



Law, Policy & HIV in Asia and the Pacific

Implications on the vulnerability of
men who have sex with men, female
sex workers and injecting drug users

OUTLINE

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INTRODUCTION

The HIV epidemic in the Asia-Pacific region is centred around unprotected paid sex, sharing of contaminated needles and unprotected sex between menⁱ. Indeed, HIV prevalence among sex workers, injecting drug users (IDUs) and men who have sex with men (MSM) is often significantly higher than in the general population, making these groups most-at-risk populations (MARPs).

In this region, HIV prevalence of anywhere between 20% and 85% has been reported among injecting drug users in several countries, including China, India, Thailand, Myanmar, Nepal, and Vietnamⁱⁱ. Moreover, countries, such as the Philippines – which did not report injecting drug use as being related to HIV transmission before 2005 – has since detected HIV among this populationⁱⁱⁱ. The prevalence of HIV infection among MSM, wherever it has been measured, is also high throughout much of the region. The 2009 Universal Access report reveals that HIV prevalence was as high as 29% in Myanmar, 9% in Vietnam and 7% in India^{iv}. Sex workers are also a significant component of the Asia-Pacific epidemic, with HIV prevalence rates of – for instance – 18% in Myanmar, 13% in Cambodia and 10% in Indonesia^v.

HIV and AIDS prevention, treatment, care and surveillance among these MARPs are impacted by national laws and policies. Laws criminalizing behaviours of most-at-risk populations, as well as the absence of protective policies and laws (for example, harm reduction policies, national HIV policies, HIV laws, and constitutional and international provisions supporting human rights) all act as barriers to effective HIV interventions, thus increasing the vulnerability of these groups.

This analysis identifies national laws and policies within the region and provides evidence as to how they may increase HIV vulnerability among affect MSM, sex workers and IDUs by making them harder to reach with prevention initiatives. In addition, it will highlight current HIV-related data on MARPs that are likely – at least in part – influenced by the current state of law and policy. Given that the Data Hub for Asia and the Pacific acts as a repository for data on 26 countries and Hong Kong Special Administrative Region, China in Asia-Pacific, these countries are the focus of this analysis.

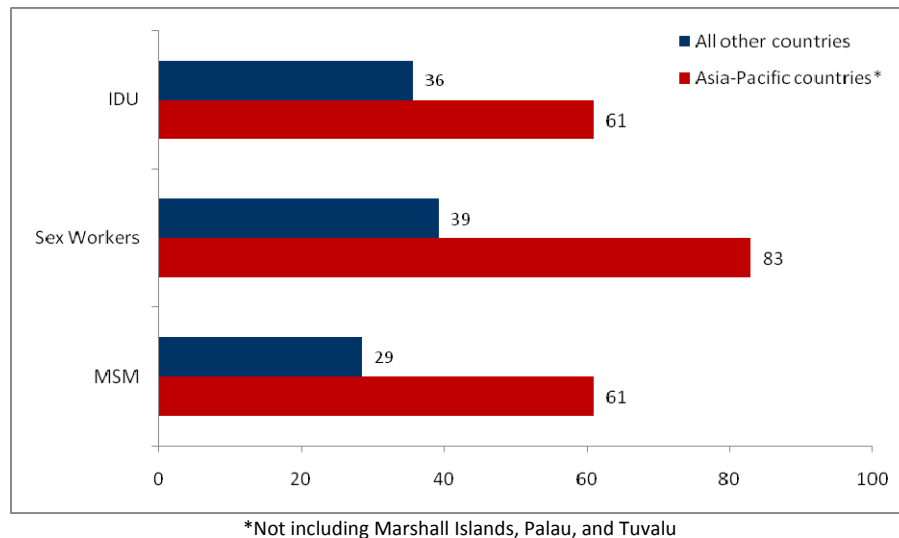
1. CRIMINAL LAW & HARM REDUCTION POLICIES

An analysis was done of the National Composite Policy Index (NCPI) data that 136 countries submitted as part of the 2008 UNGASS reporting round. The NCPI, one of the standardized UNGASS indicators, is an extensive questionnaire that focuses on the strategic, policy and legal frameworks of national HIV responses. NCPI responses to the question “Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?” reveal that MARPs face significant barriers in the region, particularly in comparison to other countries of the world (Figure 1).

Indeed, among countries in the Asia-Pacific region having responded to this question in 2007 (n=18, not including Marshall Islands, Palau and Tuvalu – not currently part of the Data Hub network) – 61% reported inhibitory legislation and policies with regards to MSM (compared to

29% of all other countries, where n= 114). Eighty-three percent of countries in the region reported such barriers for sex workers, nearly twice the 39% of countries in the rest of the world. Obstacles impeding IDUs were reported by 61% of countries in the Asia-Pacific, compared to 36% elsewhere.

Figure 1: Percentage of Asia-Pacific countries having laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for specific vulnerable sub-populations



Laws criminalizing behaviour associated with each of the MARPs were most commonly cited by respondents as barriers to effective HIV programming. The following sections provide an overview of the current state of criminalization of male-to male sex, sex work and injecting drug use.

1.1. MALE-TO-MALE SEX

Currently, more than 15 countries in the Asia-Pacific have legislation that prohibits consensual same-sex behaviour. Punishments range from imprisonment (for anywhere from one month to life), to transportation for life, to physical and capital punishment (Table 1).

Numerous of Asia’s former British colonies still adhere to colonial laws against sodomy. Namely, Bangladesh, Brunei, Malaysia, Myanmar, Singapore, and Pakistan have all preserved some version of its anti-sodomy provision (Section 377), which criminalizes “carnal intercourse against the order of nature” with the punishment of imprisonment with the possibility of fines and – in the case of Malaysia – whipping. India became the region’s the most recent country to abolish section 377 when, in June 2009, it was declared unconstitutional by the Delhi High Court.

In Papua New Guinea, the relevant anti-sodomy laws – also derived from English law – penalize anyone who “sexually penetrates any person against the order of nature; ... or ... permits a male person to sexually penetrate him or her against the order of nature. The penalty is imprisonment for a term not exceeding 14 years. In addition, “[a] male person who, whether in public or private – (a) commits an act of gross indecency with another male person; or (b)

procures another male person to commit an act of gross indecency with him; or (c) attempts to procure the commission of any such act by a male person with himself or with another male person, is guilty of a misdemeanour”. The penalty for this latter disposition is a imprisonment for a term not exceeding three years.

The *Penal Code of Afghanistan, 1976*, at Article 427(1), states that “[a] person who commits adultery or pederasty shall be sentenced to long imprisonment.” Pederasty, in this case, appears to refer to homosexual intercourse between males regardless of age^{vi}.

Bhutan’s Penal Code (2004) makes punishable “unnatural sex, if the defendant engages in sodomy or any other sexual conduct that is against the order of nature” with imprisonment from one month to a year.

Sharia law is applied – usually together with criminal law – to regulate homosexual behaviour in certain countries in the region, specifically Afghanistan, Indonesia (Aceh province), Malaysia (several states), Maldives, and Pakistan. In these cases, homosexuality carries heavy penalties of lashes and/or lengthy prison sentences.

Other countries in the region – that is, Cambodia, China, Democratic People’s Republic of Korea, Fiji, Hong Kong, India, Indonesia, Japan, Lao People’s Democratic Republic, Mongolia, Nepal, Philippines, Republic of Korea, Thailand, Timor-Leste and Vietnam – do not have laws that criminalize homosexual behaviour.

Table 1. Criminal punishment for male-to-male sex in the Asia-Pacific^{vii}

Country	Legal disposition	Punishment
Afghanistan	<ul style="list-style-type: none"> • Penal Code of Afghanistan, Article 427 • Sharia Law 	<ul style="list-style-type: none"> • Long imprisonment • Maximum of life imprisonment
Bangladesh	<ul style="list-style-type: none"> • Penal Code, 1860 (Act XLV of 1860), Section 377 	<ul style="list-style-type: none"> • Imprisonment which may extend to life, or up to 10 years; also be liable to fine
Bhutan	<ul style="list-style-type: none"> • Penal Code of Bhutan (2004), Section 213 	<ul style="list-style-type: none"> • Imprisonment of 1 month to 1 year
Brunei Darussalam	<ul style="list-style-type: none"> • Laws of Brunei; Penal Code, Section 377 	<ul style="list-style-type: none"> • Imprisonment for a term which may extend to 10 years; also liable to fine.
Indonesia	<ul style="list-style-type: none"> • Penal Code of Indonesia, Article 292 (applicable only to minors, under the age of 16) • Law No. 11/2006 of the Government of Aceh) passed on September 14, 2009, reinforcing Sharia law (Aceh province – applicable only to Muslims) 	<ul style="list-style-type: none"> • Maximum imprisonment of 5 years • 100 lashes^{viii}
Malaysia	<ul style="list-style-type: none"> • Penal Code (Act No. 574), Section 377A • Sharia Law (in certain States) 	<ul style="list-style-type: none"> • Imprisonment for a term which may extend to 20 years; also liable to whipping • Maximum imprisonment of 3 years; also liable to fine and whipping
Maldives	<ul style="list-style-type: none"> • Sharia Law 	<ul style="list-style-type: none"> • Banishment for 9 months to 1 year or a whipping of 10 to 30 strokes
Myanmar	<ul style="list-style-type: none"> • The Myanmar Penal Code, Act 45/1860, Section 377 	<ul style="list-style-type: none"> • Transportation for life, or maximum imprisonment of 10 years; also liable to fine

