

Speech

Risks and Responsibilities

Male Sexual Health and HIV in Asia and the Pacific

International Consultation

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Speech by

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Friends and colleagues, welcome to this international consultation on male sexual health and HIV in Asia and the Pacific.

We are here today because of the emerging and re-emerging epidemics of HIV among men who have sex with men in both the developing and industrialized world, which need urgent attention. The stigma, discrimination, prejudice and homophobia faced by men who have sex with men and transgender populations are serious human rights breaches and obstacles to providing an effective AIDS response.

At UNAIDS, we seek to advocate for the inclusion of AIDS as a central issue in the political activism of gay and MSM organizations and groups and reinvigorate the response to AIDS among such organizations.

AIDS responses among the gay community in Western countries and Australia provided the earliest evidence that we could succeed against AIDS, that this is a problem with a solution. The gay community has shown the world what community response to AIDS is all about – and it has demonstrated how absolutely critical activism is to pushing governments, the medical establishment, the pharmaceutical industry and others to act responsibly and urgently on AIDS.

However, 25 years into this epidemic, the reality is that only one in ten men who have sex with men have access to HIV prevention services.

This is a massive failure, and setting it right has to be among the highest priorities for the increasingly strong global AIDS response as we aim to achieve universal access to HIV prevention, treatment, care and support for all groups, including men who have sex with men and transgender people.

The fact that you are participating in this unique consultation demonstrates that in Asia and the Pacific, setting this right is a priority, not only for networks and groups of men who have sex with men, but also for governments and donors that support programmes for men having sex with men and HIV in these countries. You have taken a major step in coming together to strengthen this response.

So what is the way forward? What should we be doing so that the massive failure of low coverage – indeed, the near universal *lack* of access to HIV prevention, treatment, care and support for men who have sex with men and transgender people --is not allowed to persist? And what is UNAIDS doing?

First, clear and locally specific data are essential for effective national advocacy and action. UNAIDS in its technical support for HIV surveillance, urges countries to open their eyes to the HIV epidemics among men who have sex with men and other vulnerable populations. What you don't look for, you don't find. And what you don't want to find, you definitely don't look for. UNAIDS is pressing for better accounting of the scale of communities – including virtual communities – of men who have sex with men and transgender people. The HIV risk and legal, social and health vulnerabilities of these communities must also be clearly recognized and addressed as they are currently hindering the active partnership of men who have sex with men in HIV prevention, treatment, care and support services.

Second, we need dramatic scaling up of HIV prevention, treatment, care and support programmes for men who have sex with men and transgender populations– otherwise

universal access will never become a reality. UNAIDS is working to ensure that tools and models are available to enable countries to centrally involve men who have sex with men in HIV programming, including in setting ambitious national targets, measuring the coverage of services for men who have sex with men, and mobilizing communities.

Third, human rights abuses, prejudice and homophobia must be stopped. These are still far too common in many settings. We still witness violence against individuals at the forefront of the gay movement. Harassment and arbitrary detention of peer educators and health workers working with men who have sex with men are far too common. Stigma, discrimination and criminalization faced by men who have sex with men and transgender people are major barriers to the movement for universal access to HIV prevention, treatment, care and support. We have to face homophobia in bold and innovative ways such as the film you saw today. We all know that as long as a society is homophobic there is no way that there can be an effective AIDS response for men who have sex with men.

Let me emphasize: promotion and protection of human rights are “non-negotiable” in our work. In particular, we must press for the decriminalization of same-sex relations in the many countries where this is still criminalized. And we must aim for the far-reaching legal, policy and attitudinal changes that would make violence against sexual minorities not just illegal, but socially unacceptable. In this regard, UNAIDS has been closely involved in facilitating dialogue between ministers of health, home affairs and justice, faith leaders, and other opinion leaders and men who have sex with men. Creating a safe space to talk, in a mutually respectful way, can make a world of difference in overcoming prejudice and homophobia.

Finally, national, regional and global organizations of men who have sex with men need to do more of what we are doing here:

Stand up and speak out on the impact of HIV among men who have sex with men and transgender people, and on the need for HIV prevention as well as for treatment and care. Claim your leadership position in the HIV response in your own countries, towns and communities.

Work with the national AIDS programme in your countries to make sure men who have sex with men are properly counted and heard when resource needs are estimated and progress toward universal access is measured. All this is difficult, but incredibly important. We respect your courage, and you can count on your UNAIDS country coordinator and other members of the UN joint team on AIDS to assist you in making your voice heard at the country level.

I want to emphasize my belief that we are at a time of unprecedented hope in the response to AIDS because of the increased momentum and commitment of all actors as we aim towards universal access. And I believe this momentum will also ensure there is progress in the AIDS response for men who have sex with men.

I see this proof in India’s National AIDS Control Organization submitting a petition to the High Court of Delhi, supporting decriminalization of same-sex relations and cosponsoring this conference. Here is an admirable example of civil society and government

partnership in action against AIDS. We need more such partnerships and alliances against what is without doubt one of the greatest challenges of our generation.

And I see this evidence of real progress in the number of other excellent examples of government, civil society and donor responses some of which are mentioned in the policy brief that the UNAIDS programme has published based on the global consultation on men who have sex with men, which was held in November 2005.

I hope that this consultation will enable all of you here today to work together and more actively pursue the generation and use of strategic information for evidence-informed programming and technical and financial resource allocation. Together we must ensure that the issue of sexual health and HIV and men who have sex with men is adequately addressed in the countries of Asia and the Pacific. These are the risks we must take and these are our responsibilities; as government, civil society, international donors and multilateral institutions.

Friends and colleagues, in conclusion, let me emphasize clearly that closing the massive gap of HIV related services for men who sex with men is very much a priority for the entire UNAIDS Joint Programme, including its 10 Cosponsors, as well as for the broader United Nations, which after all, was founded to promote the vision of a world where everyone enjoys all rights and freedoms, without discrimination of any kind. You can count on our support in the effort to turn this vision into a reality.

I wish you a very successful consultation.

Thank you