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Report

RRRAP SUMMIT 2017

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Cover Photo: Panel Moderator Dede Oetomo, APCOM Executive Director Midnight Poonkasetwattana, WB Independent Panel Member Imrana Jalal, Babaylanes Executive Director BJ Eco at the APCOM and GayA Nusantara session during the CSPF.

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Chapter 1. Executive Summary

This summary captures the presentations, panels discussions, workshops and interactive dialogue at APCOM's first annual "Rights, Resources and Resilience: Asia Pacific (RRRAP) Summit". The event was held over 5 days from 13-17 November 2017 after many months of preparation and countless hours from every staff located both in the office and around the region. Over 300 delegates, speakers, attendees, press, special representatives from national governments and international organisations and even a previous head of state from Asia and the Pacific were in attendance throughout the week which was comprised of not only plenaries and panels, but receptions, dinners, Ambassadorial events and a two-day community session focused on capacity building and planning for the future. Altogether, six plenaries, thirty sessions, twelve workshops and five side events were conducted during the official summit. From outside of the region panelists joined from offices of the likes of WHO, UNDP, FAO, UNHRC, World Bank and the Health Ministries (Ministry or Ministries?) of Australia. Although the Summit was divided into the three themes of rights, resources and resilience, the organisers and participants alike did an excellent job at creating a natural flow through all of the topics, promoting an intersectional approach to topics with overarching themes and interconnections between them. This intersectionality was necessary in bridging and looking at many related similarities in context and experience among the diverse topics discussed and how the issues and various systems of disadvantage and discrimination relate with each other for the first time in a meeting of this kind, as the Summit was. The intersectional approach allowed further for more inclusive and more diverse participation throughout the week, which helped participants to see issues through the eyes of others.

Chapter 2. Background and Context

2.1. Introduction

The first annual RRRAP Summit was organised and run in order to cover and engage on a broad range of issues that are critical to addressing the escalating HIV epidemic among gay men and other men who have sex with men (MSM), and transgender people. The three main themes that were selected (rights, responsibility and resilience) were seen as cross cutting and "form a valuable lens through which to view the challenges and opportunities which we need to address if we're going to meet the UNAIDS target of ending HIV in our region by 2030, and also the UN's Sustainable Development Goals of leaving no one behind," stated APCOM Regional Advisory Group Chair Dédé Oetomo. The selection of speakers, participants and the topics of the summit were specially chosen to address key and urgent issues and themes in the HIV response in Asia and the Pacific, such as APCOM Executive Director Midnight Poonkasetwattana stated, "[To counter] the rise of conservative social and political forces in the region is a major theme, as is developing new and innovative funding models to address the shifting international aid agenda. Of course, there's a broad focus on health issues related to HIV, MSM and transgender people, but there are also sessions dedicated to more specific issues such as drug use, sex work, young people, mental health and ageing." On special request of community members, APCOM organized in the Summit week additional capacity building workshops in order to provide the necessary skills to the community in the current cultural, national and funding climates which stand as roadblocks in tackling the main issues addressing effectively the HIV epidemic and promoting and protecting human rights. These workshops focused on research, advocacy and fundraising and were followed by regional and sub-regional caucuses to help better understand and address the needs of individuals and groups, in order to map out a new strategic plan that will help guide the work of APCOM and its partners in the years ahead.

2.2. Objectives

1. In taking stock in the response to HIV and SOGIE health and rights in Asia and the Pacific, the RRRAP Summit aimed to evaluate the issues affecting MSM and TG communities through a systems-thinking approach.
2. On the back of the UN's Sustainable Development Goals and the UNAIDS 90-90-90 targets, there is a call for more integrated approaches of working, ones that identify and build synergies across APCOM's and the wider community's work in the fight for rights and to end HIV.
3. The three cross-cutting themes of the summit – rights, resources and resilience – focus attention on the issues APCOM wants to engage with, frame discussions, activate potential partnerships and create pathways for collaborative action.[1]

[1] *https://sustainabledevelopment.un.org/?menu=1300*

[2] By 2020, 90% of all people living with HIV will know their HIV status. By 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90% of all people receiving antiretroviral therapy will have viral suppression. *http://www.unaids.org/en/resources/documents/2017/90-90-90*

2.3. Speakers and Ambassadors

As mentioned in the key achievements section, the sheer diversity in the speakers and participants list is certainly an important highlight of the RRRAP event. In total, keynotes, panel presenters and discussents involved during the RRRAP Summit represented 25 countries both from inside and outside of the region: Australia, Bangladesh, Bhutan, Cambodia, Fiji, Germany, Greece, Hong Kong, India, Indonesia, Iran, Laos, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Taiwan, Thailand, Timor Leste, United Kingdom, United States of America, Vanuatu and Vietnam. The full list of speakers from the five-day summit can be found in Appendix A.

APCOM leveraged the support of some of the Asia Pacific region's leading HIV, health, rights and community advocates by designating certain individuals as official RRRAP Ambassadors who have lent their support and efforts in revitalizing the region's response to the HIV epidemic and its impact on vulnerable communities. The five ambassadors not only attended the summit but also substantially contributed to the development of the summit's agenda. All five ambassadors said they were proud to be supporting such an important event for the region's MSM, transgender and LGBT communities. The five eminent persons from across the region's political, legal, health and community sectors made powerful statements on their field of expertise during the Summit and served to continuously spark debate and discussion throughout the event:

- **HIV Ambassador:** Prasada Rao (UN Special Envoy on HIV/AIDS for the Asia Pacific region and former Indian Health Secretary): *"When the ominous prediction of the Commission on AIDS in Asia that more than 50% of new infections will occur among the MSM community in the region is coming true, it is necessary for everyone to rally our forces to see that this does not happen. And unless the incidence rates among MSM drops to very low levels, it will not be possible to achieve the lofty goals of fast tracking the AIDS response by 2020 and ending AIDS by 2030. As someone who has seen the emergence of APCOM as a strong network of MSM communities over the last decade, I am thrilled to participate in the RRRAP summit in Bangkok."*

- **LGBT Human Rights Ambassador:** Michael Kirby (jurist, academic, former Australian High Court Justice and former UN Human Rights Council Commissioner): *"The summit comes at a critical moment. Not only is there a logjam in securing progress on law reform and educational initiatives for equality and justice for sexual minorities. In a number of countries of Asia and the Pacific, things have actually gone backwards. We would not tolerate this deterioration in the areas of gender or race. But sexual orientation and gender diversity are analogous. They are part of the hardwiring of human beings. The bullying and hatred has to stop. It is not only contrary to human rights. It is bad for development, business and social harmony. This is why the Bangkok Summit is so well timed."*

- **Research Ambassador:** Prof Adeeba Kamarulzaman (University of Malaya Dean of Medicine and Prof. of Infectious Diseases): *"This summit is timely to remind us all that we need to increase our collective effort to ensure that the LGBT community receives access to knowledge and HIV prevention and treatment in the face of an escalation of the HIV epidemic within the community in this region."*

- **Pacific Ambassador:** Sir Ratu Epeli Nailatikau (UNAIDS Regional Goodwill Ambassador for the Pacific and former President of Fiji): "The discrimination and stigma against victims of HIV/AIDS continues and there is a growing prevalence in the number of infections that small island communities are facing. Therefore, the advocacy and the work of our Pacific community must again be raised to break this. The Pacific out of all regions has the best fighting chance of *"getting to zero". Our population numbers, geographical makeup and current infection numbers work greatly in our favour. This summit is a fundamental and an excellent prospect for us to share with our brothers and sisters in the Asian region as we endeavor together to healthier and inclusive regions. I urge all relevant stakeholders in the Pacific to rise to this opportunity and the challenges it presents."*

- **Community Ambassador:** John Raspado (Mr Gay World 2017, Mr Gay World Philippines 2017): *"The response from our communities to the health and rights of our communities has been powerful and courageous, especially in those places where violence, discrimination, stigma and exclusion form significant barriers to the provision of care and support. We can learn so much from each other and the RRRAP Summit provides an incredibly valuable forum to honour our past and build our future. I'm very proud to be involved in the RRRAP Summit and I encourage members of our communities across Asia and the Pacific to get involved too."*

APCOM's ambassadors: *(from left to right)*
- *LGBTI Human Rights Ambassador:* **The Hon. Michael Kirby AC CMG**
- *HIV/AIDS Ambassador:* **Prasada Rao**
- *APCOM Executive Director:* **Midnight poonkasetwattana** *and Regional Advisory Group Chair:* **Dédé Oetomo**
- *Pacific Ambassador:* **H.E. Ratu Epeli Nailatikau**
- *Community Ambassador:* **Okkar Min**

2.4. Side Events

In addition to the five-days of the official RRRAP Summit, APCOM hosted a variety of side events prior to the conference and during event hours to bring in additional partners and showcase its strong community connections around Bangkok and around the globe.

