



Strengthening networking of networks of MSM and HIV community-based organisations in the South Asia region towards more effective engagement in policy-making and community systems strengthening

Summary Report

19 June 2009

Funding support for this meeting came from Hivos via the Asia Pacific Coalition on Male Sexual Health Mapping and Networking Programme, Naz Foundation International, and UNDP India office.

Naz Foundation International (NFI)

NFI was formed in 1996 to specifically work with MSM groups, organisations, and networks in the South Asian countries to, providing technical assistance and support, towards developing appropriate HIV and sexual health services for their constituents. Since then it has helped develop 4 national MSM organisations, and some 80 community-based MSM and HIV projects/organisations in the region.

NFI also provides technical assistance and support, along with fiscal management to APCOM and its Chief Executive is currently the Interim Chair.

Asia Pacific Coalition on Male Sexual Health (APCOM)

The Asia Pacific Coalition on Male Sexual Health was specifically formed as a coalition of community, government, donor sector representatives, along with UN agencies to strongly advocate regionally and globally for increased investment in line with the need, scale up of MSM HIV intervention programming and increased coverage, research to address gaps in knowledge, and the promotion of individual rights for MSM and transgender people across the Asia Pacific region.

The United Nations Development Programme (UNDP)

UNDP is the lead UN agency on advocating for appropriate policies and coordinating joint UN responses to HIV among MSM and transgender populations. It has MSM and HIV policy development, advocacy and coordination experience and works with UNAIDS RST, WHO and other Co-sponsors, as well as regional multilateral bodies and civil society networks. UNDP RCC also provides direct assistance to UNDP country offices and country level UN Joint Teams on AIDS (JTA) to design and coordinate responses to HIV among MSM and TG in support of national programmes.

Acknowledgements

Naz Foundation International would like to thank Ashok Row Kavi, MSM Focus Person in UNAIDS India, Sonal Mehta and Alexander Matheou of Alliance India, Paul Causey, Executive Management Consultant of APCOM, and Qasim Iqbal of Red Ribbon Initiative, Pakistan for all their engagement in the process and discussion held during this meeting. Further thanks to Sonal, Alexander and Paul for their assistance in the facilitation process during the three sessions.

Background

In the majority of the countries in the Asia-Pacific region, there is general discomfort among the government and national AIDS program leadership, and others, with the existence of males having sex with males (MSM) including transgenders (TG)¹ as well as the realities of male-to-male sexual activity. This discomfort has led to a lack of HIV interventions for MSM which strategically focus on prevention, treatment, care and support. A 2006 survey of the coverage of HIV interventions in 15 Asia-Pacific countries estimated that targeted prevention programs reached less than 8% of MSM,² woefully short of the 80% coverage that projective modelling states is needed for effective results.³ Highly concentrated HIV epidemics among men who have sex with men (MSM) in urban areas in some countries are already well documented (e.g., HIV prevalence in: Bangkok – 30.7%⁴; Phnom Penh – 8.7%⁵; Mumbai – 9.6%⁶; Beijing – 5.8%⁷), yet the investment on HIV programming for MSM ranges from 0% to 4% of the total spending for HIV programming region-wide.⁸

The report of the Independent Commission on AIDS in Asia, *Redefining AIDS in Asia* (released April 2008) clearly confirmed that high risk behaviours during sex among men is one of the three major driving forces of HIV in Asia-Pacific, along with risk behaviours during sex work by females and injection drug use. Without an increase in effective, comprehensive and carefully targeted HIV interventions, the highest number of new infections will soon be among MSM, which will outnumber other single sub-population groups in Asia. That number will increase dramatically until 2020, at which time nearly 50% of all new infections in Asia will be among men who have sex with men.⁹

Naz Foundation International's work is specifically with MSM and focuses on providing technical, institutional and financial assistance and support to MSM networks, groups and organisations in the countries of the South Asia region towards empowering them to develop their own sexual health and HIV services. Further to this, it also works with other institutions towards developing universal access for MSM in the region.

NFI has been engaged with its country partners in South Asia in developing a multi-country regional proposal for round 9 for the Global Fund for AIDS, TB and Malaria (GFATM), where a part of this process was engagement with the Country Coordinating Mechanisms (CCMs) in each of the 7 countries who are a part of this proposal. This process also involved the UNDP RCC.

