evening of the 26th September 2006, was chaired by Shivananda Khan, CEO of Naz Foundation International.

The first presentation of the closing session, made by Mr Don Baxter, Executive Director of the Australian Federation of AIDS Organisations, was an overview of the processes that led to the consultation, a review of the activities and a summary of the achievements of the consultation.

This was followed by a speech from Ms Sujata Rao, Director of the National AIDS Control Organisation, Ministry of Health and Family Welfare, Government of India. In this speech, Ms Rao became, for the first time in any public fora, a functionary of the Government of India to categorically spell out the need for the repeal of the anti-homosexuality Section 377 of the Indian Penal Code. Ms Rao explained that since Section 377 not only impedes effective HIV interventions with MSM and transgenders, it is also a matter of human rights and human dignity of a large proportion of the population of the country who deserve to be given equal protection by law of the land.

A personal Video message from Peter Piot, Executive Director of UNAIDS, was screened. Peter Piot, like Ms Rao, also spoke of the need to extend human rights to MSM and do away with unnecessary criminalisation so that an environment supportive of effective MSM HIV interventions can be created. He also spoke of the important role of the community in ensuring the reversing of the epidemic. He called on governments and funders to resolve to support community led efforts to create effective and successful MSM/transgender HIV interventions, ensure that adequate funds are allocated and needed services begun or supported, proper treatment is available and policy-based support is guaranteed for MSM/Transgender HIV interventions in the region.

The “Delhi Declaration of Collaboration” was then read out by the Chair and was collectively adopted by the gathering.

Mr Paul Causey, Consultant and member of the Technical Working Group thanked all of those involved in staging the Consultation including donors, co-hosts, supporting community organisations, technical support organisations, government representative delegates, representatives from funding support organisations, logistical support workers and volunteers, and others who made the consultation a success.

The final closing Keynote Address was given by Ms Georgina Beyer, Member of Parliament of New Zealand, and a transgender person. In a powerful and evocative speech she spoke of her own story, starting from life as a young sex worker and her journey that finally led to being a many-times re-elected Member of the New Zealand Parliament. It spoke of the hurdles and hardships faced along the way but it was ultimately a story of triumph over hardship. It was a story of hope, and of the final victory of truth, of honesty, of hard work, and of human spirit.

The closing session ended with a stirring performance of *Drumming the message*, presented by a group of drummers from the state of Manipur in the North-East of India. The percussion instruments played with acrobatic dance movements by performers delivered the thought that we need to drum in the message of HIV prevention by protecting ourselves and our loved ones, for this message is the only way out of the HIV epidemic.

Background to “The Delhi Declaration of Collaboration”

The 2001 United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS adopted by all UN Member States emphasised the importance of “addressing the needs of those at greatest risk of, and most vulnerable to, new infection as indicated by such factors as [...] sexual practices.” At the 2006 High Level Meeting on AIDS, the Member States and civil society members reiterated the commitment, underlining the need for “full and active participation of vulnerable groups [...] and to eliminate all forms of discrimination against them [...] while respecting their privacy and confidentiality”¹.

Numerous country and regional consultations have confirmed that the stigma, discrimination and criminalisation faced by men who have sex with men², gay men and transgender³ people are major barriers to the movement towards universal access to HIV prevention, treatment, care and support that has been committed to by all UN Member States at the 2006 High Level Meeting on AIDS.

At the same time, recent studies have confirmed major HIV epidemics among men who have sex with men and transgender people in several countries in Asia and the Pacific and rapidly increasing HIV rates in many other countries in the region.

The Male Sexual Health and HIV in Asia and the Pacific International Consultation “Risks and Responsibilities” brought together a ‘tripartite’ of representatives from governments, along with donors, international and in-country non-government agencies as well as community-based organisations working with men who have sex with men, gay men and transgender people, in the areas of HIV [and in many cases STI] prevention, treatment, care and support, in a tripartite to explore knowledge gaps, obstacles and challenges, and discuss opportunities for moving forward towards universal access to these services for these marginalised sexualities.