Pakistan	<ul style="list-style-type: none"> • Pakistan Penal Code (XLV of 1860), Section 377 • Sharia Law 	<ul style="list-style-type: none"> • Imprisonment for life; imprisonment for 2 – 10 years; also liable to a fine • 100 lashes or stoning to death (depending on whether the person is married or not)^{ix}
Papua New Guinea	<ul style="list-style-type: none"> • Criminal Code 1974, Sections 210 and 212 	<ul style="list-style-type: none"> • Maximum imprisonment of 14 years (for sexual penetration ‘against the order of nature’); maximum imprisonment of 3 years (for ‘indecent practices between males’)
Singapore	<ul style="list-style-type: none"> • Penal Code (Chapter 224), Section 377A 	<ul style="list-style-type: none"> • Imprisonment for a term which may extend to 2 years
Sri Lanka	<ul style="list-style-type: none"> • Laws of Sri Lanka; Chapter 22; Penal Code, Article 365 and Article 365A (introduced by the <i>Penal Code (Amendment) Act</i>, No. 22 of 1995) 	<ul style="list-style-type: none"> • Imprisonment for a term which may extend 10 years (for carnal intercourse ‘against the order of nature’) • Imprisonment for a term which may extend to 2 years, or a fine, or both (for ‘gross indecency’ in public or private)

1.2. SEX WORK

Table 2 depicts the current legal environment pertaining to sex work within the Asia-Pacific region. Typically, legislation involves one of the following:

- criminalization;
- decriminalization with conditions;
- prohibition by means of alternative legislation.

Table 2: Legal status of sex work in the Asia-Pacific region^x

Illegal	Legal	Limitations to Legality
Afghanistan Bhutan Brunei Darussalam China DPR Korea Fiji Japan ⁺ Lao PDR Maldives Mongolia Myanmar Pakistan Papua New Guinea Philippines Republic of Korea Thailand Vietnam	Indonesia Bangladesh Cambodia Hong Kong India Malaysia Nepal Singapore Sri Lanka Timor-Leste	Crimes against decency/morality sometimes applied Legal for females over the age of 18; illegal for males. Metropolitan Police Acts of Dhaka, Rajshahi, Sylhet, Chittagong, Khulna, and Barisal prohibit the sale or purchase of sex in public places ^{xi} Prohibited by the constitution; <i>Law on the Suppression of Human Trafficking and Sexual Exploitation</i> sometimes applied for related activities Most related activities are illegal, such as public solicitation, causing or procuring another to be a prostitute, living on the prostitution of others, or keeping a vice establishment Most related activities are illegal, such as the selling, procuring, and exploiting of any person for commercial sex as well as profiting from the prostitution of another Soliciting is illegal Forced prostitution is illegal; public order and obscenity laws sometimes enforced ^{xii} Most related activities are illegal, such as public solicitation, living on the earnings of a prostitute, and maintaining a brothel are illegal Soliciting is illegal; <i>Vagrancy Act 1978</i> used for arresting sex workers for loitering ^{xiii} Government regulations prohibit persons from organizing prostitution

⁺ Non-coital sex acts are not illegal. Also, while the Anti-Prostitution Law states that "No person may either do prostitution or become the customer of it", no penalty is assigned to sex work. Most related activities are penalized, such as solicitation.

Sex work is illegal in 18 of the 27 countries assessed in this paper. In such circumstances, legislation has been enacted prohibiting the sale of sexual services. Accordingly, sex workers are considered criminals under the law throughout most of the region. For example, Article 122 of the Lao PDR *Penal Code* states that “Anyone making a living from prostitution will be sentenced to imprisonment for three months to one year or to reform without imprisonment.” China’s *Security Administration Punishment Law* subjects sex workers to administrative detention from one to 15 days, with penalties of less than 5,000 Yuan (US\$ 730)^{xiv}.

In several other countries, sex work is legal in that it is not specifically addressed in the law, and yet most activities related to sex work are explicitly illegal. Thus, while sex work is not illegal, *per se*, in Bangladesh, Hong Kong, India, Malaysia, Nepal, Singapore, Sri Lanka and Timor-Leste, limitations exist on the basis of age and gender and most activities related to sex work are illegal (for example, solicitation, operating a brothel, or procuring).

In certain other cases, despite the fact that sex work is not explicitly illegal, alternative legislation may inadvertently support prohibition and be used to sanction sex workers. This has most been notable in circumstances in which legal frameworks conflate sex work with human trafficking. For instance, India’s *Immoral Trafficking Prevention Act* does not criminalize the commercial exchange of sex but does make an offence of all associated activities, including soliciting, keeping a brothel, and living on the earnings of a prostitute. While the Act’s purpose is to protect individuals from being trafficked, it has been used to justify orders to demolish red-light districts^{xv}, and it has been reported that over 90% of those arrested under the Act are female sex workers^{xvi}. Similarly, in February 2008, Cambodia’s new *Law on the Suppression of Human Trafficking and Sexual Exploitation* entered into effect, which criminalizes public solicitation, procurement and management of sex work and the management of establishments for sex work.

Alternatively, sex workers may be charged for public indecency or disturbance, even when these misdemeanours have no association with sex work. Specifically, public nuisance provisions in the Indian Penal Code have been invoked^{xvii}. Crimes against decency/morality are sometimes enforced in Indonesia^{xviii}, as are public order and obscenity laws in Nepal, under the *Public Offences and Punishment Act*^{xix}. Meanwhile, in Sri Lanka, the *Vagrancy Act 1978* has been used for arresting sex workers for loitering (being “idle and disorderly”)^{xx}.

1.3. INJECTING DRUG USE

The past 50 years has experienced a prohibitive response to drug control at the international level, with three major drug control treaties currently in force. The *Single Convention on Narcotics and Drugs, 1961* – of which every country in the region is a participant except for Afghanistan and Timor-Leste – calls on state parties to take legislative and administrative measures to disallow use, possession and distribution of drugs other than for medical or scientific purposes^{xxi}. Thereafter, every country in the region except for Timor-Leste became

party to the *Convention on Psychotropic Substances of 1971*, which expands the list of prohibited drugs^{xxii}. Most recently, the *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988* entered into force, which fosters international cooperation and provides additional legal mechanisms for enforcing the previous two conventions^{xxiii}. Papua New Guinea and Timor-Leste are not yet signatories.

As a result of these treaties, drug prohibition continues to dominate national responses to drug use. Criminal penalties for drug use exist throughout the region, with laws creating harsh penalties for drug-related offences including the manufacture, supply, possession and use of illicit drugs. These laws often make little distinction between drug trafficking and drug possession, making drug users and drug dealers similarly liable^{xxiv}. Numerous countries in the region retain the death penalty for drug offences, including Bangladesh, China, India, Indonesia, Lao PDR, Malaysia, Pakistan, Singapore, Republic of Korea, Thailand and Vietnam.^{xxv}

Importantly, the international drug conventions of 1961^{xxvi}, 1971^{xxvii} and 1988^{xxviii} allow states to provide measures of treatment, rehabilitation, and social reintegration as alternatives, or in addition, to criminal penalties. This can be effected by harm reduction – perhaps the most controversial policy-related approach to diminishing the risk of HIV infection among IDUs. In contrast to drug prohibition, harm reduction aims to mitigate problems associated with drug use through methodologies that safeguard the dignity, humanity and human rights of people who use drugs^{xxix}. Harm reduction measures have been shown to have a positive impact in preventing HIV infection among IDUs and their sexual and drug-sharing partners, reducing drug-related HIV risk behaviours and improving IDUs' access to health care^{xxx}. The UNAIDS *Practical Guidelines for Intensifying HIV Prevention* recommends the provision of a comprehensive package of harm reduction interventions for IDUs – including substitution treatment (eg. methadone maintenance), needle and syringe programmes, peer education and outreach, voluntary HIV testing and counselling, prevention of sexually transmitted infections, primary health care and anti retroviral therapy^{xxxi}.

WHO guidelines confirm that substitution therapies, such as methadone and/or buprenorphine maintenance, are still the most promising method of reducing drug dependence^{xxxii}. Moreover, both methadone and buprenorphine have been added to the WHO List of Essential Drugs^{xxxiii}. And yet, methadone is legally available in only five countries in Asia (China, Hong Kong, Indonesia, Lao PDR, Myanmar) and buprenorphine is legally available in only three (India, Pakistan and Nepal)^{xxxiv}. Neither of these substitution drugs are legal in Bangladesh, Bhutan, Cambodia, Japan and Singapore^{xxxv}.

Comprehensive harm reduction also involves needle and syringe programmes. Yet numerous countries within the region have laws that are prohibitive of needle and syringe programmes. For example, in the Philippines and Sri Lanka, the possession of injecting equipment is illegal for anyone who is not a medical practitioner. For example, under Section 12 of the *Comprehensive Dangerous Drugs Act*, possession of equipment, instrument, apparatus and other paraphernalia is unlawful and can be used as evidence of drug use^{xxxvi}. Meanwhile, the provision of needles and syringes is prohibited in Thailand, Sri Lanka, the Philippines, Myanmar, Malaysia, Lao PDR, Japan, Hong Kong, Bhutan and Bangladesh^{xxxvii}. For example, though possession of paraphernalia is not an offence in Bangladesh, Section 25 of the Narcotics Control Act, 1990 of Bangladesh creates the possibility for the distribution of sterile needles to amount to abetment of illicit use, punishable by three to fifteen years imprisonment and a fine. Although

decriminalization of the possession of injecting equipment has occurred in Vietnam, former prohibitive laws are reportedly still being enforced^{xxxviii}.

