



Despite evidence establishing male-to-male sex as one of the driving forces of HIV transmission in the Asia and Pacific region, only few HIV interventions strategically focus on prevention, treatment, care and support for males who have sex with males (MSM)¹ and transgenders, where it is estimated by most experts, including UNAIDS, that targeted prevention programmes reach less than 8% of men who have sex with men although at least 5% to 10% of all HIV cases in the world are transmitted in sex between men.

In recognition of the need to build, strengthen and increase interventions addressing HIV-related vulnerabilities of males who have sex with males and transgenders in Asia and the Pacific, a Male Sexual Health and HIV in Asia and the Pacific International Consultation was held in New Delhi, India between 23rd and 26th September 2006. (See www.risksandresponsibilities.org).

This International Consultation brought together government officials, policy-makers, donors, researchers, grassroots and community based organisations across Asia and the Pacific to provide an opportunity for dialogue and learning, and to enable increased investment, strengthening and scaling up of strategies addressing male and transgender sexual health and related HIV risk factors. In addition, the Consultation provided an opportunity to inform and develop strategic advocacy initiatives and deliberate on key policies related to these issues.

As an outcome of this meeting, it was agreed that a coalition comprising of a regional alliance of civil society groups, HIV and AIDS organisations, MSM and transgender groups, in addition to international donor, development and government agencies, needs to be developed to strongly advocate for increased investment and scaling up of coverage of HIV prevention, care and support services for MSM and transgender populations across the region. This alliance is being called the Asia Pacific Coalition on Male Sexual Health (APCOM). It aims to advocate for increased and improved HIV and AIDS programming, provide support to national and sub-regional networks, promote and support knowledge generation and research, as well as work across the whole region to facilitate the sharing of information on good practice in HIV prevention, treatment, care and support for MSM and transgenders. The Coalition will be composed of organisations and agencies with a commitment to social justice and individual rights issues, along with those committed to improving the HIV and AIDS response to MSM and transgenders.

Guiding Principles

The work of the Asia Pacific Coalition on Male Sexual Health will be guided by the following principles, which have been adapted from the Guiding Principles of the Global Forum on MSM and HIV/AIDS.²

- **Enabling environment.** The inter-related co-factors for HIV risk, vulnerability, and disparities in access to care, treatment and prevention education, coupled with social discrimination and individual rights issues, have a common basis in the significant lack of services and coverage faced by MSM. We believe that an enabling environment is the key to the health and well being of MSM and their families.
- **Evidence informed:** MSM HIV prevention, care and support, and treatment programs and policy should be guided by a nuanced understanding based on evidenced scientific information.
- **Strength-based.** Programmatic and policy responses often frame the HIV and AIDS problem in negative ways and stigmatise MSM and transgenders; we believe that effective responses to the HIV and AIDS epidemic

¹ 'Men who have sex with men' (or MSM) is an inclusive, public health term to define the sexual behavior of males having sex with other males, and does not refer to an identifiable community or gender identification. Within this context it is understood that the word 'man'/men' is socially constructed; as well, within the framework of male-to-male sex, there are a range of masculinities along with diverse sexual, gender and transgender identities, communities and networks.

² http://www.msm-aids2006.org/documents/conceptnote_18aug06.pdf

directed at MSM must acknowledge and build upon the strengths, competencies, and resources that such persons possess.

- **Affirming sexualities and acknowledging sexual behaviours at risk.** We believe that the reality of sexualities, gender expression, and the risks involved in certain sexual behaviours need open acknowledgement. All MSM have the right to healthy and fulfilling sex lives and to access community driven HIV interventions - prevention, care and support, and treatment - free from judgement and persecution. There needs to be a healthy and productive relationship between the community and governments, based on mutuality of respect, positive involvement and honest flow of information.
- **Community driven interventions.** Self-organising and open participation in the provision of appropriate HIV prevention, care and support, and treatment services for MSM 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.
- **Involvement.** There must be greater involvement of MSM including HIV positive MSM and HIV positive transgender people, in programme planning and policy development arenas. There must also be equal support and participation by governments, funders, and technical experts. We believe that HIV and AIDS programme and policy responses are strengthened by ensuring inclusion, parity and representation.
- **Resources.** There is an urgent need to significantly increase investment, funding, capacity, 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 by HIV and AIDS on these groups as compared to the general population.