For more information and to participate in the moderated “RR” Bulletin Board discussion, visit the Consultation website, at www.risksandresponsibilities.org

“The Delhi Declaration of Collaboration”

Noting the worsening HIV and other sexually transmitted infections (STI) epidemics among men who have sex with men, gay men and transgender people in the Asia and Pacific countries;

Bearing in mind the many agreements made by governments to abide by a range of international human rights commitments, and other United Nations declarations, policies and guidelines addressing those affected, infected and vulnerable to HIV and AIDS, including men who have sex with men, gay men and transgender people;

¹ Paragraph 64 of the 2001 “UNGASS Declaration of Commitment on HIV/AIDS” and Paragraphs 20 and 29 of the 2006 High Level Meeting on AIDS Uniting the world against AIDS, “Political Declaration on HIV/AIDS.”

² While we use the term ‘men who have sex with men’ here it is within the context of understanding that the word ‘man’/‘men’ is socially constructed. Nor does it use imply that it is an identity term referring to an identifiable community that can be segregated and so labelled. Within the framework of male-to-male sex, there are a range of masculinities, along with diverse sexual and gender identities, communities, networks, and collectives, as well as just behaviours without any sense of affiliation to an identity or community. This “Declaration of Collaboration” addresses the concerns of all these diversities within the framework of *men who have sex with men*.

³ Broadly speaking, transgender people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term which is often used to describe a wide range of identities and experiences, including: female-to-male and male-to-female sexual reassigned persons, cross-dressers, drag queens, drag kings, gender queers, and many more. [In the Asia and Pacific region this would include hijras, some kothis, zenanas and metis, kathoey, waria, bakla, fa’fa’finis, etc.] Because transgender is an umbrella term, it is often thought to be an imprecise term that does not adequately describe the particulars of specific identities and experiences. (For example, the identity/experience of a post-operative female to male transsexual will probably be very different from that of a female-identified drag king who performs on weekends, but both are often lumped together under the term “transgender people.”) web.mit.edu/hudson/www/terminology.html

Convinced of the urgent need for coordinated and sustained responses to the HIV and AIDS epidemic in Asia and the Pacific as it affects men who have sex with men, gay men and transgender people; and

Mindful of the broad range of cultural diversity within communities and networks of men who have sex with men, gay men, and transgender people across Asia and the Pacific, we recognise that a massive scale up of programmes that address HIV and other sexually transmitted infections for men who have sex with men, gay men and transgender people is now urgently needed that also includes the cross-cutting issues of injecting drug use and sex work, we, the participants of the Male Sexual Health in Asia and the Pacific International Consultation: “Risks and Responsibilities,” therefore call upon the tripartite of governments, civil society/community and international donors/multilateral institutions throughout Asia and the Pacific, to come together in a spirit of partnership and collaboration to work together for:

- Significantly increasing financial investment for the provision of appropriate HIV and other sexually transmitted infections prevention, treatment, care and support services for men who have sex with men, gay men and transgender people within a framework of universal access for all;
- Rapidly increasing the level of coverage in the number and quality of the prevention, treatment, care and support services for men who have sex with men, gay men, and transgender people across Asia and the Pacific;
- Acknowledging men who have sex with men, gay men, and transgender people in Asia and the Pacific as equal partners in the country and regional responses to HIV and other STI, and actively provide institutional, financial and technical support to enhance the capacity of men who have sex with men, and transgender people to be meaningfully involved in decision making, policy development and programme planning;
- Realising the unique value and strengths of HIV-positive persons’ roles in prevention, care and outreach responses;
- Providing technical support and skills building to support community-based responses which are driven by meaningful involvement of men who have sex with men, gay men, and transgender people, including people living with HIV, from the networks, groups and organisations of men who have sex with men, gay men, and transgender people;
- Recognising that fear-based approaches to prevention can intensify fear and stigmatisation of HIV-positive people within their communities and networks and undermine effective prevention;
- Addressing the legal, judicial, socio-cultural and policy impediments to effective and appropriate HIV and other sexually transmitted infections prevention, treatment, care and support programmes for men who have sex with men, gay men, and transgender people in Asia and the Pacific, removing stigmatising and discriminatory practices, whether governments, bilateral or multilateral agencies, or service providers;
- Confronting the pervasive realities of stigma, discrimination, violence and abuse that often face men who have sex with men, gay men, and transgender people, and those living with HIV, increasing their vulnerability and risk to HIV infection and disempowering them from accessing HIV prevention, treatment, care and support services, we urge governments, international donors, multilateral institutions, and civil society, especially communities of men who have sex with men, gay men and transgender people, to pursue the following strategies and actions:

