

APCOM engagement in the 9th ICAAP, Bali, Indonesia



Final Report

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9th International Congress on AIDS in Asia and the Pacific
Australian Federation of AIDS Organisations
AIDS Society of Asia and the Pacific
Burnett Institute
Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters)
Family Health International
Hivos
Naz Foundation International
Open Society Institute
Pact
Population Services International
USAID Asia
UNAIDS
UNDP
UNESCO
The World Bank
World Health Organisation

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Acronyms

ACON	AIDS Council of New South Wales (Australia)
AIDS	Acquired Immune Deficiency Syndrome
AFAO	Australian Federation of AIDS Organisations
amfAR	American Foundation for AIDS Research
APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of Positive People
ASAP	AIDS Society of Asia Pacific
CBO	Community Based Organisations
CCM	Country Coordinating Mechanism
CDC	Centres for Disease Control
COARN	Coalition of Asia Pacific Regional Networks on HIV/AIDS
FHI - ARO	Family Health International – Asia Regional Office
GFATM	Global Fund for AIDS, TB and Malaria
HDN	Health Development Network
HIV	Human Immunodeficiency Virus
HIVOS	Humanistisch Instituut voor Ontwikkelingssamenwerking (Humanist Institute for Cooperation with Developing Countries)
HPI	Health Policy Initiative
ICAAP	International Congress on AIDS in Asia Pacific
INGO	International Non-Government Organisation
KC	Key Correspondents
MSM	Men who have sex with men (MSM) <i>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)</i>
MSMGF	Global Forum on MSM and HIV
NFI	Naz Foundation International
NGO	Non-Government Organisations
OSI	Open Society Institute
PLHIV	People Living with HIV
PrEP	Pre-exposure Prophylaxis
PSDN	Pacific Sexual Diversity Network
PSI	Population Services International
RTI	Research Triangle Institute
STI	Sexually Transmitted Infection
TG	Transgender
UCC	UNAIDS Country Coordinator
UN	United Nations
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United National Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation
WPRO	Western Pacific Regional Office
WSW	Women Who Have Sex with Women

Executive Summary

Highly concentrated and severe HIV epidemics among men who have sex with men (MSM) in urban areas across the Asia Pacific region are already well documented. Yet investments in HIV programming for MSM and transgender remain limited, representing less than 4% of the total spending for HIV programming in countries in the region.

Not only are there totally inadequate responses to HIV among MSM and transgenders and gross under-investments of resources, but prevention and care programme service coverage is also extremely poor. It has been estimated that targeted prevention programmes are reaching less than 8% of MSM, far short of the 80% coverage that epidemiological models indicate is needed to turn the HIV epidemic around in that population.

The Asia Pacific Coalition on Male Sexual Health (APCOM) was developed to advocate for these issues, following the clear identification of these concerns at the 2006 Risks and Responsibilities International Consultation on Male Sexual Health and HIV in Asia and the Pacific in New Delhi, India.

The 9th International Congress on AIDS in Asia and the Pacific (ICAAP) was held in Bali, Indonesia, 9-13 August 2009. The conference promised to bring together the significant players and key stakeholders involved in HIV prevention and AIDS treatment in the Asia Pacific region, thus providing a key advocacy platform for APCOM to highlight the urgent need to address universal access issues for MSM and transgenders in the region.

APCOM, with support of a wide range of donors and partners, organised a large number of very successful activities – forums, satellites, a symposium, caucus meetings and more. It began with the ‘sold-out’ one-day pre-conference MSM Community Forum called *The 200 Forum (From 200 to 0: Responding Effectively to HIV among MSM and TG in Asia and the Pacific)*, highlighting the fact that nearly 200 MSM are being infected with HIV each day across Asia, according to the 2008 report of the Commission on AIDS in Asia.

The 200 Forum

Speaker	Institution
Dede Oetomo	GAYa Nusantara, Indonesia
Michel Sidibi (video)	Executive Director, UNAIDS
Don Baxter (Chair of the plenary)	Executive Director, AFAO and Co-Chair MSMGF
JVR Prasada Rao	Director, UNAIDS Regional Support Team, Asia Pacific
Dr Frits van Griensven	Senior Research Director, US CDC/Thailand
Dr Swarup Sarkar	Director, Asia Desk, GFATM
Shivananda Khan OBE	Chairperson, APCOM and Chief Executive, NFI
Jeff O’Malley	Director, HIV/AIDS Practice, UNDP
Kevin Frost	Executive Director, amfAR
Felicity Young	RTI-HPI, Greater Mekong
Andrew Tan	MSM PLHIV, APN+
Paul Causey	Executive Management Consultant, APCOM
Niraj Singh	AIDS Task Force, Fiji

Michel Sidibi, Executive Director UNAIDS, provided a very strong message of support to APCOM and to the delegates at the 200 Forum, and urged addressing stigma and discrimination against MSM and transgenders, while Don Baxter, chairing the Morning Plenary, spoke on the strengthened relationship between the Global Forum on MSM and HIV and APCOM and how they share mutual goals. Mr. Rao highlighted the development of APCOM in the region as a key advocacy institution and the urgent need to address national governments’ poor response to the health needs of MSM and transgenders. This was followed by Dr. van Griensven’s latest epidemiological update on HIV prevalence in the region, highlighting the impact of syndemic issues on MSM and transgender vulnerabilities that increase risk of HIV infection and announcing the region’s now known highest HIV prevalence rate of 34% among transgenders (“waria”) in Jakarta, Indonesia.

Dr. Swarup Sarkar highlighted the disproportionately low resource allocation for HIV services for MSM and transgenders, but said with the development of the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM)

guidelines on sexual orientation and gender identities, there is the potential to link MSM interventions with the Millennium Development Goals and the GFATM's promise on global health. Shivananda Khan, as Chairperson of APCOM, highlighted the urgent need to address stigma, discrimination, and violence targeted at MSM and transgender people, all of which act to socially exclude them from support and care and deny them citizenship rights, defining this state of affairs as a "crime against humanity."

Finally, Jeff O'Malley of UNDP ended the first session of the morning plenary, speaking on the need to develop partnerships and alliances to address the broader issues of stigma and discrimination, resource allocation, and adequate coverage, stressing the need for allies from a broad range of stakeholders. He also highlighted the growing infection rate of the wives of men who have extra-marital sexual encounters, including encounters with other men.

During a break, questions were solicited from the delegates which speakers were asked to respond to when the forum resumed. These questions reflected issues in regard to GFATM processes, strategic information and knowledge management, working with CCMs, HIV surveillance, leadership roles of various stakeholders, sexual health products, gender guidelines for MSM and transgenders, and strengthened media advocacy.

After the Q&A session, Kevin Frost of the Foundation for AIDS Research (amfAR) shared the results of an amfAR study on the impact of their MSM Initiative, pointing out that MSM and transgenders have largely been failed by global institutions, and the urgent need to build the evidence base to inform HIV interventions and develop a series of good practices of possible models of effective interventions. This was followed by Felicity Young of Health Policy Initiative – China and GMS (HPI RTI), pointing out that we had been moving in an advocacy wilderness, but that the landscape was changing, with such events as the 200 Forum and the development of APCOM. She provided a brief history of advocacy in the region, and highlighted the key role of MSM and transgender leadership, and the need for effective costing tools along with population size estimations, all of which are key to effective advocacy.

Andrew Tan spoke movingly on the issues of MSM and transgenders living with HIV in the Asia Pacific region, including the "double or even triple jeopardy" that often arises when one is HIV positive in addition to having non-normative sexual orientation or gender identity. Finally Paul Causey, Executive Management Consultant for APCOM, spoke on the APCOM structure and community representation, as well as the process of strengthening community engagement and legitimacy.

In the afternoon session delegates broke into eight groups based on APCOM's geographic sub-regions. Responses from the different sub-regional groups provided feedback to delegates in addition to critical information for APCOM's immediate and long-term work planning and identified specific tasks their own community-based organisations should and/or would take.

The Forum ended with a dinner-under-the-stars and live cultural performances featuring Indonesian MSM and TG community performers.

APCOM's other activities during the 9th ICAAP

APCOM also co-hosted a range of other activities during the conference. These included:

1. Satellite session on *MSM and HIV in the Asia Pacific – Cross-cutting Issues*, with FHI and WHO as co-sponsors, which brought together speakers on female partners of MSM, MSM and drug use, MSM youth, and MSM engaged in sex work.
2. Satellite session on *Gender Variance and Male-male Sexualities across the Global South*, with Hivos as a co-sponsor. Speakers from India (Asia), Fiji (Pacific), South Africa (sub-Saharan Africa), and Peru (Latin America), spoke of gender variance within their specific contexts and barriers to HIV services as a result.
3. Symposium on *Overcoming Legal Barriers to Comprehensive Prevention among MSM*, co-sponsored by the United Nations Development Program (UNDP). Key individuals working on addressing legal barriers were brought together, and included Justice Michael Kirby of Australia, Dame Carol Kidu of Papua New Guinea, Professor Vitit Muntarbhorn, Thailand, and Anand Grover, India. In addition, John Godwin presented the process and methodology he is following in conducting a study on these legal barriers for UNDP and APCOM currently underway.

Beyond this, APCOM also strengthened sub-regional networking by offering a large range of caucus meetings which included:

- Developed Asia (from which emerged the new Developed Asia Network)
- Pacific (which was used by the Pacific Sexual Diversity Network to launch their three-year strategic plan and website, and conduct the PSDN Annual General Meeting)
- Transgenders (from which emerged the new Asia Pacific Transgender Network)
- Muslim identified MSM (a meeting that greatly empowered the participants, limited to MSM, WSW and TG who were Muslim, and is expected to lead to a new network, along with some key future activities)
- South Asia (with members furthering their planning to form a sub-regional network among South Asia countries other than India).

Conclusion

APCOM's participation in the 9th ICAAP was shown to be a very worthwhile investment in time, money and resources, with 220 delegates at the 200 Forum, well-attended, often over-subscribed, satellites and a symposium, active participation at the caucus meetings, strengthened engagement by sub-regional representatives with APCOM, along with key advocacy messages being delivered by APCOM's media engagement and on its website (<http://msmasia.org>), and the strengthening of relationships with key APCOM donors, supporters and partners. Lessons have been learnt, in particular organising our media engagement much earlier in the process, and having a stronger on-site media presence to ensure appropriate coverage of the issues raised by APCOM and its ICAAP activities.

None of this would have been possible without extensive support and encouragement from key donors and supporters who include the 9th ICAAP LOC, which accepted APCOM's offer to partner with the LOC and present a stream of MSM and TG activities and sessions, along with AFAO, ASAP, Burnet Institute, COARN (7 Sisters), FHI, Hivos, NFI, OSI, Pact, PSI, USAID, UNAIDS, UNDP, UNESCO, the World Bank, and WHO.

Further, APCOM would like to acknowledge the key technical and logistic support given: Iman Abiasa, Ben Bavinton, Richard Burger, Tom Boellstorff, Paul Causey, Charles Clay, Vincent Crisostomo, Daniel Irfan, Dredge Kang, Elisha Kor, Amanda Morgan, Dede Oetomo, Tono Permana, Harry Prabowo, and Elis Widen, along with Windy of Pacto Conventions Services in Bali.