Mission

The Asia Pacific Coalition on Male Sexual Health is a regional coalition of MSM and transgender community-based organisations, government sector representatives, funding support agencies, and technical experts, advocating for political support and for increasing investment and coverage of HIV services for these communities, along with promoting the Principles of Good Practice adopted at the Risks and Responsibilities Asia Pacific International Consultation Meeting.

As an autonomous body, the Asia and the Pacific Coalition on Male Sexual Health in adherence to its guiding principles will also inform, [collaborate with](#), [Coordinate](#), and [strengthen](#), sub-regional and national networks and advocacy initiatives supported under the umbrella of the Global Forum of MSM and HIV.

Long term goals

1. Increased investment from governments, donors and civil society groups and communities in appropriate research and interventions for HIV prevention, treatment, care and support for men who have sex with men and transgenders in the Asia Pacific region
2. Scaled up programmatic, geographic and comprehensive coverage of HIV prevention, treatment, care and support interventions for men who have sex with men and transgenders in the Asia Pacific region
3. Strengthened the evidence-base for advocacy, policy development, programming and the reducing societal, legal, and institutional obstacles for the above

Objectives

1. Conduct targeted advocacy with governments, donors, research agencies, civil society organizations and UN bodies for an improved HIV policy framework, increased investment, scaled up programs, reduced stigma and discrimination and the promotion of individual rights of MSM

2. Convene and strengthen sub-regional and national networks and communities of MSM and their organizations, particularly those with fewer resources and within disproportionately adversely affected communities, as well as governments, researchers and donors to collaborate in initiating or expanding comprehensive responses to prevent and treat HIV and improve sexual health in Asia and the Pacific.
3. Identify, collect, produce and share strategic information, with community involvement as far as feasible, to support effective and efficient program design as well as targeted advocacy efforts at the sub-regional and country level, and monitor and evaluate the deliverables for their quality, coverage and effectiveness.
4. Identify and facilitate the provision of technical assistance to sub-regional and national networks, governments, and civil society, working to improve the sexual health and reduce the burden of HIV among MSM.
5. Nurture and support transgender groups and organisations, and involve them in all activities as equal partners. It shall be the endeavour of APCOM to help transgender groups form their own networks and coalitions to address their own issues and concerns.

Areas of emphasis

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

- Country-level, sub-regional and regional action which raises awareness of MSM issues, and ensures that national, sub-regional and regional plans and strategies incorporate activities for MSM, guarantees MSM and transgender representatives having a voice at 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 organizations, government bodies, HIV and AIDS organisations, academia and research organisations, and UN agencies.

Interim and future structure

Interim Structure of APCOM:

The Interim Governing Board of APCOM shall be in place for at least the first 24 months of its existence, until future Governing Board members can be chosen and put in place through due constitutional process of APCOM, and is constituted of 18 members, who are as follows:

Sector	Sub-region	Names
MSM communities	China	Zhen Li
	Developed Asia	Masao Kashiwazaki
	Greater Mekong	Siam Arayawongchai
	India	Ashok Row Kavi
	Pacific Region	To be identified
	South Asia (excluding India)	Sunil Pant
	S.E Asia (excluding GMS)	Dede Oetomo
Transgender representatives	2 representatives from transgender networks	1] Sitthiphan Boonyapisompan 2] Lenny Sugiharto
HIV +ve representatives	APN+	Raphael Meyer
Government	2 representatives nominated by UNAIDS	1] Dr Chancy 2] TBA
Funding support agencies	2 representatives nominated by UNAIDS and donors	1] Cliff Cortez, USAID 2] Phillippe Allen, AusAID

Technical experts	3 representatives from supporting UN agencies	1] Geoff Manthey, UNAIDS 2] Edmund Settle, UNDP 3] Jan Wijngaarden, UNESCO
	Media Advisor	Roy Wadia, British Columbia CDC
Chairperson	Interim Chair	Shivananda Khan
Secretariat	Ex-officio	Aditya Bondyopadhyay, Secretariat Coordinator Paul Causey Executive Management Consultant

The secretariat of APCOM has been appointed by the Interim Governing Board in its first meeting held in Bangkok between 26-27 July 2007, and shall function for the duration as decided by the IGB.

The IGB can call upon and invite appropriate experts from time to time to sit in on the meetings of the IGB as observers.