FOCUS ON MALAYSIA:

CRIMINALIZATION THREATENS THE SUCCESS OF HARM REDUCTION PROGRAMMES

Malaysia – a country in which the HIV epidemic has primarily affected IDUs – can be said to be somewhat of a success story in that it has recently demonstrated significant scale-up efforts towards harm reduction.

Historically, Malaysia's response to illicit drug use has been largely punitive. In 2000, 11,550 people were arrested under the Dangerous Drugs Act, 1952^{xxxix}. This number rose to 19,738 in 2003 - the same year Malaysia declared a 'Year of Total War Against Drugs'^{xl}. Due to the fact that possession of needles can result in up to 2 years imprisonment, the majority of IDUs feared being caught in possession of injecting equipment or being seen purchasing such equipment from a pharmacy^{xli}.

Substitution therapy and needle and syringe programmes were rejected, as they were thought to encourage drug use and were feared to compromise the nation's goal of becoming a drug-free society^{xlii}. Yet, as a result of advocacy by NGOs and medical professionals, substitution therapy programmes were piloted^{xliii}. In 2005 the government announced that it would allow methadone maintenance programmes to operate beyond the pilot phase and that needle and syringe programmes would be established^{xliv}.

The national methadone maintenance treatment program has been expanded to 59 government facilities and 9 private clinics and an additional 10,000 individuals are receiving methadone through private practitioners^{xlv}. The needle and syringe programme has been expanded to 8 states, and 1.8 million needles and syringes were distributed in 2008 to more than 12,000 clients^{xlvi}.

Since the introduction of needle exchange, changes in unsafe injecting behaviour have been noted. For instance, a bio behavioural surveillance study before the introduction of the needle and syringe programme found that 56% of IDUs reported sharing used injecting equipment compared with 43% in a second bio behavioural surveillance at the end of the year-long pilot program^{xlvii}.

Despite these achievements, various barriers to reducing drug-related harm remain, including ongoing laws and policies that criminalize drug users, result in police raids and arrests of those attending the methadone and needle exchange programs^{xlviii}. Indeed, in 2007, 16,237 drug users (or 38% of the prison population) were imprisoned for drug-related offences.^{xlix}

The fact that criminalization has historically been the norm in the region has complicated policy-change initiatives. For example, despite the fact that the Myanmar Excise Act, 1917 prohibits the possession, sale or distribution of needles without a license, a Directive from the Myanmar Police Force Headquarters was given not to make arrests for possession of hypodermic needles. In practice, needles are confiscated and submitted to the courts as evidence when individuals are arrested for drug possession^l. Moreover, decades of criminalization of drug use in Malaysia

and Thailand has been cited as promulgating stigma and discrimination against IDUs^{li}. In Malaysia, police raids and arrests of those attending the methadone and needle exchange projects continue despite supportive harm reduction policies as a result of drug policies that remain punitive^{lii}.

2. HIV-SPECIFIC LAWS AND POLICIES

Even in the absence of criminal laws, MARPs face obstacles when protective policies and laws are also lacking. Support for MARPs by way of national HIV policies, HIV-specific laws and national implementation of human rights instruments varies throughout the region.

2.1. NATIONAL HIV POLICIES

Most countries in the region have established a national strategic plan on HIV, detailing programme objectives and implementation measures for issues such as prevention, treatment and care within their respective populations. A review of national strategic plans on HIV in the region reveals that MSM, sex workers and IDUs are well-represented as target populations (Table 3). With the exception of Afghanistan, China and the Maldives, MSM are targeted by all countries having an official HIV strategy. China, the Maldives and Papua New Guinea are the only countries not to target sex workers. Japan, Singapore, Timor-Leste and the Pacific Islands countries do not target IDUs. Of note, while many countries do target IDUs, several of these do not explicitly support drug use-related harm reduction initiatives in their national plans, namely the Maldives, Mongolia, Sri Lanka and Thailand.

Table 3. Men who have sex with men, sex workers and injecting drug users as target populations in national strategic plans on HIV

Country	Men who have sex with men	Sex Workers	Injecting Drug Users
Afghanistan	N	Y	Y
Bangladesh	Y	Y	Y
Bhutan	N/A	N/A	N/A
Brunei Darussalam	N/A	N/A	N/A
Cambodia	Y	Y	Y
China	N	N	Y
DPR Korea	N/A	N/A	N/A
Fiji	Y	Y	N
Hong Kong	Y	Y	Y
India	Y	Y	Y
Indonesia	Y	Y	Y
Japan	Y	Y	N
Lao PDR	Y	Y	Y
Malaysia	Y	Y	Y
Maldives	N	N	Y*
Mongolia	Y	Y	Y*
Myanmar	Y	Y	Y

Nepal	Y	Y	Y
Pakistan	Y	Y	Y
Papua New Guinea	Y	N	N
Philippines	Y	Y	Y
Republic of Korea	N/A	N/A	N/A
Singapore	Y	Y	N
Sri Lanka	Y	Y	Y*
Thailand	Y	Y	Y*
Timor-Leste	Y	Y	N
Vietnam	Y	Y	Y

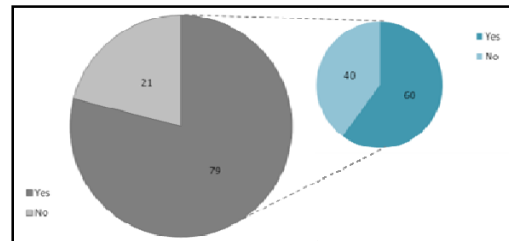
*However, no explicit reference to harm reduction policies^{liii}

Many national strategies call for a supportive legal and public policy environment for the HIV response. Yet these strategies do not override pre-existing laws – for example, the criminal provisions listed above – most of which were created long before the HIV strategies and, indeed, many before HIV became epidemic in the region. For example, Lao PDR’s *National Response to HIV/AIDS/STI*^{liv}, aims – among other things – to have at least 70% of injecting drug users using sterile injecting techniques and at least 40% of drug users reached with behaviour change interventions and counselling by the end of 2010. At the same time, as aforementioned, the provision of needles and syringes is prohibited in Lao PDR. At current, this latter law enforcement approach dominates^{lv}. Similarly, the Philippines has developed a *Fourth AIDS Medium Term Plan 2005-2010* as well as Resolution to develop *Guidelines on the Prevention, Care, Support, and Treatment of HIV among IDUs*, both with a focus on intensified harm reduction. While each of these policies discuss measures for aligning all relevant drug policies, at current their objectives enter into direct conflict with laws prohibiting needle and syringe possession in the Philippines.

It is important to note that the existing of HIV policies are not indicative of their implementation. For example, while Bangladesh’s second National Strategic Plan for HIV/AIDS (2004-2010) explicitly supports harm reduction and has been endorsed by the government, the national Harm Reduction Strategy for Drug Use and HIV (2004-2010) has not yet been systematically implemented^{lvi}. In such cases, HIV policies act as important advocacy tools highlighting government accountability.

In fact, according to NCPI results, 79% of Asia-Pacific countries had reviewed national policies and legislation to determine which, if any, were inconsistent with national HIV policies^{lvii} (Figure 2). Of these countries, 60% subsequently amended policies and laws for consistency.

Figure 2: Percentage of Asia-Pacific countries having laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for specific vulnerable sub-populations



*Not including responses from the Marshall Islands, Palau and Tuvalu

2.2. HIV-SPECIFIC LAWS

While national HIV policies create commitments and gives rise to pledges by governments to take appropriate action to achieve legislative goals, they are undeniably non-binding. Thus, while not legally insignificant, these so-called “soft law” documents serve mainly as policy-making tools. As such, it becomes “harder to determine whether a state is living up to its commitments and therefore create opportunities to shirk”.^{lviii}

In terms of binding law, some jurisdictions have introduced – in addition to national strategic plans - legislation specifically dealing with HIV. Namely, the following have been enacted:

- Cambodia – *Law on the Prevention and Control of HIV/AIDS, 2002*
- China – *Regulations on AIDS Prevention and Treatment, 2006; Yunnan Provincial HIV/AIDS Prevention and Treatment Regulations, 2006; Responsive Measures for HIV/AIDS Prevention in Yunnan Province Law, 2004*
- Mongolia – *Law on the Prevention of HIV and AIDS, 2004*
- Papua New Guinea – *HIV/AIDS Management and Prevention Act, 2003*
- Philippines – *AIDS Prevention and Control Act, 1998 (“Republic Act No. 8504”)*
- Republic of Korea – *AIDS Prevention Act, 1987*
- Vietnam – *Law on HIV/AIDS Prevention and Control, 2007; Decree No. 108/2007/ND-CP*

AIDS legislation affords protection above-and-beyond national policies and guidelines in that it contains legal liabilities and mechanisms for redress. For instance, China's *Regulations on AIDS Prevention and Treatment, 2006* calls on governments at all levels to implement a range of education, prevention and treatment measures for vulnerable groups (including MSM, sex workers and IDUs). In addition, Chapter VI details legal liabilities for non-compliance, including the provisions that:

“Relevant departments of people’s governments at the county level or above fail to function their duties on education and communication, prevention and control; the same level people’s government or the relevant department of the government above shall order to make a change and give public critique; when it causes AIDS transmission, epidemic, or other serious consequences, the competent responsible person and other directly responsible persons shall be given an administrative sanction; and if a crime is constituted/established/committed, an investigation shall be carried out for criminal liability in accordance with the law^{lix}.”