Key recommendations

APCOM has four key advocacy goals:

1. Increased investment from governments, donors and civil society 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 and geographic coverage of comprehensive HIV prevention, treatment, care and support interventions for men who have sex with men and transgenders in the Asia Pacific region.
3. Strengthened evidence-base for advocacy, policy development, programming and reducing the societal, legal, and institutional obstacles for the above.
4. Good practices promoted, as identified (for example) in the document *Principles of Good Practices* that was adopted at the Risks and Responsibilities Male Sexual Health and HIV in Asia and the Pacific International Consultation, New Delhi, India, 23-26 September 2006, to governments, donors, international, national and local non-government organisations.

Speakers and delegates at the 200 Forum reaffirmed the APCOM advocacy goals and urged a strengthened advocacy response to the issues and needs identified during the Forum in the light of the growing crisis of HIV infection among MSM and transgenders in the region.

The following recommendations were addressed to the UN system and other global and regional stakeholders:

1. Advocate strongly to donor agencies, Governments and civil society to allocate a higher proportion of resources to increase the coverage and improve the delivery of a comprehensive package of HIV prevention, treatment, care and support services for MSM and transgenders. This should be guided by up-to-date, high-quality data on population size estimations, HIV prevalence, specific resource needs, and the range of

syndemic issues that are associated with risks and vulnerabilities of MSM and transgenders, including social and institutional stigma and discrimination.

2. Reducing HIV risk and vulnerability is not only about a lack of knowledge, condoms, or lubricants; it is also about changing the environment in which risky behaviours take place. It is critically important that these social factors are also addressed. This means continuous advocacy with government to change, or repeal, laws and policies that discriminate against, or criminalise, MSM and transgenders while enabling MSM and transgender social and sexual networks to develop as communities in order to engage more effectively in the national response to HIV. It also means that issues related to mental health need to be addressed, including social isolation, depression, alcohol and drug use, as well as feelings of self-loathing/internalized homophobia, and so on.
3. Working with a range of partners and allies, address the vulnerability of female sex partners of MSM. This is particularly important in countries where a large number of MSM are more or less compelled to marry a woman and start a family, often due to cultural, societal and family pressures.
4. There is urgent need for national and local MSM and transgender organisations to effectively be allowed to engage in the development of national and regional proposal development for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) to increase access to appropriate service development, targeting and funding. It was strongly recommended that local and national community-based organisations be provided with skills-building, capacity and leadership development in regard to the GFATM, its architecture, methodology, processes and engagement with the CCMs to ensure that this occurs. A related recommendation was the need to develop a guide for GFATM Country Coordinating Mechanisms, Principal Recipients/Sub-recipients and Technical Review panelists on good practices for engaging with MSM and transgender organisations to directly provide services.
5. Recognising that the HIV risks and vulnerabilities of MSM and transgenders are often intertwined with other risk behaviors, such as drug use (including injecting drug use), engagement in sex work, unsafe sex with female partners, as well as with the particular propensity for risk-taking that occurs during adolescence, it was strongly recommended that partnerships should also be developed between organizations that address various most-at-risk behaviors or particular vulnerable populations to address common concerns and issues.

The following were addressed to APCOM specifically:

1. Strengthen partnerships, build alliances, and forge critical linkages of organizations working for MSM and transgenders with Government partners and key institutions across the region, such as the UN system, reproductive and sexual health agencies, women's organisations, human rights organisations and others in order to develop a comprehensive advocacy strategy to promote the health and well-being of MSM and transgenders.
2. Assist in strengthening existing and emerging sub-regional networks in Asia Pacific thus enabling them to become more effective in providing leadership, advocacy, capacity-building support, resource mobilising, and engagement in the HIV response at the sub-regional, national and local levels.
3. Develop a series of resource-mobilising guides for MSM and transgender sub-regional and national networks, as well as local community-based organisations to engage more effectively in GFATM proposal development, advocate with the CCMs, as well as strengthen their proposal development skills.
4. Help document good practices from across the region and elsewhere, and disseminate widely to key stakeholders in the region, while engaging in advocacy to ensure implementation. This should include assisting sub-regional and national networks and community-based organisations in developing abstracts and presentations for national, regional and global meetings, consultations and conferences.
5. Provide knowledge development and management support on collecting and disseminating strategic information across the range of issues that affect MSM and transgenders' sexual health and well being.
6. Develop and advocate a range of policies that would strengthen and enhance HIV programming for MSM and transgenders.
7. Leverage technical assistance, mentoring and support to address capacity needs of MSM and transgender-community based organisations.
8. Provide support to address issues of faith of MSM and transgenders towards reducing stigma, discrimination and violence as outcomes of religious belief.
9. Provide support to address issues of living openly as an MSM or transgender person towards reducing stigma, discrimination and violence as outcomes of the culture, society and local or national ideologies in all societies, including those that may be non-religious.
10. Involve young MSM and transgenders in the work, including the use of the digital tools that adolescents and young people use themselves to communicate, such as social networking sites, message boards and

blogs, to convey key messages, such as those about safe sex and HIV care, and to offer community-building to lead to increased discussion and self-awareness.

11. Adopt an aggressive media plan, including personalized digital news sites such as blogs, to establish APCOM spokespeople as "thought leaders" to whom the media can turn to for quotes and opinions that convey the best and most current messages about social, religious and cultural stigmatization and influence regional government to become more involved.
12. Develop a strong MSM, transgender, and HIV issues focus throughout the 10th ICAAP in Busan, Korea in 2011, building upon the successes of APCOM at the 9th ICAAP while formalising the successful working relationship with the Global Forum on MSM (MSM-GF) through written agreement on specific areas of collaboration including development of key policy papers and commentaries and joint support of activities of both organizations at AIDS 2010 (Vienna, Austria) and the 10th ICAAP.

Background

In 2008, the Independent Commission on AIDS in Asia released a report entitled “Redefining AIDS in Asia – Crafting an effective response” calling for the urgent scale up of prevention interventions that are known or agreed to prevent infection with HIV among men who have sex with men and transgender and include access to treatment, care, and support for those already living with HIV.

Highly concentrated and severe HIV epidemics among men who have sex with men (MSM) in urban areas across the region are already well documented. For example, the estimated HIV prevalence rate in Bangkok is 30.7%¹; Phnom Penh – 8.7%²; Mumbai – 9.6%³; and Beijing – 5.8%.⁴ Yet, investments in HIV programming for MSM remains limited, ranging from 0% to 4% of the total spending for HIV programming in countries region-wide.⁵

In the majority of the countries in the Asia Pacific region, there is a lack of HIV interventions for MSM and transgenders which comprehensively 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, far short of the 80% coverage that epidemiological models indicate is needed to turn the HIV epidemic around.⁶

The Asia Pacific Coalition on Male Sexual Health (APCOM) developed and hosted a series of activities, including a day-long pre-congress MSM and HIV satellite meeting at the 9th International Congress on AIDS in Asia and the Pacific (ICAAP) called *The 200 Forum*. By working with its UN partners (UNDP, UNAIDS, UNESCO and WHO), international non-government organisations, bilateral and multilateral development agencies, regional and national networks and community groups, donors and the ICAAP local organizing committee, APCOM aimed to capitalize on the 9th ICAAP platform to increase its advocacy and partnership building mandates with government policy makers, donors and international institutions as well as to local and national CCMs, NGOs, CBOs, networks and community groups.

As a part of the engagement of APCOM with the 9th ICAAP it signed a letter of partnership with the ICAAP Local Organising Committee and Community Forum for the various events that it developed.

A notable impact followed the similar collaborative effort by the Global Forum on MSM and HIV (MSMGF) presentation of a pre-conference MSM and HIV Satellite meeting as a part of the XVII International AIDS Conference (AIDS 2008) in Mexico City, Mexico. This concerted effort ensured that the growing HIV epidemic among MSM globally shared centre-stage attention at the AIDS 2008 for perhaps the first time in the history of the AIDS epidemic.

Goal, objectives, and outputs

The ICAAP conferences brings together the significant players and key stakeholders involved in HIV and AIDS prevention in the Asia Pacific region and provides a key advocacy platform with a diverse range of stakeholders urgently needed to address universal access issues for MSM.

¹ 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).

² 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]

³ 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.

⁴ 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.

⁵ *HIV expenditure on MSM programming in the Asia Pacific region*. Constella Futures/USAID (2006), available at www.healthpolicyinitiative.com.

⁶ Executive Summary- *Redefining AIDS in Asia - Crafting an Effective Response* (2008). Commission on AIDS in Asia. Oxford University Press, New Delhi, India (2008):4.

The goal of the APCOM Pre-Congress Satellite on MSM (*The 200 Forum*) and its other activities was to advocate for the immediate scale up of effective and evidence-based HIV interventions for MSM, strengthen sub-regional MSM and networking, while addressing specific issues and concerns, through the following outcomes:

1. Increased understanding of the current state of HIV among MSM (including transgenders) in Asia and the Pacific and within a global context;
2. Empower individuals and MSM and HIV organisations to more effectively advocate for the needs of their constituencies;
3. Enlist the participation and commitments of all sectors of the HIV response including governments, researchers, donors and international non-government organisations in partnership and collaboration with affected individuals and communities.

Key activities

- Host a one-day pre-conference MSM and TG meeting on 8th August, 2009, entitled *The 200 Forum*, supported by a broad range of donors and partners
- Satellite meeting: *MSM and HIV in Asia and the Pacific: Cross-Cutting Issues* (Female partners, sex work, drug use, youth), 10th August, 2009, co-hosted with Family Health International Asia Regional Office and WHO Western Pacific Regional Office
- Satellite meeting: *Gender variance and male-male sexualities across the global south*, 10th August, 2009, co-hosted with Hivos
- Symposium: *Overcoming legal barriers to comprehensive prevention among MSM*, 11th August, 2009, co-hosted with UNDP
- Sub-regional Caucus meetings for:
 - Developed Asia Network
 - Pacific Sexual Diversity Network
- Special interest caucus meetings for:
 - Asia Pacific transgender network
 - Muslim identified MSM, WSW and TG
- Media advocacy
- Donors' reception

Participation

The APCOM Pre-Congress Satellite on MSM and HIV delegates was primarily for MSM and transgenders from the sub-regional and national networks, national NGOs and community based organisations, interested ICAAP delegates, with the participation of key stakeholders from the government sector, INGOs, donors and the UN system. Over 200 delegates attended this Forum.

The satellite and symposium sessions were open to the conference delegates, and all were very well attended. Similarly the caucus meetings, while primarily for delegates specific to the sub-region or issue, were also open to delegates, except for the Muslim identified MSM caucus meeting, which was closed and by invitation only.

Donor partners

APCOM had signed a letter of partnership with the ICAAP Local Organising Committee and Community Forum and enlisted a range of donor partners to help meet the objectives for participation in the 9th ICAAP. Donors and supporters that committed funds and/or in-kind support for the pre-conference community forum, and/or for the other activities during the conference included AFAO, ASAP, Burnet, COARN, Hivos, LOC (9th ICAAP), FHI, OSI, Pact, PSI, UNAIDS, UNESCO, UNDP, WHO and the World Bank.



