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Bhutan National Stakeholders Meeting on Advocacy and HIV Prevention Among MSM and Transgender People Paro, Bhutan - 25 May 2012

– Meeting Notes –

Opening

Mr. Namgay Tshering opened the meeting acknowledging distinguished delegates and welcoming all participants to the meeting.

Introductory Remarks – Ministry of Health, Bhutan

The Honorable Secretary for the Ministry of Health, Nima Wangdi delivered the opening speech on behalf of the Minister for Health. The Secretary emphasized the importance of universal access and equity in health service delivery.

The Secretary acknowledged different risk factors for HIV, including the young population of Bhutan, mobility of populations between Bhutan, India and Nepal. These factors are leading to a changing HIV epidemic in Bhutan.

MSM and transgender populations are still mostly hidden in Bhutan, and are vulnerable to HIV, however, HIV interventions can be developed to reach these hidden populations. Almost half of people living with HIV have been detected in Thimphu and surrounding areas.

On 24 May 2004, a Royal Decree was issued to address HIV and protect people affected by HIV. Her majesty the Queen also closely works with grassroots HIV communities.

The Secretary expressed the wish of Bhutan to avoid high HIV prevalence among MSM and transgender persons, and to learn from the region to create enabling environments for MSM and transgender persons.

Introductory Remarks – UNDP Bhutan

Ms. Hideko Hadzialic, the UNDP Bhutan Deputy Resident Representative, welcomed delegates to the meeting and provided the policy context to some of the issues on the agenda. Ms. Hadzialic expressed hope that everyone who leaves at the end of the workshop can have a meaningful plan of action to address HIV among MSM and transgender people.

Ms. Hadzialic emphasized two broad areas for consideration in the meeting:

1. Reviewing laws, policies and legal practices that impact on men who have sex with men (MSM) and transgender persons to ensure everyone can partake in pursuing national happiness.
2. Engaging in MSM and transgender persons as partners and actors that can participate in HIV prevention.

Keynote Speech

The Honorable Justice Tshering Wangchuk of the Supreme Court of Bhutan delivered the keynote speech, focusing on existing legal protections on the rights of people in relation to HIV and AIDS. Justice Wangchuk stated that HIV transmissions have grown over the years since the first case was detected in 1993.

Justice Wangchuk remarked that access to information is critical in the prevention, treatment, care and support of HIV.

The role of the judiciary in creating an enabling environment, including protections under fundamental rights guaranteed under the constitution, is critical in addressing HIV. The Honorable Justice emphasized the role of the judiciary to reconcile interests and rights between all relevant parties.

Justice Wangchuk stated that Section 213 of the Penal Code of Bhutan prohibits male to male sex with a penalty between 1 month to 1 year of imprisonment. However, the provision has not been enforced. The Justice expressed confidence that if a case were to arise and brought to the court, that the Supreme Court would resolve the issue in a just and equitable manner in accordance with the right to equality before the law and right to privacy guaranteed in Bhutan's Constitution. The Honorable Justice also made reference to the landmark decision of the Delhi High Court that overturned the criminal prohibitions of same-sex relations.

The Justice also called on delegates to develop rights based strategies to ensure universal access for HIV prevention, care and support.

Project DIVA in Bhutan

Mr Namgay Tshering, Programme Manager, NACP, provided an epidemiological overview of the HIV epidemic in Bhutan as broken down by age, mode of transmission and occupation, although noting some limitations in capturing the data.

HIV as well as STI transmissions have been increasing in Bhutan as detected via annual surveillance. There is increasing risk and vulnerability to HIV in Bhutan, including multiple partner sex practices and low condom use, reports of high rates of STIs, increasing reported levels of STI among sex workers etc. Combined with the young population of Bhutan, there is the potential for HIV to spread and have a significant impact on the national happiness and socio-economic development of Bhutan. This also relates to MSM and transgender communities, currently, surveys indicate around 2% of survey respondents reported a same-sex sexual partner in Thimphu.

The national response in Bhutan has been guided by His Majesty the Fourth King of Bhutan, Her Majesty the Queen Mother (UNFPA Goodwill Ambassador) and His Majesty the Fifth King of Bhutan.

Mr. Tshering also delivered an introduction to the activities of Project DIVA in Bhutan, including HIV prevention and community development among MSM and transgender persons.

The National HIV/AIDS & STIs Control Programme (NACP) is a sub-recipient of the Round 9 multi-country South Asia grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria known as Project DIVA.

