

Talking Points – Mr Prasada Rao (15 mins)

200 Forum, 8 August 2009

As I stand before you today addressing the 200 Forum, my thoughts go back some 10 years when I was the PD NACO in India. I was invited to attend a meeting of MSM community in one of the Delhi hotels. When I walked in, there were barely 20 people in the room, walking in gingerly so that nobody identified them. I was told later that the identity of the people was not revealed to the hotel authorities because of the fear that they may refuse permission.

Several years later in 2006 when the Risks and responsibilities consultation was held in a big hotel in Delhi, the response was not only several times more, but it was absolutely an open affair. All the hotel staff knew who participate were and they appeared quite comfortable serving the community members.

I am comparing these two events which occurred in a time frame of 6 years and wonder how far we traveled in securing an identity to communities like MSM, transgenders. In a movement like this, the fundamental principle is one has to remain optimistic and one should not lose hope. And why should you, when such important events are occurring one after another. The latest being the path-breaking judgment by the Delhi High Court setting aside the anti sodomy provisions in Indian Penal Code, making the first move towards decriminalization of male to male sex.

UNAIDS Executive Director, Michel Sidibé has just spoken of the progress in the response for MSM and HIV in the region since the September 2006 Risks & Responsibilities consultation in Delhi. Since R&R we have seen many promising developments in the region vis-à-vis MSM and national responses to HIV.

First and foremost – APCOM has become a reality and UNAIDS remains committed in supporting the coalition.

In many countries of the region, MSM community based organizations have emerged from the shadows of denial, formed formal or informal networks, given a voice to MSM and transgender people and are now invited and welcome at the table when plans are developed, proposals are drafted and then called upon to support implementation of activities and scale-up.

This is an exciting development and one that is seen in more and more countries across the region.

Indeed MSM and HIV has been “brought out of the closet” in terms of national governments as they lead responses that increasingly include MSM and transgender in the development and implementation of their plans to address HIV.

National Strategic Plans in countries from Sri Lanka and India to Mongolia and Cambodia include MSM as an at risk group with explicit programs targeting them within the plan.

In Bangladesh, there is a national MSM sexual health service – Bandhu Social Welfare Society which is providing sexual and reproductive health services to MSM. While the Pacific Sexual Diversity Network that includes Samoa, Tonga, Fiji, Vanuatu, Cook Islands and Papua New Guinea, has been established as regional umbrella network for the various individuals and organizations in the Pacific working on issues of HIV and sexual health with MSM communities and to support and strengthen national MSM groups.

Similarly the UN has come out of the closet in terms of addressing the issue of MSM and has done so in partnership with MSM and TG, their networks and their care providers.

The UN’s coming out is reflected in the release in May 2009 of the UNAIDS “Action Framework: Universal Access for MSM and TG people”. This Framework sets out the proposed response of the UN system to the issue of MSM and HIV, including the role

of UNDP as the lead agency in the UN family but also highlighting the different roles that the various UN agencies and the UNAIDS Secretariat are to take in this response.

These are all welcome developments as we consider the implications of the findings of the Commission on AIDS in Asia during today's forum.

Asia and the Pacific are on the brink of a large increase in new infections among MSM if risk behavior stays at current levels of low condom use with many concurrent male partners.

The inclusion of MSM in national strategic plans on HIV has increased significantly in the past several years and I believe that this is due in part from the advocacy efforts of you.

There are still contradictions within countries vis-à-vis MSM. In Pakistan and Singapore – both countries where male-to-male sex is illegal – national strategic plans include MSM. Meanwhile, Vietnam and Mongolia both have established programs addressing MSM but there is no specific reference to them in their national strategic plans.

Another country where MSM is not explicitly part of the national plan is Papua New Guinea and yet there is well documented male-to-male sex occurring. It is not surprising then that there are widespread reports of stigma and discrimination towards MSM and TG in PNG.

It is critical that we collectively address restrictive legal environments and to this end UNAIDS and UNDP are working together with governments and civil society partners to change laws and policies that impede our work and increase stigma and discrimination.

Another welcome development has been the inclusion of MSM in successful proposals to the Global Fund resulting in significant increases in funds in country for MSM activities. The challenge remains that these increased resources for MSM and TG are spent appropriately in this era of financial instability and that we identify the immediate and longer term capacity needs to effectively utilize these funds. We have seen impressive scale up of programmes in India where as of March 2009, there are over 300 Targeted Interventions working with MSM populations – almost 40 of them managed by CBOs.

However, there are still many challenges that we face every day.

Extreme stigma remains within societies towards MSM and TG. For those in these communities that are living with HIV, the stigma and discrimination is even greater – sometimes coming from their own communities.

It is important that the foremost focus on prevention does not exclude MSM living with HIV and therefore lead to increased stigma and discrimination from within your own communities.

The Institute for the Social Development Studies in Vietnam recently completed a survey of over 3,000 respondents with 65% admitting to keeping their sexual orientation a secret. The Institute in partnership with UNAIDS has designed a toolkit to educate families, media and authorities about MSM to reduce discrimination so MSM members feel freer to access services for health and HIV/AIDS.

Another challenge that I hope is discussed here during the Forum is how APCOM and your partners can address capacity issues with regard to the delivery of services. Nowhere is the capacity at community level adequate to ensure universal access to prevention, treatment, care and support services is achieved.

Unless these capacity issues are addressed we will not be successful in reducing the 200 new infections per day of MSM in the region.

Earlier this week, APCOM co-hosted a sub-regional meeting of the Insular countries – the continued development of APCOM and networks at the sub-regional, national and local levels is critical to our success or failure.

It is acknowledged widely that Asia and the Pacific is leading on MSM issues when compared with other regions around the globe. This must inspire us to work more strategically, more aggressively and more effectively in delivering programs for MSM and TG throughout the region.

We have plans and increasingly more and more resources, now we need more action – the regional and national rhetoric must move beyond words to local action to ensure that the projections of the Commission on AIDS in Asia are not realized.

The UNAIDS Executive Director introduced the UNAIDS Outcome Framework to a recent UNAIDS Programme Coordinating Board meeting, noting the addition of an outcome specifically addressing sexual transmission of HIV. This Outcome Framework – endorsed by the UNAIDS Cosponsors and the PCB – guides our future investment and notes that we can reduce sexual transmission of HIV among MSM.

Our collective challenge is to show that we – APCOM, UNAIDS and our partners – can deliver on the promises we have made to MSM and TG throughout the region.