The 2009 APCOM MSM and HIV Forum

A pre-9th ICAAP Community Forum

From 200 to 0: Responding effectively to HIV among MSM in Asia and the Pacific

Every day nearly 200 MSM become infected with HIV in Asia
Commission on AIDS in Asia 2008 report

PROGRAMME			
Time	Session	Content	Speakers
08.00	Registration	Networking and refreshments	
09.00	Welcome	Welcome to Indonesia and APCOM	Dede Oetomo, APCOM/Insular Southeast Asia
		Video Message	Michel Sidibi, Executive Director, UNAIDS
	A call to action		Chair, Don Baxter, AFAO, and Co-Chair, MSMGF
09.10		A challenge to civil society and delegates	J.V.R. Prasada Rao, Director, UNAIDS Regional Support Team-Asia and Pacific
09.30	HIV among MSM in the region	Epidemiology of HIV among MSM/TG in Asia and the Pacific	Dr. Frits van Griensven, US CDC
09.50		Government and donor response	Dr. Swarup Sarkar, Director, Asia Desk, GFATM
10.10	You are not alone	The road to APCOM – the road ahead	Shivananda Khan, Chair, APCOM Chief Executive, NFI
10.30		The UN system response and pledges	Jeff O'Malley, Director, HIV, UNDP
11.00	<i>Tea break</i>		
11.30	Questions and Answers	From audience submission	Moderator: Ferdie Buenviaje, APCOM/Insular Southeast Asia
12.00	Service interventions, programmes and actions	Donor/implementer	Kevin Frost, Executive Director, amfAR
12.15	Advocacy	Advocating for scaling up MSM services	Felicity Young, HPI Project, Greater Mekong Region
12.30	We won't – we cannot – forget	MSM and PLHIV	Andrew Tan, APCOM/APN+ MSM
12.45	Who is APCOM	Introduction to APCOM and its objectives	Paul Causey, APCOM
13.00	The afternoon session	Review of agenda and outline of breakout session	Paul Causey, APCOM
13.15	<i>Lunch</i>		
14.15	Speaking with one voice	Community input – process of breakout sessions Goal: Strengthen the ability of APCOM to represent the MSM/TG communities it serves by empowering them to openly engage with APCOM and with one another	Niraj Singh, APCOM/Pacific
14.30	Breakout sessions	Groups representing APCOM sub-regions/areas*	Facilitated by APCOM community sector representatives
15.30	<i>Tea served during breakout session</i>		
16.00	Community feedback	Breakout reports (8)	Tono Permana, Burnett, Indonesia
15.30	Closing remarks	Make it happen	Shivananda Khan, Chair, APCOM Chief Executive, NFI
19.00	<i>Dinner and cultural show</i>		

Speakers

Speakers	Summarised content
Dede Oetomo	Welcomed delegates to Indonesia and to the APCOM 200 Forum
Michel Sidibi – video message	Apart from welcoming APCOM and the 200 Forum, Michel Sidibi highlighted the recent Delhi High Court ruling in reading down Section 377 of the India Penal Code – which criminalised male same-sex behaviours as “against the order of nature” – as an example of good practice towards addressing stigma and discrimination targeted at MSM which was centrally important to reduce the very high rates of HIV infection among MSM in the Asia Pacific region. He also emphasized the place of greater equality for MSM and TG in the context of human rights more generally.
Don Baxter Chair of the morning plenary	Speaking on behalf of the MSM Global Forum on MSM and HIV, Don Baxter congratulated APCOM on organizing the 200 Forum as an event that’s part of a global movement among MSM and transgendered persons. He emphasized the strong attendance at the forum of transgender people and HIV+ MSM as well as critical signs of the health and growth of the organization. He noted that APCOM had its origins in the Asia Pacific region, with a satellite meeting at the Bangkok International AIDS Conference in 2004. This and other key events also led to the development of the MSM Global Forum. He also noted that Papua New Guinea was one of the hardest areas for MSM work, but at this Forum there were 9 representatives from PNG present. He pointed out that forums like this are an important part of the accountability mechanism for the global HIV and AIDS response, noting the importance of hearing not only what people do, but also questions asked of presenters.
J.V.R Prasada Rao	Mr Rao pointed out that over the past few years there had been a real growth in MSM and HIV organizing, and that it was important not to forget how far we had come. We needed to be optimistic that engagement with the community will bring positive results. Since the Risks and Responsibilities meeting in Delhi (2006), many positive things had happened. One of the biggest of these was the emergence of APCOM itself; MSM communities and organizations “emerging from the shadows in the region” and now more “welcome at the table” in terms of developing and implementing programmes. This was an exciting development. National responses increasingly now included MSM and transgenders in regard to HIV and AIDS. UNAIDS and others have used this opportunity to emphasize the importance of addressing the issues and concerns of MSM and transgenders, shown increasingly with governments’ national AIDS plans, and by donors, recognising the risk that by 2020 MSM and transgenders will be the biggest group of HIV-infected persons. He also highlighted the criticality to collectively address the national environments in terms of laws and policies that discriminate against MSM and transgenders, pointing out that it was important that HIV and AIDS work not focus solely on prevention and thus contribute to the stigmatization of MSM and transgenders with HIV and AIDS. In the Asia Pacific region, we are getting more access to resources, and so now we need to see more action.
Frits van Griensven	Frits Van Griensven, Chief, Behavioural Research, US CDC/Thailand, presented new data showing that epidemics in the region are accelerating, with estimated HIV prevalence rates in Bangkok above 30 percent, and hovering just below 30 percent in Yangon, Myanmar. One ominous trend, he said, was the high rate of infection among the youngest segments of the MSM and TG communities. A newly completed study in Thailand that followed 1,000 HIV-negative MSM for 3 years found that eventually 20 percent became HIV infected with HIV. Among those between 18 and 22, the infection rate was a staggering 30 percent. He pointed out that in many developing countries, a lack of data was made worse by legal and law enforcement issues. In terms of syndemic conditions, the most significant point raised in the Bangkok MSM Cohort Study was that 57.6% expressed feelings of social isolation (demonstrating that there was a linear correlation between the number of syndemic conditions mentioned and recent unprotected sex and HIV prevalence). He urged greater investment in addressing these syndemic conditions as a part of a comprehensive approach to providing HIV services for MSM.
Swarup Sarkar	Dr. Swarup Sarkar of the Global Fund for AIDS, TB and Malaria said that despite statistical evidence, investments in HIV programming for MSM remain dramatically limited. He linked MSM interventions to the Millennium Development Goals – the condition of MSM can be used as a kind of a litmus test for the Millennium Development Goals in Asia. But resources for

	<p>MSM are disproportionately low. He discussed the Global Fund and its promise for Global Health, where the GFATM Technical Review Panel now has both a sexual minority and an Asia Specialist. However, it remains “too little too late” and there is an estimated \$3 billion gap in terms of needs for MSM HIV programming in the region. So the battle for prioritization has not yet been won, particularly in comparison to programmes for the general population, youth, injecting drug users, and others, and with little resources provided for policy change work. 75% of countries do not have any funding for MSM in their country plans. Agenda for action: continued advocacy, increased resources, defined standards of services, capacity-building, and de-criminalization/policy change, including winning the debate over civil society. “This is all about human rights,” he said. “Almost everywhere in Asia and the Pacific, the MSM epidemic is going up, even if the overall HIV infection rate in some countries is declining. Unless we address it immediately, it will produce a huge number of infections and will require huge amounts of resources. Over the last five years a cumulative \$4 billion was spent by countries in the region, but MSM investment is less than \$100 million.”</p>
Shivananda Khan	<p>APCOM Chairperson Shivananda Khan, OBE, told the audience that the failure of national governments to allocate resources to their MSM and TG communities constitutes nothing less than “a crime against humanity.” “MSM are beaten, criminalized, harassed, denied services and imprisoned. No wonder HIV is increasing so rapidly. It is not only about condoms. We cannot get medicine. We are not accepted as human beings. It is this discrimination that leads to high rates of HIV, where nearly 200 MSM and TG are infected every day across the Asia Pacific region – this number is shocking and shameful – a crime against humanity. The only way we can win this battle is if we work together and stand shoulder to shoulder to address the crisis so this genocide stops. We have the technology and the evidence to stop it, and enough is enough. What we are dealing with is a crisis in human lives.”</p> <p>While APCOM was birthed two years ago in Colombo at the VIIIth ICAAP, it goes all the way back to 1992 to the 2nd ICAAP held in New Delhi, where MSM had to meet outside the conference venue in the nearby park because no space was provided. He also talked of “a toxic masculinity” with multiple negative consequences ranging from stigmatization to murder. Finally he discussed the critical importance of building strategic alliances and partnerships that can then in turn engage with national and global institutions. Urgent needs include investment, scaling-up of coverage, strategic knowledge, and addressing stigma and discrimination. But it was important to remember the importance of a vision of hope and compassion.</p>
Jeff O’Malley	<p>Jeff O’Malley, Global Director, UNDP, HIV/AIDS Group, began with a personal story of living in Sri Lanka in 1980 and coming out to another man, stating that he was a man who “loved other men,” an issue not usually discussed with the use of the term MSM. This silence of relationships can also disempower many socially identified men who have sex with me with the use of the term MSM.</p> <p>Following this personal anecdote, he went on to talk about the early 1980s response to HIV in North America with gay organizing and mobilising, where a lot of friends and a long-time partner were lost to AIDS. The importance of community-building as part of HIV/AIDS prevention and treatment was highlighted. The case of changing of Article 377 in India was very significant in this regard in terms of giving strength and resilience to sexual minorities in India in the years to come.</p> <p>O’Malley also addressed a number of other issues:</p> <p>We now know that for MSM and transgenders in Asia and the Pacific, the epidemic is getting very bad, but it’s much like North America in the 1980s in that it’s largely a silent epidemic; we need to make more noise and create more visibility. The 200 Forum was such a process. While APCOM is about engaging with MSM and transgenders, it is also about forming partnerships and alliance, and we also needed to acknowledge the many heterosexual men and women who are supporting this struggle. While the effort against HIV for MSM and transgenders in Asia Pacific should be led by MSM and transgenders, we also need allies. In terms of the current situation, we can learn from the history and experiences of North America and elsewhere – the successes and failures – without having to copy that history, realizing that things in the region are different. At the same time other parts of the world can in turn also learn from the region.</p> <p>The role of UN agencies and multilateral organizations is limited but strategic. Three key principles for the UN in this regard: (1) grounding our work in an understanding of human rights; (2) evidence-based action (including social research); (3) action requiring a coalition of</p>