The Asia Pacific Coalition on Male Sexual Health (APCOM) was developed as community led coalition of stakeholders, including government, donors and UN sector representatives to advocate for increasing investment in MSM and transgender HIV services, scaling up coverage of those services, address stigma and discrimination, and increase strategic information to inform HIV services.

¹“Men who have sex with men” (MSM) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular ‘community’. The words ‘man’ and ‘sex’ are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place. (APCOM 2008)

² *Men who have sex with men: the missing piece in national responses to AIDS in Asia and the Pacific*. Geneva: UNAIDS (2007).

³ Executive Summary- *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):4.

⁴ Pliplat T, Kladsawas K, van Griensven, Wimonasate W. 2008. *Results of the HIV surveillance among men who have sex with men (MSM) in Bangkok, Chiangmai and Phuket*. Proceeding for the Department of Disease Control Annual Conference, Ministry of Public Health, 11-13 February 2008, Bi-Tech Convention Centre (in Thai).

⁵ Neal JJ, Morineau G, Phalkun M et al. HIV, sexually transmitted infections and related risk behavior among Cambodian men who have sex with men. Abstract presented at the 8th International Congress on AIDS in Asia and the Pacific, Colombo, Sri Lanka, August 19-23, 2007 [#1469]

⁶ Palwade P, Jerajani H, Ashok RK, Shinde S, Vivek A; International Conference on AIDS (15th : 2004 : Bangkok, Thailand). Int Conf AIDS. 2004 Jul 11-16;15: abstract no. C10822.

⁷ Ma X, Zhang Q, He X, et al. Trends in prevalence of HIV, Syphilis, Hepatitis C, Hepatitis B and sexual risk behavior among men who have sex with men: Results of 3 consecutive respondent-driven sampling surveys in Beijing, 2004 through 2006. J Acquir Immune Defic Syndr 2007;45:581-87.

⁸ *HIV expenditure on MSM programming in the Asia Pacific region*. Constella Futures/USAID (2006), available at www.healthpolicyinitiative.com.

⁹ Figure 2.16 - *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Independent Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):57.

APCOM has divided up the Asia Pacific region into 8 sub-regions/areas that are:

Australasia

China

Developed Asia

Greater Mekong sub-region

India

Pacific

South Asia (excluding India)

Insular South East Asia

Each sub-region has a community sector representative on the Board of APCOM, and also an alternate

Part of the working brief of APCOM is to support and strengthen sub-regional networks towards more effective engagement in national, sub-regional and regional policy-making and advocacy, while promoting the objectives of APCOM itself.

A two-day consultation meeting was held in the NFI Regional Centre in Lucknow, India, bringing key representatives from a range of MSM networks in India, along with representatives from MSM country partners of NFI from Bangladesh, India, Nepal and Sri Lanka, and an MSM representative from Pakistan to achieve the objectives as identified below.

Objectives

- a. To review the UNAIDS Global Framework on MSM and transgenders (*UNAIDS Action Framework: Universal Access for men who have sex with men and transgender people*)
- b. Review of the engagement process with CCMs in developing the multi-country regional proposal for round 9 of the Global Fund for AIDS, TB, and Malaria to identify strengths and weakness
- c. Representation on the Board of APCOM from the sub-regions, along with alternates - developing transparent processes of selection/election

Summary of discussions

Session 1: Review of the UNAIDS Action Framework: Universal Access for men who have sex with men and transgender people

Shivananda of NFI and of APCOM provided a brief presentation on the UNAIDS Action Framework document: *Universal Access for men who have sex with men and transgender people*. The document had been circulated to all participants (along with the agenda of the meeting), including the global situation of HIV among MSM and transgenders, with a particular focus on the Asia Pacific region, a review of goals and principles of the framework, along with the objectives and finally a review of the roles, responsibilities and partnerships regarding the Secretariat and the co-sponsors.

There was a concerned debate and a lack of clarity in regard to the Action Framework document, and the remit that UNAIDS had to develop a policy document on gender guidelines and sexual minorities. Concern was expressed that whether this document was a substitute for the gender guidelines paper, or whether it was the gender paper in “disguise”. However, from the language of the Framework document, it clearly was not the gender document as understood by the participants.