Governments, to:

- Recognize the potential for significant increases in HIV and other sexually transmitted infections among men who have sex with men, gay men, and transgender people in their country;
- Incorporate men who have sex with men, gay men, and transgender people as priority populations in their National Plans and Targets for Universal Access to HIV Prevention, Care, Support and Treatment;
- Fully involve men who have sex with men, gay men, and transgender people in the government led joint reviews and revisions of their National HIV Plans;

- Ensure that comprehensive HIV and other sexually transmitted infections prevention programmes for men who have sex with men, gay men, and transgender people are instituted in their country that are scientifically proven to be effective and on a sufficiently large scale and intensity to prevent HIV infections among these marginalised populations;
- Take all measures possible to enable HIV and other STI programmes for men who have sex with men, gay men, and transgender people will be delivered effectively and with the active engagement of these populations along with the meaningful involvement of those living with HIV;
- Ensure men who have sex with men, gay men and transgender people living with HIV have access to good quality HIV and other sexually transmitted infections prevention, care, support and treatment programmes, equitable with all others living with HIV in their country;
- Encourage regional and sub-regional organisations of which they are a member to adopt a similar priority approach for men who have sex with men, gay men and transgender people in their regional HIV and other STI work;
- Accept and take on the responsibility to address violence, abuse, and harassment by both state and non-state actors against men who have sex with men, gay men and transgender people along with staff from organisations addressing their HIV and other STI prevention, treatment, care and support needs;
- Meaningfully implementation of the principles of the Greater Involvement of People Living with HIV (GIPA) within the context of men who have sex with men, gay men and transgender people who are HIV positive.

International Donors and Multilateral Institutions, to:

- Recognise the potential for epidemics of HIV and other sexually transmitted infections among men who have sex with men, gay men and transgender people in all Asian and Pacific countries;
- In consultation with partner governments and civil society encourage the development of HIV and other STI programmes with and for men who have sex with men, gay men and transgender people in the Asia and the Pacific countries;
- Support scientifically sound ethical HIV and AIDS-related operational research that positively impacts on men who have sex with men, gay men and transgender people;
- Provide assistance as bi-lateral donors to governments to scale up efforts towards universal access to HIV prevention, treatment, care and support, in addition to building the capacity in partner countries to report on and monitor these efforts;
- Encourage national governments in the medium to long term to play a critical role in financially sustainable HIV and other STI responses.

Civil society, especially communities of men who have sex with men, gay men and transgender people, to:

- Ensure that organisational policies and values of civil society organisations are inclusive and empower men who have sex with men, gay men and transgender people in terms of staff representation on governing bodies that reflects the diversity of the men who have sex with men, gay men and transgender networks and communities;
- Support interventions that effectively empower and protect men who have sex with men, gay men and transgender people by working in partnership with affected and at-risk men who have sex with men, gay men and transgender networks and communities;
- Deliver good quality programmes that promote access to HIV and other sexually transmitted infections prevention, treatment, care and support for men who have sex with men, gay men and transgender people;