	<p>partners (including a foundational role of community-based organizations). We need coalitions and separate spaces. We also need to build on cutting-edge engagements with new technology and moving forward the political dialogue. We also have to work for reducing infection in women, since so many women in the region are infected unknowingly by male partners, who are having sex with men.</p> <p>He ended with the comment that “Diversity gives the community strength. So does adversity – the fights against sodomy laws, against the day-to-day discrimination and invisibility. These causes are important in and of themselves, but just as important, they forge new communities and a new generation of leaders. The development of new partnerships and leaders is essential to reducing the rate of HIV infection and continuing the struggle against HIV.”</p>
Questions	<p>Questions and responses reflected the following:</p> <ul style="list-style-type: none"> • Capacity building and the Global Fund • Strategic information and data critical to proposal development • Building alliances and partnerships to work with CCMs • UNAIDS Action Framework and gender guidance for MSM and transgender • Issues around PrEP and discordant couples • HIV surveillance and MSM and transgenders – the role of US funding support • Leadership roles of various stakeholders, including HIV positive persons – the situation and the audience would determine who should best person to speak • Sexual health products such as lubricant and condoms • Message to the media: Jeff O’Malley highlighted two areas: 1) the central importance of engagement of MSM and transgenders in turning around the HIV epidemic, and 2) While the approach should focus on public health rationale in engaging with MSM and transgender people, but also for human rights reasons. Frits van Griensven pointed to the enormous tragedy unfolding the region, particularly Indonesia, Myanmar and Thailand, while other countries there is time to prevent similar tragedies from occurring. Shivananda Khan finally pointed out that we are dealing with a crisis in lost human lives with too many of us fighting on our own, and where we urgently need to address this crisis.
Kevin Frost	<p>Kevin Frost pointed out that we were beginning to understand the depth of the problem, as was identified earlier on in the meeting in regard to the epidemiological data that Frits van Griensven pointed out. But it is clear that MSM and transgenders have largely been failed by global institutions. So where do we go from here? However even if we had the money we need, he was not sure we know how we’d best spend it, since the evidence base for MSM and transgenders was very small. We need to build that evidence base.</p> <p>Based on evidence garnered by the amfAR MSM Initiative, key models approaches include: (1) increase MSM-friendliness of mainstream clinics; (2) mobile clinical services to MSM communities; (3) link VCT programs to operations research; (4) integrate MSM and transgender into a general most-at-risk-populations (MARPs) approaches. At the same time evidence is growing that a comprehensive prevention package that is multi-layered and simultaneous provides the best and most effective approach to reducing HIV risk and vulnerability while addressing stigma, discrimination and social exclusion.</p>
Felicity Young	<p>Felicity Young of the Health Policy Initiative spoke on “Advocacy, Simple and Complex.” Key questions should be asked: Why the profound policy inertia when we’ve known about the MSM and transgender risks and vulnerabilities to HIV in the Asia Pacific region for several years? Why has the response been so poor when we’ve known about the growing problem for so long? The violations of human rights and lack of leadership? Was it a lack of compelling data? Or not using the data appropriately?</p> <p>She stated that we had been moving in an advocacy wilderness for some time, but the landscape is changing. Advocacy is an art and a science, and there is no one way to do it when it is affected by factors such as HIV and MSM and transgender stigma and discrimination. This nurtures a culture of oppression and hatred, which negatively impacts upon decision-making. This leads to everything from violence to a lack of HIV programmes for MSM and transgenders. Advocacy must be community-led and context-specific.</p> <p>Following a brief history of advocacy for MSM and transgender HIV programming in the Asia Pacific region, she went to highlight that despite knowing in 2007 that around 30% of MSM in Bangkok were infected, USAID was almost the only donor in the area.</p> <p>She also highlighted the importance of increasing MSM leadership and control of community-</p>

	based organizations in the region, improving human rights, and better models of care. However, the weakest link of our advocacy platform is the problem of funding – these other things can't go far without addressing the problem of resource needs on a country-by-country basis. We need to understand MSM population sizes, and subpopulations within the MSM category. We need more transparency between governments and donors.
Andrew Tan	In a moving and highly personal presentation, APCOM representative Andrew Tan discussed what it meant to be a gay person living with HIV in the Asia Pacific, and described the day-to-day challenges such people faced, as well as the support networks that are available to them. Andrew highlighted the issues of accessing treatment, care and support by MSM and transgenders, doubly stigmatised because of their positive status and sexual orientation, and triply so regarding gender orientation, identifying issues and concerns that MSM and transgenders specifically face and confront if they are HIV positive. The need to support leadership development, highlighting issues of marginalisation, the hierarchy of infection, lack of services, lack of funding, urgent issues of poverty and economic disempowerment.
Paul Causey	Paul briefly expounded the nature of APCOM, its structure and community sector representation, and its recent activities and achievements, and how the 200 Forum fits into its development and the strengthening of community engagement and legitimacy

Note: all presentations and speeches are available on the APCOM website, www.msmasia.org, including Michel Sidibe's video message.

Breakout session

APCOM sub-regions/areas

Sub-region/area	Countries or areas represented
Australasia	Australia, New Zealand
China	China (mainland)
Developed Asia	Hong Kong SAR, Japan, Singapore, South Korea, Taiwan
Greater Mekong	Cambodia, Lao PDR, Myanmar, Thailand, Vietnam
India	India
Insular Southeast Asia	Brunei, Indonesia, Malaysia, Philippines, Timore Leste
Pacific	Cook Islands, Easter Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, New Caledonia, Niue, Palau, Papua New Guinea, Pitcairn, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuata
South Asia (not including India)	Afghanistan, Bangladesh, Bhutan, Maldives, Mongolia, Nepal, Pakistan, Sri Lanka

Niraj Singh, APCOM alternate community sector representative for the Pacific sub-region, in her presentation on the community engagement process for the afternoon breakout session spoke on advocacy relying on a strategy for like-minded people to challenge the status quo collectively, with “one voice.” The goal of the breakout session was to empower communities APCOM serves to more effectively engage with APCOM. Four topics should be covered in these discussions:

1. Increasing access to evidence-based prevention services and interventions, commodities, and health care including VCT and STI treatment.
2. Mobilization of resources including ways to access the Global Fund.
3. Development of the knowledge base, involving community when appropriate.
4. Elimination of stigma and discrimination against MSM, transgenders, and PLHIV.

For each of these, the groups were asked to respond to additional questions:

- A. What one thing can you do to contribute to each topic?
- B. One way in which APCOM can contribute to each topic?

Apart from the feedback required in regard to the above questions, the primary purpose of the breakout sessions was for individuals attending the 200 Forum from their respective sub-regional groupings to network with each

other while strengthening their sub-regional networks, exchange information and knowledge that was country specific, and strengthen their engagement with APCOM.

Breakout session feedback

Sub-region/area	Feedback
Australasia	Discussed different questions because as developed countries the above questions did not appear to be relevant, including how do Australia and New Zealand fit into APCOM. How to add value to the work of APCOM, network with each other, and what we can get from APCOM. We acknowledge our privileged position in terms of government support, funding, history of community mobilization, so we could provide support to organizations in other countries around advocacy and capacity-building. APCOM to identify how Australasia can support the work in other sub-regions.
China	<p>Community sector response</p> <ul style="list-style-type: none"> • Advocate with government to publish MSM surveillance data and to customise the information resources for grassroots MSM CBOs; • Identify and mobilise skilled persons to work on MSM and HIV proposals to GFATM; • Provide capacity-building support to local NGOs; • Confront and address stigma and discrimination <p>APCOM</p> <ul style="list-style-type: none"> • Take the lead in providing resources for evidence-based medical practices in providing HIV services for MSM; • APCOM to provide advocacy support to local organisations where they do not have good relations with the government, and assist in terms of their funding proposals; • Compile and publish best practices on HIV services for MSM; • Initiate a documentary or short film competition to organisations in the region so that people can participate in the competition and submit their work.
Developed Asia	<p>The group did not follow the four points that all groups were asked to do because of the different issues experienced by the countries of Developed Asia compared to the middle-to-low-income countries in the other parts of Asia Pacific.</p> <p>While it is usually assumed that because these countries are wealthy and developed, and that MSM and HIV programming is well supported, in fact national governments often don't provide much support.</p> <p>In Singapore, homosexuality is illegal and people have to pay for ARV. In Japan, the national AIDS policy is very weak and there are few sources of support or volunteers, and most of the funding is for research only. In both countries, we found that surveillance is not enough.</p> <p>Not enough is being done in with regard to collecting strategic information that could inform MSM and HIV interventions, including size estimation, estimations of infection rates, or information about best practices from other developed countries.</p> <p>APCOM needs to support Developed Asia with regard to advocacy on these issues, approaching bodies such as UNDP and UNESCO so that our national governments could be pressured for legal reform.</p> <p>Since it is not possible to approach GFATM for funding, there needs to be strong advocacy with national governments to increase their investment in HIV services for MSM. Regional meetings to compare our situation would be helpful and would also help increase pressure on national governments – taking advantage of the strong culture of shame in the region to shame national governments into doing more with the help of APCOM.</p>
Greater Mekong	<p>Community sector response</p> <ul style="list-style-type: none"> • Increase coverage of community work; • Work more closely with other sectors and form alliances; • Design targeted programs; • Ensure availability of condoms and lubricant; • Explore opportunities to work with the national CCM to be sure MSM on the agenda; • Get involved in knowledge development process, look for resources; • Mobilizing friends in non-MSM PLHIV communities for support;

	<ul style="list-style-type: none"> • Initiate programme for reducing internal community stigma and discrimination. <p>APCOM</p> <ul style="list-style-type: none"> • Capacity-building for service providers and act as knowledge and information hub; • Advocate national government to include MSM, looking for additional regional possibilities and other philanthropic opportunities; • Provide more resources for evidence documentation (doesn't have to be "hard science" evidence), and set up research agenda and push it forward. • Mobilizing regional alliances in non-MSM PLHIV communities for support; • Provide a media advisor; • Develop materials for reducing stigma and discrimination; • Collect more evidence on where stigma and discrimination come from.
India	<p>Community sector response</p> <ul style="list-style-type: none"> • Document existing HIV interventions and barriers to accessing health care services; • Communities can help build capacities of CBOs to help write grants; • Help mobilize the community; • Help by being the implementing partners. <p>APCOM</p> <ul style="list-style-type: none"> • Help define the social problems and help document; • Resource centre for writing grants; • Guidelines for policy for community being able to gather and disseminate information; • Help facilitate research on stigma and discrimination, and network with national bodies.
Insular Southeast Asia	<p>Community sector response</p> <ol style="list-style-type: none"> 1. Pool your collective experiences (e.g. data and good practice) and resources together and present this work to donors and funders for continued assistance. 2. Ensure there is MSM and TG representation on the Country Coordinating Mechanism of the GFATM 3. Act as a link to the <i>Most At Risk Populations</i> in gathering knowledge and information and dissemination. 4. Conduct sensitivity consultation with health care providers, companies, police, etc 5. Mobilise allied organisations and the general community to influence government and religious leaders <p>APCOM</p> <ol style="list-style-type: none"> 1. Provide technical assistance, funding and interlink with inter-government organisations. 2. Provide technical assistance to educate NGOs on GFATM processes, timescales and examples of successful applications, etc. 3. Provide technical assistance and guidelines on knowledge development 4. Advocate policy changes and adoption of good practices by national governments, regional groups, other inter-government and inter-faith collectives, donors and INGOs
Pacific	<p>Community sector response</p> <ul style="list-style-type: none"> • Strengthen access to HIV prevention and services, including HIV STI treatment; • Form an alliance or mechanism to allow disbursements of commodities and services, and helping get funding for organizations; • Advocate for inclusion in the regional association; • Look at having a mechanism in place so as to enable a mobilization of resources, baseline research and survey • Because of the dominance of the Christian Church, need to involve the churches at the national level in terms of strategic planning, as well as at the regional level. Working with policymakers to improve policies for MSM and transgenders <p>APCOM</p> <ul style="list-style-type: none"> • Helping MSM and transgenders in the sub-region to become resources themselves, because they know the contexts themselves; • Advocate for Increased accessibility; • Advocate to ensure resources are equally distributed; • Help support decriminalization, and help ensure MSM and transgenders are included in regional CCMs. Looking at taking action, not just building capacity.