There were also concerns about the mandate of UNFPA in terms of sex work, and the issue of males who engage in transactional sex and how they are defined and whether UNFPA should be the appropriate co-sponsor to deal with this. This is reflected in the debate about the rights of sex workers, and the apparent conflict between UNFPA as the agency with this particular mandate and these rights.

Participants then focused on what was perceived as positive elements in the document, what gaps they identified, and issues in terms of implementation.

Despite the above concerns participants clearly welcomed the Action Framework document as the most positive document on the specific issues, needs and concerns of MSM and transgendered people in regard to the increasing HIV epidemics across the world. It was believed that the document provided a strong foundation on which to build on, and a very good start towards addressing the four areas that both NFI and APCOM had identified, which were lack of investment, lack of HIV service coverage, significant stigma, discrimination and criminalisation, along with insufficient strategic information to inform appropriate interventions and good practice.

Participants then identified what they perceived as key gaps or missing elements in the Framework document. This was a rich discussion that unfortunately does not come through in this brief summary below:

- The paper does not address issues of consistency amongst co-sponsors and other stakeholders
- There is not time-frame
- A lack of accountability
- Monitoring and evaluation of all the co-sponsors in terms of implementation
- Who has overall responsibility for implementation across the Secretariat and co-sponsors?
- What happens if one of the co-sponsors does not follow through?
- The paper does not address gender dimensions and concerns among MSM and how to address them
- There is no discussion on operationalising the document
- Very little on engagement with MSM civil society
- What about the real capacities of the various in-country UN agencies and UNAIDS to support the implementation of the Framework document
- Who will conduct the in-reach capacity and knowledge development that the document mentions? Will the agencies recruit the right people for this?
- Does not address non-state actors
- Need clarity on the “interagency working group”
- No specific implementation strategy is mentioned or defined

All participants agreed that the document expressed good intentions, but lacked a specific strategy for implementation, and concerns were expressed by most that both UNAIDS and its various co-sponsors have

had a history of good intention documents which have not borne fruit. This results in constant sense of frustration and disappointment by MSM and transgender civil society.

The final session on the Action Framework explored implementation needs that the existence of such a document highlights, but not necessarily identifies.

Key recommendations

- Roles and responsibilities of each UN co-sponsor and the UNAIDS Country Office in each country clearly identified and understood
- All UN co-sponsors and other stakeholders sensitised regarding community engagement with MSM and transgender civil society organisations and individuals, and these should also be engaged in the process of sensitisation
- There must be appropriate allocation of resources, financial and technical, to support this and activities arising from this
- Guidelines should be developed for governments, non-government and international institutions, along with donors
- The UNAIDS Country Office needs to be more effectively engaged with not just the health ministry, but also with Home (Interior) and Justice (Law) ministries
- There needs to be an oversight mechanism to monitor implementation and delivery
- There needs to be more clarity on specific roles in the country as well as within UN agencies
- The UN agencies need to ensure effective collaboration and engagement with MSM and transgender networks, national forums, and community-based organisations
- A work plan for implementation of the Framework document is essential
- More clarity with UN co-sponsors on specific functions that they have and have an action plan for each
- Agree on the language and terminology regarding MSM and other sexual minorities
- Present framework to CCMs and follow through on implementation
- Donors need to be brought on board in regard to this Framework document
- The document should be used as a platform to sensitise governments and set priorities for action

Further, participants strongly argued that this Action Framework does not meet the needs of being a gender framework for MSM and transgender people, and that such a framework should be urgently developed by UNDP/UNAIDS.

Despite this anomaly, overall, participants agreed that the Framework document provides an opportunity to make a significant impact on the various HIV epidemics across the world among MSM and transgender populations, if there is sufficient will and resources to follow through.

Session 2: The CCM process in South Asian countries

Participants were asked to share their experiences of their CCM engagement in both the development of any specific in-country GFATM proposal as well as for lobbying the CCM in regard to the multi-country regional proposal.

A common concern expressed by all discussants was the issue of size estimations that government figure represent in terms of MSM and transgender populations relating to risk and vulnerability, where the community sector has significant disagreements with the government figures presented in GFATM proposals. This a serious concern as such estimations determine investment, unit costs, and coverage issues. UNDP and UNAIDS are request to resolve this disagreement so that a consensus be arrived at between government, epidemiologists and MSM and transgender civil society.