- Foster the development of community-based organisations and programmes by and for men who have sex with men, gay men and transgender people so that their own mobilisation helps them work for the health and other rights of all men who have sex with men, gay men and transgender people and protection for HIV and other sexually transmitted infections;
- Accept and take on the responsibility to work for the health and other rights of all men who have sex with men, gay men and transgender people so as to ensure for them their basic dignity, social justice and equality and enable them to protect themselves from HIV and other sexually transmitted infections.;
- Address in real and effective ways, the stigma and discrimination experienced by HIV positive men who have sex with men and gay men, and HIV-positive transgender people, including from within organisations and networks that provide services to the wider communities of men who have sex with men, gay men and transgender people;
- Enable full and equal participation of HIV positive men who have sex with men HIV positive gay men and HIV positive transgender people in community prevention, care, support and advocacy initiatives, supporting their freedom of sexual expression;
- Act rigorously in their personal lives to prevent HIV transmission and other sexually transmitted infections, and encourage similar behaviour with their sexual partners and their social contacts;
- Work with the wider community to increase awareness about men who have sex with men, gay men and transgender people, along with the realisation that many men who have sex with men, gay men and transgender people also have sex with women.

In pursuit of these strategies and actions, the participants of the Male Sexual Health and HIV in Asia and the Pacific International Consultation “Risks and Responsibilities,” have agreed to work in ‘tripartite’ partnership through “Principles of Good Practice” and towards the formation of an “Asia and the Pacific Coalition on HIV and STI” for and by men who have sex with men, gay men and transgender people, to ensure moving towards universal access of HIV and STI prevention, treatment, care and support services for men who have sex with men, gay men and transgender people.

New Delhi, India
26th September 2006

Towards Universal Access to HIV Prevention, Treatment, Care and Support for Men who have Sex with Men and Transgender People

“Principles of Good Practice”

We the participants in the Male Sexual Health and HIV in Asia and the Pacific International Consultation: “Risks and Responsibilities”, New Delhi, September 22-26, 2006, hereby agree on and accept the following Principles of Good Practice towards Universal Access to Prevention, Treatment, Care and Support for men who have sex with men, and transgender people:

Bridging the knowledge gap

In order to develop strategic and effective responses to the HIV prevention, treatment, care and support needs of men who have sex with men and transgender people, anthropological, sociological, behavioural and epidemiological research are essential, and need to be undertaken in partnership with the affected populations, understanding dynamics of male-to-male and transgender sexuality, including the multiplicity of frameworks, gender identities, behavioural practices within national and local socio-cultural contexts.

Governments and donors can and must play a pivotal role in undertaking and supporting such participatory assessments and research concerning the prevention, treatment, care and support needs of men who have sex with men and transgender populations for the development of comprehensive programmes that will be informed by evidence as well as implementing policy support for these interventions. In addition, there is a need to undertake participatory community oriented size estimations of men who have sex with men and transgender populations in order to advocate for and ensure adequate levels of resources for programmes of scale, for the reduction of risk and vulnerability of these marginalised sexualities.

Focused participatory interventions

For any HIV and AIDS prevention, treatment, care and support intervention to be effective within networks and communities of men who have sex with men and transgender people, these marginalised sexualities must be actively and substantively involved in planning, designing and implementation of such interventions. This includes participation in problem identification, needs assessments, programme design, monitoring and evaluation. Participation is essential in areas related to the development of legal frameworks and laws, policy, advocacy, education and programme design and implementation. Participation must include and reflect the full cultural and sexual diversity of men who have sex with men and transgender people.

Further, HIV positive people from these diverse networks, communities, groups and organisations need to be fully involved, with the GIPA (Greater involvement of people living with HIV) principles meaningfully implemented.

