

## **CONCEPT NOTE**

# **Regional Consultation on Human Rights and Treatment Access amongst MSM and Transgender Population in South Asia**

### **BACKGROUND**

#### ***Human Rights and Treatment as Prevention (TasP) Strategy***

In 2011, a landmark clinical trial known as the HPTN 052 study<sup>i</sup> showed that early initiation of antiretroviral therapy (ART) in those living with HIV reduced the transmission of HIV by 96 percent. In other words, HIV-positive people on ART were more than 20 times less likely to infect their sexual partners than untreated people. While the majority of the trial participants were heterosexual sero-discordant couples (97 percent), population-based studies of communities with high concentration of men who have sex with men (MSM) shared similar conclusion. Specifically, as ART use increased within the community, the community's viral load declined, as did rates of new HIV diagnoses.<sup>ii, iii</sup>

Community engagement and mobilization, especially the involvement of people living with HIV have also been identified as an essential part of the effort toward actualizing and maximizing the prevention benefits of treatment (commonly known as TasP) and also needs to play instrumental role to create enabling environment based on the principles of human rights into all TasP-based programming and policies.

The collaborative efforts for enhance environment towards better AIDS response has been started ever since. One of the most recognized process related to legal aspects and HIV was The Global Commission on HIV and The Law which resulted with well documented analysis on the linkage between legal environment and HIV responds and clear recommendations for countries to take actions for improvements on their legal systems in several areas including discrimination, key populations and intellectual property law impact on treatment access<sup>iv</sup>

#### ***Treatment Access amongst MSM and Transgender in South Asia***

The expansion of testing and treatment program and promotion of an enabling environment and policies based on the principles of human rights are critical to improving treatment access (e.g. getting people onto treatment), in particular for key affected populations.

Despite our newfound understanding of treatment as related to HIV prevention and the demonstrated success of community-led program in improving access to and outcome of treatment, key affected populations in this region have benefited little, if any of these advancements.

Like other key affected populations in Asia and the Pacific, MSM and transgender people are also those with the smallest program coverage and with limited exposure (and access) to related health services – including HIV treatment, care, and support.

In Bangladesh, for example, of the 8,000 estimated people living with HIV, 831 of the 2,900 estimated people in need of ART have access to treatment. While there is no breakdown figures available on the proportion of MSM receiving ART, it can be assumed that the figure is relatively low since less than 10

percent of the MSM were reached with HIV prevention program in Dhaka according to the most recent available data from 2010<sup>v</sup>.

Sri Lanka, with overall estimated HIV prevalence of less than one percent among MSM, has as high as four percent prevalence among this population in major cities<sup>vi</sup> as shown in site studies. Furthermore homosexual and bisexual activities were identified in contributing up to 11 percent of the new HIV incidence in 2012<sup>vii</sup>, however ART coverage is low at 35 percent of the estimated 1,100 people in need of ART<sup>viii</sup>.

Therefore it is extremely important for the community itself to start identify key issues in the implementation of rights based principle in TasP strategy, in relation to ensure access to affordable HIV treatment program and services for those most affected by the epidemic.

APN+, as an implementing partner of the South Asia Multi-Country Global Fund Program (Phase 2 – *Reducing the impact of HIV on MSM and transgender populations in South Asia*), has recognized the need for a community consultation process to map out the existing barriers at the grass root level and strategizing the best way to addressed them.

## OBJECTIVES

The primary objectives of the program are:

- 1) To facilitate a process for South Asian MSM and Transgender community in identifying human rights issues related to access to treatment.
- 2) To increase understanding of MSM and Transgender community in South Asia region of IP issues and how its impacts towards access to essential medicines.
- 3) To promote and support community engagement and mobilization on the development of community initiatives that are grounded in the principles of human rights (e.g. rights to health) for MSM and Transgender people within DIVA project.

## PROGRAM OVERVIEW

A three days of community consultation meeting will be held in Bangkok on 26 – 28 May 2015 (tentative) as a regional platform for community representatives to share the latest in country situation related to treatment access as well as a form of learning process from each other to reach a consensus among themselves on key issues and priorities to be taken forward in improving the situation.

The consultation is design with facilitated discussion method in smaller groups as well as plenary format lead by a consultant. To ensure the peer-to-peer learning process will take place during the meeting, there will be sessions of experience sharing from existing community initiatives in this region related to the issues. The meeting will also use as an opportunity to build the capacity of the community through special session specifically focused on issues regarding IP and access to essential medicines with support from a resource person.

It is expected that the result from this consultation meeting will be translated into actions at country level by country SRs using DIVA program framework and resources to fit in and to inform the current program activities for better results. And to achieve such expected outcomes other grants implementers including PR and two SRs will provide technical support in strengthening the capacity of country SRs in delivering their efforts.

## PARTICIPANTS

The meeting will bring together community leaders from MSM and Transgender population, human rights experts and legal practitioners from South Asia region.

Country SRs will nominate participants to represent each country and will be responsible to coordinate follow up actions based on recommendations from the meeting in their respective countries as well as representative from regional SR organization and regional stakeholders.

Each country will send 2 participants from MSM and Transgender community and 1 representative of country SR organization. There will be human rights experts from the region invited to attend the meeting and legal practitioners/groups, which has the experience in working with community groups on IP issues.

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<sup>i</sup> Cohen MS, Chen YQ, McCauley M, et al. (August 2011). Prevention of HIV-1 infection with early antiretroviral therapy. *N. Engl. J. Med.* 365 (6): 493-505.

<sup>ii</sup> Montaner JS, Lima VD, Barrios R, et al. Association of highly active antiretroviral therapy coverage, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based study. *Lancet* 2010; 376:532-539.

<sup>iii</sup> Das M, Chu PL, Santos GM, et al. Decreases in community viral load are accompanied by reductions in new HIV infections in San Francisco. *PLoS One*, 2010;5:e11068.

<sup>iv</sup> Global Commission on HIV and The Law, Risks, Rights and Health – Secretariat Global Commission on HIV and The Law UNDP, HIV/AIDS Bureau for Development Policy, July 2012

<sup>v</sup> AIDS Data Hub. Bangladesh (2013): All Indicators slide set. Available at: <http://www.slideboom.com/presentations/374557/Bangladesh-%282011%29%3A-All-Indicators>. Accessed on 24 August 2014..

<sup>vi</sup> AIDS Data Hub. Sri Lanka (2013): All Indicators slide set. Available at: <http://www.slideboom.com/presentations/307723/Sri-Lanka---Overview-in-Slides%3A-All-Indicators>. Accessed on 24 August 2014.

<sup>vii</sup> *Ibid.*

<sup>viii</sup> *Ibid.*