Similar liabilities apply to local governments^{lx}, health departments^{lxi}, and medical care and health institutions^{lxii}.

Mongolia's *Law on the Prevention of HIV and AIDS, 2004* offers another example of this mechanism for redress in that imposes fines for breaching the obligation had by health organizations to create conditions to prevent the spread of the HIV Infection through the provision of needles, syringes, and other medical equipment^{lxiii}.

HIV-specific laws in the region have been shown to resolve conflicts between, for example, the current HIV policies and criminal laws. For example, the *Responsive Measures for HIV/AIDS Prevention in Yunnan Province Law, 2004*, legalized needle and syringe exchanges and required hotels to make condoms available in the high HIV prevalence province of China^{lxiv}. In the same way, HIV-specific laws may guide practice in order to better protect MARPs from criminal or police-related prosecution. Vietnam's *Decree No. 108*, detailing the implementation of the HIV/AIDS Law, calls on all levels of government to launch harm reduction for all affected groups, including MSM, sex workers and IDUs. Moreover, it directs all authorities, including police agencies, to support implementation of these interventions and prohibits them from hindering the implementation of harm reduction activities^{lxv} of outreach workers, or treating the provision of syringes and condoms by outreach workers or the treatment of addiction to opiate substances as illegal^{lxvi}.

HIV laws are most often used to enshrine the human rights of people living with HIV and AIDS. For example, the Philippines enacted the *AIDS Prevention and Control Act* in 1998, which, quite progressively, prohibits discrimination against persons with HIV or those merely "perceived or suspected of having HIV"^{lxvii}. Cambodia's *Law on the Prevention and Control of HIV/AIDS, 2002* imposes fines of up to one million Riels (or US\$ 24,000) and a penalty of imprisonment for one to six months for discrimination based on perceived or suspected HIV/AIDS status of an individual or his/her family members^{lxviii}.

2.3. CONSTITUTIONAL AND INTERNATIONAL PROTECTION OF HUMAN RIGHTS

The 2007 NCPI questions whether or not countries have non-discrimination laws or regulations which specify protections for vulnerable sub-populations^{lxix}. Among countries in the Asia-Pacific region having responded to the NCPI (n=18), only 20% reported having non-discrimination laws or regulations which specify protections for each of MSM, sex workers and IDUs.

Countries that have non-discrimination laws protecting MARPs have, in general, provided better access to HIV prevention, treatment, care and support services^{lxx}. Non-discrimination laws may be manifested in HIV-specific laws, as seen above, or by constitutional or international human rights.

All countries^{lxxi} in the region have a written constitution that recognizes a range of fundamental human rights, most notably the rights to health, privacy, education, peaceful assembly and freedom from discrimination (see Country Factsheets for website links to each country's respective constitution).

In addition to constitutional human rights protection, countries of the region have participated in a host of international and regional declarations, principles and guidelines have called for the elimination of laws and policies that discriminate against MARPs, criminalize their behaviour, or act as a barrier to their access to HIV prevention, treatment, care and support.

In 2001, one year after the Millennium Development Goals were announced, the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS adopted the Declaration of Commitment on HIV/AIDS without reservation^{lxxii}. In this declaration, governments acknowledged the HIV epidemic as a global economic, social and development crisis and specifically established a number of goals related to the promotion and strengthening of human rights as part of the HIV/AIDS response^{lxxiii}. Despite being non-binding, the UNGASS Declaration acts as a powerful tool to encourage government action as all countries must submit reports biannually^{lxxiv}. This human rights-based approach to HIV/AIDS puts a heavy onus on governments to take appropriate action to achieve public health goals while holding them accountable for any failures^{lxxv}.

In 2006, the *United Nations Political Declaration on HIV/AIDS* was unanimously adopted by UN member states. In it, governments committed to removing legal barriers and passing laws to protect vulnerable populations. Specifically, they committed to “intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, *inter alia*, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic”^{lxxvi}.

Furthermore, most countries in the region have ratified the key international human rights conventions, including the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights and the Convention for the Elimination of All Forms of Discrimination Against Women. These documents promote the rights to health, education, privacy, non-discrimination on the basis of gender or sexual orientation, to name but a few that are relevant to MARPs.

Thus, in theory, there is a legislative framework for effective human rights protection in the region given that the majority of countries provide constitutional recognition of a wide range of individual rights and have accepted international treaty obligations.

Still, the implementation and enforcement of constitutional rights depends on their judicial interpretation, and all international human rights depend on legislative and judicial action at the national level. UNAIDS has voiced the concern that very few national responses

“What the Constitution requires is that the Law acknowledges difference, affirms dignity and allows equal respect to every citizen as they are. The acceptance of difference celebrates diversity. The affirmation of individual dignity offers respect to the whole of society. The promotion of equality can be a source of interactive vitality. The State that embraces difference, dignity and equality does not encourage citizens without a sense of good or evil but rather creates a strong society built on tolerant relationships with a healthy regard for the rule of law.”

-- Judge Winter, High Court of Fiji,
McCoskar v. The State [2005] FJHC 500

are addressing the need to prevent discrimination of those with HIV and AIDS while protecting the fundamental rights enshrined within treaty texts^{lxxvii}.

Indeed, in recent years, attempts to alleviate the barriers posed by laws criminalizing male-to-male sex, sex work and injecting drug use via constitutional or legislative routes, often calling upon international human rights standards, have been explored in the Asia Pacific region, with varying degrees of success.

Laws criminalizing male-to-male sex have been successfully challenged in countries including Hong Kong^{lxxviii}, Fiji^{lxxix}, and – most recently – India^{lxxx} as being violative of such human rights as equality, privacy and dignity.

In 2005, the High Court of Fiji rendered inoperable anti-sodomy laws contained within the *Fiji Penal Code* on the basis that they were incompatible with the country's *Constitutional Bill of Rights*. Likewise, a number of court decisions in Hong Kong have upheld the right to equality of MSM. In a 2006 ruling, the Court of Appeal of Hong Kong upheld that provisions of the Crimes Ordinance against 'homosexual buggery' were unconstitutional.

More recently, in June 2009, the Delhi High Court annulled a 150 year-old law that criminalized adult homosexual relations^{lxxxi}. Section 377 of the *Indian Penal Code* – prohibiting "carnal intercourse against the order of nature" was declared unconstitutional on the grounds that it violated the rights to privacy, liberty, health and equality enshrined in the Constitution of India^{lxxxii}. While the Ministry of Home Affairs argued that striking down section 377 would open "floodgates of delinquent behaviour", the Ministry of Health and Family Affairs maintained that criminalization of male-to-male sex hampers efforts to prevent HIV among homosexuals^{lxxxiii}. The case highlighted the fact that section 377 encourages MSM to remain hidden due to fear of extortion, harassment, and violence by law enforcement authorities. As a result – according to the National AIDS Control Organisation – only 6% of all MSM are reached by HIV prevention, treatment, care and support services^{lxxxiv}.

"It cannot be forgotten that discrimination is antithesis of equality and that it is the recognition of equality which will foster the dignity of every individual."

-- Chief Justice A.P Shah, Delhi High Court, *Naz Foundation (India) Trust v. Government of NCT, Delhi and Others*

Within the region, the legislative route has been less successful. Singapore, for example, relied upon public disapproval as a basis to restrict human rights after attempts to achieve reform via the legislature^{lxxxv}. On 22 October 2007, a Nominated Member of Parliament tabled a petition to Parliament in support of the repeal of the anti-sodomy provision, section 377A. The result of parliamentary debate was to retain Section 377A, the justification put forth being Singapore's conservative society. Assurance was given that it would not be actively enforced^{lxxxvi}.

"The decision on whether or not to decriminalise gay sex is a very divisive one and until there is a broader consensus on the matter, Singapore will stick to the status quo."

-- Prime Minister Lee Hsien Loong¹

A similar bill was introduced in Sri Lanka in the 1990s, also proposing the abolishment of legislation that criminalized sexual relationships between two males^{lxxxvii}. However, the bill was withdrawn after being opposed by Muslim and Catholic Members of Parliament on the grounds that homosexuality was not recognized by their faiths. Unfortunately, the alternative path to reform – that is, judicial review of legislation – is barred in Sri Lanka, making it impossible to challenge the constitutional validity of laws against homosexuality^{lxxxviii}.

In 2002, the Supreme Court of Nepal interpreted human rights enshrined within the Constitution in force at that time. Due to the fact that the Constitution guaranteed the right to choose one's own profession as well as the right to equality^{lxxxix}, the Supreme Court declared that sex work "prostitution, in some countries is legalized...However, prostitution is a profession or occupation irrespective of whether or not it is legal"^{xc}. This decision has been interpreted as a legal acknowledgment of the existence and rights of sex workers^{xcii}.

Also in Nepal, in December 2007, the Supreme Court established that transgender and men who have sex with men have equality under the constitution^{xciii}. The writ petition relied heavily upon Nepal's responsibility – having ratified numerous international human rights instruments – to fulfil the obligations set by such conventions.

The Supreme Court of Indonesia also recently took steps to formally recognize the human rights of drug users. Following reports of widespread rights abuses, documented by the Indonesian Harm Reduction Network ("JANGKAR") in 2008, the Supreme Court issued a memo in early 2009 instructing judges to send drug users to rehabilitation, not to prison^{xciv}.