Mr. Tshering presented on the goals of Project DIVA as to reduce the impact of HIV and AIDS amongst MSM and transgender persons in South Asia, with the following objectives:

1. To improve the delivery of HIV related services for MSM and transgender in South Asia.
2. To improve the policy environment with regards MSM, transgender, and HIV related issues in South Asia.
3. To improve strategic knowledge on MSM, transgender, and HIV related issues in South Asia.

As part of Project DIVA and in partnership with UNDP, the NACP will embark on:

- A MSM and transgender size estimation and mapping, to commence from June 2012
- A study of stigma and discrimination among MSM and transgender populations
- IBBS survey to determine the baseline and understand the magnitude of the risk

Break

Mr Edmund Settle thanked the speeches of the Honorable Secretary of the Ministry of Health and the Honorable Justice of the Supreme Court. Edmund also provided a brief introduction to the rest of the sessions for today. Mr. Settle thanked the Government of Bhutan for hosting the meeting, the first of its kind not only in Bhutan but also in the region under Project DIVA. Mr. Settle also expressed thanks for the Government of Bhutan for sitting on the Steering Committee of UNDP's Regional Programme on HIV.

Epidemiology and Responses – UNAIDS Bhutan

Ms. Maria Elena G Filio-Borromeo, UCC, UNAIDS Nepal and Bhutan, presented the current regional epidemiological data and responses to the HIV epidemic, and the importance of addressing HIV among MSM and transgender persons now.

Epidemiologically, HIV is mainly transmitted through unprotected sexual exposure and sharing of unclean injecting equipment in Asia and the Pacific.

Statistics for sexually transmitted infections indicate also a high level of transmission amongst sex workers and MSM and transgender people in the Asia-Pacific region. In major cities, there is a rapid growth of HIV among MSM and transgender people. This is a major contributor to new HIV transmissions.

Key responses so far in the region since 2001 have reduced HIV transmissions by 20% across the board in the region; this is particularly the case in eliminating mother to child transmissions. However, transmissions among MSM and transgender people have not seen this reduction.

Coverage of anti-retroviral (ARV) therapy has increased, as has the number of countries increasing domestic funding for HIV. However, the response is still being outpaced by HIV transmissions; there

are currently 2 new infections for every person who starts ARV treatment. There are still few programs that target young key affected populations, transgender people, migrants and intimate partners of people who have unsafe sex or who inject drugs.

Moreover, many countries in the Asia-Pacific region still retain laws or enforcement practices that create barriers to effective HIV responses, including 18 countries out of 38 countries in the Asia-Pacific region that criminalize same-sex behaviour. Too many countries are also overly reliant on international funding, with only around 5% of HIV funding coming from domestic sources.

Ms Filio-Borromeo emphasized that HIV need to be addressed among MSM and transgender persons now, especially among young people. Surveys across Asia indicate drastically disproportionate prevalence of HIV among MSM and transgender persons.

The Commission on AIDS in Asia in its 2008 report classified interventions among MSM and transgender persons as “high impact and low cost” investment. The commission concluded that without significant investment in HIV programmes among MSM and transgender people, over 50% of HIV transmissions by 2020 will be among MSM and transgender people.

Ms. Filio-Borromeo concluded her presentation with a key message for participants: “act now or pay later”.

Human Rights Programmes in the HIV Response – UNAIDS Asia-Pacific Regional Support Team

Ms. Brianna Harrison, Human Rights Programme Officer, UNAIDS Asia-Pacific Regional Support Team, presented on the human rights aspects of the *Political Declaration on HIV/AIDS*, Bhutan’s national strategic plan and the UNAIDS Investment Framework.

Following the 2011 High-level Intergovernmental Meeting on HIV/AIDS at the General Assembly in New York, the *Political Declaration on HIV/AIDS* was adopted unanimously, heralding bold new targets to reduce transmissions and increase treatment, care and support as well as strong commitments relating to human rights.