2.4.1 Hero Awards

In a celebration of health and LGBT community members dedicated to HIV, equality and rights, APCOM held its first-ever Hero Awards on 12 November 2017. With over 350 nominations from around the Asia-Pacific region, eight winners were selected from the 21 finalists: **Community Hero:** Chi Chia-wei (Taiwan), **Transgender Hero:** Khartini Slamah (Malaysia), **HIV Hero:** Gautam Yadav (India), **Social Justice:** Qasim Iqbal (Pakistan), **Health & Wellbeing:** Dr Frits van Griensven (Thailand), **Community Ally:** Prof Praphan Panupak (Thailand), **Community Organisation:** Bandhu Social Welfare Society (Bangladesh) and the **Shivananda Khan Award for Extraordinary Achievement:** Ashok Row Kavi. The event, which also raised much needed funds for APCOM's vital work in relation to HIV education, prevention, treatment, care and support, and human rights, was attended by over 300 guests and served as an inspiration milestone for APCOM and the community as a whole.

2.4.2 RRRAP Summit Think Tank (Embassy of Portugal)

At the invitation of the Portuguese Ambassador to Thailand, Francisco Vaz Patto, a special pre-RRRAP event was held at the Ambassador's Residence to provide a forum for key representatives and stakeholders to help shape APCOM's Strategic Planning for 2018-22 prior to the RRRAP Summit which kicked off the following day.

2.4.3 Meet and Greet at the Embassy of Australia (Hon. Michael Kirby)

In an event in honor of APCOM's Human Rights Ambassador, the Honorable Michael Kirby AC CMG, a special reception was held at the Australian Ambassador's Residence on the second night of the RRRAP Summit.

2.4.4 RRRAP Closing Reception

To close the week of RRRAP and related events, British Ambassador to Thailand, Brian Davidson, hosted a special closing reception at his residence to thank all who participated for their hard work, celebrate the success of the first annual event and provide one final, valuable networking opportunity for the delegates and representatives from around the world.

Chapter 3. Rights, Resources, Resilience in Asia-Pacific (RRRAP) Summit

3.1. Day 1 – Rights (Getting it Rights: The realpolitik of HIV and LGBT Advocacy)

The first day's sessions all surrounded the basic understanding and practical application of rights based frameworks in the context of sexuality, gender identity and HIV healthcare and access. Countering the rise of conservative social and political forces in the region was a major theme of the day, as was developing new and innovative funding models to address the shifting international aid agenda. The conference and topics of the day received a serious boost of credibility and inspiration with the opening plenary being championed by Prof. Vitit Muntarbhorn, International Human Rights Expert, Former first UN Independent Expert on violence and discrimination based on sexual orientation and gender identity , the Hon. Justice Michael Kirby, Former Australian High Court judge and UN Human Rights Council Commissioner and the Hon. Prasada Rao Jvr, UN Special Envoy on HIV/AIDS for the Asia Pacific Region and former Health Secretary of India.

The morning sessions began with a high-level panel by focusing on how formal organisations and mechanisms were currently being used to promote HIV and LBGTIQ rights, particularly how institutions like the UN and their highly visible work on the Sustainable Development Goals (SDGs) could be used in the fight for greater visibility and the recognition that human rights are universal and thus apply to everyone. In the second panel a poignant discussion was lead surrounding Universal Health Coverage (UHC) and how successful examples of introducing the concept of this in and outside of the region could be used to build better access and care to those living with HIV as well as support in HIV prevention programmes. After a side event focused on youth-led team building and community mobilisation led by partners from Vietnam, the afternoon sessions began by diving deeper into the rights-led discussion, providing some slightly more provocative topics such as stigma/discrimination, conservatism, LGBT law reform and PrEP implementation in Asia for the audience to consider and engage with. Sessions focused on other marginalised populations and topics of inclusion/exclusion, particularly in how they relate to accessing rights and healthcare, which varies greatly throughout the region. The topics of PrEP, access to this lifesaving, preventative medicine as well as HIV self-testing were also confronted, with case studies and comparisons made throughout the vastly different healthcare landscapes from across the region.

The opening day of the summit also featured a media conference where Mr Kirby joined British Ambassador to Thailand Brian Davidson and Taiwanese LGBT rights and marriage equality campaigner Chi Chia-wei to speak out on the need for countries across the Asia Pacific region to improve the health of LGBT people by improving the human and civil rights situation of LGBT people. The day ended with a special transgender advocacy side-event led by partners from the Pakistani Khawaja Sira Society.

3.2. Day 2 – Resources (Think Bank: Creative Solutions to Sustainable Resourcing)

The second day of the RRRAP Summit provided participants and attendees with a platform to inform and discuss options and ways on how to resource the HIV-response in the region. Topics of financing were particularly prominent as funding resources across Asia-Pacific are decreasing while the needs of the community are still growing. The overall theme of the morning sessions dealt with change: countries transitioning out of international donor support status, massive populations on the move and the growing politicisation of the youth. From a decreasing funding landscape to lesser LGBT-friendly governments, the issues these changes present the region with were all engaged throughout the second day, but more importantly were new methods of engagement and innovation brought up by many speakers. Panelists continued to emphasize the growing crises and impending dangers that negative trends like defunding or discrimination could mean for future generations if they were not tackled head on in an urgent and steadfast manner. Dostana and Dareecha Male Health Societies from Pakistan engaged participants via a side event focused on the universal periodic review of UN Universal Periodic Review Shadow Report 2-17 and Ending Violence and Discrimination Based on Sexual Orientation and Gender Identity, a sensitive topic with decades of brutal history and current, personal stories, but one with wide reaching implications for the region if conditions for key populations are actively engaged by governments and civil society and improved.

The afternoon sessions tackled some of the more controversial topics affecting the LGBTIQ community from the outside and from within: sex and drug use, male sex work, storytelling for better HIV intervention and using social and sexual currency to help under-funded CBO's. These sessions were well attended by partners and speakers from all over the region, bringing a vast diversity of perspectives and innovations that sparked strong and passionate responses from both the panelists and audiences. The network of TestXXX partners throughout the region also had an opportunity to present their successes and struggles of their respective programmes around the region in the afternoon, where they hoped to inspire other community advocates to use this particular "resource" beyond the conventional campaigning strategies that are traditionally used to engage the public and key populations. The day wrapped up with a special screening of GAYOK Bangkok, a viral series developed by APCOM full of drama, humour and important HIV messaging.

3.3. Day 3 – Resilience (Evolution to Revolution: Merging Movements Towards Broader Social Justice and Change)

The third and final day of the official Summit focused on building resilience for the community as it looked to the future. The key word for the starting plenary of the day was "momentum" and how this important adjective could continue to propel the research, advocacy and resourcing of the LGBTIQ community onward and upward, against the many barriers that still exist for much of the region. The sessions for this third day provided an opportunity for some unlikely topics and allies to take the stage and present alternative resources to help build resilience among various populations. Session 2 brought together a diverse array of faith leaders, taking a look at how churches could provide resilience to communities via innovative health campaigns or how ancient Hindu texts could be used to find healing spirituality and bridge gaps between transgender communities and mainstream society. The topics of data and indexes were also presented in the morning, the use of them being touted as a major resource in boosting health and community initiatives, with examples of both being demonstrated for practical use and further improvement. One topic presented that has not traditionally received much attention or discussion is the effect of aging on health (both physical and mental), PLHIV and SOGIE individuals. This intersectional approach brought a unique look at ageing and its effects on things like the life expectancy of those living with HIV/AIDS, long-term mental health, long-term effects of drug/alcohol use, ARV use and the health and community impacts of loneliness. Humsafar Trust from India held a special side-event giving a spotlight on the effectiveness of social media campaigns aimed at upscaling HIV services among internet-using MTH populations.