Bangladesh

Currently there is no MSM/transgender representation on the Bangladesh CCM Board. It was reported that working with the CCM in terms of both the in-country proposal and the multi-country proposal was a tremendous learning experience, providing an excellent opportunity to explore ways of influencing decision and policy making, as well as understanding the politics of the CCM.

It was reported that the representative had to identify potential supporters within the CCM and meet them personally over a period of time, which was not only time-consuming, but also costly in terms of his institution (because he had to take time away from his professional work, as well as costs incurred in communication and transport, with no reimbursement being provided).

Further it appears that none of the CCM members had any clear notion of GFATM guidelines and principles, with very few actually reading these documents, i.e. GFATM's guidelines on sexual minorities, and often the CCM broke the rules.

Concerns were expressed regarding the role of UNAIDS and the UCC, and it was believed that the UCC could have been more forceful and engaged in supporting the issues of MSM and transgender and their representation within the CCM.

India

The National AIDS Control Organisation in India was requested to support a proposal for GFATM Round 8 for the MSM and transgender community. However, NACO was concerned that the MSM and TG community had differences amongst themselves and implementation of such a project would be difficult. Ashok Row Kavi who headed the MSM and TG Desk in the UNAIDS country office in Delhi called for a meeting of key community leaders in Delhi on March 6th 2008 to explore the possibility of working together and present a united front and dispel the concerns of NACO. A decision was taken to develop a community-led proposal to be included in India's round 8 country proposal to GFATM. In April 2008 at an MSM and TG rights meeting in Dhaka, Bangladesh organised by SIDA, where a significant number of Integrated Network For Sexual Minorities (INFOSEM) and INFI technical assistance partners had a follow up meeting on taking the GFATM Round 8 proposal forward. In a rare gesture of solidarity organisations like INFI, The Humsafar Trust and SANGAMA came forward and contributed towards hosting a community consultation in Delhi in April 2008. A list of INFOSEM members, INFI technical assistance partners and other independent organisations was made and invitations extended to become part of GFATM Round 8 process. Most of the participants contributed towards their own travel, while their accommodation and logistic arrangements were taken care of the contributions received earlier.

The consultation was attended by 47 representatives of INFOSEM, INFI, and other independent community organisations. The decision to engage with the CCM and for the community representatives to work together to develop an MSM and hijra component for the country round 8 proposal was confirmed, and these representatives also agreed that Alliance India would be the selected PR for this component based on capacity and experience in managing large projects. This was a community led process and send positive

signals in the country that the community was not fragmented and could make collective efforts and work together.

At this meeting also, a representative was elected to be a part of the India CCM. However this person was a representative of an organisation which already had a seat on the CCM representing another constituency, and it was considered that having two people from the same organisation on the CCM as problematic, and was therefore not accepted. An election was eventually held in among the MSM and transgender groups and the elected person will now be a part of the CCM.

In regard to round 8, the MSM and hijra proposal was developed and with negotiations with the National AIDS Control Programme, was included in the round 8 country proposal, with several amendments. However, concern and resistance had been expressed by NACO and several CCM members about the selection of a non-community PR, and several heated discussion. The MSM and hijra community representatives that formed the proposal development working group, along with Alliance India, however, were adamant that Alliance India was the preferred PR.

UNAIDS India and the UCC, along with the MSM and hijra focus person within UNAIDS played a positive and very supportive role in the whole process.

In regard to the multi-country proposal, discussions were held with various CCM members, the CCM Coordinator, NACO and others that required considerable investment in terms of time and communications. Several stakeholders in the CCM were listened to in terms of the size of the proposed investment in the India component of this regional proposal, so as to minimize the apparent conflict in regard to what was perceived to be needed by the proposal team, and what was acceptable to the key stakeholders. Hence the India component in the multi-country proposal was the smallest of all the 7 countries engaged.

Several key points were raised in the discussion, which the group clearly pointed out as significant where India is more advanced than the other countries in the region with respect to engagement with MSM and hijras in developing country proposals.