To date – despite promising recent developments of this sort – constitutional and international protections they have rarely been used to provide actual protection for those affected by HIV in the region^{xcv}.

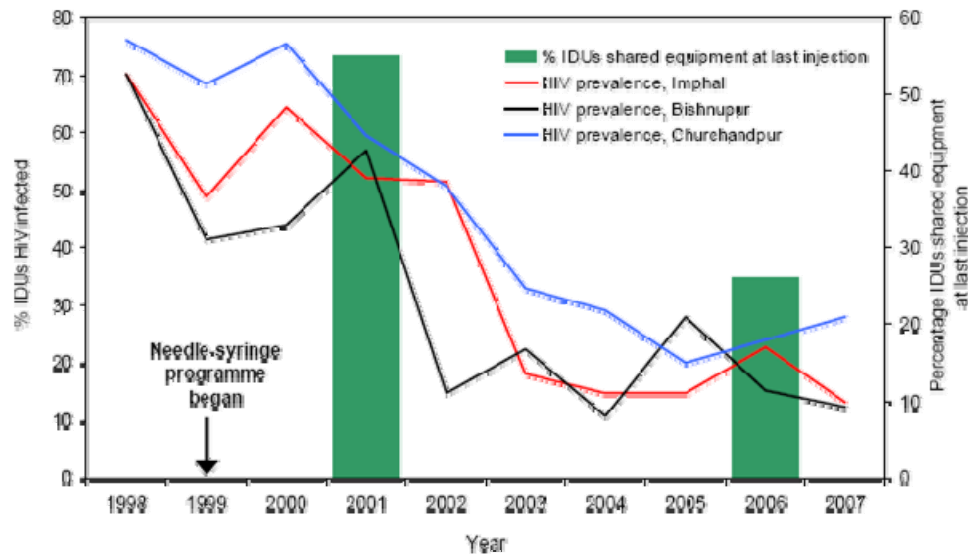
3. CONSEQUENCES OF THE CURRENT LEGAL AND POLICY ENVIRONMENT

The ways in which laws and policies are framed and implemented impact upon efforts to prevent and treat HIV and AIDS. Within the region, the legal and policy environment involves widespread criminalization of male-to-male sex, sex work and drug-related behaviours together with often lacking protective laws and adherence to human rights. Indeed, fear of criminal prosecution, discrimination and human rights violations are well documented in the region and have been shown to drive MARPs underground and reduce their accessibility and willingness to seek out interventions^{xcvi}. These factors contribute to the fact that MARPs – in general – have low levels of coverage of HIV prevention programmes, low levels of comprehensive knowledge and high levels of risk-taking behaviour throughout the region.

3.1. VULNERABILITY TO HIV INFECTION

A lack of supportive legal and policy frameworks in many countries acts as a barrier to harm reduction programmes. In a WHO review of more than 200 studies, it was found that increasing the availability and use of sterile injecting equipment for both out-of-treatment and in-treatment IDUs significantly reduces the rate of HIV transmission^{xcvi}. For example, one study comparing HIV prevalence in 103 cities in 24 countries (including China, India, Malaysia, Myanmar, Nepal, Thailand and Vietnam) found that HIV incidence had declined by an average of 18.6% annually in 36 cities with needle and syringe programmes, whereas it had increased by an average of 8.1% annually in 67 cities lacking such programmes^{xcvii}. Similarly, an earlier study that included 10 cities from Asia and the Pacific found that HIV infection rates among IDUs increased by 5.9% annually in 52 cities without needle and syringe programmes and decreased by 5.7% annually in 29 cities with needle and syringe programmes^{xcviii}. To date, countries in the region that implemented needle and syringe programmes before a drug use-related HIV epidemic occurred have succeeded in averting a generalized epidemic^{xcix}. Moreover, data from the National AIDS Control Organization in India reveals a decreasing HIV prevalence among IDUs in Manipur, India, following scale-up of harm reduction programmes (Figure 3).

Figure 3: Scale up of harm reduction and a decreasing HIV prevalence among IDUs in Manipur, India



Source: National AIDS Control Organization, Ministry of Health, India

Likely a direct result of the prohibitory environment surrounding drug use, support for harm reduction for HIV prevention among drug users, varies widely in the region. A limited number of countries in the region provide access to substitution treatment, and where it is available, it is mostly at a pilot stage (Table 4). Moreover, support for harm reduction for HIV prevention among drug users, varies widely in the region. A survey of harm reduction policies reveals that only 11 countries in Asia and the Pacific have at least one dedicated needle and syringe exchange programme (Table 4)^c. Only eight countries (China, India, Indonesia, Malaysia and Myanmar, Nepal and Vietnam) officially have both NSP and substitution treatment programs in place. It is important to note that, even where harm reduction programs exist, coverage is extremely low in the majority of countries, with most having fewer than ten sites where people can obtain sterile injecting equipment and very low numbers accessing substitution therapy.

Table 4: Availability of harm reduction programmes in the Asia-Pacific^{ci}

Country	Substitution therapy	Needle and syringe exchange programmes
Afghanistan	N	Y (1 site)
Bangladesh	N	Y (90 sites, 2008) ^{cii}
Bhutan	N	N
Brunei Darussalam	N ^{ciii}	N
Cambodia	N (although one methadone maintenance therapy programme is expected to begin service delivery in December 2009 at one national hospital in the capital, Phnom Penh. ^{civ})	Y (2 sites)
China	Y (554 sites, December 2007) ^{cv}	Y (775 sites, December 2007) ^{cvi}
DPR Korea	N	N
Fiji	N	N
Hong Kong	Y	N
India	Y (45 sites, 2008) ^{cvii}	Y (133 sites, 2008) ^{cviii}
Indonesia	Y (29 sites, 2008) ^{cix}	Y (159 sites, 2008) ^{cx}
Japan	N	N
Lao PDR	N	N
Malaysia	Y (59 government facilities + 9 private clinics + 10,000 individuals receiving methadone through private practitioners ^{cxii}).	Y
Maldives	N	N
Mongolia	N	N
Myanmar	Y (7 sites, 2008) ^{cxiii}	Y (19 sites, 2008) ^{cxiiii}
Nepal	Y (2 sites)	Y (23 sites, 2008) ^{cxv}
Pakistan	N	Y
Papua New Guinea	N	N
Philippines	N	N
Republic of Korea	N	N
Singapore	N	N
Sri Lanka	N (anecdotal evidence of psychiatrists and general practitioners prescribing and providing methadone along with counselling ^{cxvi} .)	N
Thailand	Y (134 sites, 2008) ^{cxvii}	N (unofficial, small-scale informal syringe distribution, 2008) ^{cxviii}
Timor-Leste	N	N
Vietnam	Y	Y

WHO has found evidence that legislation penalize IDUs for carrying their own clean injecting equipment, as well as penalizing health and outreach workers who make such equipment available, can be an important barrier to HIV control among injecting drug users^{cxix}. IDUs commonly avoid HIV counselling and testing, drug treatment, care, support and treatment of HIV if they fear discrimination or the threat of imprisonment^{cxix,cxx,cxxi,cxxii}. For example, peer educators in Vietnam have reported difficulties in approaching IDUs during police campaigns against drug use due to the fact that IDUs would frequently change injecting locations to avoid being arrested^{cxiii}.

Moreover, there are provisions in some drug laws (e.g. Lao PDR's *Law on Drugs* and Bangladesh's *Narcotics Control Act*) which seek to encourage drug users to undergo treatment and rehabilitation. Certain other national laws involve forced detoxification and rehabilitation of drug users through compulsory drug treatment centres. Myanmar law obliges drug users to register for treatment or they face five years in prison^{cxxiv}. A number of countries in the region have documented HIV-related human rights violations of detainees under such circumstances. Access to antiretroviral treatment for detainees has been reported in centres in China, Malaysia, Cambodia and Vietnam, while forced or involuntary HIV testing of has been reported in China, Malaysia and Vietnam^{cxxv}.

As a result of criminalization and discriminatory laws and policies, HIV surveillance, management, and prevention programmes are all hindered, or rendered non-existent, by laws criminalising male-to-male sex^{cxxvi}. MSM are similarly faced with vulnerabilities due to impaired access to harm reduction. For instance, in 2007, Malaysian courts admitted condoms as official evidence of 'deviant' behaviour after police raided a 'gay sex party' in Kuala Lumpur^{cxxvii}.

Even when laws that criminalize male-to-male are not regularly enforced – as is reportedly the case in numerous countries in the region – the mere existence of such laws offers opportunities for police, health workers and others to harass, blackmail, and extort bribes from MSM^{cxxviii}. For instance, in India, prior to the abolishment of Section 377, doctors had reportedly threatened to turn in MSM to the police while in Sri Lanka, medical staff have revealed the identity of HIV-positive patients who were MSM^{cxxix}. In Pakistan and Nepal, high levels of rape and beatings of MSM are reported^{cxix}.

A primary consequence of this type of environment is that they inhibit MSM from acknowledging the HIV infection risks associated with their sexual behaviour, accessing appropriate sexual health information and services, and taking steps to protect themselves and others^{cxl}. Similarly, prevailing attitudes towards sex workers negatively impact their health-seeking behaviour for sexually transmitted infections^{cxxii}. For example, In Thailand and Vietnam, police sometimes target the carrying or distribution of condoms as evidence of sex work, thus discouraging the availability and use condoms^{cxxiii}. Sex workers from Bangladesh report that police have sweeping powers under criminal law to search anyone, and mere possession of condoms invites charges of soliciting^{cxxiv}.