The afternoon sessions continued with a special focus on youth. Youth and their involvement in the community and fights for rights and healthcare access were represented by a wide array of youth community members, allowing them to highlight a number of successful projects aimed at building leadership for the next generation. The Asia Pacific Transgender Network facilitated a network discussing perceptions of what it means to be "sick" in relation to the struggles of the transgender community in their fight to freely express gender identity without issue or discrimination.

The official three-day RRRAP Summit concluded with a closing plenary, looking forward to the apex year of 2030 for the fulfillment of the UNAIDS 90-90-90 goals and the UN's Sustainable Development Goals. This session included some inspiring remarks by the Summit's ambassadors who highlighted some of their own personal struggles and triumphs, as well as a concluding summarization report by the event's rapporteurs.

3.4. Day 4 – Community RRRRAP (Lateral Thinking: Innovation and Cross Sectoral Partnerships

With three days of informational and interactive sessions for participants to attend, the last two days of the week were setup to provide community members with a more hands approach to capacity building and featured a variety of workshops to do so. The plenary kicked off the two days by highlighting innovation and cross-sectional partnerships, tools to be used to stay ahead of the game in a global climate with decreasing funding and a conservative society creating roadblocks for the work of many in attendance. Workshops following the plenary session focused on the following topics: business sectorengagement/ crowdfunding, science and community responses to HIV/STI/co-infections, country level responses to learning and innovation, building community life competence and challenges facing funding for LGBTIQ organisations and projects. A full analysis of the strategic planning and sub-regional caucusing is discussed in the following chapter.

3.5. Day 5 – Sub-Regional Caucusing and Strategic Planning (Walk the Talk: Turning Dialogue into Action)

The purpose of the fifth and final day of the RRRAP Summit was to help groups map out a new strategic plan that will help guide the work of APCOM and its partners in the years ahead. The day began with an opening session focused on prompting action after days of discussion, and asked participants how everyone could ensure that events like RRRAP are worthwhile and impactful. The sub-regional caucus was divided into five groups to discuss the key issues affecting their countries and sub-regions and how these issues can be addressed through regional programmes and advocacy: Southeast Asia, South Asia, Greater Mekong, Pacific and Developed Asia.

Chapter 4. Sub-Regional Caucusing

4.1. Background and Context

Asia and the Pacific is an immense region covering approximately of 22 percent of the global land area. The general population is disproportionately distributed across the region resulting in widely differing, with some unique, issues and factors contributing to HIV epidemic and its impact to human rights. Although the region has made progress to scale up the collective response to HIV through community based services, social movements and activism, political willingness, and public policy, there is still a significant gap hampering key populations in their access to health services and enjoyment of equal rights as the general population. HIV epidemic and persistent human rights violations are in a powerful relationship which remains to impact key populations and communities.

The RRRAP Summit hosted a significant number of participants from across Asia and the Pacific. These participants represented the key population communities, organisations, and networks at the sub-regional and country levels. The first three days of the summit, corresponding to discussions on Rights, Resources and Resilience, paved a pathway for discourses on new issues arising at the community level and recommendations for innovative interventions and/or approaches. Examples of these new issues include intersectional themes between and among key populations such as MSM, PWUD, MSM sex workers, people with disabilities and the ageing population within the LGBTIQ spectrum.

On the last day of the summit, the participants organised a caucus with their respective sub-regions to capture issues, trends and priority interventions in the sub-region. The Sub-Regional Caucus convened participants to discuss issues and explore emerging trends affecting their countries and sub-regions, and come up with recommendations as how these can be addressed in the regional advocacy and programmes. The different sub-regions included South Asia, Greater Mekong, Southeast Asia, Developed Asia and the Pacific. The discussions within the groups were guided by the following questions:

1. What are the emerging issues in the Sub-Region?
2. What are the emerging priorities in the Sub-Region?
   (in question 1 and 2, how do we incorporate the diversity of the issues and priorities?
3. What is it that you want to inform the bigger group of Asia and the Pacific?
4. What evidence is available / not available?
5. What resources is available / not available?
6. How do we hold ourselves accountable to the emerging issues and priorities?

4.2. Insular Southeast Asia

Countries: Indonesia, Malaysia, Philippines, Timor Leste

The varying status quo of countries around Southeast Asia was represented by a wide, yet familiar range of challenges cited by the group during their caucus discussion. From problems stemming from poor data collection/management to inconsistent and sometimes damaging national policies, participants also brought up new worrying trends surrounding chem sex and escalating radicalisation in certain areas which could greatly affect the LGBTIQ population and work on LGBTIQ, SOGIE and HIV & key populations projects.

4.2.1 Issues, Challenges and external environment

Stigma and discrimination tops the list of issues and challenges in the access to health services by gay men, bisexual men, other men who are having sex with men and transgender people. The participants have highlighted the apparent stigma and discrimination in health services coming from providers, e.g. doctors and nurses. This issue has contributed to the low uptake of prevention package (including self-testing and Pre-Exposure Prophylaxis), testing and treatment. Despite reported acts of discrimination in health services, there remains a low number of sensitisation trainings aimed at health service providers.

The participants also highlighted that stigma and discrimination also take place between and among key population themselves. There is stigma amongst MSM against other MSM who are living with HIV, and sex workers.

According to the participants, stigma and discrimination against MSM, PWUD, PLHIV and sex workers can be linked to religious conservatism and populism at a particular country. For example, in the Philippines, the Catholic Church has portrayed LGBTIQ people in a negative light. On the other hand, there is a growing backlash and political campaiging against LGBTI issues and communities in Indonesia , a populist tactic used by politicians to pander to conservative sentiments to garner political support and votes.

It is also undeniable that the use of illicit drugs for sex (also known as ‘chem sex’ or ‘high fun’) is increasing among young MSM. Although the activity is prevalent, there is a scarcity of harm reduction and health promotion information available for this group to learn more about the drugs, its side effects, and potential harmful interactions with other drugs. There is currently no study in the region to understand the factors contributing to the increase of ‘chem sex’ activities and assessments of HIV campaigns linking young MSM to harm reduction programmes.

The challenges within the ageing community from the PLHIV population and LGBT groups was also raised as an issue as there are no interventions specifically focused to address the needs of the ageing community. In this sub-region, social security and social welfare of ageing PLHIV fall outside the ambit of political discussions and programme design.

4.2.2 Identified Priorities

The group identified the following as priorities for the sub-region:

Assertion of rights for gay men, bisexual men, transgender people. The human rights perspective, and its link to the HIV epidemic, must be broadly covered to include social, economic, political and cultural inclusion. Community-based organisations must form a shared agenda or unified stand on rights-based interventions and lobby for the mainstreaming of human rights interventions for these communities.
The groups highlight the need to scale up programmes that strengthen the knowledge and skills of gay men, bisexual men, other MSM, and transgender people on human rights, policy and advocacy. These include skills on identifying allies or champions in assisting to lobby for government support for changes in unfavorable policies or for improving enforcement of supportive policies.

The community-based networks and organisations must develop key messages for its strategic communication and utilse ICT, online platform and media to mobilise the community and target population.

Comprehensive and thorough programmes for intervention and treatment to include male sex workers and MSM who use drugs. The first step for this priority is to decriminalise people who use drugs and sex workers. There must be a programme to generate strategic information in understanding the drivers of drug use and sex work for a more evidence-driven approach or interventions. The community must also lobby for the support of the government in implementing interventions for harm reduction and sensitisation of health workers on the issues of drug use and sex work. Partnerships with law enforcement agencies may also be explored for a more effective response.

Mental health. As pointed out by the group, suicide, anxiety, depression and low self-esteem are only some of the mental health challenges faced by key populations. The mental health and psychosocial services must be integrated within programmes across all services provided not only by community-based clinics but also by private institutions. The group highlighted that the integration of these services must be supported by the government through policies and/or provision of facilities that will enable health service providers to address mental health issues. A guideline for the health service providers must also be developed to guide their practice. Consequently, the health service providers must also be sensitised to be able to identify and address mental health issues of key populations.

Mobility, migration and displacement. Gay men, bisexual men, MSM, transgender people, and people of diverse SOGIESC are actively mobile population. Part of this population migrate to other countries within the sub-region for purposes of employment. The population is also not exempt from man-made and natural disasters which displaces them from their respective residences or domiciles.

For this reason, the group highlighted the need for an established cross-border service delivery network to facilitate referrals and access HIV services especially Anti-Retroviral Therapy (ART). In addition, data on the estimation of mobile key population, migrant and displaced key population, must be gathered for a directed intervention.