Key points raised were:

- In regard to the development of the round 8 (which in the end received a category 3, and was re-submitted as a round 9 proposal with amendments), the whole process was community led and driven with several national meetings of MSM to develop the proposal component. A key learning from the process is that a mobilised and unified community is able to force its agenda even on a reluctant CCM (and in this case, NACO). The strength in numbers was decisive in deterring both intimidation and the imposition of positions that did not reflect community opinions.
- There was a perception that the MSM/hijra working group had to fight to gain that space
- UNAIDS in India was very supportive, and this was most likely because the country office has a specific MSM focus person
- It was a united group approach with transparency despite what was perceived as several destructive efforts to destroy such unity
- Identifying key power centres within the CCM and addressing each power centre
- Attending important meetings with NACO and other stakeholders as a group
- CCM decisions which are supposed to be binding were at times ignored, and there should be a text and budget freeze once these decisions have been made by the CCM

Nepal

The Nepal representative pointed out that Blue Diamond Society had over the past four years raised issues of representation on the CCM, which they did not enable such representation until 2008, with UNAIDS engagement. However, having a representative from the MSM and transgender community was also used as an excuse to stifle discussion on their issues, needs and concerns, as the MSM-TG representative was often accused of a conflict of interest. Thus, for example, on discussions on size estimation, service coverage, investment, and so on, the MSM-TG representative was often told that her opinions were biased, exaggerated and arising from a conflict of interest. The Nepal representative believed that key discussions and debates are being silenced because of the use of “a conflict of interest” ruling.

There was an apparent lack of knowledge and understanding of MSM and transgender issues in the context of Nepal, and no in-reach training and knowledge capacity development had been undertaken.

Concerns were expressed by the lack of a code of conduct for the members of the CCM.

The representative also provided a personal example to illustrate the issue of what was perceived as threats by members of the CCM when the representative refused to sign a CCM document that required consensus agreement because it did not engage with MSM and transgender concerns.

In terms of the Nepal UNAIDS office and the UCC, the representative stated that there was a great deal of support and encouragement from this source, both in terms of engagement with the CCM and for the MSM components in the in-country and multi-country proposals. However, concerns were expressed about the USAID representative on the CCM.

Sri Lanka

The Sri Lanka representative at this meeting stated that while there was no sexual minority representative in, Companions on a Journey, representing sexual minority interests have been included in CCM meetings as an Observer. However, rather than engage directly with the MSM and transgender communities, international consultants have been contracted to “identify issues, needs and concerns”. The rationale for this type of decision-making and lack of direct engagement has been said to arise from the illegality of same-sex behaviours.

Key recommendations

- Build the knowledge of CCM members and stakeholders in regard to MSM/transgender issues, needs and concerns with regard to HIV and sexual health through in-reach training provided by MSM/transgender trainers.
- Stronger engagement with MSM/transgender populations.
- Develop a consistent methodology for size estimations that can be mutually agreed and engage MSM/transgenders in developing such size estimations.
- More knowledge on the GFATM architecture, process and language to be shared with MSM/transgender organisations, and capacity building provided to ensure more effective engagement. It was suggested that a one-day training programme be developed for this replicated in 5 sub-regions in India, and that the other countries could probably do this in one such programme.
- A transparent mechanism that enables the MSM/transgender community to voice their concerns. It is noted the representative’s concern about the use of the “conflict of interest” argument to stifle such discussion.
- The CCM should fund and support community organisations from the marginalised populations to hold regular consultation meetings in regard to the development of country proposals and their engagement in the CCM process
- The UNAIDS country offices need to be more actively engaged in supporting MSM and transgender groups and organisations in their engagement with CCMs, and not just the CCM MSM/transgender representatives who are often overwhelmed as the solitary voice on the CCM

Session 3: Developing a process for community sector representation on the board of the Asia Pacific Coalition on Male Sexual Health, along with strengthening networking across specific sub-regions

A slide presentation was given to all participants on the development and nature of the Asia Pacific Coalition on Male Sexual Health, and what were the sub-regions that APCOM works with, where India (and China) are seen as sub-regions in their own right based on population and diversity.

APCOM will soon be moving from an Interim Governing Board to a Governing Board following its engagement at the 9th ICAAP in August 2009, Bali, Indonesia. All current sub-regional community sector representatives and their alternates have been asked to develop a document that outlines the process of selection/nomination of their particular representative, which should be open and transparent.