In addition, a number of reports of harassment, physical abuse, public humiliation and extortion of sex workers by police have been documented – for example – in Hong Kong^{cxxv}, Cambodia^{cxxvi} and India^{cxxvii}. Following the adoption of Cambodia's *Law on the Suppression of Human Trafficking and Sexual Exploitation*, sex workers became targets of harassment and arrests^{cxxviii}. As a result, sex workers began working from streets and bars rather than brothels in order to avoid police detection, making them even more difficult to reach^{cxxix}. They also became fearful that being in possession of condoms would be considered evidence of criminal activity^{cxl}. India's *Immoral Trafficking Prevention Act* was used to justify orders to demolish Goa's Baina red-light district. Shahmanesh *et al.* in their examination of the effects of the demolition, found that sex workers became more stigmatised and clandestine and harder to reach with HIV prevention^{cxli}.

3.2. OVERVIEW OF HIV INDICATORS AMONG MARPs

While the HIV epidemics in the region can only be defined within the context of a complex network of contributing factors, the legal and policy environment likely plays an important role in the following trends among MARPs:

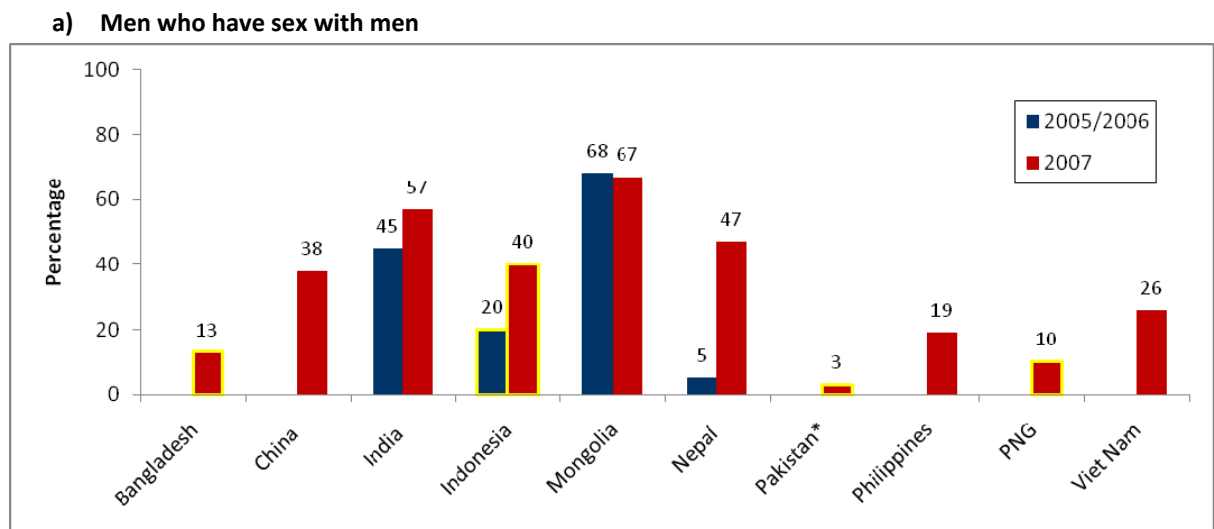
- coverage with HIV prevention programmes;
- comprehensive knowledge;
- HIV testing;
- risk behaviours taken, including condom use and sharing of injecting equipment.

As shown in Figure 4 (a-c), the percentage of MARPs reached with HIV prevention programmes is generally low for all MARPs throughout the region. In 2007, coverage was as low as 3% in Pakistan and reached no higher than 67% in Mongolia. Notably, coverage was below 15% in Bangladesh, Pakistan and Papua New Guinea – all countries that criminalize male-to-male sex.

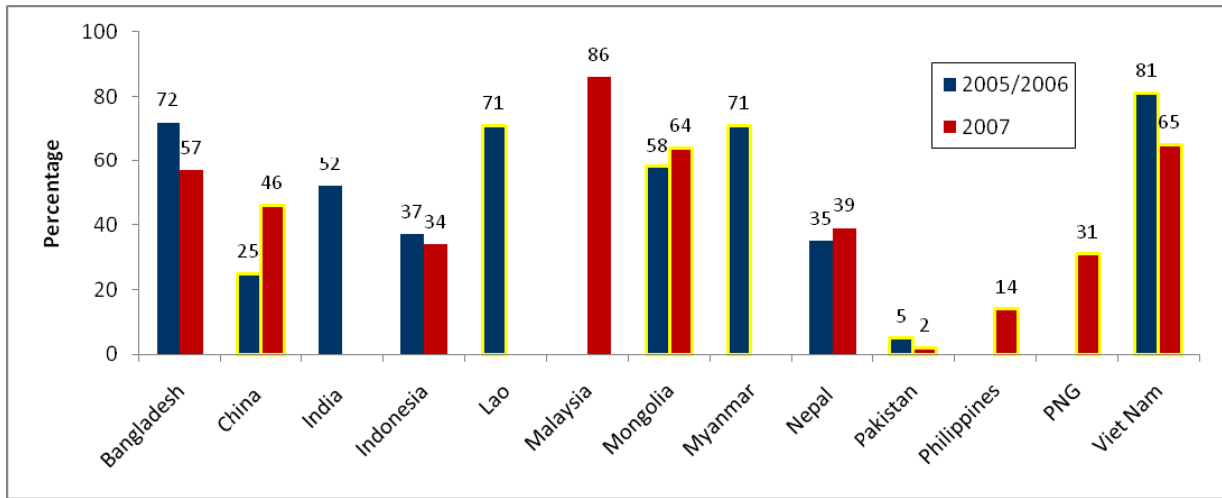
Sex workers were better reached with HIV prevention programmes, likely due to the initial success of 100% condom – designed to enforce 100% condom use at every commercial sex encounter – in several countries in the region. Still, 2007 data ranged from as low as 2% in Pakistan to 86% in Thailand, with an average of 44% across the countries having reported.

With regards to IDUs, coverage is similarly low, in general. Data from 2007 reveals coverage ranges from 25% in China to 82% in Bangladesh. Across the countries having reported, the average coverage in 2007 was 45%.

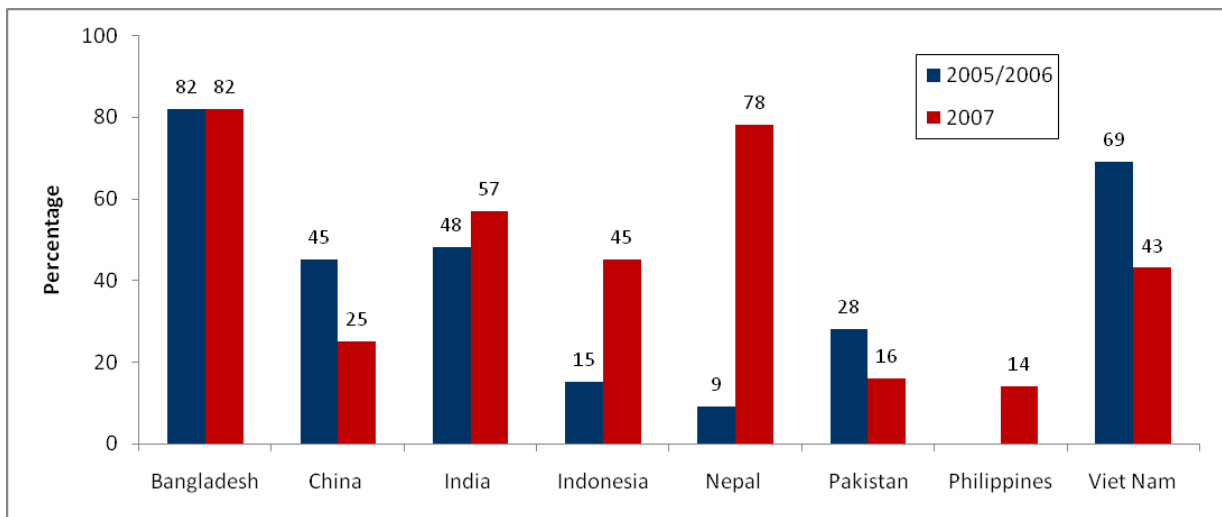
Figure 4: Percentage of MARPs reached with HIV prevention programmes



b) Sex workers



c) Injecting drug users



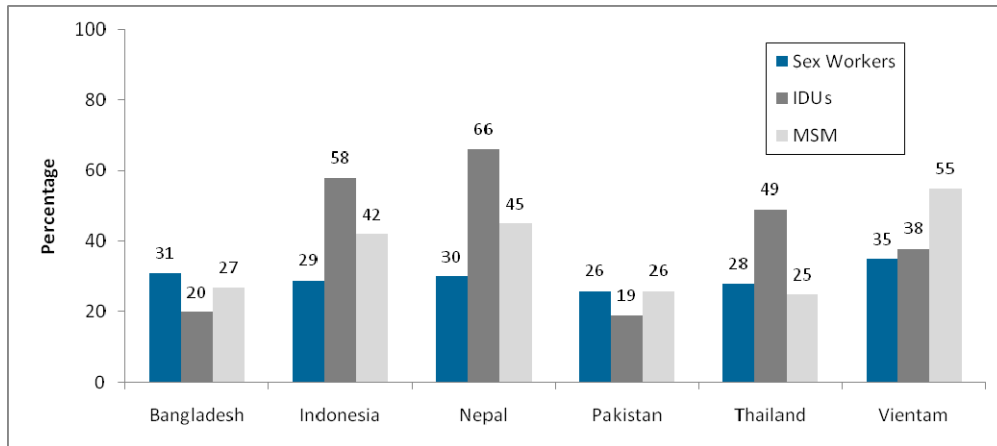
Notes: Yellow outline denotes criminalization of male-to-male sex