4.2.3 Emerging Ideas and Recommendations

The group from Southeast Asia Sub-Region recommended an accountability framework to describe different tasks from the community, country and regional levels.

Community Level

1. Strengthen the capacity of community organisations and key populations in documenting facts and collecting data such as population estimates;
2. Strengthen the capacity of community organisations and key populations in programme design, programme implementation and corresponding monitoring and evaluation components to address the following issues:
   a. Human rights violations and redress mechanisms
   b. Comprehensive HIV programming to include MSM, PWUD, sex workers
   c. Integration of mental health issues into national programmes
   d. Mobility, migration and displacement
3. Scale up investments in community organisations and key population networks to enable advocacy work on the ground

Country Level

1. Re-ignite political will to promote, protect and fulfill rights to health of key populations, and recognising that highest attainable standard of health is a major part of human rights standard;
2. Abolish punitive laws and policies and enact supportive laws and policies to create an enabling legal environment for the key population and to scale up the access of HIV services especially access to ART;
3. Engage with, and involve, the community organisations and key population networks in designing programmes and ensure that they are involved in monitoring and evaluating these programmes;
4. Provide technical support to community organisations and key population networks in implementing HIV and human rights programmes, interventions and services at the country level

Regional Level

1. With the involvement of community- and country-level actors, develop a strategy to address the emerging issues, challenges and external environment in the sub-region;
2. Generate, gather and share strategic information to be used as evidence for a more informed advocacy activities to reduce stigma and discrimination and to inculcate an enabling legal environment for the key populations;
3. Develop technical guidelines for the community and key population networks in implementing interventions integrating in programmes the identified issues such as mental health and ageing;
4. Provide technical support to, and strengthen the capacities of, the community organisations and key population networks for a more effective response to HIV and human rights violations in Southeast Asia.

4.3. South Asia

Countries: Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka

The needs of this group centered around legal and political issues and change in order to protect the rights and lives of all community members, regardless of backing/acceptance by the greater society. One thing became apparent after these discussions and that is the existing community organisations based in this region are strong. However, there is a need for a more in-depth organisational capacity interventions at the country level.

4.3.1 Issues, Challenges and External Environment

Of all the issues brought up in the caucuses, the ones discussed in the South Asia group perhaps had the greatest urgency as intense and often life-threatening discrimination and violence tends to plague community members located in this region more than any other. It is for this reason that the needs of this group centered around legal and political issues and change in order to protect the rights and lives of all community members, regardless of backing/acceptance by the greater society.

The advocacy for the passage of the so-called 'Transgender Bill' in some countries in South Asia has contributed to the creation of enabling legal environment for transgender women. Some countries have recognised transgender people, especially transgender women, through legal identification documents such as passports. However, these discussions on transgender issues have not included transgender men. The participants from South Asia also highlighted that discourses often miss incorporating economic and social inclusion for transgender people. A number of cases from Nepal and Pakistan have reported that transgender women are denied employment.

Advocacy to increase social awareness on sexual orientation and gender identities and expressions and sexual characteristics was raised as a pressing challenge especially in Pakistan. The transgender women are more visible than gay men and other MSM. There is no local language for SOGIESC or LGBI that can be used to strengthen the advocacy at the country level. Gay men are still considered taboo in the country.

The community organisations and key population networks need strengthening to be more effective in responding to HIV and human rights issues at the country level. A stronger network and working relationship is also not visible as CBOs tend to work in silos. A second line leadership among the community advocates needs to be established to continue an advocacy from one generation to the other. Young people are seen as future leaders in South Asia, however, there is a lack of effective leadership and capacity building programmes that will secure the continuation of the advocacy.

The level of political will from the policy makers in the sub-region is discouraging. For example, the transgender bill in India is still pending. Another example is that law makers in Bhutan do not want to recognise transgender people. The policy makers are not sensitized in the issues of gay men, bisexual men and transgender people.

As in other sub-regions in Asia-Pacific, there is a lack of research and generation of strategic information to build evidence as a tool for advocacy. CBOs do not have the capacity to conduct research or generate strategic information.

4.3.2 Identified Priorities

Advocacy to create an enabling legal environment. The participants from the sub-region highlighted that discriminatory acts against the key population are still prevalent. These discriminatory acts are often committed by health service providers and law enforcers. There is a need to put in place laws or policies that will create a supportive environment to the key populations especially in health care settings and law enforcing government agencies.

Section 377 of the Penal Code is still in effect in some countries in South Asia. In Sri Lanka, it is the Section 365-a, which also criminalises same sex behaviour.

Redefining the prevention package. PrEP and HIV Self-Testing needed to be included in the prevention toolbox that is offered to the key population, especially to gay men, bisexual men, other MSM and transgender people. As they are considered as the drivers of HIV epidemic, comprehensive prevention options must be offered to them depending on their risk behavior levels.

This priority also includes improving the approaches of gathering size estimations for the key populations, especially MSM and transgender people. The CBOs also need to understand how estimations are conducted, and be enabled to to participate in this activity.

Improving accountability at all levels. Transparency must be required at local, national and regional levels. M&E systems must be improved to keep track on the progress of programmes implemented at different levels.

4.3.3 Emerging ideas and Recommendations

For this sub-regional caucus, the participants have identified ideas and recommendations at the regional level:

1. Strengthen the regional human rights agenda by utilizing the Yogyakarta Principles and the Sustainable Development Goals (SDGs), and maximise opportunities provided by the Universal Periodic Review (UPR);
2. Strengthen social activism and establish a platform to utilise the media, online and offline platforms, and ICT to portray a positive image towards the LGBTI community;
3. Assist community organisations and key population networks in establishing meaningful relationship with government bodies such as the Ministry of Health, and provide advocacy materials on domestic investment, allocative efficiency and increasing community spaces;
4. Expand the TestXXX campaign to big cities in South Asia to increase awareness on HIV, prevention options and other health services to target population through innovative approaches;
5. Engage government leaders and policy makers in redefining prevention package for key populations to include PrEP and HIV self-testing;
6. Implement capacity strengthening programmes to strengthen organisational and individual capacities in different countries across the sub-region.

4.4. Greater Mekong

Countries: Cambodia, Lao Peoples' Democratic Republic (PDR), Myanmar, Thailand, Vietnam

The challenges facing organisations representing the Greater Mekong Sub-Region were numerous, but so are the opportunities for improvement. Human rights, equal access to law and policy, migration and migrant workers (migrant sex workers), stigma and discrimination faced by the community on the ground level and sustainability were all mentioned as the most pressing issues facing the sub-region.

4.4.1 Issues, Challenges and external environment

The participants named human rights, equal access to law and policy, and SOGIE as the primary issues in the sub-region. In the discussions, however, these issues did not clearly link the impact of these issues to the growing HIV epidemic.

In Lao PDR, there is lack of knowledge on SOGIESC from the LGBTIQ community themselves and the government as there is no information available on the subject such as guidelines, fact sheets or info-materials that will help increase awareness. There are also no activities to raise awareness on SOGIESC in the country. Although Cambodia has witnessed progresses on social movements with regards to SOGIESC and LGBTIQ issues, there is a strong need to integrate SOGIESC in all legal and policy aspects to protect LGBTIQ community. On the other hand, Vietnam's society has varying perceptions towards LGBTIQ people. In the country, legal recognition for transgender people is still a hotly debated topic. The three countries, as the participants raised, are commonly challenged by lack of accurate data on LGBTIQ and scarce documentation on human rights violations based on SOGIE.

In Myanmar, there exists a very limited HIV Prevention programme. PrEP and HIV self-testing are still not part of the prevention package offered by community-based health providers to MSM and transgender people. There is lack of knowledge on these new prevention modalities that has the potential to scale up prevention services and increase the number of people who know their status.

Participants from Thailand raised a new issue on migration especially from the MSM and transgender communities. There are unaddressed migrant worker issues, especially their access to HIV services particularly ART. There is lack of activities to advocate for policies allowing migrant workers to access ART, CD4 count testing, as well as PrEP and PEP.

Amongst the five countries, the participants raised a common challenge which is the lack of data or evidence base to serve as advocacy material for community based organisations and key population networks in their work. There is no available data on population size estimation of key population in the Greater Mekong countries, and not enough documentation of lessons learned that other countries can learn from.

In terms of resources, there is not enough funding specific for the young key affected population, no involvement of private sectors in the HIV programmes and interventions at country level and low domestic funding for HIV programmes in the countries (except Thailand).