South Asia	<p>Issues:</p> <p>To few MSM CBOs in South Asia</p> <p>Very limited funding for HIV work on MSM and transgender populations</p> <p>Poor or no government support</p> <p>No core funding so small CBOs have to close, where funding is limited to limited projects</p> <p>Lack of visibility, knowledge</p> <p>Illegality, stigma and discrimination</p> <p>Community sector response</p> <ul style="list-style-type: none"> • Increase access to evidence based prevention services and interventions, communities, health care including VCT and STI treatment Evidence gathering Advocacy with stakeholders, government and donors for scaling up response Provide technical assistance to local CBOs Knowledge development for CBOs Sensitise service providers • Work with CCM members to advocate for increased funding allocation in country proposals for MSM and transgenders • Dissemination of GFATM information on sexual minorities • Develop knowledge base involving MSM communities as appropriate through creating partnerships and linkages, documenting and disseminating existing evidence, and creating mechanisms for dissemination of knowledge • Mobilise MSM and engage in community building and development • Sensitise law enforcement, judiciary, local elected bodies, media <p>APCOM</p> <ul style="list-style-type: none"> • Provide technical assistance • Advocate at higher levels, e.g. UCCs • Policy development • Regional workshops for skills-building and knowledge development • Advocate with GFATM for more resource allocation for South Asia • Provide skills at country level for GFATM proposal writing • Provide consultants and TA during proposal development process • Share regional “good practices” • Training workshops on knowledge building • Develop policy and advocacy papers • Provide regional forums for sharing experiences
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Closing remarks

Shivananda Khan, as Chair of APCOM gave the closing remarks, pointing out that the breakout sessions not only strengthened the legitimacy of APCOM as representing MSM and transgenders in Asia and the Pacific, but had identified a critical need for the urgent strengthening of the APCOM Secretariat in order to support each of the sub-regional sectors in APCOM to achieve their particular goal and address their needs.

He went on to thank the range of donors, partners and supporters of the 200 Forum, the various speakers and moderators, the range of those engaged with logistical support and the LOC, along with the APCOM Board members and the community sector alternates to the Board for their support and encouragement.

APCOM's forum was not only about people listening to talking heads. All the attendees participated energetically in a series of breakout sessions on how those in various regions of the Asia Pacific can interact with APCOM and help ensure that their issues and concerns are taken into consideration. Each region offered a report to the entire audience afterwards, which was one of the highlights of the very productive day.

Richard Burger



Key recommendations arising from the presentations and breakout session

APCOM has four key advocacy goals:

1. Increased investment from governments, donors and civil society 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 and geographic coverage of comprehensive HIV prevention, treatment, care and support interventions for men who have sex with men and transgenders in the Asia Pacific region.
3. Strengthened evidence-base for advocacy, policy development, programming and reducing the societal, legal, and institutional obstacles for the above.
4. Good practices promoted, as identified (for example) in the document *Principles of Good Practices* that was adopted at the Risks and Responsibilities Male Sexual Health and HIV in Asia and the Pacific International Consultation, New Delhi, India, 23-26 September 2006, to governments, donors, international, national and local non-government organisations.

Speakers and delegates at the 200 Forum reaffirmed the APCOM advocacy goals and urged a strengthened advocacy response to the issues and needs identified during the Forum in the light of the growing crisis of HIV infection among MSM and transgenders in the region.

The following recommendations were addressed to the UN system and other global and regional stakeholders:

1. Advocate strongly to donor agencies, Governments and civil society to allocate a higher proportion of resources to increase the coverage and improve the delivery of a comprehensive package of HIV prevention, treatment, care and support services for MSM and transgenders. This should be guided by up-to-date, high-quality data on population size estimations, HIV prevalence, specific resource needs, and the range of syndemic issues that are associated with risks and vulnerabilities of MSM and transgenders, including social and institutional stigma and discrimination.
2. Reducing HIV risk and vulnerability is not only about a lack of knowledge, condoms, or lubricants; it is also about changing the environment in which risky behaviours take place. It is critically important that these social factors are also addressed. This means continuous advocacy with government to change, or repeal, laws and policies that discriminate against, or criminalise, MSM and transgenders while enabling MSM and transgender social and sexual networks to develop as communities in order to engage more effectively in the national response to HIV. It also means that issues related to mental health need to be addressed, including social isolation, depression, alcohol and drug use, as well as feelings of self-loathing/internalized homophobia, and so on.
3. Working with a range of partners and allies, address the vulnerability of female sex partners of MSM. This is particularly important in countries where a large number of MSM are more or less compelled to marry a woman and start a family, often due to cultural, societal and family pressures.
4. There is urgent need for national and local MSM and transgender organisations to effectively be allowed to engage in the development of national and regional proposal development for the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) to increase access to appropriate service development, targeting and funding. It was strongly recommended that local and national community-based organisations be provided with skills-building, capacity and leadership development in regard to the GFATM, its architecture,

methodology, processes and engagement with the CCMs to ensure that this occurs. A related recommendation was the need to develop a guide for GFATM Country Coordinating Mechanisms, Principal Recipients/Sub-recipients and Technical Review panelists on good practices for engaging with MSM and transgender organisations to directly provide services.

5. Recognising that the HIV risks and vulnerabilities of MSM and transgenders are often intertwined with other risk behaviors, such as drug use (including injecting drug use), engagement in sex work, unsafe sex with female partners, as well as with the particular propensity for risk-taking that occurs during adolescence, it was strongly recommended that partnerships should also be developed between organizations that address various most-at-risk behaviors or particular vulnerable populations to address common concerns and issues.

The following were addressed to APCOM specifically:

1. Strengthen partnerships, build alliances, and forge critical linkages of organizations working for MSM and transgenders with Government partners and key institutions across the region, such as the UN system, reproductive and sexual health agencies, women's organisations, human rights organisations and others in order to develop a comprehensive advocacy strategy to promote the health and well-being of MSM and transgenders.
2. Assist in strengthening existing and emerging sub-regional networks in Asia Pacific thus enabling them to become more effective in providing leadership, advocacy, capacity-building support, resource mobilising, and engagement in the HIV response at the sub-regional, national and local levels.
3. Develop a series of resource-mobilising guides for MSM and transgender sub-regional and national networks, as well as local community-based organisations to engage more effectively in GFATM proposal development, advocate with the CCMs, as well as strengthen their proposal development skills.
4. Help document good practices from across the region and elsewhere, and disseminate widely to key stakeholders in the region, while engaging in advocacy to ensure implementation. This should include assisting sub-regional and national networks and community-based organisations in developing abstracts and presentations for national, regional and global meetings, consultations and conferences.
5. Provide knowledge development and management support on collecting and disseminating strategic information across the range of issues that affect MSM and transgenders' sexual health and well being.
6. Develop and advocate a range of policies that would strengthen and enhance HIV programming for MSM and transgenders.
7. Leverage technical assistance, mentoring and support to address capacity needs of MSM and transgender-community based organisations.
8. Provide support to address issues of faith of MSM and transgenders towards reducing stigma, discrimination and violence as outcomes of religious belief.
9. Provide support to address issues of living openly as an MSM or transgender person towards reducing stigma, discrimination and violence as outcomes of the culture, society and local or national ideologies in all societies, including those that may be non-religious.
10. Involve young MSM and transgenders in the work, including the use of the digital tools that adolescents and young people use themselves to communicate, such as social networking sites, message boards and blogs, to convey key messages, such as those about safe sex and HIV care, and to offer community-building to lead to increased discussion and self-awareness.
11. Adopt an aggressive media plan, including personalized digital news sites such as blogs, to establish APCOM spokespersons as "thought leaders" to whom the media can turn to for quotes and opinions that convey the best and most current messages about social, religious and cultural stigmatization and influence regional government to become more involved.
12. Develop a strong MSM, transgender, and HIV issues focus throughout the 10th ICAAP in Busan, Korea in 2011, building upon the successes of APCOM at the 9th ICAAP while formalising the successful working relationship with the Global Forum on MSM (MSM-GF) through written agreement on specific areas of collaboration including development of key policy papers and commentaries and joint support of activities of both organizations at AIDS 2010 (Vienna, Austria) and the 10th ICAAP.

Other APCOM activities at the 9th ICAAP

Satellite: MSM and HIV in Asia and the Pacific: Cross-cutting Issues

Co-sponsors: APCOM, FHI ARO and WHO WPRO

HIV is affecting millions of people in the Asia Pacific Region. Male-to-male sexual practices is a key factor in the rising epidemic in the region, a behaviour that incorporates many differing identities, sexualities, classes, and practices, and do not exist in isolation. Yet the focus of interventions have often been ‘targeted’, that is looking at exclusive categories of behaviours and practices, and addressing each in isolation from others, i.e. MSM as separate from drug users.

The session explored the cross-cutting issues that impact on male-to-male sexual practices, risks and vulnerabilities towards developing more coherent and comprehensive approaches to reduce such risks and vulnerabilities.

Chair: Shivananda Khan OBE, APCOM/NFI
Co-Chairs: Dr Massimo Ghidinelli, WHO-WPRO
Dr. Celine Daly, FHI-ARO

Speakers:
Shale Ahmed Bandhu Social Welfare Society, Bangladesh
Female partners of MSM
Manop Uthaiakorn SWING, Bangkok, Thailand
MSM and sex work
Philippe Girault FHI-ARO, Bangkok, Thailand
MSM and drug use
Robert Sutherland ACON, Sydney, Australia
Young MSM

Comment

One of 9th ICAAP’s outstanding sessions was APCOM’s August 10 satellite meeting on how risk behaviours among MSM and transgenders in Asia Pacific combined with the unique social, cultural and economic pressures that influence them create cross-cutting issues that must be taken into account by those seeking to support, educate and advocate for these often neglected communities.

Key recommendations

- More information is required on these cross-cutting issues and how the impact on risks and vulnerabilities of MSM engaged in multiple risks.
- MSM organisations providing HIV services should develop linkages with other services providers that address HIV concerns of other vulnerable populations towards building service alliances.



