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ASIA PACIFIC COALITION ON MALE SEXUAL HEALTH

in focus

Civil Society Perspectives on the 2011 HIV/AIDS HLM
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MEN WHO HAVE SEX WITH MEN

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The 2011 Political Declaration on HIV/AIDS

The 2011 United Nations Political Declaration on HIV and AIDS was adopted by the UN General Assembly at a High Level Meeting on AIDS in New York on 10 June. After 30 years of the epidemic, the silence was finally broken with the inclusion of men who have sex with men (MSM) as one of the key affected populations (along with people who use drugs and sex workers).

The Asia and the Pacific region consist of around 50 countries with a population of nearly four billion people. Many countries in the region have emerging -- and for some, highly concentrated -- HIV epidemics among MSM. Some estimates are: Bangkok, Thailand, 31% (2010); Chengdu, China, 9.1% (2007); Ho Chi Minh City, Vietnam, 14.8% (2009); Jakarta, Indonesia, 8.1% (2007)¹; Fiji, 0.7-2.0% (2005); India, 7.3% (2009); Nepal, 6% (2009/2010); Singapore, 4.2% (2007); South Korea, 5.5% (2006); Yangon, Myanmar, 12.5% (2009)². In the Philippines, MSM accounted for approximately 70% of all new HIV case reports in 2008-2009³. Yet the investment on HIV programming for MSM usually falls below 4%³.

The Commission on AIDS in Asia⁴ estimated that without significant resources and scaling-up of interventions, MSM populations will account for almost half of new HIV transmissions by 2020. The Commission on AIDS in the Pacific has reported that, excluding Papua New Guinea, a third of reported HIV cases in Pacific island countries are already through male-to-male sex.

This issue looks at what the 2011 Political Declaration addresses specifically for MSM and the impact on their lives in Asia and the Pacific region. However, most statements are also applicable to transgender people who were purposefully removed from the list of key affected populations (KAPs). It highlights the need for more advocacy around their recognition as a separate population from MSM.

in a nutshell

2011 Political Declaration, Paragraph 29: *“Note that many national HIV prevention strategies inadequately focus on populations that epidemiological evidence shows are at higher risk, specifically men who have sex with men, people who inject drugs and sex workers, and further note, however, that each country should define the specific populations that are key to its epidemic and response, based on the epidemiological and national context.”*

THE GOOD	THE BAD	THE UGLY
<ul style="list-style-type: none"> The 2011 Political Declaration on HIV and AIDS – signed by 193 UN member states - is the first such document to explicitly include MSM as a key affected population. 	<ul style="list-style-type: none"> Of the 105 paragraphs, the Declaration only mentions MSM once, in paragraph 29. The same paragraph provides a bail-out clause for countries to define their own ‘specific populations,’ which can exclude MSM. Paragraphs 2, 38 and 59 reaffirm the sovereignty of each country and ‘emphasize the importance of cultural, ethical and religious values’ of the local context. These can be used as grounds for not including MSM programming at country level. 	<ul style="list-style-type: none"> The Declaration failed to recognise transgender people as one of the key affected populations with high risk to HIV.

Advocacy efforts to hold governments accountable should centre around:

- Upholding human rights
- Creating enabling legal, social and policy frameworks
- Reviewing laws and policies that adversely impact the access to essential services.

unpacking key paragraphs

Leadership: uniting to end the HIV epidemic (paras 50-57)

Paragraphs 50 to 57 commit to address the HIV epidemic and recommit to redouble efforts to achieve, in particular, the Millennium Development Goal 6 to halt and begin to reverse by 2015 the spread of HIV. Leadership and ownership of HIV and AIDS responses are critical to address ‘unacceptably low prevention and treatment coverage’. Paragraph 53 on gender inequality and gender-based abuse and violence needs to be made stronger by including transgender people and MSM (particularly feminised MSM), as literature reviews have found evidence that violence against these groups including sexual coercion, is similar to that experienced by women⁵. Paragraphs 56 and 57 commit to support new community leaders, especially young people, living and affected by HIV; however, they do not specifically mention the other KAPs⁶ that the governments must engage with to address stigma and discrimination and support the scale-up of community-led HIV responses.