Future Structure:

- APCOM is to be governed by a 19-member Governing Board (GB) which is constituted firstly of seven elected members from seven sub-regions of Asia Pacific, elected by registered members from each grouping. In addition it will also have the following members:
 - Two transgender representatives nominated by UNAIDS in consultation with transgender groups in the region.
 - Three government sector representatives from the region, to be nominated by UNAIDS.
 - Three funding support representatives from the region, to be nominated by UNAIDS.
 - Three technical experts in the field of MSM and HIV, to be nominated by UNAIDS in consultation with the elected members of the governing board.
 - The Executive Director of APCOM who shall be an ex-officio member of the Governing Board.
- APCOM shall have a permanent secretariat independent of its member organisations headed by the Executive Director.

Activities of APCOM secretariat and outputs:

The main activities that the APCOM secretariat shall undertake in the two year period ending March 2009 include the following:

AREA OF ACTIVITY	FOCUS	TARGET AUDIENCE	OUTPUTS
Advocacy	Resource mobilisation and allocation	Donors UN system	Increased investments resulting in scaled-up MSM services and increased coverage
	<ul style="list-style-type: none"> • Policy and planning • Strategic information 	<ol style="list-style-type: none"> 1. National governments 2. Regional inter-govt. e.g., SAARC, ASEAN, SPC, ESCAP 	<ul style="list-style-type: none"> • Inclusion of MSM in national and sub-national strategic plans on AIDS • Institution of sero-surveillance on MSM transmission in country³, • Research to fill knowledge gaps • Legal reform and policy development • Extra and meaningful involvement of community.
	<ul style="list-style-type: none"> • Policy and planning 	<ol style="list-style-type: none"> 1. UN system 2. Government 	Increased investments resulting in scale-up of MSM services

³ Surveillance should be consistent with 2nd generation surveillance guidance from WHO/UNAIDS

AREA OF ACTIVITY	FOCUS	TARGET AUDIENCE	OUTPUTS
	• Resource allocation	sector 3. Funders	
	Media	1. Media practitioners 2. General public 3. MSM 4. Policy makers 5. Influential leaders	<ul style="list-style-type: none"> Greater involvement of media in assuring rights issues of MSM – social justice concerns Appropriate media Greater coverage and addressing social justice concerns Support for the outputs above
	Legal reform	National, regional rights and legal advocacy bodies	<ul style="list-style-type: none"> Supportive environment Decreased stigma and discrimination
	Rights based action	Civil Society – local, national, regional, international	Increased participation in achieving the above outputs (involving groups such as ILGA, ILGLaw, AP Rainbow, APCASO, etc.)
	Research	Research institutions	<ul style="list-style-type: none"> Ethical research informing the response Strategic information New knowledge including socio-cultural aspects of male to male sexualities
	Crises Interventions	As needed	Crisis resolution through referrals to mediation, mobilization of key partners and/or direct intervention where feasible.
Convening	Partnership development	Sub regional and national level networks	Strengthened partnerships and collaborations between organizations promoting synergies, harmonization, effective interventions, [conflict resolution] and mediation – towards a common goal – respecting diversity
	Meetings	National governments in partnership with national/sub-regional networks	Partnership meetings with donors and government around key issues
	Meetings	Donor agencies	Partnership meetings with donors and government around key issues
Strategic information	Epi tracking	Policy makers	Evaluation of the direction of the HIV epidemic and annual publication jointly with UNAIDS and sub-regional networks
	Response tracking	Policy makers	
	Assessment of responses against identified key indicators for success	1. Policy makers 2. Donor agencies 3. Media 4. MSM	“Pink card” [<i>e-pink card</i>] – <i>ongoing process done electronically</i> -detailing the status of MSM related action within national responses to AIDS
	Facilitate estimates, modelling and projections of epidemics among MSM in the region	Policy makers	MAP report on MSM and HIV/STI updated every 2 years
	Promotion of good practice and	1. Practitioners 2. Policy makers	By strengthening existing knowledge management systems and promotion of analysis

AREA OF ACTIVITY	FOCUS	TARGET AUDIENCE	OUTPUTS
	lessons learned	3. MSM	and assessment of effectiveness of different strategies for HIV prevention, care and support, and treatment
Capacity development	Leverage technical assistance (TA)	1. TA facilities 2. National governments 3. MSM	Existing technical support facilities and mechanisms have included expertise on MSM and HIV/STI
Crisis interventions	Emergency situations	Emergent audience	Facilitation relief

The IGB of APCOM has developed a work plan to conduct and monitor the above activities. A commensurate budget is under preparation.

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