There are certain challenges in developing such a process currently, which include political and social realities in a specific country and/or sub-region, lack of MSM community-based organisations in certain countries/sub-regions, poor networking within specific countries and between countries. As a result process development is seen as a project in progress. South Asia sub-region is a particular point in question, where because of the preponderance of MSM community based organisations in one country, can overwhelm those in other countries, where in some countries there are no MSM CBOs, or where language is an issue of concern, and where networking between countries is still poorly developed, apart from the lack of inclusion of Mongolia is currently a barrier.

At the same time, India, as the other sub-region, while rich in its diversity and breath of MSM organisations, with multiple state level and country level networks, the issue is one of often competing interests and a lack of a national organisational framework that can network with networks.

Thus the two processes that evolved in the discussions regarding community sector representation on the board of APCOM are very different.

South Asia (excluding India) sub-region

Includes the countries of Afghanistan, Bangladesh, Bhutan, Nepal, Pakistan, Sri Lanka, along with Mongolia.

Facilitation was provided by Paul Causey.

The group consisted of:

Name of the person	Organisation	Country
Shale Ahmed	Bandhu Social Welfare Society	Bangladesh
Suben Dhakal (Manisha)	Blue Diamond Society	Nepal
Sherman	Companions on a Journey	Sri Lanka
Qasim Iqbal	Observer	Pakistan

Currently, there are no MSM specific community-based organisations on Afghanistan, Bhutan or Pakistan, and there are no links with any MSM organisations in Mongolia. The representative from Pakistan participated as an observer to learn from the experience of NFI who will be working in Pakistan to develop MSM community-based HIV services later.

At the moment, the current community sector representative on the Interim Board of APCOM is Sunil Pant from Blue Diamond Society, Nepal, along with Shale Ahmed as the community sector alternate from Bandhu Social Welfare Society, Bangladesh.

The current community-sector representative was a carry-over from the Steering Committee of the 2006 Risks and Responsibilities Asia Pacific consultation meeting, while the alternate was nominated following telephone conversations with BDS and CoJ and BSWs through the office of the Interim Chair. In other words, both the current community sector representative and alternate were based on expediency.

Discussion points were:

- The duties and responsibilities of community sector representative
- The previous selection process of the community representative and alternate
- The role and the importance of alternate representatives
- Presence of APCOM within South Asian countries
- How to strengthen national level networks or groups
- National level strategy to select the national focal person

With the issue of the preponderance of MSM CBOs being in one country only, and the lack of knowledge and awareness of what is occurring in other countries in the sub-region, and community-based leaders in those countries, that an election process would not be truly representative if selection was across the whole sub-region.

Eligibility criteria of representative:

- Should be from the community
- Should have English language skills
- Good communication skills because he has to do the local advocacy work as well
- Sufficient time to perform his duties and responsibilities
- Willing to travel
- Internet access

It is recognised that such selection criteria actually limits possible candidates, but the nature of APCOM and its work creates such limitations. Translations cannot be provided during meetings because of costs. However, it is expected that by having an MSM focus person in each country, they could assist in translating key documents for in-country dissemination.

Final Recommendation

The South Asia sub-regional group, having discussed the process of the selection of the community sector representative as well alternate to the APCOM board, and clearly recognising its current limitations in terms of an electoral procedure, have agreed that the selection process of nominations to the Board must be seen as a work in progress and will be reviewed on basis of this during each term of service of the community sector representative/alternate in order to be prepared for the new community sector representative/alternate.

- It is mutually agreed that the community sector representative for the new term and the Governing Board taking on the responsibilities from the Interim Board will be Shale Ahmed, Bangladesh, while the alternate will be Sagara from Sri Lanka.
- However, during 9th ICAAP, those representatives from the above countries who will be present in Bali will seek to engage with any MSM representatives from Mongolia working in MSM organisations and discuss networking and APCOM representation.
- Each country in the sub-region will need a focal person who is from an MSM community organisation, and who will take responsibility to downstream knowledge and information to other MSM community organisations in local languages. That person will also keep in regular touch with other focal persons in the other countries in the sub-region. For Bangladesh it is Shale Ahmed, for Nepal it is Manisha (Suben Dhakal) and for Sri Lanka it is Sagara.
- APCOM is urged to support network development with Afghanistan, Pakistan, Bhutan, Maldives and Mongolia and add the development of the sub-regional network.
- There should be a caucus meeting held at the 9th ICAAP supported by APCOM which will invite appropriate representatives from the various countries of the South Asia sub-region as defined by APCOM.