4.4.2 Identified Priorities

Law and policy. The participants have identified that human rights and SOGIESC-based approach in implementing programmes should be applied. Principles on reducing stigma and discrimination in the health-care settings must be integrated in medical guidance implementing HIV services both at the community level and private institutions. Community organisations and key population networks must be engaged in the advocacy to change laws and policies.

Migration. The participants raised that there are a number of migrant MSM and transgender people who are migrating for purposes of employment. Mostly, transgender women migrants are sex workers. Regional priorities should be focused on gathering and generating data on the estimated population of migrant workers across the sub-region. Partnership with national organisations from different countries must be established to provide services for migrant workers who are MSM and transgender people.

Sustainability. There is a need to build capacity amongst the community organisations and key population networks on creating partnerships with other funding agencies and channels. Technical assistance is needed for community organisations and key population networks to identify their organisational needs in order to sustain their work at the country level. It is highlighted that a regional fund raising initiative is needed to allow country based community organisations to access other funding opportunities outside conventional funding sources.

4.4.3 Emerging ideas and recommendations

The group from Greater Mekong Sub-Region recommended an accountability framework to describe different tasks from the community, country and regional levels.

Community

1. Collect the data through survey and the report and sharing to stakeholders and create a channel to exchange information, such as LGBT data,
2. Commit to a community watchdogging initiative to oversee programmes at the country level
3. Community engagement in all mechanism at country level through national network and working closely with CCM
4. Promote SOGIESC and Stigma & discrimination through campaigns, events and others platforms led by community from the ground level to national level
5. Collaborative work with key stakeholders for youth policy, HIV law and sex work law. Dialogue meeting between Young Key Populations (YKP) with policy makers.
6. Fund raising activity at country level
7. Give information to target groups to understand and collaborate in terms of work support

Country

1. Sustaining roles of CSO and community on engaging the grant making process
2. Advocacy work to ensure the existing law and policy for LGBTIQ community
3. Meaningful engagement on YKP intervention together with UNAIDS country office.
4. Compile community data to policy makers to ensure the policy and programs based on community needs
5. To ensure existing allocate budget for YKP program and intervention
6. Coordinate with government for acceptance and work support such as quality control of services and develop standards of community-led health services

Regional

1. Technical support for advocacy strategy
2. Sharing evidence and data from regional to country level
3. Support on fund raising strategy

4.5. Pacific

Countries: Cook Islands, Fiji, Kiribati, Nauru, Samoa, Tonga, Tuvalu

Being in a unique situation compared to many other the participants due to its geographical isolation and very limited resources, the Pacific group cited some challenging needs but were hopeful in their vision of the future. The theme of identified issues was "lacking," which covered everything from resources (both technical and financial) to data and capacity. Social issues such as stigma and discrimination and the lack of legal protection and rights were amongst the other issues brought up by the group. Centralised/collated resources is something greatly in need that will allow organisations to better learn from each other and solve problems collectively around the region, followed by capacity building (particularly in the form of financial management, especially for grants), reporting and data management and advocacy strategies.

4.5.1 Identified Priorities

The participants from the sub-region raised that the Pacific countries compared differently to Asian countries especially in relation to the estimated sizes of the key populations. The Pacific countries are smaller with regards to population and geography, hence, their size estimations are also considered smaller than the countries in Asia. There is a need for development agencies and funding institutions to understand that despite the small size estimation, the situation of a growing HIV epidemic, persistent stigma and discrimination against key population, and limited access to HIV and other sexual health services are as pressing an issue and similar to other sub-regions.

There is a low uptake of HIV testing in the Pacific countries. Access to HIV services and programmes is difficult due to the geography of the sub-region and countries which creates a wide distance between service providers and populations they serve.

Stigma and discrimination remains to be the overarching theme of the sub-region. As in other sub-regions, discrimination against homosexuals are prevalent in Pacific Islands. Although transgender people and Fa'afafine community are recognised by the society and other institutions such as the Catholic Church, the same is not true with gay men and other MSM. The countries in the Pacific practice Catholicism, and the Churches' interpretation of Biblical verses, especially the Book of Leviticus, ignited stigma towards the gay men and MSM community. This has pushed them to hide, hence, not reached by HIV programmes.

As the participants highlighted, the majority of the population in the sub-region have biases against the LGBTIQ population and the Fa'afafine community. The factors on shaping this mindset include the influence of the Church as abovementioned. The term 'LGBTIQ' and the phrase 'sexual orientation, gender identity and expressions, and sexual characteristics' are foreign concepts for the citizens of the Pacific.

Domestic resources in the Pacific are limited to none. There are competing priorities at the country level. Majority of countries' priority is climate change and disaster risk reduction. Advocacy for inclusive humanitarian response in favour of LGBTI people and Fa'afafine community is needed. Although there are funding sources from the GFATM, the funding is channeled through the Ministries of Health as the Principal Recipients. Non-government organisations are able to receive the funding as Sub-Recipient provided that there is strong capacity on programme implementation and financial management. In most cases, community organisations and key population networks do not possess these strong capacities.

There is a need to strengthen organisational capacities of community organisations and key population networks. Strengthening their capacities will empower them to be accountable. These organisations need to strengthen their organisational capacities to improve programme implementation and financial management (or establish a financial system if it is absent).

Lastly, the participants highlighted that evidence is thin in the Pacific sub-region. Data is not available on the population estimates of LGBTI and Fa'afafine community. Accurate and representative data is needed but does not exist at the moment. There is also limited capacity within the community to collect data and produce evidence.

4.5.2 Identified priorities

Institutional strengthening. There is a need to build capacity of community organisations and key population networks through specific training to strengthen the association and its members, across advocacy, and interaction with the government. These organisations can also be strengthened through technical assistance on various contexts including SOGIESC and lobbying with government and the church.

The organisations also need to strengthen their capacity to acquire needed resources such as strategic information used as evidence for advocacy. In addition, there is a need to maximise the utilisation of available resources such as the social media in raising awareness about HIV and SOGIESC.
Community organisations and key population networks also need to establish new partnerships with government agencies, faith-based organisations and leaders, and academic institutions.

Inclusive Climate change/disaster risk reduction (DRR) advocacy. Advocacy for inclusion and diversity is important especially that LGBTI people and Fa'afafine community are almost always left behind in humanitarian responses. It is important to identify existing mechanisms for inclusive DRR responses and ensure its implementation.

Partnership and strategic alliances. Internal and external. Piece of work to look at which conventions that each country has ratified/stage of implementation). Mainstreaming our LBGTI issues across the board; helps to get access to what's available in country

Resourcing (finance/technical). Funding is a perennial issue for community organisations and key population networks. The organisations need the capacity to raise their own funds to sustain themselves and the work that they do. Moreover, a stronger advocacy on domestic financing and civil society funding is needed, together with evidence and strategic information on the subject to be used as tools for financing advocacy.

4.5.3 Emerging ideas and recommendations

1. Different mechanisms for accountability are needed for the differing stakeholders:
   a. Funders e.g. Global Fund
   b. Ministry of Health
   c. Members
   d. Broader Community
2. Work is needed to build the capacity for members and the broader community to demand accountability from the community based organisations
3. Work is needed to build the capacity of the community based organisations to generate and report their data

4.6. Developed Asia

Countries: Hong Kong, Mongolia, Taiwan

While not exempt from the LGBTIQ and HIV health issues facing the rest of the region, developed nations in Asia have their own unique set of challenges and must respond accordingly. Issues such as social and financial inequality, discrimination and social radicalisation are all present in these countries, the only difference is there is often more funding available to combat such problems, with majority of the resourcing driven by domestic governments and other internal stakeholders. This presents a unique set of challenges especially for LGBTIQ communities and other key populations, particularly as these communities and their rights are subject to frequent politicisation. While LGBTIQ people are not criminalised, these communities remain vulnerable to conservative and populist backlash against their rights claims. This has a direct repercussion on how these communities and programmes that serve them can be funded sustainably for the long term, as governments are wary of supporting causes that are seen as politically sensitive.

4.6.1 Issues, Challenges and external environment

Participants in the caucus highlighted a significant difference in terms of reliance on domestic government support and government funding, compared to other sub-regions which benefit from international donor support particularly for key populations work. Aside from Mongolia, which receives injections of international funding, the response in Hong Kong and Taiwan is supported principally through the domestic response. This puts the onus on civil society to build stronger and enduring relationships with upstream actors, particularly getting buy-in from government actors and funders.