Prevention: expand coverage, diversify approaches and intensify efforts to end new HIV infections

(paras 58-64)

Paragraph 59 has many sub-clauses, which primarily aim at the general term ‘young people’ rather than suggesting specific targeting of the most-at-risk. Efforts should be targeted at KAPs in all sub-populations through specific messages in order to ensure effective evidence-based prevention approaches. Paragraph 59(c) on reducing risk behaviour and promotion of responsible sexual behaviour still refers to the ABC (abstinence, be faithful and consistent condom use) programme which is not evidence-based and is known to be ineffective⁷. More awareness raising is needed to both dispel the misconception that male-to-male sex does not have HIV risk and to build skills for safer sex negotiation and for safer sex practices. Paragraph 59(d) includes male and female condoms as one of the essential commodities for prevention but fails to include the need for condom-safe lubricants.

Advancing human rights to reduce stigma, discrimination and violence related to HIV (paras. 77-85)

These paragraphs (77-85) contain strong language to protect the rights of people affected by HIV, particularly people living with HIV but could be made stronger by explicitly naming the key affected populations, including MSM, all of whom neither enjoy the protections of basic human rights nor live free from stigma and discrimination. Paragraph 78 commits to review laws and policies that hamper effective HIV response but does not discuss that such laws and policies should be amended or eliminated. The joint APCOM-UNDP report shows that “19 of 48 countries in Asia and the Pacific region criminalize male-to-male sex.” These laws hinder HIV interventions often leading to human rights violations against MSM; however, even in the absence of criminalization, other provisions of law and legal environments such as public order and indecency offences are used to target MSM for harassment⁸.

Investments targeted at MSM and transgender people

A recent report* on donor investments for MSM and transgender people programmes in low- and middle-income countries has two major findings:

1. The majority of HIV donors and national governments do not track or publicly report on investments.
2. Where data is available, funding levels are not adequately allocated to meet the epidemiological burden and specific needs of MSM and transgender people

* MSMGF. 2011. An analysis of major HIV donor investments targeting MSM and transgender people in low- and middle-income countries

Research and development: the key to preventing, treating and curing HIV (paras. 100-101)

More qualitative social research is needed to deeply understand the lives of people being targeted for services by looking beyond the individuals and “...at the group dynamics, networks and structural factors that play a role, including class, poverty, gender norms and homophobia⁹.” Social research can play a key and integral part of the design and implementation of comprehensive HIV prevention, care and support programmes for MSM and transgender people. Furthermore, governments should expend resources on epidemiological research amongst MSM.

Young People and Sexuality Education (paras 25, 43, 56, 59(b) and (e), 83)

Again, the paragraphs on young people do not explicitly mention young key affected population (YKAP) including young MSM. According to the Commission on AIDS in Asia report the trend in Asia is that YKAP account for over 95% of ALL new HIV infections⁴.

However, the Declaration does not make this differentiation; it references abstinence, fidelity and condom use but does not mention comprehensive sexuality education, which would mean mentioning sexual orientation.

The age at male-to-male sexual debut is usually young, in teens or younger for most men^{10,11}. Furthermore, unprotected receptive anal sex – a practice carrying the highest risk of HIV transmission during sex – is a common experience for young men, especially as a first-time sexual experience¹¹.

YKAP have limited access to comprehensive and accurate information and services both in and out of school and therefore much less likely to know how to protect themselves. Government should support this group through direct engagement that includes the development of young leaders.

Young men practising male-to-male sex often lack power to effectively negotiate safe sexual practices. Sexual health education that addresses adolescent male sexual health for MSM either via the education sector or via health services is rare yet urgently needed. The availability of HIV and STI testing programmes that are accessible, do not require parental consent or involvement and message-appropriate for young MSM are nearly non-existent in most countries in the region.

Many young men practising male-to-male sex are likely to experience a wide range of issues that have been associated with heightened HIV risk, such as selling sex, sexual coercion, drug use, binge drinking and social isolation¹².

Asia and the Pacific: Leading the way for MSM and transgender people

For Asia and the Pacific, as highlighted by the reports from both the Commission on AIDS in Asia and the Commission on AIDS in the Pacific, local epidemics are largely driven by KAPs of people who use drugs, sex workers and men who have sex with men, including transgender people. The HIV epidemic among MSM continues to be dramatically on the increase in key cities in the region.

The UN Economic and Social Commission for Asia and the Pacific uses progressive language that advocates should look to, such as the UN ESCAP resolution 67/9, which mentions both MSM and transgender people as among KAPs.