India sub-region

This group was facilitated by Sonal Mehta of Alliance India.

In many ways, India is unique across the Asia-Pacific because of its size (over 1 billion populations) and its enormous diversity of culture and languages (while Hindi is the official language of India, its constitution lists 22 scheduled languages, which are usually spoken at the state level).

It has a highly active and articulate civil society. Since the late 1980s with the emergence of LGBT organisations, along with MSM/Hijra HIV groups and organisations since the 1990s, civil society has been enriched with their engagement. Highly vocal and active in the rights movement, along with HIV and sexual health issues, there are now more than 100 such organisations.

Several of these organisations have emerged as district, state, and national networks, with no one national network being predominant. While this development can be seen as positive in terms of engaging the voice of MSM and hijras in policy development, the multiplicity of voices could also be seen as an impediment to achieve consensus in representing the issues, needs and concerns to the highest levels, including the health, home and justice ministries, the National AIDS Control Organisation, the CCM, and many international bodies such as APCOM.

The discussions focused on how to address this concern in a way that was transparent, democratic and free, where it was pointed out that there were also many silent voices, such a rural MSM groups, those who had no access to English, or the internet, and so on. The experience of developing the MSM and hijra component of the round 8/9 country proposal to the GFATM was used to illustrate how India organisations can come together to work for a common purpose.

Discussions also held to the understanding that in terms of India specifically, organisations should be empowered to be a part of the decision making process, not networks, but the issue of what organisations, and who they represent was also discussed. Finally it was agreed that there needs to be a set of criteria that is developed for organisations to be able to participate in an election procedure in regard to APCOM representation, that such criteria would include issues of being community owned and managed organisations, proof being offered through referral systems that such was the case, that these organisations were implementing HIV services, or are rights based, and so on.

The discussion then moved onto how the election procedure and the right to vote in such an election could be managed. It was agreed that APCOM should not do this itself, and that it should be managed within the country.

Participants discussed whether INFOSEM, a national network of LGBT and MSM and HIV organisations could facilitate the process and how this would be done.

The following were decided by the participants:

- Networks will not have the right to vote, only organisations working with MSM and HIV
- India will follow the process of selection if there are only one or two candidates; the candidate with the most votes will be nominated as the India sub-region community sector representative on the APCOM Board, the follow-up candidate as the alternate
- If there are more than two candidates then an election will be held
- All organisations who wish to participate in such an election need to be members of INFOSEM.
- INFOM will develop a vetting committee to include representatives from the meeting group
- A web-based voting system will be developed if necessary
- It is essential that community leaders in different parts of the country ensure that language specific documents are developed and disseminated. Participants agreed to take responsibility for this.
- It is agreed that 5 regional meetings in India and one national meeting will be held for networking and developing linkages. However the issue of funding support for this was not discussed in any detail. It was made clear that APCOM could not provide such funding for this process
- An e-group has been developed arising from a previous meeting to discuss round 8/9 GFATM proposal, and this could be used to disseminate information
- It was also agreed that if any organisation does not want to be a part of INFOSEM, they can still participate in the APCOM representative election procedure once they have been appropriately vetted.

Aditya Bondyopadhyay and Vivek Anand will develop the process document for dissemination.