Satellite: Gender variance and male-male sexualities across the global south

Co-sponsors: APCOM, ASAP, Hivos, NFI

Gender is the relationship of power and its manifestation between masculinities and femininities in a social context. Yet, a myth propagated and reinforced by many development activists including in the area of HIV prevention is that gender equals women and girls. This consciously subversive stance has resulted in the pigeonholing of all males in the bracket of ‘oppressors’, and all females in the bracket of the ‘oppressed’. This has totally negated the possibility of any kind of intervention and support for those males who exhibit varying degrees of feminine dimensions and characteristics.

Such gender variance amongst a minority of males is a phenomenon found across the world, yet consciously invisibilised by the forces of patriarchist oppression and by militant-feminist hegemony in the gender discourse. The only limited recognition is accorded if such males perforce agree to abdicate entirely their masculine dimension and adopt the label and identity of the transgender. In the context of HIV their vulnerabilities are reinforced by masculine violence and abuse, reinforced by the impunity of a support-void environment. However such males form the core of the population involved in male-to-male sex and unless their needs and issues are addressed, a meaningful dent in male-to-male transmission of HIV will remain a pipe dream.

There is therefore an urgent need to start a dialogue on gender variance, so that better research and knowledge is encouraged, and appropriate tools and strategies can be developed to address the needs of gender variant males.

The session brings together those with expert knowledge on gender variance and male sexualities from the academic and community sectors, one from each region: Asia, Latin America, the Pacific, and South Africa to share the knowledge and experience, while comparing understanding.

Chairs: Paul Jansen, Hivos
Shivananda Khan OBE, APCOM/NFI

Speakers:

Anindya Hajra:	Pratyay Gender Trust, Kolkata, India
Dr Percy Fernandez-Davila	Stop SIDA, Barcelona, Spain (speaking on the Peruvian experience)
Dr Vasu Reddy	OUT LGBT Well-Being, Pretoria, South Africa
Niraj Singh	AIDS Task Force, Fiji

Comment

Each speaker addressed the unique situations gender-variant persons in their respective geographies face, including not only the stigmatization they often face, but also the disagreements within the communities themselves on what they would be called and how they see themselves. The caucus served as a kind of primer for those unfamiliar with the distinctive traits and issues of TG communities in the various parts of the Southern Hemisphere

Speakers also strove to empower participants with knowledge to improve their own advocacy efforts as they seek to deliver HIV services to gender variants and MSM, and to eliminate discrimination against them.

Key recommendations:

- The behavioural category “MSM” is not a monolithic framework, nor is the category “men”. Gender variance amongst MSM is diverse, from the hyper masculine to the feminised male, leading to the transgenders as a separate and distinct category. There is a urgent need to understand this diversity of masculinities and femininities and how they impact on risk and vulnerability to HIV.
- Similar patterns of males/men crossing gender boundaries without being transgenders are experienced across the global south, while also expressing differences. There is a need to develop more cross-cultural knowledge towards informing HIV and social development programmes, while addressing stigma and discrimination which tends to be primarily focused on feminised males.

Symposium: Overcoming legal barriers to comprehensive prevention among MSM

Co-sponsors: UNDP and APCOM

Effective HIV prevention can take place only when a conducive and enabling environment is created that allows unimpeded dissemination of prevention message and appropriate service provision, and creates confidence amongst the most marginalised and vulnerable to seek information, and access services.

Bad laws are an obstacle to realising this. These laws could be unnecessary criminalisation of communities, religious laws, customary practices that has taken on the force of vigilantism, or local laws empowering enforcers to abuse. Criminalisation of male-to-male sex is existent in many countries of Asia and the Pacific. Even in the absence of active criminalisation, other provisions of law and practice obstruct intervention, outreach, and delivery of services. This has an immense adverse effect on the lives and health of MSM.

The 2008 report of the Independent Commission on AIDS in Asia: Redefining AIDS in Asia-Crafting a new response, clearly highlighted the urgent need to address legal barriers to comprehensive prevention among MSM as key to making any significant impact on the rising HIV epidemics among MSM and transgenders in Asia and the Pacific.

At the same time, the UN system has also highlighted this critical need by the publication of various documents, and statements given by the UN General Secretary Ban Ki-Moon, the Executive Director of UNAIDS, Michel Sidibe, HIV Programmes Director, UNDP, Jeff O'Malley and other key individuals and institutions.

De-criminalisation and strategies to address other such laws and practices, to mitigate their adverse impact, therefore remain a primary concern for the MSM HIV activists. There have been some successes in the region in this regard, from which lessons can be learnt. The adverse consequences of such laws also need to be exposed, so as to create an advocacy momentum against their continuation.

The Symposium brought together key individuals from across the region with experience, knowledge and expertise on the judicial systems and legal concerns that impede effective HIV prevention programmes for MSM.

Chairs: Jeff O'Malley, Director, HIV Programmes, UNDP
Shivananda Khan OBE, APCOM/NFI

Speakers

The Honourable Justice Michael Kirby	Australia <i>Decriminalisation, human rights and HIV</i>
The Honourable Dame Carol Kidu	Member of Parliament and Minister for Community Development, Papua New Guinea <i>Current work in PNG, though government processes, to address the laws/regulations that criminalize male-to-male sex, and its potential impacts on rights based responses at to HIV.</i>
Professor Vitit Muntarbhorn	Professor of Law, Chulalongkorn University, Thailand <i>The practical ways of incorporating and actualizing the 'Yogyakarta Principles' in the efforts to of decriminalize male-to-male sex.</i>
Anand Grover	Lawyers Collective, India, and UN Special Rapporteur on the Right to Health <i>The Delhi Court case on Section 377, Indian Penal Code</i>
John Godwin	HIV development consultant <i>Introduces the UNDP/APCOM regional study on legal barriers and proposed methodology</i>

Comment

Focusing on the theme of legal discrimination against MSM, transgenders and others living with HIV in Asia Pacific countries, explored in considerable depth how stakeholders can effect positive change by sensitizing the decision makers (such as legislators and justices) to encourage greater toleration and help them regard MSM and transgenders as living, breathing human beings.

Given the current global financial and economic crisis and the ever-increasing bill for life-saving anti-retroviral treatment, the impetus for effective comprehensive prevention becomes even stronger. Only a strategy of comprehensive, rights-based prevention, supported by an enabling legal environment, offers a possibility of reducing the numbers of persons infected with HIV each year. In this context, it is both cost-effective and imperative that governments and other key players introduce and implement legal and social frameworks and programmes which counter discrimination and stigmatization that have long targeted for MSM and transgenders.

Key recommendation

Review, amend, and/or repeal legislation that create barriers to effective and comprehensive HIV prevention for MSM and transgenders.



Sub-regional caucus meetings

1. Developed Asia Network

This was the first time since APCOM was instituted that MSM representatives from Developed Asia could physically meet to share their issues, needs and concerns and institute such a network with the acronym DAN (Developed Asia Network).

Key objective of this first meeting was to exchange information sharing similarities, epidemiological trends, mobility, drug use, resource mobilisation, government support, as well as identify common issues and means of collaboration.

- Countries within the Developed Asia sub-region share common experiences in regard to the HIV epidemics for MSM (i.e. relatively low prevalence, high rates of STIs, current conditions and behaviour which could lead to a rapid increase in HIV infection rates).
- Growing data suggesting that the percentage of new HIV diagnosis contributed by MSM is rapidly increasing. Some studies show that MSM transmission was found to be the predominant route of transmission.
- The countries are considered by most to be “developed” and self-sufficient and hence become “orphans of HIV strategic development” – they do not qualify for international aid and often find themselves isolated from international HIV programmes and initiatives.

- CBOs in this sub-region often lack the capacity for scaling up national programmes and do not have access to technical assistance for mounting and effective response.
- National strategies in these countries do not rank MSIS as a high priority. Lack of political will results in MSM HIV programmes receiving little or no financial/technical resources and ultimately perform under par.
- Collaboration between national government-led HIV bodies and community groups is rudimentary.
- Stigma, discrimination and in some cases criminality are still significant factors
- Several common issues with China, Malaysia and Thailand in terms of international donor support. Further MSM mobility issues with MSM from DA travelling to these countries and engaging in high-risk behaviours.

Common goals

- Identify the existing HIV prevention, treatment, care and support resources for MSM, improve coordination, and increase coverage for MSM;
- Foster better exchange of epidemiological data, technical expertise, good practice, and other information between countries regarding MSM and HIV;
- Pool resources and collaborate on research and advocacy wherever possible;
- Increase gay and MSM community involvement in HIV strategies and empower MSM PLHIV to be leaders in the campaign.

Discussions focused on the need to share best practices, comparison analysis (mapping, expenditure analysis and size estimations), and HIV and AIDS policy and human rights in the countries/areas of Developed Asia. Links also need to be made with MSM and HIV programming in the West and Australasia, as they share common factors with Developed Asia.

Strategies to be developed include:

- Current MSM and HIV community-based organisations to strengthen and empower local advocacy and networking
- Mobility between countries in the Developed Asia sub-region and other countries, such as China, Malaysia and Thailand need to be researched in terms of MSM risks and vulnerabilities
- With Busan, South Korea being the location of the 10th ICAAP, this provides an opportune moment to highlight the issues, needs and concerns of gay men and other MSM and HIV risks and vulnerabilities
- Host a sub-regional networking meeting in Hong Kong mid 2010 with APCOM support as a pre-ICAAP meet
- Advocate for stronger UN engagement and work with APCOM

2. Pacific Sexual Diversity Network

The Pacific Caucus comprised of the launch of the Pacific Sexual Diversity Network, the Official Strategic Plan 2010-2013 and the official website www.psdn.ws along with the Pacific Sexual Diversity Annual General Meeting. Over 100 people attended this meeting.

Key Note Speaker: The Hon Misa Telefoni, the Deputy Prime Minister of Samoa who represented the Pacific Ministers delegation who praised the work of PSDN for its role in advocating capacity development of MSM and Transgender people in the region. “The important thing to say is that you are moving in the right direction. Not only are you moving in the right direction to get more awareness about you, but also it helps people who want to help you. And that’s the environment we want to try and achieve.”

PNG’s Community Development Minister Dame Carol Kidu said capacity building is important and they need to work together with politicians so that their plight and voices are heard. “You have to work strategically on how you can build our capacities so that politicians don’t say “Yes, I tolerate these things.” We don’t want tolerance we want acceptance of the diversity of people,” Dame Kidu said. “We need your network to build the capacity of all people to accept we are one. We are many but we are one”

Joey Mataele the Executive Director of the Tonga Leiti's Association, said the launch was a momentous occasion for PSDN and its members, “For the last two years we have focused on building the capacity of PSDN leadership, and it is time now to build capacity of the member country MSM and transgender organisations and to identify new members that go beyond racial, political and cultural borders.” He has also called on members “not to be complacent” but to take PSDN development to another level of action, which is implementation. “We

need to develop our work plan derived from our strategic plan and support the scale up and increase the attention to the needs of MSM and issues in the Pacific and finally strengthen our networks, partnerships and communities to improve the situation of HIV among MSM and transgender in the Pacific,” he said.

This was followed by Mr Paul Jansen, HIVOS in the Netherlands, representing the Donor Community.

The launch of the PSDN strategic plan was followed by the 2nd Annual General Meeting. The AGM opened with a quorum with representatives from the five participating countries, Samoa, Papua New Guinea, Tonga, Cook Islands and Fiji. Apologies noted, Annual report and Financial accepted and approved.