*Data refers to male sex workers

Source: UNGASS country progress reports, 2005 & 2008

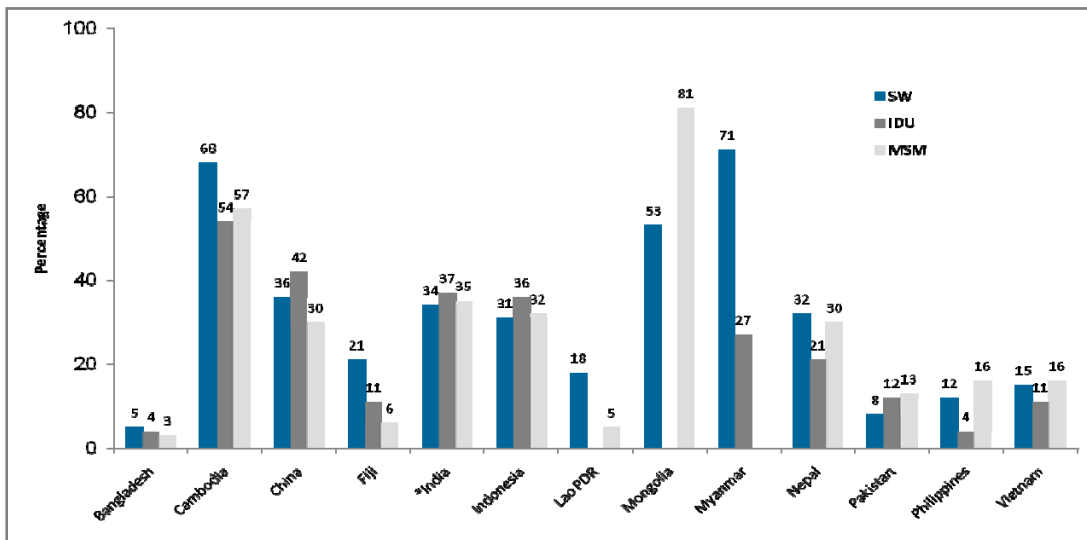
Given that the success of HIV prevention programmes directly rely on the ability to reach individuals, those made harder to reach due to criminalization and related stigma will likely reflect upon comprehensive knowledge and access or uptake of HIV testing. Comprehensive knowledge about HIV – that is, the percentage of people who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions – is low among sex workers, IDUs and MSM across the region as of 2007 (Figure 5). Recently released Universal Access data reveals that the percentage of MARPs who received an HIV test in the last 12 months and knew the results was also generally low across the region (Figure 6).

Figure 5: Percentage of MARPs with comprehensive knowledge, 2007



Source: UNGASS country progress reports, 2008

Figure 6: Percentage of MARPs who received HIV test in the last 12 months and knew the results, 2006-2008



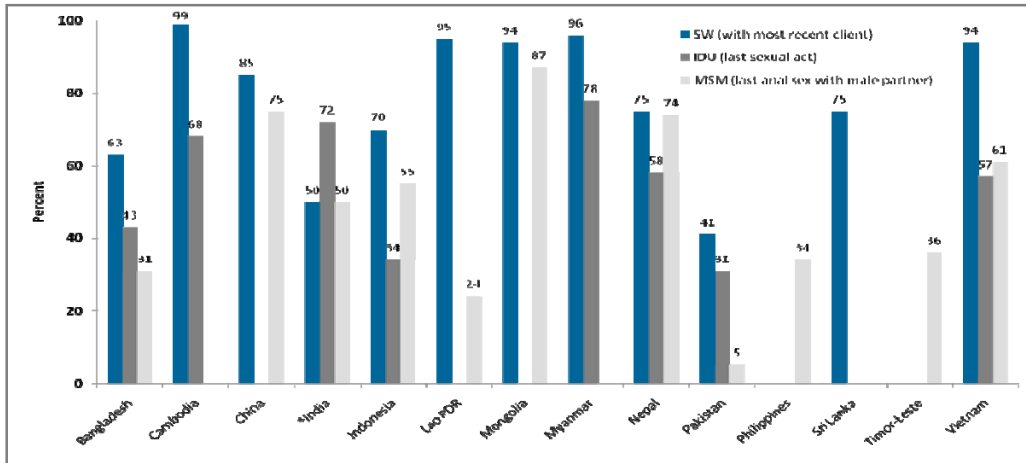
Notes: Includes data from surveys (including BSS) conducted in 2006-2008 with sample size more than 100.

* The data for India is the mean value from different states

Source: Towards Universal Access – Scaling Up Priority HIV Interventions in the Health Sector, Progress Report, 2009

At the same time, coverage of MARPs is crucial for reducing risk behaviours that make MARPs more vulnerable to HIV infection – notably condom use among all three populations as well as needle and syringe sharing among IDUs. Figure 7 shows that condom use is relatively high among sex workers in many of the countries having reported. Again, this is likely the result of the implementation of 100% Condom Use initiatives. Condom use is lower among MSM and IDUs, with wide ranges across the region. Moreover, national percentages vary widely among MARPs. For instance, in Lao PDR, 24% of MSM report using a condom at last sexual intercourse while 95% of sex workers report the same. Similarly, in Pakistan, condom use was reported among only 5% of MSM, but reached 31% and 41% among IDUs and sex workers, respectively.

Figure 7: Percentage of MARPs reporting the use of a condom at the last sexual intercourse, 2006-2008

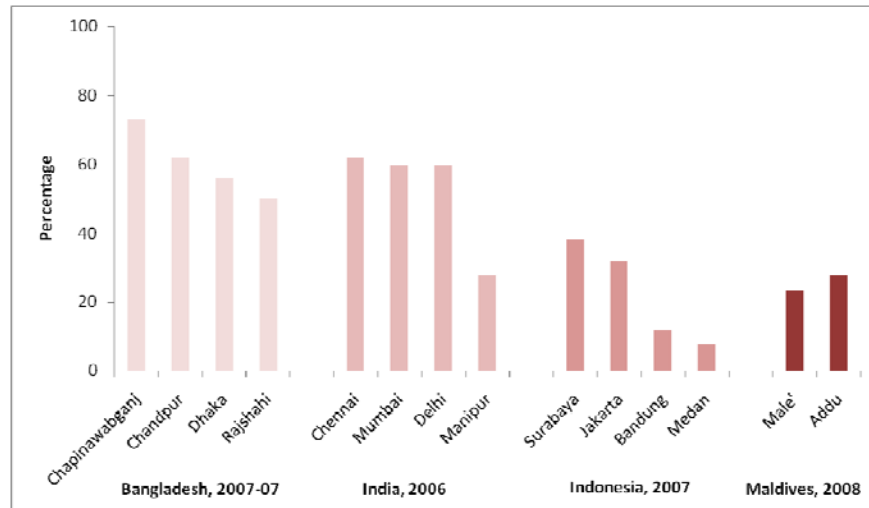


* The data for India is the mean value from different surveys

Source: Towards Universal Access – Scaling Up Priority HIV Interventions in the Health Sector, Progress Report, 2009

Figure 8 shows data from a selection of cities in the region, revealing high levels of sharing of injecting equipment among IDUs. Of note, as abovementioned, Bangladesh, India and Indonesia have each implemented needle and syringe exchange programmes, and all three countries retain the death penalty for drug-related offences.