Promoting ownership and an enabling environment

Governments and states can and must enhance efficacy of policy and programme interventions by ensuring that representative ownership is key in all legal, policy and programme efforts aimed at stemming the spread of HIV among men who have sex with men and transgender people’s networks, groups and communities. Supportive legal, policy and programme environments are instrumental in helping men who have sex with men and transgender people to acknowledge their own risk and responsibilities in stemming the spread of HIV. For building enabling environments, governments must enact legal and policy guidelines and structures that respect and protect the right of all its citizens to good quality prevention, treatment, care and support services. To ensure moving towards true universal access, actions must include the de-criminalisation of sexual acts between consenting men who have sex with men and transgender people, as well as addressing legal issues relating to sex work. Governments, states and donors must play an active role in helping men who have sex with men and transgender people understand their rights and empower them to respond to discrimination and harassment.

Organisational development and strengthening

To ensure that good quality HIV prevention, treatment, care and support services are provided and accessed, organisations that include and represent men who have sex with men and transgender networks, groups and communities should be fostered and supported. This includes supporting the development of representative service organisations. Where this is not possible because of legal/social constraints, other implementing NGOs/INGOs could act as ‘shelter’ agencies providing technical, operational, management and other capacity building support. This process recognises the need for empowerment and personal decision-making, along with peer processes for promoting safer sex practices. Safe-spaces (i.e. drop-in centres) where meetings, social gatherings and other community activities can be held should also be supported.

Access to appropriate and affordable STI diagnostic and treatment services

Many men who have sex with men and transgender people living with HIV are not only stigmatised by their HIV positive status, but also by the route of infection and issues related to their sexual and gender identities. Treatment, care and support programmes need to be competent to address these different frameworks and address them appropriately. All health care providers providing STI prevention, diagnosis, treatment and care services must therefore be professionally competent in addressing specific sexual health needs of men who have sex with men and transgender people. This includes providing STI prevention and management in regard to anal STI and other pathologies that could be a result of anal and/or oral sex. Such services, as all other medical services, must be confidential. This, not only regards STI but also pertains to overall professional conduct and attitudes in providing comprehensive health care related to consenting adults’ sexual and gender preferences and choices. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. At the same time however, sexual health clinics for the general male population must also address male-male and transgender sexual behaviours and possible related health issues.

Access to appropriate HIV voluntary testing and counselling

Governments, and CBOs need to provide and donors must support pre- and post-testing counselling services for HIV and other STI that are confidential, non-judgemental and empathic to the needs of men who have sex with men and transgender people. As much as possible these services should be provided to men who have sex with men and transgender people within locally accepted community-based project structures, i.e. as a part of drop-in services. Post-test support services must include counselling on the meaning of an HIV diagnosis and referrals to men who have sex with men or transgender-competent prevention, treatment, care and support programmes and services.

Access to affordable condoms (including “female condoms”) and water-based lubricants

Reducing the primary risk of infection with HIV and other STI must be central to all HIV prevention programmes. Governments, CBOs and donors must support population-specific, free or affordable distribution of condoms along with social marketing campaigns to promote consistent use of condoms, as an essential component of risk reduction strategies for men who have sex with men and transgender people. In addition, governments, CBOs and donors must ensure ready access to appropriately packaged water-based lubricants that enhance the efficacy of condoms used for protection in anal sex, by men who have sex with men and transgender people.

Access to specific information through appropriate communication

Research consistently shows that HIV prevention information that is communicated to the general population is insufficient to generate sustained protective behaviour among men who have sex with men and transgender people. Governments, NGOs, CBOs and donors must support the development and dissemination of information by and for men who have sex with men and transgender people, addressing their concerns, in languages, terminology and imagery that is realistic, life-affirming, meaningful, understandable, acceptable and

engaging. Men who have sex with men and transgender and transgender people must not be passive recipients of such information but as the producers of their own information, education and methodologies of communication.