While there exist deep seated stigma and cultural attitudes towards people of diverse SOGIESC, there also exists a mature social justice movement and activism around human rights and LGBTIQ issues in these countries. These were highlighted in the discussion, most prominently the work to legalise same sex marriage in Taiwan, and to an extent, the engaged civil society space springing from the Umbrella Movement for democracy in Hong Kong.

In Hong Kong, gender recognition law which will grant recognition for transgender people is still under discussion, with objections from religious networks and parents. Awareness around transgender identities is also low, with little visibility and a mass media that sensationalises transgender issues and portrays transgender people in a negative light. Legal change is also perceived to be slow moving, as after the cessation of the Umbrella Movement and tightening relationship with China, legal reform and policy making is taking a back-seat.

In Mongolia, the Anti-Discrimination and Stigma Law was repealed on 1st July 2017 to remove the criminal code for LGBTIQ individuals. There is also provision under national law to change one's gender identity. However, there is a perception that the government does not engage meaningfully with civil society and key population communities, preferring the advice of international experts and external technical input. This was noted particularly in the Global Fund experience, where input and inclusion of domestic key population voices is limited.

In Taiwan, the marriage equality movement is perhaps the most talked about, a combination of unique circumstances that enabled the legal reform agenda to be pushed to the forefront. Most notable was the mass mobilisation of young people, and further social activism enabled by the student led Sunflower Movement which sought democratic process and transparency in trade negotiations, and against free trade and involvement of China. The momentum for marriage equality has been attributed to the socially engaged context that has come forth from these movements. Additionally, the move by Christian anti-LGBT groups spreading rumours and fake information has also had the unintended consequence of further galvanising the general public to step out and support marriage equality. An interesting example was the claim by certain anti-LGBT groups that the worship of Mazu, Goddess of the Sea and a popular protector deity in Taiwan was contributing to the support for marriage equality, as the deity is sometimes portrayed androgynously. This prompted a unique backlash from the general public against anti-LGBT sentiments especially as it was seen as an attack on Taiwanese cultural and religious identity.

4.6.2 Identified priorities

Comprehensive Prevention Programmes
With HIV, there is a biomedicalisation of the response, with a need to advocate for a more comprehensive approach which takes into account prevention holistically including PrEP, advocacy on self-testing, and harm reduction education for drug use, not just a focus on testing. PrEP in particular is a critical issue to advance, as access is still limited by cost, and there is also reported trend of travelling to neighbouring countries such as Thailand to access more affordable PrEP. This would favour the financially able, calling to attention how equitable PrEP access is in developed Asian countries.

Comprehensive Sex and Reproductive Health Education
There is also a need to push for more comprehensive sexuality education, and to invest in educating front line workers of health service providers and teachers/educators on sexuality education and LGBTIQ awareness. Sex education is not just about STIs and reproductive health, but should encompass sex positivity, LGBTIQ sensitivity, communication with partner and also boundary setting. Notably, there is a discussion on how these forms of education has an effect as a "short term prevention", but creating "long term cultural change".

Social Media Engagement and Campaigning
Scaling up engagement on social media platforms both for health promotion and campaign messaging is a key priority, as these platforms are widely used and capable of creating social change. A key issue raised was the reproducibility of campaigns such as Test Bkk and GayOk web-series in these countries, adopting a localised storytelling context and one that speaks to the particularities of the local communities and the challenges that they face. Beyond the HIV and health context, engaging social media is also seen as crucial in the fight for LGBTIQ rights, notably in helping to shape a more balanced and truthful narrative on the experiences of being LGBTIQ in order to create social awareness and change.

Strategic Information to Support a Rights Based Approach
Reflecting on the progress still needed in advocating for the rights and health of LGBTIQ communities, there is a need to also supplement this advocacy with qualitative and quantitative research and strategic information, especially as government and policy makers are better influenced by evidence base. In particular, research to contextualise LGBTIQ mental health, workplace and education setting discrimination are needed to further advance the case for a more just and accommodating legal and social environment.

As well, the Universal Periodic Review process was also seen as a good opportunity to document and advocate for the human rights work needed in these countries.

4.6.3 Emerging ideas and recommendations

Community level
There is a need to mobilise social media for change more extensively, particularly as these platforms are widely used in the countries and has a significant reach and power to shape public opinions. On the human rights campaigning front, storytelling approaches has been used to mobilise change, but more could be done to profile transgender stories to address stereotypes, and to educate the broader public on issues of diverse SOGIESC. Resources from the Trevor Project in the US was mentioned as a model to formulate an online strategy, especially also to tie in mental health and suicide as an ongoing concern. Crowdfunding and fundraising events could be a strategy to kickstart the production of these videos, a strategy already employed in Taiwan to work on coming out stories to parents, and to showcase importance of social services for LGBTIQ communities.

On the HIV prevention front, the sharing of APCOM's Test XXX model and GayOk web-series content and design could be a starting point to 'make it local'. Already there is discussion on the copywriting of Test XXX materials, with availability to community organisations and stakeholders in the near future.

Country level
There needs to be a coordinated push for comprehensive sexuality education, one that not only focuses on health and STIs, but that builds a sex positive approach and understanding around diverse sexuality, healthy communication and the like. Taiwan Tongzhi Hotline Association already has an established engagement in schools and with the curriculum, conducting education and sensitisation workshops on SOGIESC awareness with secondary school students in Taiwan. This model could be emulated in other countries, especially through stronger working relationships with government and education ministries, supported by research and evidence base that these approaches work to better the wellbeing of LGBTIQ students.

Continuing to build stronger and enduring partnerships with government and key stakeholders are also important, particularly as significant resourcing and political support is needed for CSOs to continue their work in these self-sufficient countries. A key recommendation is to invest in producing strategic information or evidence base for making a case why the work on SOGIESC is important, and to further quantify the return on investment for government to invest in HIV prevention approaches that are community driven. Additionally, this also flows on to the advocacy for diverse set of prevention approaches, especially PrEP and self-testing.

Regional level

A cohesive approach to advocate for comprehensive sexuality education could come from multilateral organisations in partnership with local CSOs, in order for a stronger push to highlight the importance of education in creating social change, not just to prevent infections.

Research and data clearinghouses such as UNAIDS Data Hub and social research and public health institutions are also key partners for communities to work with, in order to generate the evidence base for investing in rights based and community led programmes.

Moreover, technical support and assistance of various fronts such as social media, campaigning, research and advocacy capacity training can also be provided by regional organisations with their technical and experiential know-how.

4.7. Summary of Key Themes under Rights, Resources and Resilience

The sub-regional caucus offered a diverse and rich discussions. The participants representing their countries and sub-regions have provided an accountability framework for a more cohesive working relationship between and among countries, and between and among sub-regions in Asia and the Pacific. The following points are the common issues and challenges among the sub-regions:

1. Human rights violations against the key populations and LGBTIQ community is the most common challenge. Stigma and discrimination are prevalent in the health care settings.
2. SOGIESC and LGBTIQ are foreign terms, hence, a foreign concept at the country level both for the government actors and community or key population.
3. Organisational and individual capacities at country level need to be strengthened.
4. Scaling up of resources, including domestic financing, towards local HIV programmes and interventions.
5. Scaling up of research and data gathering in Asia and the Pacific.

Acknowledging the cross cutting nature of issues discussed in the sub-regional caucuses, these shared issues are being grouped under the RRR thematic stream. This allows a better look at what are our collective priorities are to advocate for the rights and lives of MSM and transgender communities, as well as synergies possible (or already present) among these themes, in order to inform and guide a roadmap forward.

4.7.1 Rights

The human rights of gay men, bisexual men, men who have sex with men, Hijra, Waria, Fa'afafine, transgender women, transgender men, and people with diverse sexual orientation, gender identity, and sexual characteristics was strongly highlighted by the participants. This means that the population must be secured against violence, promoting their right to life and personal security, as embodied in the Universal Declaration of Human Rights (UDHR), and the recently adopted Sustainable Development Goals (SDGs). This also include the promotion and protection of the diverse communities' right to highest attainable standard of health by creating a more enabling legal environment to increase the access to HIV prevention, testing, treatment and linkage to care.