Commitments relating to HIV and human rights included in the *Political Declaration on HIV/AIDS* are the following;

- Implement NSPs that promote and protect human rights through:
 - **Legal literacy** (know your rights and laws)
 - **Legal services**
 - **Stigma reduction**
 - **Police training** on non-discrimination, non-harassment, etc.
 - **Health care worker training** on non-discrimination, informed consent, confidentiality, duty to treat, infection control
 - **Monitoring the impact of the legal environment**
- Review laws and policies that limit access to HIV services
- National prevention strategies that target populations at higher risk
- Rights of young persons; mobile populations; workers.
- Utilize TRIPS flexibilities to the full

Commitments have also been made in the Asia-Pacific at the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), including:

- “...ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations”. (ESCAP Resolution 66/10)
- “...initiate, as appropriate, in line with national policies, a review of national laws, policies and practices to enable full achievement of universal access to with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV, in particular key affected populations.” (ESCAP Resolution 67/9)

Given the epidemiological evidence, Ms. Harrison noted that many effective programs to address key affected populations are not utilized, including due to policy and legal barriers.

Ms. Harrison also recalled the UNAIDS Investment Framework, which is referred to in the Bhutan National Strategic Plans for HIV, calling for a much higher level of funding for what is known as critical enablers of HIV programmes, including human rights programmes. Currently, only around 4-5% of HIV funding in the region is directed to critical enablers.

UNAIDS has distilled key human rights activities into 7 key programmes that should be integrated into national NSPs. They are:

1. Stigma and discrimination reduction
2. Legal services
3. Reforming laws, regulations and policies
4. Legal literacy
5. Sensitization of policy makers and law enforcement agents
6. Training for health care providers
7. Reducing harmful gender norms and gender based violence

Ms. Harrison noted many positive aspects of the Bhutan NSP, which includes many human rights programmes from the above 7 key programmes. Specifically, Ms. Harrison commended on some of the human rights programs in the NSP, *inter alia*:

- Reducing stigma and discrimination in the community and the media
- Peer support networks for key affected populations
- Non-discriminatory workplace policies in the private sector
- Reviewing laws, law enforcement, access to justice and non-discrimination
- Sensitization and training of law enforcement, health providers and other officials
- Addressing harmful gender norms and discrimination based on gender

[Note: the electricity supply to the meeting venue ceased during this presentation, the remainder of the meeting was conducted without.]

Discussion

Following the morning presentations, participants at the meeting raised a number of issues for discussion. One such issue was around criminalizing intentional transmission of HIV in a number of different circumstances.

Responses to this issue included that specific laws criminalizing HIV transmission is counter-productive to increasing testing and reducing HIV-related stigma that are key to preventing HIV transmissions. Specific guidance on this issue will be forthcoming from the *Report of the Global Commission on HIV and the Law*, which will be made available following the launch of the report on 9 July 2012 in New York by Secretary-General Ban Ki-Moon, Administrator of UNDP Helen Clark and Executive Director of UNAIDS Michel Sidibé.

Specifically in relation to MSM and transgender persons, a question was posed to participants as to how or why people engage in same-sex and transgender behaviour. Whilst there are a multitude of reasons why people engage in same-sex relationships or transgender behaviour, it was noted that this was not a new phenomenon, particularly in South Asia, indeed these behaviours exist across all cultures, it is just that in some cases it is more hidden.

The issue of decriminalization of sex work and access to medicines in relation to intellectual property laws were also discussed by participants, whilst some responses were provided, specific guidance will also be forthcoming in the *Report of the Global Commission on HIV and the Law*.

[Lunch]

South Asia sub-regional processes – International Development Law Organization

Ms. Naomi Burke-Shyne, Legal Officer, International Development Law Organization presented on progress made in the area of HIV and the law in the South-Asia sub-region.

The approach to HIV and the Law used is based on the UNAIDS Guidance *Addressing HIV-related Law at National Level*¹), identifying three aspects of the legal response to HIV:

- Law reform
- Community empowerment and access to justice
- Law enforcement

International Development Law Organization together with the South Asia Association for Regional Cooperation in Law (SAARCLAW) and UNDP convened the South Asia Roundtable Dialogue on Legal and Policy Barriers to Effective HIV Responses in Kathmandu, November 2011. The Hon. Chief Justice of Bhutan Sonam Tobyege, the Hon. Justice Wangchuk, Hon. Dragpon Wangmo, Hon. Ugen Wangdi and representatives of people living with HIV from Bhutan participated in the Roundtable Dialogue.

Key Recommendations from the Roundtable Dialogue included:

1. Decriminalize conduct linked to key populations at higher risk (including PWUD, sex workers, MSM and transgender persons) through appropriate legislative processes or judicial interventions. Work simultaneously on short term initiatives to address and mitigate the impact of relevant criminal laws.
2. Sensitize and disseminate information on the rights and issues of people living with HIV (PLHIV) and key populations at higher risk to law and justice sector stakeholders and healthcare providers.
3. Recognize the need for space for key populations at higher risk to collaborate (strength in synergies).