The language aided the inclusion of MSM in the 2011 Political Declaration, which immediately was followed by the historic UN Human Rights Council Resolution on sexual orientation and gender identity.

Making Use of the Political Declaration

The 2011 Political Declaration requires governments to ensure specific programmes for MSM including prevention, access to treatment services and human rights. The Declaration acknowledges epidemiological evidence that MSM are at higher risk to HIV (along with people who inject drugs and sex workers). The Declaration should be used in conjunction with other global policy frameworks that reinforce attention to MSM programming such as the Global Fund Sexual Orientation and Gender Identify (SOGI) strategy, PEPFAR MSM Guidance, UNAIDS 'Getting to Zero' strategy and WHO guideline 'Prevention and Treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people.' For Asia and the Pacific, the UN Economic and Social Commission for Asia and the Pacific (UNESCAP) resolutions 66/10 and 67/9 note the high prevalence of HIV among MSM and transgender people (also noting that there is indication transgender people have higher HIV prevalence rate than MSM) and bring to government attention that legal and policy barriers impede effective HIV response. Advocates call on governments to:

- Promote specific policy measures to make prevention, care and support available to MSM
- Include MSM and transgender people as separate populations on national strategic plans with allocated programme funding
- Promote the implementation of legal, policy and structural reforms that led to easy access to health and legal services
- Work in close partnership with MSM community organisations at national and regional levels

End Notes

- 1 USAID-UNDP. 2011. Men who have sex with men and transgender populations: Multi-city initiative
- 2 UNAIDS, APCOM and HIV and AIDS Data Hub for Asia-Pacific. 2010. Country Specific Information on HIV, Men who have Sex with Men (MSM) and Transgender People (TG) <http://aidsdatahub.org>
- 3 USAID I HPI. 2005. The Value of Investing in MSM Programs in the Asia-Pacific Region p.2
- 4 The Commission on AIDS in Asia, 2008. Redefining AIDS in Asia: Crafting an effective response. Oxford University Press. Available at http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf
- 5 USAID I HPI. 2009. Gender Identity and Violence in MSM and Transgenders: Policy Implication for HIV Services p. 18
- 6 Includes injecting drug users, men who have sex with men, people living with HIV and transgender people, According to the UN ESCAP Resolution 67/9 http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110601_ESCAP_Resolution_67_9.pdf
- 7 The International Community of Women Living with HIV/AIDS (ICW). 8 Reasons why ABC does not work! Available at www.icw.org/files/briefingpaper-ABC.doc
- 8 APCOM-UNDP, 2010. Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action p. 3
- 9 Wadia, R. 2011. Moving from Sheer Quantity to Queer Quality: Emerging HIV and Social Research Issues among MSM and Transgender People http://www.apcom.org/news_article/items/Moving_from_sheer_quantity_queer_quality_emerging_hiv_social_res.html accessed 6 April 2012
- 10 Khan, S. 2007. Male intergenerational sexual relations in contemporary South Asia. Presentation to the 33rd Annual Meeting of International Sex Researchers, Vancouver, slide 12.
- 11 UNAIDS / APCOM. 2008. HIV and associated risk behaviours among men who have sex with men in the Asia and Pacific region: implications for policy and programming (working draft) p. 6., slide 17.
- 12 Van Griensven, F. 2009. HIV Epidemiological Status of men who have sex with men and transgenders in the Asia Pacific region. Presentation to the Ninth International Congress on AIDS in Asia Pacific APCOM Pre-Conference Forum: From 200 to 0 - Responding effectively to HIV among MSM and transgenders in Asia and the Pacific, Bali. slide 34.

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The **Asia Pacific Coalition on Male Sexual Health (APCOM)** is a regional coalition of MSM and HIV community-based organisations, the government sector, donors, technical experts and the UN system. The main purpose is advocating for political support and increases in investment and coverage of HIV services in Asia and the Pacific.

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The **Asia Pacific Council of AIDS Service Organizations (APCASO)** is a civil society network of non-governmental (NGOs) and community-based organisations (CBOs) that provide HIV and AIDS services within the Asia Pacific region.

APCASO supports and promotes the role of CBOs and NGOs in their response to HIV and AIDS, particularly those representing communities most affected by the pandemic, namely people living with HIV, sex workers, people who use drugs, men who have sex with men, transgender people, migrants and mobile populations, young people and women.

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