The concept of 'SOGIESC' and the term 'LGBTIQ' are foreign to the government and the community themselves. Hence, there is a little awareness at different levels on SOGIESC and LGBTIQ people. Most countries in Asia and the Pacific, especially in terms of governance, operates in the local language. These terms and phrases do not have a direct equivalent in the various vernacular, hence, pose a challenge for the community in advocating for equal rights for gay men, bisexual men and transgender people. Mostly, the programmes at the country level are driven by health priorities. As presented in South Asia Sub-Regional Caucus, the term men who have sex with men' covers the need to also use 'gay men, bisexual men, and transgender people'. As a result, the community is seen as drivers of the epidemic and not a collective identity who are also deserving of equal rights, including the right to education and employment.

The lack of knowledge on SOGIESC and LGBTIQ issues of policy makers at the country level results in the absence of policies and guidelines that is supportive of the community to improve their lives. The lack of knowledge on SOGIESC and LGBTI issues, and pertinent international instruments and guidelines, results in a weak domestic advocacy to abolish punitive or unfriendly laws and policies that pose danger to the lives of the community.

Due to a collection of factors, stigma and discrimination is not only targeted against gay men, bisexual men and transgender people, but also against other key populations (PWUD, sex workers, PLHIV) remains to be a pressing issue. Acts of discrimination include bullying, violence against LGBTIQ and key populations and abandonment from family are perennial issues deserving of concerted effort to address and further prevent.

There is a need for a regional approach to localise the concept of SOGIESC and issues of LGBTIQ people to increase the awareness and knowledge of the communities and government, and increase their capacity to advocate for human rights and an enabling environment.

Human rights approaches at the region, sub-region and country level must also acknowledge the 'intersectionalities' of issues of LGBTI people and key populations. Mental health issues, which stem from a different range of issues between self-stigma and acts of discrimination, must be integrated in the national HIV programmes to be provided to all. These services must also provide key messages on harm reduction and be linked to a confidential and friendly harm reduction programs for gay men, bisexual men and transgender people who are engaged with 'chem sex' or 'high fun'. Prevention package must be redesigned to include PrEP and HIV self-testing in the HIV prevention toolbox. There must also be a collective effort from across the Sub-Regions to establish a systematic network to promote the rights of the migrant workers and mobile key populations to access ART anywhere in the sub-region.

4.7.2 Resources

The sub-regional caucus re-emerged the issue on limiting and decreasing funding resources at domestic, regional and international levels. As this is the case, a regional approach must be developed to ensure that no community or key population is left behind in the existing or future grants for HIV programming at the domestic and regional level. Funding agencies and quasi-funding organisations must ensure that no one is left behind in their programmes, as enunciated in the Sustainable Development Goals.

The limited funding at the regional and domestic level has restricted the implementation of other programmes that are necessary for effective HIV and human rights responses. Capacity strengthening, both for organisations and individuals, are not implemented effectively. Through these capacity strengthening activities, organisations may be able to enhance their programme management skills and financial management system in order to receive grants from government or other funders. In addition, in strengthening their knowledge and skills, community advocates may be able to effectively advocate for pressing issues, e.g. integration of mental health services to existing HIV programmes, and inclusion of PrEP and HIV self-testing as part of prevention options for the key population. By this reason, the participants recommended to create a country-directed funding programme for advocacy activities, community system strengthening, and domestic financing, among others.

There must also be investments in the use of information, communication and technology (ICT), and utilisation of social media for a more elaborate key messaging campaigns for HIV prevention, treatment and care, and human rights advocacy.

Funding agencies must also invest on research and data collection led by community organisations and key population networks. As found in the different caucus, there is an absence of needed disaggregated data on LGBTIQ and key populations. More often than not, research institutions lead research activities and data gathering, using community organisations and key population networks, as collectors of data because of the connection with the community. However, the community are not able to access the data, more so, they cannot understand how the data is to be used.

4.7.3 Resilience

APCOM, and other regional organisations, need to revisit the technical assistance package, and redesign a holistic assistance to include strengthening the capacities of both the organisations and the community advocates. This is especially beneficial for small organisations to strengthen their programme management and financial management systems who are securing grants from the Global Fund. Technical assistance on, and capacity building for, advocacy for community organisations and key population networks will contribute to the sustainability of the activities and interventions at the country level.

Strengthening the capacity of the community will result in their effective engagement with political discussions and appurtenant Global Fund Country processes, wider inclusion of key population in advocacy initiatives, inclusion of community groups and key population across all mechanisms of Country Coordinating Mechanisms (CCM) of the Global Fund, and further enhancement of institutional accountability.

There is a need to develop new partnership between and among community organsations. New partnerships are also seen between community organisations and faith-based organisations, and other religious groups, private and corporate agencies, and government institutions such as Ministry of Education, Ministry of Finance, and Social Welfare.

Chapter 5. Conclusions

In first taking a look back at the objectives of the RRRAP Summit (as mentioned in section 2.2), it can be determined after reviewing the many sessions, discussions and outputs that all three were met and exceeded. From the very start the Summit was organised in a way that provided a safe and inclusive platform that welcomed speakers and participants from all segments of the LGBTIQ and ally communities, and the official topics of the sessions were just a starting point to evaluate the many challenges and opportunities facing the community using a systems-thinking and practical approach. Storytelling, case studies and hard science were all used to help piece together a bigger picture view of HIV and SOGIE health and rights issues, allowed community members to take new knowledge and capacity building experiences back to their own regions and organisations and further the work that was started at the Summit. In terms of using a more integrated approach to understanding and tackling the issues of ending HIV/AIDS and working towards more rights across the board, the widespread that was displayed throughout the week also proved incredibly useful in helping better understand all levels of the community's needs and struggles, and allowed for a greater participation of organisations and partners, creating more cohesive and participatory methods of working now and in the immediate future.

The 5-day brought together some 300 participants, resource persons, and representatives from various national governments and the media. The summit utilized combination of methods including plenary discussions, sub-regional groupings, expert resource speakers to achieve the activity objectives. It provided an opportunity for those present to exchange perspectives and ideas, experiences, challenges, and good practices which served as guideposts in identifying collective ways forward in the efforts to promote, protect and promote human rights specifically in relation to HIV/AIDS and persons of diverse sexual orientations, gender identities and sex characteristics (SOGIESC).

Rights, Resources and Resilience were purposively used as the frameworks for the entire activity. This framing highlights the recognition that conversations around SOGIESC, health - specifically HIV and AIDS - should be rights-based. This puts emphasis on the principles of equality and non-discrimination, participation, inter-relatedness of rights, and accountability among others. Human rights principles can be beneficial towards a better analysis of the issues and in identifying ways forward.

The RRRAP Summit also provided a venue for participants to share good practices and experiences. It started conversations about new methods of engagements to maximize and secure resources in the face of decreasing HIV related investment in the region amidst a growing population. It highlighted intersectionality as one frame which could be an opportunity for collaboration and movement building and resilience and contributing to organizational and movement sustainability.

The UNAIDS 90-90-90 targets and SDG's may appear lofty, but from the perspective of this summit, great action is already underway and it is evident from both testimony and trends that this community is certainly on the right track to help the greater society reach their targets. Lastly, perhaps the most important objectives of engagement, creating partnerships and creating future pathways for action could be considered the greatest success of the week, as was visible in every corner of the Summit venue and its related external events. The Summit brought together such a diverse array of community members in a way that inspired all and resulted in real networking, knowledge sharing and partnerships building that will support the real change inside and outside the community. It should also be mentioned that the pathways that were paved at the end of the week, especially for the youth and traditionally marginalised populations was something to be proud of as now it can be concluded that more tangible pathways toward collaborative action have been created, leading the way for a continued dialogue and shared goals for all those in attendance.

It is easy to forget however that there still exist many challenges both within the community and outside. Recent trends globally, both funding and socially based continue to present many challenges, often expounded within the most marginalized groups. Similarly, when looking at the regional network that has been created and brought together, we must remember to include those who are not so visible in the fight, whether it be our Pacific partners, isolated by sheer geographical distance or those still left in the dark due to fear or danger. While much work is yet to be done, the high quality of presentations, encouraging discussions and workshops as well as the overwhelming positive response from participants, media and guests has continued to inspire and ignite the work APCOM does and we are looking forward to organising similar events like this in the years to come. We believe that this Summit illuminated the recent trends, controversies, roadblocks and developments in the area of HIV health, SOGIE and human rights, which is vital for the community to continue the battle on all fronts.