Long-term technical and financial support

Governments, national and international donors, multilateral institutions and international NGOs must commit and provide sustained technical and financial support to build the capacity of individuals and service organisations by and for men who have sex with men and transgender people working in the areas of HIV prevention, treatment, care and support. This, in order to enhance core capacities such as HIV competence and other technical HIV-related knowledge and skills, as well as programmatic and managerial governance and monitoring expertise. It is crucial that skills and opportunities in networking, community-building, advocacy and policy development and monitoring are also supported. Successful pilots and programmes must be documented and taken to scale in a manner that ensures sustainability, quality, and community ownership.

Advocacy on legal, judicial and social impediments to effective HIV and other STI prevention and sexual health for men who have sex with men and transgender people

Governments, international donors, multilateral institutions and international NGOs must assist in developing the capacity of men who have sex with men and transgender people for advocating and effecting change on legal, judicial and social impediments that hinder HIV and other STI prevention, treatment, care and support programmes for individuals or networks, groups and communities of these marginalised sexualities.

Laws that criminalise consensual sex between adult males and transgender sex continue to drive the spread of HIV by impeding the development, implementation and access to essential prevention, treatment, care, and support programmes. Donors, multilateral institutions and international non-governmental organisations must therefore support and governments must react progressively to advocacy efforts directed toward law reform and address social stigmatisation that increases HIV vulnerability among men who have sex with men and transgender people.

Broadening the education and awareness agenda

Unprotected anal sex is not as uncommon as many may assume, and is not restricted to self-identified men who have sex with men, and transgender people, but includes males in an array of different situations as well as between males and females. Community-based organisations working with men who have sex with men and transgender people in the area of HIV may not be able to reach such non-identified males easily. By ensuring that all HIV and STI prevention materials, programmes, and services include information pertaining to the risks of unprotected anal sex as part of broader sexual and reproductive public health awareness efforts, governments, academic institutions and international donors and international NGOs must ensure that this life-saving information reaches and is understood by the general population; male and female alike.

Transparent governance and accountability to communities and constituencies of males who have sex with males and transgender people

Governments, donors and multi-lateral agencies must practice transparent governance and have clear written policies and implementation guidelines on HIV prevention amongst men who have sex with men and transgender communities in a sensitive and supportive manner. Furthermore, non-government and community-based implementing partners must be selected in a transparent and objective manner. Finally, governments, donors, multilateral institutions and international non-governmental organisations must ensure that their own organisational environments are non-discriminatory and stigmatising towards men who have sex with men and transgender people.

Ways Forward: Task Force/Coalition

It was resolved at the Risks and Responsibilities Consultation that a pan Asia/Pacific regional network of organisations and institutions to generate region-wide coordinated advocacy for policy change, social justice, rights, and an equitable allocation of public resources for HIV interventions, care, treatment and other services would be formed after the consultation. This network will ensure that MSM and transgender issues remain on the HIV agenda in Asia and the Pacific and at all relevant national and regional HIV conferences and meetings. The secretariat of the consultation would act as the secretariat of the network for the first year. This year would be used to set up systems of democratic governance and a constitution of the network would be drafted and adopted. Thereafter the elected governing board of the network shall have the responsibility of deciding on the location of the secretariat of the network. A decision to the effect that the network shall have a rotating secretariat may also be taken.

This network that would be established would be guided by the following principles which have been adopted from the Guiding Principles of the Global Forum on MSM and HIV/AIDS:

1] Human Rights and Social Justice. The inter related co-factors of HIV, risks, vulnerability, and disparities in access to care, treatment, and prevention education, have a common basis in the significant social discrimination faced by MSM and transgenders. We believe that human rights and social justice are a key to the health and well being of MSM and transgenders.

2] Strength Based. Solutions, programmatic, and policy responses often frame the HIV and AIDS problem in a negative way and that demonise MSM and transgenders. We believe that the effective responses to the HIV and AIDS epidemic directed at MSM and transgenders must acknowledge and build upon the strengths, competencies, and resources, that such persons possess.