The Elections saw the election of the PSDN new Board. The documented process of election was approved and adopted. It also approved the term for APCOM Board Members and Alternate Members from PSDN to be increased to two years. The election for the new PSDN Pacific Region representatives to APCOM will take place at the next AGM in 2010.

Support for these two caucus meetings was given by the LOC 9th ICAAP and APCOM.

Special interest caucus meetings

1. Asia Pacific Transgender Network

Supported by APCOM, this was the first time that transgenders from across Asia Pacific had the opportunity to come together to share, learn and discuss how best they should organise themselves to respond to HIV, carrying out a decision taken at the 2006 Risks and Responsibilities Asia Pacific male health and HIV consultation meeting held in New Delhi, India in 2006 to work towards developing an Asia Pacific transgender network. While it had been a long road to get to this point, the 15 participants believed this was a ground-breaking meeting.

Summary of key decisions at the APCOM Transgender Caucus Meeting

Item 1: Discussion of term “transgender” and the name APTN

There was a discussion about local variations in gender difference throughout the Asian Pacific region, an acknowledgement that even within countries there is no agreement on who counts as “transgender” (e.g. *hijras* and *kotis* in India), and a desire to know about each other in different contexts. There was general agreement that “transgender” was the most appropriate term to use to describe gender variant people. This was defined broadly to include postoperative transsexuals, people of various gender presentations, and FTMs.

The network has temporarily accepted Asia Pacific Transgender Network (APTN) as a name/acronym. More discussion will occur at the next meeting. Other possibilities include using “Transgender Women,” adding “Sexual Health and Rights,” or using APTN with a colon and more explicit name focusing on MTFs and sexual health/rights issues. While more descriptive, use of “women” excludes FTMs and may confuse those who are not accustomed to the term “transgender women.”

Item 2: Participation in 7 Sisters and relationship with APCOM and APNSW

There was consensus that APTN should join 7 Sisters, participate in its executive management, and receive capacity building/advocacy assistance. Two focal points were identified to liaison with 7 Sisters: Hua Boonyapisomparn and Anindya Hajra. Hua will participate in the 7 Sisters AGM in Bangkok. Focal points will be responsible for representing transgender issues at 7 Sisters and for reporting back to APTN.

APTN will develop a process to nominate and select transgender representatives (currently Hua and Lenny) for the APCOM board and will formalize a relationship with the transgender segment of APNSW.

Item 3: Transgender Health Resources Booklet

A first draft that was emailed before the conference will be distributed to the participants of the caucus. All participants were encouraged to provide feedback within 14 days. Seven volunteers were recruited to provide follow-up and feedback.

Item 4: Representation, network leadership and governance

For participation in the meeting to formalize the network, representation will be sought from 7 geographic regions (at this point, the same as APCOM) and key affected populations such as PLWHIV, sex workers, and drug users. Other populations may include youth, seniors, etc.

2. Muslim identified MSM, WSW and TG

Generally speaking, religious beliefs within Islam are based on four main foundations: revelation in the form of a holy text; religious tradition; logic and reason; and personal experience.

More liberal movements within these religions often tend to stress logic, reason, and personal experience. This includes scientific findings. It is only since about the 1940s that homosexuality has been seriously studied by human sexuality researchers. Liberal individuals and groups within Christianity, Islam and other religions have been quick to incorporate scientific findings within their ethical and religious beliefs. They generally regard homosexuality as a sexual orientation which is ethically neutral, fixed, unchosen, and is normal and natural for a minority of adults.

More conservative movements tend to stress revelation and tradition. Their beliefs are anchored to the past. Their beliefs are much less liable to change rapidly. They generally regard homosexuality as a deviate and disordered behaviour, which is immoral, changeable, **chosen**, abnormal and unnatural.

A person's beliefs about homosexuality tend to be determined less by their religion, then where their beliefs lie on the liberal-conservative divide. For this reason, conservative Christians and Muslims tend to have similar beliefs about the nature and origin(s) of homosexuality, as well as God's attitude towards homosexuals.

According to the *International Lesbian and Gay Association* (ILGA) there are at least seven countries today which still retain capital punishment for homosexuality: Afghanistan, Iran, Mauritania, Pakistan, Saudi Arabia, Sudan, and Yemen.

Moderate Muslim scholars said there were no reasons to reject homosexuals under Islam, and that the condemnation of homosexuals and homosexuality by mainstream ulema and many other Muslims is based on narrow interpretations of Islamic teachings. Homosexuals and homosexuality are natural and created by God, thus permissible within Islam.

A video message from Professor Dr. Siti Musdah Mulia of the Indonesian Institute of Sciences, and lecturer on Islamic political thought at the School of Graduate Studies of Syarif Hidayatullah Islamic University, Jakarta, was played to the participants of the caucus meeting in which she stated that she loved all transgenders as well as all brothers who loved other men since they are all created by God - how can one not love something that is created by Allah. She went on to cite the Koran's al-Hujurat (49:3) that one of the blessings for human beings was that all men and women are equal, regardless of ethnicity, wealth, social positions or even sexual orientation, that there is no difference between MSM and non-MSM. In the eyes of God, people are valued based on their piety, ending with the statement that homosexuality was from God and should be considered natural, adding it was not pushed only by passion.

Meeting summary

The meeting was facilitated by Arif Jafar (India NFI) and Shale Ahmed (Bandhu Social Welfare Society).

The following emerged as discussant points from the meeting:

- Purpose of meeting: to find a bridge between religion, sexual minorities and Muslim states
- Governments' negative responses to MSM and other sexual minorities, particularly those that are Muslim identified
- Urgent need for more specific scholarly research on what Islam and its various texts and interpretation actually say about homosexualities, in order to find pathways to end misconceptions and support Muslim identified sexual minorities
- Religious beliefs can have a serve impact on internalized homophobia and affect risks and vulnerabilities to HIV

- Need to clearly recognize the differences between Muslims and Islam as a set of religious beliefs and practices
- Different interpretations of Islamic texts exist along with differing practices that are socio-culturally framed
- Participants believe that because many clerics are uneducated, there may well be incorrect interpretations of the texts – many clerics do not comprehend Arabic in which these texts are written and therefore accept generational transmission of “information” which they pass onto their constituents
- Islam has a strict interpretation of gender and gender roles based on a binary and oppositional system and does not accept crossing of these gender boundaries
- Psychological impact of the struggle between same-sex sexualities and Islam along with the impact on risks and vulnerabilities to HIV, stigma, discrimination and violence, including state sponsored violence and intimidation

Personal experiences were also shared.

Recommendations

- Develop booklet that identifies the specific 82 *ayyats* from the Quran referring to same-sex behaviours, with inputs from MSM friendly clerics. This would be disseminated in various languages
- Compilation of “Stories from our lives” – lived experiences of Muslim MSM/WSW, following the example of “Queer Muslim Lives” released in South Africa
- Develop a counseling tool appropriate to the psychological well-being of Muslim MSM/WSW
- Conduct research on the impact of guilt and shame on HIV risk and vulnerability
- Develop links with the global queer Muslim movements and scholarship on Islam and sexuality
- Future ICAAPs should focus on the lived experiences of religious identified MARPs rather than on what religious leaders have to say

One of APCOM’s top priorities at 9 ICAAP has been to provide a communications focal point for TG and MSM. The formation of the APTN was an important achievement and one of the highlights of APCOM’s participation in 9 ICAAP. Another group APCOM helped bring together at ICAAP were Muslim gay, lesbian and TG in Asia and the Pacific. APCOM held a closed-floor forum to allow members of this community, many of whom face unique challenges of stigmatization and isolation, to share their common difficulties in a safe environment without fear.

“If APCOM has learned one thing from the political unrest in Asia Pacific countries, it is that people are power. When they come together, there is no stopping them, and they are capable of achieving great things, said Paul Causey of APCOM.

Media

The APCOM media strategy for the Bali activities were designed to be a coordinated, three-pronged effort:

1. APCOM website stories and press releases
APCOM brought a communications and public relations specialist to assist in story development for both press releases and website stories related to APCOM activities before and during ICAAP9. APCOM, through its local Indonesia coordinator, had gained agreement with ICAAP Media office to release APCOM stories through its resources.
2. Third-party stories and releases
AFAO, an APCOM donor, also brought in a private reporter to develop stories aimed specifically at the Australia media markets. AFAO’s goal was to motivate the government, and specifically AusAID, to finally put some money behind its recently stated priority strategy of supporting scale up of interventions and services for MSM and other key affected populations. As well, UNDP had stated intentions to create media attention to MSM and HIV activities for events it was producing ‘in association’ with APCOM, particularly the Legal Barriers Symposium but also the 200 Forum itself. This included, as revealed later, staging a press conference on the issue of legal barriers, bringing three reporters to ICAAP (from major daily newspapers in Cambodia, the Philippines and Thailand) in addition to a professional photographer, whose pictures were shared with APCOM.
3. Coverage of community-interest sessions and story development, with coverage in the conference newspaper
Pre-ICAAP, APCOM was asked to provide ways in which Key Correspondents (KC) from the Health Development Network (HDN), a recent acquisition of the International HIV/AIDS Alliance might be of

service to APCOM in Bali. There was a Purple Sky Network training of KC from MSM/TG groups that was planned and they were to be dispatched to Bali. [Note it is HDN that also writes and publishes the daily ICAAP newspaper; therefore, it was felt that MSM coverage was assured – unlike experiences of working with HDN in the past at 8th ICAAP and in AIDS 2008 in Mexico City.]

It was agreed that at least one KC would cover The 200 Forum (the day-long pre-congress meeting on the 8th August) focusing on “the community response” in a news story. This was to include moving between the sub-regional breakout sessions in the afternoon as well as getting comments from community participants during lunch and at tea breaks.

One or more KC's would be dispatched to write stories of specific MSM/TG sessions, either under themes (like those in 'Cross-Cutting Issues" - and would start with the APCOM/FHI/WHO session on this on 10th August, or mobile populations and HIV, or things the Alliance might want to target and learn more about). An early version of the “all things MSM/TG” at ICAAP was provided to them early on.

Unfortunately, the PSN KC training did not take place in time for the conference so the pool of KC's was limited and the 2 KC's from the PSN to cover MSM events did not turn up. The Alliance's senior communications officer at the conference had drafted several press releases on MSM issues but contact with representatives from various international and national papers represented at the conference proved to be fruitless. As a result, APCOM is in discussion with the Alliance and with HDN to work out some exposure on MSM issues in the near future. APCOM will attend a Blue Sky meeting in Bangkok in early September to participate in community discussions on coverage and responsive as well.