Chapter 6. Recommendations

Following the end of each session, the Summit's official rapporteurs were responsible for not only creating individual, in-depth documentations of the content and discussions presented, but the recommendations (either stated or implied) that came out of each session, to be used to guide APCOM's strategic planning and work for the coming years. During the closing plenary, these recommendations were collated and presented in summary (as documented in section 1.3), but below is a detailed compilation of the recommendations that came out of the three days of sessions.

6.1. General Recommendations

The RRRAP Summit proposed a series of recommendations for APCOM and the broader LGBTIQ movement in Asia-Pacific. General recommendations include:

1. Implement a more strategic collection, analysis and dissemination of disaggregated data by key populations. Accurate and representative data on LGBTIQ and other key populations are needed to serve as evidence-base for advocacy materials, yet they currently do not exist for many countries in the region.

2. APCOM and partners to put more focused work on human rights and enabling legal environment by scaling up programmes that strengthen the knowledge and skills of gay men, bisexual men, other MSM and transgender people on human rights, policy and advocacy. Criminal sanctions against same-sex behaviour, drug use, or sex work make epidemiological assessments and access to essential health services challenging. Laws and policies in place that infringe on the rights and lives of community members need to be abolished or replaced with systems that support equity, dignity, and social justice.

3. Advocate for equitable and epidemiologically sound investments in this region. In order to optimise health resources, the region's systematic underfunding of HIV prevention for MSM and other key populations must be addressed so that support, care and services are proportionately allocated to those most affected by the epidemic.

4. Implement, and support, community-led service delivery models which are more effective, efficient, and innovative. Community leadership is indispensable for the work needed for effective rollout and successful scale-up of innovative programs. This is most especially true in setting right the legal, social, and structural impediments to the safe, effective delivery of new prevention services (e.g., PrEP and Self-testing kits) for MSM and other key populations.

5. Actively work in partnership with international donors to mobilise resources for the Region and reach sustainable financing mechanisms for HIV. Currently, the majority of HIV prevention programs for key populations in the region are funded by international donors and aid agencies. There is a need to build the capacity of governments and private businesses to serve as donors and also to develop the ability of CSOs and key-population networks to receive funding from non-conventional funding sources before international donors and aid agencies leave the region. Donors and governments must support civil society groups and enable development of technical capacity and ensure engagement in policymaking.

6.2. Getting It Rights: The Realpolitik of HIV and SOGIE Advocacy

The human rights of gay men, bisexual men, men who have sex with men, Hijra, Waria, Fa'afafine, transgender women, transgender men, and people with diverse sexual orientation, gender identity, and sexual characteristics was strongly highlighted by the participants. The concept of 'SOGIESC' and the term 'LGBTIQ' are foreign to the government and the community themselves. Hence, there is a little awareness at different levels on SOGIESC and LGBTIQ people. The lack of knowledge on SOGIESC and LGBTIQ issues of policy makers at the country level results in the absence of policies and guidelines that is supportive of the community to improve their lives.

To address the issues presented above, following specific recommendations were provided:

- Increase the connections between community level organisations throughout the region, particularly those in hard to reach and rural locations;
- APCOM to utilise the reach of its current network to create multi-stakeholder connections throughout the region in order to strengthen rights as they relate to healthcare access and services;
- Implement holistic projects tackling the marginalisation of key populations due to human rights and the impact to access to services in order to create a more inclusive healthcare climate;
- Region and country must actively engage in exchange of information, experiences to transform civil society partnerships and create opportunities of concrete actions. In this line, non-government organisations, civil societies and key population networks must work together for a more focused movement to change national policies;
- To address legal barriers, human rights of key population need focused attention. However, this should not hinder the opportunity to use the work on HIV as an entry point to implement country level work on human rights, especially in countries where the key populations are extremely marginalised;
- Utilise APCOM's strong representation in the region to speak for all NGOs/HIV efforts to be effectively heard in the government;
- Provide more emphasis and analyses on the effects of anti-discrimination policies to the whole spectrum of legal, cultural and judicial rights (especially of the LGBTIQ population). For example, APCOM can lead on analysing the friction between religious freedom and LGBTIQ's right to personal security;
- Heightened focus on PrEP advocacy by implementing more innovative and thought-provoking online and offline campaigns, with a particular focus on outreach to most at-risk populations.
- Harness the power of the more privileged (mainstream society, affluent, educated) members of community to lift up those who are still oppressed and marginalised/ face stigma.

6.3. Creative Solutions for Sustainable Resourcing

A regional approach must be developed to ensure that no community or key population is left behind in the existing or future grants for HIV programming at the domestic and regional level. Funding agencies and quasi-funding organisations must ensure that no one is left behind in their programmes, as enunciated in the Sustainable Development Goals. The limited funding at the regional and domestic level has restricted the implementation of other programmes that are necessary for effective HIV and human rights responses. There must also be investments in the use of information, communication and technology (ICT), and utilisation of social media for a more elaborate key messaging campaigns for HIV prevention, treatment and care, and human rights advocacy. Funding agencies must also invest on research and data collection led by community organisations and key population networks.

Other specific recommendations were also provided as follows:

- Funding agencies must invest to a more strategic collection, analysis, and dissemination of data disaggregated by Key populations;
- In addition, agencies must invest to collect better data on migration as it relates to health issues and health needs of migrants, especially as they relate to disaster management and response. For example, migratory patterns (of sex workers) remain unexplored and need more study as it relates to the intersectionality of issues among the key populations (MSM, sex workers, transgender population, people who use drugs);
- Resources should be made available for technical assistance in building more effective, efficient, and innovative service delivery models, particularly those that are community led;
- Civil society organisations must lead in building the capacity of governments and private businesses to serve as donors in order to continue its advocacy for international donors to stay in the region until responsible, sustainable, financing mechanisms so none of us are left behind.
- Establish a mechanism for the transfer of resources (knowledge/skills/etc.) from the leaders of previous generations to the young key populations;
- Create and implement outreach and advocacy campaigns more inclusive of sex worker populations. Rights-based approach are crucial to reach sex workers at the country level, however, the work remains insufficient for the rights of this population.
- Funding is needed in the development of tools to effectively measure the impact of campaigns like TestXXX both in region and country levels. The detailed information from this evaluation will contribute greatly in transforming online campaigns to reach more key populations by attentive to culturally sensitive issues while also playing with current social trends and experiences that help viewers relate to the campaign.
- Emphasis on the inclusion of the Pacific region (not just representation, general inclusion of individuals/culture/society) in all areas of the work in HIV and human rights. Provide more investments to the countries in the Pacific.

6.4. Evolution to Revolution: Merging Movements Towards Broader Social Justice and Change

APCOM, and other regional organisations, need to revisit the technical assistance package, and redesign a holistic assistance to include strengthening the capacities of both the organisations and the community advocates. Strengthening the capacity of the community will result in their effective engagement with political discussions and appurtenant Global Fund Country processes, wider inclusion of key population in advocacy initiatives, inclusion of community groups and key population across all mechanisms of Country Coordinating Mechanisms (CCM) of the Global Fund, and further enhancement of institutional accountability.

New partnerships are also seen between community organisations and faith-based organisations, and other religious groups, private and corporate agencies, and government institutions such as Ministry of Education, Ministry of Finance, and Social Welfare.

Other specific recommendations were also provided as follows:

- Broaden HIV initiatives to include marginalised populations or those located in geographically or politically isolated areas.
- Build capacity for key populations for target communities to take ownership of programmes and focus on achievable outcomes.
- Include spiritual communities/leaders more in conversation and meetings. People responded quite nicely to seeing this session and its panel at the Summit.
- Use faith/spirituality organisations to bridge gap between LGBTIQ/HIV communities and mainstream society.
- Increase treatment literacy among older populations.
- Gather and disperse more data on ageing SOGIE and HIV health populations to create resources for aging related communities and issues throughout the network and its partners.
- APCOM should think in particular about how help youth-led or focused organisations build capacity to pass on and transfer knowledge, particularly to the younger generations.
- Stepping up and stepping back: learning and teaching others how to share the space and responsibility to better enable tomorrow's leaders.
- Place more/special focus on mental health programmes and partner organisations.
- Include mental health in all health and well-being conversations.
- Place a strong emphasis on capacity building programmes (training local and community partners to address the issues in their country contexts). Regional lens does not work, need work that is specialised and individual to each community.
- Awareness raising and anti-stigma/discrimination work will also pave way for more successful capacity building.

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We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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