3] Sex positive approach. All MSM and transgenders have the right to healthy and fulfilling sex lives, free from Judgement and Persecution. We believe that negative attitudes and narrow views about sex, sexuality, gender, and sexual expression are counter productive and have deleterious effects on the health and wellness of MSM and transgenders.

4] Empowerment: Self Organising and open participation in the provision of appropriate HIV prevention, Treatment, Care and Support services of MSM and transgender is important in our work to end HIV and AIDS. We believe in supporting and respecting self determination and self-initiated HIV and AIDS Programmatic and Policy responses.

5] Involvement. There must be greater involvement of MSM and transgenders in program planning and policy development arenas. We believe that HIV and AIDS program and policy responses are strengthened by ensuring inclusion, parity, and representation.

6] Resources. There is an urgent need to significantly increase investment, funding, and technical support for HIV programming directed at MSM and transgenders. At a minimum, we believe that funding should be at a level commensurate with the impact left HIV and AIDS on MSM and transgenders.

Areas of emphasis

The coalition will devote itself to fostering, supporting, and sharing information about:

- Country-level, sub-regional, and regional action in collaboration with existing networks which raises awareness of MSM and transgender issues, and ensure that national, sub-regional, and regional plans and strategies incorporate activities for MSM and transgenders, guarantee MSM and transgender representatives having a voice at national policy setting forums, and mobilises expertise and financial resources.
- Evidence based research and policy development to address critical knowledge gaps and to develop more responsive programme and policy recommendations.
- Advocacy through the establishment of effective partnerships with civil society organisations, government bodies, HIV and AIDS organisations, academia, and UN agencies.

It is envisioned that the short term activities that the network would undertake includes the following:

- Creation of a list serve and or mailing list to facilitate the exchange of information
- Development and dissemination of a newsletter or bulletin in print or electronic form
- Development of a website devoted to regional and sub-regional information sharing and networking
- Preparation of MSM and transgender Focused activities for the 8th ICAAP to be held in Colombo in 2007 and the AIDS2008 conference to be held in Mexico City.
- Seek financial support for the establishment of a permanent secretariat of the network.

Income and Expenditure Report

Sanjay Bhargava
Chartered Accountants

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Ref:.....

Date.....

AUDITORS CERTIFICATE

This is to certify that expenditure in "Risk & Responsibilities" for Male sexual health and HIV in Asia and Pacific International Consultation held at Hotel Ashok, New Delhi from 23rd - 26th September, 2006 was 9,45,780.00 in US Dollars out of which 8,25,633.00 US Dollars were received and 1,20,147.00 US Dollars are Due till date.

Further the Amount was utilized for the purpose for which it was Sanctioned as far as it appears from the books & Vouchers produced for our verification.

Dated: 23rd November, 2006

FOR SANJAY BHARGAVA
CHARTERED ACCOUNTANTS

Enclosures :
Detailed Expenditures

Bhargava
(SANJAY BHARGAVA)
M.No. 073356



Income and Expenditure Report

Income

Risks and Responsibilities Asian Pacific Consultation meeting			
23-26 September 2006			
Revenues and Contributions			
	US \$		
	Received	Amt Due	Total
CIDA	78000	108847	186847
- International HIV/AIDS Alliance	10000	0	10000
- HIVOS	12510	0	12510
- amFAR / Treat Asia	10000	0	10000
- Ford Foundation	25000	0	25000
- World Bank	17500	7500	25000
- AusAID	56700	3800	60500
- SIDA	100000	0	100000
- DFID / RCSHA			
- Consultation	120240	0	120240
- Secretariat	52657	0	52657
NFI	62300	0	62300
- CDC	53000	0	53000
- UNAIDS [Asia Pacific RST + India]	142725	0	142725
- FHI Consultant Support	24000	0	24000
- By Self Paying Delegates	61000	0	61000
TOTAL	825633	120147	945780

