

Speech

Men who have sex with men (MSM) and transgenders: The Missing Link in the National Response

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by

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CHECK AGAINST DELIVERY

Distinguished guest, ladies and gentlemen,

It is my pleasure to welcome you to the International Consultation on Male Sexual Health and HIV. It is an historical event. This is the first regional Consultation on the issue of men who have sex with men (MSM) and transgendered people in Asia and the Pacific. The fact that it *is* the first event of its kind in 25 years of the AIDS epidemic speaks for itself about the inadequate engagement on this issue on our part and among our partners.

UNAIDS is proud to associate itself with this Consultation as co-chair of the organizing committee.

Male to male sex has been identified by UNAIDS and experts as an important component of the epidemic from the very beginning. The most conservative estimates for 2006 shows that there are at least 10 million men having sex with men in Asia and the Pacific who are several times more infected than the general adult population. Data in Asia shows that without interventions, male to male sex will become one of the main sources of new HIV infections in the region. We are facing a public health crisis, but you would never know it from the region's almost invisible response so far.

Male to male sex is presently a missing link in national responses to HIV and AIDS in Asia and the Pacific region. Services for MSM are almost non-existent. A 2005 coverage survey of major Asia-Pacific countries estimated that more than 90% of these men and transgendered people did not have any access to targeted prevention programmes.

Services for men who have sex with men and transgenders are almost non-existent. A 2005 coverage survey of major Asia-Pacific countries estimated that more than 90% of MSM did not have any access to targeted prevention programs.

A very recent UNAIDS survey shows that most countries in the region do not include any interventions for MSM and transgenders in their National Strategic Plans on HIV. Only eight countries identified MSM as a priority group, and included interventions for them, in the strategic plans.

Even when programmes for man who have sex with men are included in the national plan these are mainly tokenistic. Spending varies from 0% to less than 5%. In Thailand, where 20% of new infections are among MSM, they account for just over 1% of national plan spending. In Ho Chi Minh City, male to male transmission accounts for 8% of the HIV infections but less than 1% of the prevention budget.

In some other countries, like in India, there is a budget for MSM interventions but implementing them is obstructed by law. Today, male-male sex is illegal in 14 out of 19 countries in Asia and the Pacific. Under India's Section 377 of the Penal Code, any male to male sexual activity is illegal which severely complicates the already challenging work of outreach workers by exposing them to police harassment.

This alarming state of affairs reflects the governments' attitudes that disregard a priority population and a critical area of intervention in the fight against HIV and AIDS.

How long can we remain silent spectators in the face of such neglect, particularly when the population at risk is so big in number? Male to male sex is being treated as if it does not exist. The reality is, male to male sex occurs in all countries and cultures. There is an overlap between heterosexual and homosexual activity. Men who have sex with men also have sex with women. This reality significantly increases the risks of HIV transmission into the wider population.

HIV epidemics in Asia and the Pacific today have a significant and growing component of male-to-male sex. And the high levels of stigma and discrimination help to drive the epidemic. As a media message in Mexico says "It is homophobia and not homosexuality that we should fear".

If we go on ignoring the MSM community, male-male sex is likely to be contributing more than 10% of annual new HIV infections in Asia and the Pacific by 2010. This is no hollow threat. In Thailand they already account for more than 20% of new HIV infections.

We cannot let this occur. We need to rise and demand actions. As Dr. Peter Piot said in Toronto, "An AIDS response that is not embedded in advancing social justice as in advancing science is doomed to fail". To make a difference, this Consultation must demand the following measures from national authorities as non-negotiable actions.

One, each country must make MSM and transgenders interventions a priority in their respective national strategic plans towards achieving Universal Access and allocated sufficient resources to cover 80% of MSM and transgendered people with effective interventions.

Two, national authorities and donors must earmark resources directly to organizations of MSM and transgenders and networks to build capacity and delivery of essential services. These resources are critical for their empowerment, and make them effective in their activism as well as providing services to their peers.

Three, change laws that criminalize male-to-male sex. Repeal Section 377 in India and similar laws in other countries. The groundswell of public opinion and from leaders such as Prof. Amartya Sen should act as a strong signal to the Government of India to take action now.

Four, halt harassment of MSM, transgenders and community workers who provide services of prevention, treatment care and support and introduce a code of conduct for police and security personnel and create a friendly environment that supports implementation of such interventions.

Five, ensure MSM and transgendered people are represented in the national planning process for AIDS control and that their perspectives are taken seriously.

These actions must be taken immediately.

I want to close by saying that interventions for men who have sex with men and transgenders are not only a community agenda. Their success is in everyone's interest and everyone is responsible for ensuring that they succeed. And it can be done.

We are seeing signs of real progress from diverse governments regardless of their ideology. In China, the Vice Minister of Health has openly recognized the existence of men who have sex with men in its efforts to tackle HIV and has instructed public health institutions to carry out interventions for MSM. Indonesia's National Strategic Plan has clear targets for MSM. In India, both government and private donors like the Gates Foundation are investing on large scale interventions for MSM and transgenders. This is only the beginning. There is a lot more to be done.

Therefore, I congratulate those of you who have been pioneers, and who have carried the torch for MSM and transgenders' rights and services. Despite the many obstacles and challenges, you have never given up on this important but neglected issue. I also thank all of you who want to join this battle to mainstream these specific interventions in the national response.

It is only with the support of civil society at large and the general public that this battle can be won. Let this Consultation be the beginning of such a process that leads us to win this battle.

We have long way to go to win this battle, but I am sure that together we shall succeed.