Income and expenditure statement

Heads	Rate	Amount USD	Actual Expenditure (USD)
Accommodation	60 US\$ x 16 rooms x 3nights	2880.00	3190.00
Flights	190 US\$ x 14 flights	2660.00	3474.00
	4 international flights x \$500	2000.00	2099.00
Meals and refreshments	20 US\$ per person x 20	400.00	640.00
Meeting packs and general supplies		500.00	438.00
Other costs		250.00	0.00
Total		\$8690.00	\$9841.00

Donor support

APCOM	\$6000.00
NFI	2099.00
UNDP	1000.00
INFI	742.00
Total	\$9841.00

Annexure 1

Participants

Participants

India networks			
1	Andhra Pradesh	AMMA	G.C. Jaya Kumar
2	Tamil Nadu	TANMAI	Sunil Menon
3	National	NIPASHA	Vijay Nair
4	National	MSM and AIDS Task Force	Aditya Bandyopadhyay
5	National	INFOSEM	Vivek Anand
6	Andhra Pradesh	Suraksha	G. Krishna
7	West Bengal	MANAS Bangla	Anis Rai Choudhury
8	Karnataka	Sangama	Guru Kiran
9	Karnataka	Suraksha	E. Manohar
10	Uttar Pradesh	UPMATSU	Imraan Khan
Others			
	Nepal	Blue Diamond Society	Suben Dhakal (Manisha)
	Sri Lanka	Companions of Journey – Sri Lanka	Shermen de Rose
	Bangladesh	Bandhu Social Welfare Society	Shale Ahmed
	India	India NFI	Arif Jafar
	India	UNAIDS	Ashok Row Kavi
Observers			
	Alliance India		Sonal Mehta
			Alexander Matheou
	Pakistan	Red Ribbon Initiative	Qasim Iqbal
Organisers			
	Naz Foundation International		Shivananda Khan
	APCOM		Paul Causey

Annexure 2

Agenda: Day 1 9th June 2009

Time	Agenda item
9.00 – 9.30	Registration, tea/coffee and networking
9.30 – 9.45	Briefing on the UNAIDS/UNDP paper UNAIDS Action Paper
9.45 – 10.15	Review of main components of the paper
10.15 – 10.30	Understanding the UN mandates
10.30 – 11.30	Identifying gaps in the document
11.30 – 12.00	Tea/coffee break
12.00 – 13.00	Identify areas to support the implementation of the UNAIDS Global Framework in South Asia
13.00 – 14.00	Lunch
14.00 – 14.40	Review experiences of engagement and advocacy with local CCM processes Bangladesh India Nepal Sri Lanka
14.40 – 15.30	Review areas which CCM are lacking on MSM/TG engagement and M&E
15.30 – 17.00	Discussion on how CCMs can be lobbied to increase and strengthen partnerships beyond health departments and identify entry points to increase CCM engagement and understanding of MSM/TG and HIV
17.00 – 17.30	Summary and closure

Day 2

Process

Two sub-regions are represented at this meeting:

1. South Asia (excluding India) – the countries of Bangladesh, Nepal and Sri Lanka (Mongolia cannot attend)
2. India

Each group will discuss how best to select the appropriate community-sector representative and alternate to the APCOM Board. This process of selection will be produced as a document to be uploaded to the APCOM website.

In regard to the India sub-region, participants will also discuss strengthening networking amongst networks towards developing a common action agenda towards ensuring Universal Access.

Each group will develop their own agenda for their meeting as the opening session.

Annexure 3

Asia Pacific Coalition on Male Sexual Health

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:¹⁰

- **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 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.

¹⁰ http://www.msm-aids2006.org/documents/conceptnote_18aug06.pdf

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 devotes 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.

Structure

Sector	Sub-region	
MSM communities	Australasia	Australia and New Zealand
	China	China
	Developed Asia	Japan, Hong Kong, Macau, Singapore, South Korea, Taiwan,
	Greater Mekong	Cambodia, Lao PDR, Myanmar, Thailand, Vietnam
	India	India
	Pacific Region	Cook Islands, Easter Islands, Federated States of Mirconesia, Fiji, French Polynesia, Guam, Kiribati,

		Marshall Islands, New Caledonia, Niue, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuata
	South Asia (excluding India)	Afghanistan, Bangladesh, Bhutan, Maldives, Mongolia, Nepal, Pakistan, Sri Lanka
	S.E Asia (excluding GMS)	Brunei, East Timor, Indonesia, Malaysia, Philippines
Transgender representatives	2 representatives from transgender networks	
HIV +ve representatives	APN+	
Government	2 representatives nominated by UNAIDS	
Funding support agencies	2 representatives nominated by UNAIDS and donors	
Technical experts	3 representatives from supporting UN agencies	
	Media Advisor	
Chairperson		
Secretariat	Ex-officio	