Figure 8: Percentage of IDUs sharing needles at last injection, 2006-2008

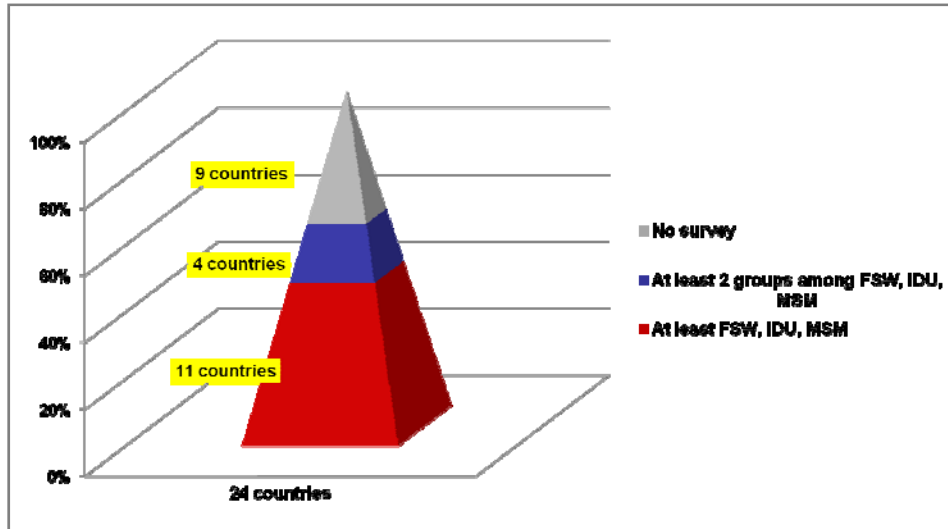


Source: Behaviour surveillance data reported by MOH

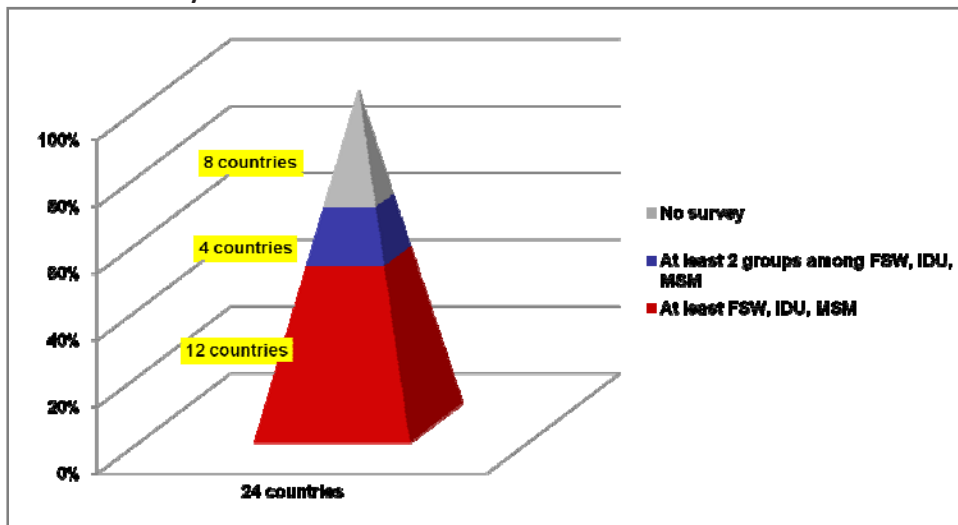
The invisibility of MSM, sex workers and IDUs resulting from criminalization, stigma and discrimination often confounds HIV and STI surveillance, making effective responses difficult to tailor to the needs of these groups^{cxlii}. Indeed, only 11 out of 24 countries in the region reporting to the Universal Access questionnaire had carried out HIV prevalence surveys among all of MSM, FSW and IDU populations in the last two years (Figure 9(a)). Similarly, only 12 countries had carried out behaviour surveys among each of these MARPs in the last 2 years (Figure 9(b)).

Figure 9: Percentage of countries with surveillance surveys among MARPs in the last 2 years, 2009

a) HIV prevalence surveys



b) Behaviour surveys



Source: Towards Universal Access – Scaling Up Priority HIV Interventions in the Health Sector, Progress Report, 2009

CONCLUSION

It is clear that the legal and policy environment surrounding MARPs in the Asia-Pacific is one largely based on criminalization. In addition, there is an absence of protective laws and policies in place in a large number of countries. As a result, there is evidence that MARPs have become harder to reach with HIV prevention, treatment and care. In order to ensure comprehensive coverage of MARPs with HIV programmes, laws that criminalize these behaviours should be reviewed and revised based constitutional and human rights principles.

“In countries without laws to protect sex workers, drug users, and men who have sex with men, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment, and fewer deaths. Not only is it unethical not to protect these groups: it makes no sense from a health perspective. It hurts all of us.” 23

-- Ban Ki-moon, Secretary-General of the United Nations, Address to the International AIDS Conference, Mexico City, 2008

AFGHANISTAN

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	N
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes
Constitution	http://president.gov.af/sroot_eng.aspx?id=68

BANGLADESH

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes
Constitution	http://www.pmo.gov.bd/pmolib/constitution/

BHUTAN

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	n/a
Sex Workers	n/a
Injecting Drug Users	n/a

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.constitution.bt/html/constitution/Parliamentary%20Entitlements%20Act%5B4th%20April%202007%5D.pdf

BRUNEI DARUSSALAM

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	n/a
Sex Workers	n/a
Injecting Drug Users	n/a

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.google.ca/url?sa=t&source=web&ct=res&cd=1&ved=0CAkQFjAA&url=http%3A%2F%2Fwww.worldstatesmen.org%2FBrunei1984.PDF&rct=j&q=constitution+of+brunei&ei=G20LS7KM-MNaDkAWT5fSDBA&usg=AFQjCNGCz-wZ-wZLOBHKsyNLtqsvr1ALyQ

CAMBODIA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>Law on the Prevention and Control of HIV/AIDS, 2002</i>
Harm reduction for drug users	Needle and syringe exchange programmes
Constitution	http://www.constitution.org/cons/cambodia.htm

CHINA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	N
Sex Workers	N
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>Regulations on AIDS Prevention and Treatment, 2006; Yunnan Provincial HIV/AIDS Prevention and Treatment Regulations, 2006; Responsive Measures for HIV/AIDS Prevention in Yunnan Province Law, 2004</i>
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://english.gov.cn/2005-08/05/content_20813.htm

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	n/a
Sex Workers	n/a
Injecting Drug Users	n/a

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.kcckp.net/en/great/constitution.php

FIJI

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	N

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.servat.unibe.ch/icl/fj00000.html

HONG KONG

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Substitution therapy
Constitution	http://www.servat.unibe.ch/icl/hk00000_.html

INDIA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://lawmin.nic.in/coj/coiason29july08.pdf

INDONESIA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://asnic.utexas.edu/asnic/countries/indonesia/ConstIndonesia.html

JAPAN

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	N

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.kantei.go.jp/foreign/constitution_and_government_of_japan/constitution_e.html

LAO PEOPLE'S DEMOCRATIC REPUBLIC

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.laoembassy.com/news/constitution/constitution.htm

MALAYSIA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://www.google.ca/url?sa=t&source=web&ct=res&cd=4&ved=0CBYQFjAD&url=http%3A%2F%2Fconfinder.richmond.edu%2Fadmin%2Fdocs%2Fmalaysia.pdf&rct=j&q=constitution+malaysia&ei=k2oLS5mAAsqBkQWihbWCBA&usg=AFQjCNEgRpTaD6FiNmDM5U4pdt56PhS2Vg

MALDIVES

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	N
Sex Workers	N
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.presidencymaldives.gov.mv/publications/constitution.pdf

MONGOLIA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>Law on the Prevention of HIV and AIDS, 2004</i>
Harm reduction for drug users	n/a
Constitution	http://www.mongolianembassy.us/eng_foreign_policy/the_constitution_of_mongolia.php

MYANMAR

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://upload.wikimedia.org/wikipedia/commons/a/a1/Constitution_of_Myanmar_of_2008.pdf

NEPAL

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://www.worldstatesmen.org/Nepal_Interim_Constitution2007.pdf (Interim Constitution)

PAKISTAN

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Needle and syringe exchange programmes
Constitution	http://www.pakistani.org/pakistan/constitution/

PAPUA NEW GUINEA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	N
Injecting Drug Users	N

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>HIV/AIDS Management and Prevention Act, 2003</i>
Harm reduction for drug users	n/a
Constitution	www.paclii.org/pg/legis/consol_act/cotisopng534/

PHILIPPINES

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>AIDS Prevention and Control Act, 1998 ("Republic Act No. 8504")</i>
Harm reduction for drug users	n/a
Constitution	http://www.thecorpusjuris.com/laws/constitutions/8-philippineconstitutions/300-1897-biac-na-bato-constitution.html

REPUBLIC OF KOREA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	n/a
Sex Workers	n/a
Injecting Drug Users	n/a

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>AIDS Prevention Act, 1987</i>
Harm reduction for drug users	n/a
Constitution	http://english.ccourt.go.kr/home/english/welcome/republic.jsp

SINGAPORE

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	N

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	
<i>International Covenant on Civil and Political Rights</i>	
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://statutes.agc.gov.sg/non_version/cgi-bin/cgi_retrieve.pl?actno=REVED-CONST&doctitle=CONSTITUTION%20OF%20THE%20REPUBLIC%20OF%20SINGAPORE%0A&date=latest&method=part&sl=1

SRI LANKA

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex		X
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.priu.gov.lk/Cons/1978Constitution/Introduction.htm

THAILAND

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	Substitution therapy
Constitution	http://www.asianlii.org/th/legis/const/2007/

TIMOR-LESTE

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work	X	

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	N

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	
<i>Convention on Psychotropic Substances of 1971</i>	
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	n/a
Harm reduction for drug users	n/a
Constitution	http://www.eastimorlawjournal.org/East_Timor_National_Parliament_Laws/constitution-english.html (unofficial translation)

VIETNAM

Legal status of risk behaviours:

	Legal	Illegal
Male-to-Male sex	X	
Sex Work		X

MARPs are targeted in national HIV strategy/plan:

	Y/N
Men who have sex with men	Y
Sex Workers	Y
Injecting Drug Users	Y

Signatory to pertinent international treaties:

<i>Single Convention on Narcotics and Drugs, 1961</i>	X
<i>Convention on Psychotropic Substances of 1971</i>	X
<i>United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988</i>	X
<i>International Covenant on Economic, Social and Cultural Rights</i>	X
<i>International Covenant on Civil and Political Rights</i>	X
<i>Convention on the Elimination of All Forms of Discrimination against Women</i>	X

Additional legal and policy provisions:

HIV Law	<i>Law on HIV/AIDS Prevention and Control, 2007; Decree No. 108/2007/ND-CP</i>
Harm reduction for drug users	Needle and syringe exchange programmes; Substitution therapy
Constitution	http://www.vietnamlaws.com/freelaws/Constitution92(aa01).pdf /

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