Income and Expenditure Report

Expenditures

Risks and Responsibilities Asian Pacific Consultation meeting					
23-26 September 2006					
EXPENDITURES					
		Budget US \$	Expenses US \$	Explanation	
Secretariat [See sheet 4 for details]		49243	52657		
Post Conference Follow up Costs		31337	31337		
Event Management					
[See sheet 3 for details of Expenditure]		119454	129291		
<i>This includes the following Line Items of the budget</i>					
<i>All figures below in Can\$</i>					
<i>Programme Committee meeting [To finalise Program]</i>	3500				
<i>Teleconferences</i>	1015				
<i>Design and printing of programme 500 x 35</i>	17500				
<i>Administration</i>	10565				
<i>Volunteer's transport and incidentals</i>	5250				
<i>30 volunteers x 25\$/day x 7 days</i>					
<i>Meeting Administration during Consultation</i>					
<i>including secretarial support and communications</i>	18000				
<i>3000\$/day x 6 days</i>					
Meeting Supplies					
<i>stationary supplies @ 18\$/person x 375 persons</i>	6750				
<i>workshop supplies</i>	7295				
<i>badges, bags, & banners @ 13 \$/person x 375</i>	4875				
<i>Meeting Documents</i>	12500				
<i>Opening Ceremony (cultural events, reception etc.)</i>	14000				
<i>Closing Ceremony</i>	8366				
<i>Tendering and advertising costs</i>	23802				
Travel Costs [See Sheet 5 for details]		334817	297620	Actual Travel Cost is less than Budgeted because 4 countries did not send any delegates. Moreover in most cases best priced tickets were purchased by the secretariat and issued to the delegates	
<i>This includes the following line items of the budget</i>					
<i>Please refer to sheet 4 for details</i>	350157				
<i>International participants visa fees</i>	23800				

Venue + Meals and Accomodation					
[See sheet 6 for details]		465154	382328	Actual Expenditure on Venue + Meals and Accomodation is less than Budgeted amount because with the meals the main conference venue came free, so the amount budgeted for this was not utilised	
<i>This includes the following line items of the budget</i>					
<i>Meals and Accomodation</i>	366531				
<i>Please refer sheet 5 for details</i>					
<i>Venue (incl. break-out rooms) and hire of equipment 4 days</i>	153000				
Add: 5% Contingency [See Sheet 7 for Details]		44768	52547	Since the Secretariat was understaffed and the workload was very high, a team of 2 consultants were employed to augment the secretariat	
TOTAL		1044773	945780		

Income and Expenditure Report

Expenditure breakdowns

Event Management Expenditures	
	USD
Logistical Support cost by BACE	25788
Fees of Resident Medical Doctor at the Constt.	471
Background Papers Printing	911
Taxes and other Government Levies	3036
Contracting Charges of BACE from RCSHA	23529
Cost Incurred by NFI at the Consultation	428
Reimbursements made by NFI at the Consultation	400
Rappeoteurs	12706
In Country Processes	55088
Bank Charges	1118
Volunteer Travel and Per Diems	5816
TOTAL	129291

Secretariat Costs	
	USD
Travel Costs of the Secretariat	3053
Running Costs of the Secretariat	45495
<i>Includes the cost of Website</i>	
TOTAL	48548

TRAVEL COSTS	
	USD
International Travel [Ticketing by BACE]	211517
International Travel [Paid direct by NFI]	20472
Domestic Travel [Paid by BACE]	11555
Ticket Cancellation Charges [By BACE]	8624
Reimbursements Made for Visa etc [NFI]	45453
TOTAL	297620

Venue + Meals and Accommodation	
	USD
Room Bill [As Per Ashoka Invoice]	237220
Banquets (Meals+Venue) [As per Ashoka Invoice]	145099
TOTAL	382328

Contingency Details	
	USD
<i>Technical Working Groups Expenses</i>	
Consultant Hired by NFI [45 Days x US\$ 700]	28547
Consultant Hired by FHI	24000
TOTAL	52547