Conclusion on media

For all news stories, APCOM hoped to distribute them to the APCOM HIV websites and list-serves, and if appropriate, send as full news release and/or work them into news stories that APCOM would be distributing to general release news and media outlets. It was planned to do this on a daily basis, “live” from Bali. Specifically, with HDN and third party assistance, it was thought that a series of stories of the different aspects covered would be a good start. Stories were written on every individual official ICAAP session including:

- Understanding the current state of MSM and TG in the region, mobilizing communities and supporting advocacy good practice (from the 200 Forum)
- Cross-cutting issues of MSM/TG services and interventions (from the ‘standing-room only’ satellite)
- Gender variant issues as experienced in southern hemisphere regions (from the satellite)
- Legal barriers to HIV services for MSM/TG - and solutions to overcoming them (symposium);
- (Under development for the APCOM website) The amazing 5 community caucus events that were done by and for communities (Muslim MSM/WSW/TG), TG regional network, Developed Asia network, South Asia (without India) regional network, the Pacific, which was expanded by them to include the launch of their strategic plan and website, their first AGM and a fabulous on-the-beach luncheon preceded by dancing and entertainment for many of the different cultures from that sub-region. Three of these caucus meetings concluded with the intention to enter into formal agreements and steps to form sub-regional or region-wide community networks.

The following recommendations for future APCOM media work at special events were made by the communications team from Bali:

1. Work in closer cooperation with the event's press officer, including a written commitment from the event to help distribute APCOM releases to all targeted media.
2. Hold at least one press conference in the media room itself, as UNDP did. Choose the most newsworthy nuggets, such as the latest prevalence rates, and use them to make a formal news announcement.
3. Improve the distribution process; ensure that at least some of APCOM's announcements can be sent over a wide-reaching service such as PRNewswire. This would require either additional resources or an agreement with a partner such as UNDP to help out.
4. Have a systematic process for informing attending media of APCOM events they may wish to cover. This would include printed copies of event announcements for every APCOM event, distributed in the media room on a daily basis.
5. Keep an announcement available in the media room informing journalists that APCOM spokespeople are available for comment on specific issues.

6. Consider live-blogging and twittering the presentations as they are being given. This is now common practice and would have been a good way to keep the audience that could not make it to Bali involved and able to interact.
7. Approach influencers such as SEA-AIDS in advance, let them know the press release schedule and be sure they are committed to help get the word out.

APCOM community booth

The Coalition of Asia Pacific Regional Networks on HIV/AIDS (7-Sisters) provided significant support to APCOM in relationship building with the Local Organizing Committee as well as advocated strongly, although unsuccessfully, for MSM plenary speakers. The 7-Sisters invited APCOM to host an MSM/TG-focal point throughout ICAAP in an exhibit booth provided by 7-Sisters. This gave APCOM highly-visible access to both ICAAP delegates passing through the commercial exhibitor area but also provided the desired focal point for MSM, transgender, and all APCOM delegates to meet, hangout, access the internet (a free spot) as well as distribute vital information about MSM/TG and HIV contained in APCOM and other's materials. The opportunity for APCOM to take over the booth next door was presented and APCOM expanded

Donors' reception

With almost 100 people attending, this special reception enabled APCOM to say thank to the donors and supporters who enabled APCOM to be so strongly represented at the 9th ICAAP, as well as making the 200 Forum so successful.

10th ICAAP

Delegates at the 200 Forum strongly recommended that APCOM should be actively engaged at the 10th ICAAP to be held in Busan, South Korea in 2011, with a similar one-day pre-conference event, and a range of activities during the ICAAP itself.

The hosting of the 10th ICAAP in Busan, provides a key opportunity to highlight the poor record of governments in the developed Asia sub-region regarding their low prioritising of MSM and HIV interventions, despite growing evidence of increasing infections.

Technical assistance and support

Provided by Naz Foundation International, Paul Causey, Executive Management Consultant, APCOM, and Shivananda Khan

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satellite
Windy (Pacto Convex, Bali)
Harry Prabowo (Local MSM/TG Committee)
Iman Abiasa (Local MSM/TG Committee)
Dede Oetomo (Local MSM/TG Committee)
Eka (driver)
Tono Permana (Burnet Indonesia)
Amanda Morgan (Burnet Indonesia)
Daniel Irfan (cultural show)

Elisha Kor (transgender network)
Dredge Kang (transgender network and 200 forum pictures)
Vincent Crisostomo (behind the scenes)
Elis Widen (ICAAP Coordinator)

Finance report

Annexure One



**The 9th International Congress
on AIDS in Asia and the Pacific
(9th ICAAP)**
Bali - Indonesia, August 9 - 13 2009

Jakarta, 30 April 2009

Ref.: 056/ICAAP/DMA/70/09

Shivanta Khan OBE

Chairperson of Asia Pacific Coalition on male Sexual Health (APCOM)
Naz Foundation International
9 Gulzar Colony, New Benny Lane
Lucknow 226001, India

Warm greeting from Indonesia!

It is our pleasure that Indonesia has been selected Host of the 9th International Congress on AIDS in Asia and the Pacific (9th ICAAP), which will be held on 9 - 13 August 2009 at Bali International Convention Centre (BICC), Nusa Dua, Bali.

We have received your letter of request for partnership with the 9th ICAAP Local Organizing Committee in organizing various activities for the 9th ICAAP. On behalf of Government of Indonesia, the international partners and the Local Organizing Committee, we thank you for your interest to contribute to the 9th ICAAP.

1. We welcome the organization of the MSM Forum: HIV and MSM in Asia and the Pacific, as part of the 9th ICAAP Community Pre Congress Forums. I believe that the LOC Community Forum Committee and the LOC Secretariat has been in regular contact with your office for coordination.
2. We welcome your involvement and participation in the overall organization of the 9th ICAAP Community Forum, to also provide leadership and active participation.
3. We have received the proposal submission for a Satellite Meeting on MSM, HIV and Cross-cutting issues - in partnership with PAS/APRO and WHO/WPRO. The proposal has been reviewed and endorsed by the Sponsored Programme Committee. The LOC Secretariat will be in contact with your office for further information.
4. We have received the proposal submission for Symposia or satellite on the legal situation of MSM and HIV, in partnership with UNDP. The proposal has been reviewed and endorsed by the Sponsored Programme Committee. The LOC Secretariat will be in contact with your office for further information.
5. We have received the proposal submission for a Satellite Meeting on gender variances and male sexualities in the global south, supported by HIVos. The proposal has been reviewed and endorsed by the Sponsored Programme Committee. The LOC Secretariat will be in contact with your office for further information.

ICAAP IX Secretariat:

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www.icaap9.org



**The 9th International Congress
on AIDS in Asia and the Pacific
(9th ICAAP)**

Ball-Indramayu, August 9-11 2008

6. We note your request for space during the 9th ICAAP at the Congress Venue to organize Caucos meetings for two network meetings for Developed Asia and the Pacific Islands, plus a separate caucus for Islam, MSM and HIV. The LOC Secretariat will be in contact with your office for further coordination.
7. We welcome the organization of photo exhibition of positive images of MSM, TG and loved ones from Asia Pacific as part of the 9th ICAAP Community Events. The LOC Secretariat will be in contact with your office for further coordination.
8. We are pleased that you will have an exhibition booth and networking space for MSM in coordination with the Coalition of Asia Pacific Regional Networks on HIV/AIDS (T-Sisters). The LOC Secretariat will be in contact with your office for further coordination.
9. We welcome the plan to organize a Reception for your donors and supporters. Please do not hesitate to be in contact with the LOC Secretariat for any supports required from our side.
10. We are pleased that you are supporting the submission of various abstracts and skills building workshops into the 9th ICAAP from your network. The Marathon Meeting took place from 22-24 April 2008. The result will be communicated to all applicants soon.

Thank you very much for your cooperation. We look forward to continue working together with you for the success of the 9th ICAAP.

With warm regards,

Prof. Dr. Zubairi Djoebari, SpPD-KHOM
Congress Chair

cc:

Prof. Winawan, Congress Co Chair

Dr Nafiah Mbit, Congress Chair

Chu Kah Sin, UNAIDS/RST

Nancy Fee, UNAIDS Secretariat, Indonesia

Vivie Christoma, T-Sisters Coordinator

Kindy Marina, Community Forum Committee Chair

Ella Widada, Congress Coordinator

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Annexure Two: What is APCOM

APCOM is a coalition of representatives from the government sector, development agencies and donors, technical experts, UN partners, non-government and community-based organisations, networks and groups, who are directly working with men who have sex with men and transgenders in Asia and the Pacific around HIV. Through increased participation and representation by MSM and transgenders in regional and global bodies and conferences, APCOM seeks to scale up and increase attention to the needs of MSM and transgenders in general and HIV issues in particular.

By leveraging technical assistance, support and mentoring to MSM and transgender HIV projects, to provincial and national governments, and to existing technical assistance facilities, APCOM strengthens community work and nurtures partnerships so that good practices and lessons learnt can be shared and programmatic results improved. As well, APCOM works to identify and assist mapping of MSM and transgender organisations and supports the development of MSM and transgender networks focused on the spectrum of HIV issues. APCOM also promotes the principles of good practice and lessons learnt to policy makers, service providers and MSM based on a wide range of topics such as legal barriers to services, involvement of communities in qualitative research, studies on cost effectiveness of services and the importance of understanding and reaching hidden MSM.

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 Asian Pacific International Consultation Meeting in 2006, New Delhi, India.

As an autonomous body, APCOM, 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.

Background

APCOM was launched in July 2007 and first announced at the 8th ICAAP in Colombo, Sri Lanka. It is a direct outcome of the historic International Consultation on Male Sexual Health and HIV in Asia and Pacific (RR), held in September 2006, New Delhi India. The RR consultation meeting brought 380 people from 26 countries – government officials, policy makers, donors, researchers, grassroots and community-based organisations – across Asia and the Pacific. It provided opportunities for dialogue and learning in order to enable increased investment and the strengthening and scale up of strategies to address male sexual health related, in particular, to 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 evidence-base for advocacy, policy development, programming and reducing the societal, legal, and institutional obstacles for the above.

Governance

APCOM is directed by a Governing Board (GB) comprised of community sector representatives and alternates from eight APCM-designated Asia Pacific “sub-regions/areas”: Australasia, China, Developed Asia, Greater Mekong, India, Insular Southeast Asia, the Pacific, and South Asia (not including India), and from two region-wide community constituencies, PLHIV (MSM living with HIV) and transgenders.

The APCOM Coalition includes partner representatives from the government sector, donor/development agencies, international non-government organisations, technical experts and advisors, and the UN system (UNDP, UNESCO, UNAIDS, and WHO). The Board sets policy and direction for APCOM following the guidelines set forth in the APCOM constitution, and through the development of an annual Work Plan, which is executed by the Secretariat. All documents are available on the APCOM website, www.msasia.org

Involvement of the UN system

Critical to the ability of APCOM to achieve its goals is the direct involvement, technical and financial assistance and policy guidance of the UN system (currently UNDP, UNESCO, UNAIDS and WHO). APCOM interfaces with the UN system under these guidelines:

1. Legitimacy derived from international conventions and declarations
2. Neutrality and impartiality as a basis for advocacy and leadership
3. Multiple and high-level entry points with a broad sector range
4. Relationships with government and civil society organisations and groups
5. Mandated to set standards of the HIV response
6. Global network of experience and international best practice
7. Operational experience in addition to technical capacity and expertise
8. Ability to convene and coordinate a wide range of stakeholders and constituencies