4. Empower PLHIV and key populations at higher risk with knowledge about their rights under the law and the mechanisms that they may utilize to access and defend these rights.
5. Empower human rights institutions with the necessary and appropriate statutory powers to enable them to address and respond to diverse legal and ethical issues and implications pertaining to human rights.
6. Advocate for constitutional challenges and public interest litigation, recognizing the role of judicial leadership.
7. Sensitize the media about the objectives of a legal enabling environment, and the rights of key populations at higher risk and PLHIV.
8. Advocate for healthcare providers and law and justice sector authorities to commit to a public health approach.
9. Strengthen the legal enabling environment.

Ms Burke-Shyne went on to brief participants on some of the in country follow up actions that have been undertaken. In Sri Lanka, with support from UNDP, a meeting was convened with key national stakeholders (including government, civil society and UN agencies) to incorporate the recommendations arising from the Roundtable Dialogue into Sri Lanka's NSP.

Other follow up activities to the Roundtable Dialogue include the development of legal reference resources, a South Asian Video Conference to share lessons learned in the delivery of legal services to PLHIV and KAPs.

IDLO, UNDP, SAARCLAW and the Asia Pacific Forum of National Human Rights Institutions (APF) are currently working with human rights institutions in five South Asian and three South East Asian countries to assess the capacity of human rights institutions to address human rights issues in relation to sexual orientation and gender identity (including MSM and transgender populations) with the aim to improve access to human rights institutions by sexual minority populations and people living with HIV.

In conclusion, the lessons learned from IDLO's perspective to improve the legal environment in relation to HIV are:

- Importance of community partners and engagement
- Client centered service delivery
- Key role of people who bridge the law with communities: e.g. paralegals, peer counselors
- Relationships with broader civil society and government stakeholders

Global Commission on HIV and the Law – UNDP Asia Pacific Regional Centre

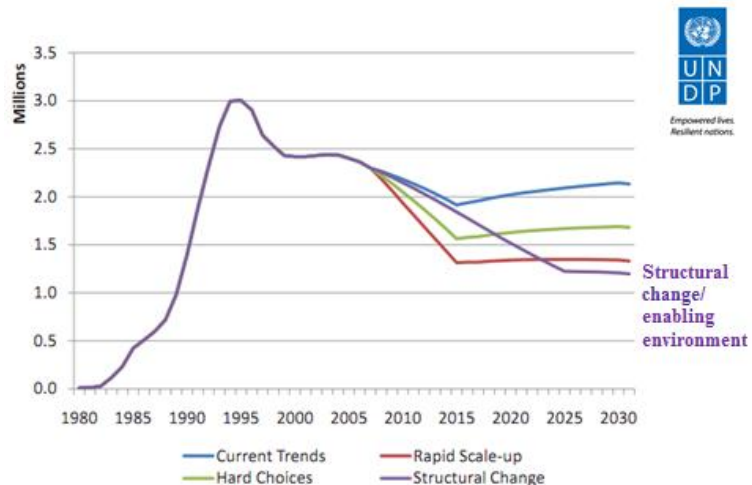
Mr. Edmund Settle, Policy Advisor, HIV, Human Rights and Governance from the UNDP Asia Pacific Regional Centre presented on the general findings of the Global Commission on HIV and the Law with particular attention to MSM and transgender populations.

The Commission is chaired by Fernando Henrique Cardoso, the former President of Brazil, and includes 15 eminent leaders from around the world, including current and former head of governments and other senior politicians, apex court judges, and public health experts. The Commission Secretariat is headed by Mr. Prasada Rao, now the UN Special Envoy on HIV/AIDS in Asia and the Pacific. Over the past two years, the Commission has commissioned research, examined

the existing evidence base and consulted widely to understand how the law and legal environments can help or hinder HIV responses and protect and fulfill human rights.

The Commission has received 680 written submissions from 133 countries as well as convening seven “Regional Dialogues”. The first of the Regional Dialogues was held here in the Asia-Pacific region in Bangkok, with over 120 written submissions received prior to the Dialogue.

The Commission’s final report is now being finalized and will be launched on July 9 in NYC by the Secretary-General Ban Ki-Moon and UNDP Administrator Helen Clark, with subsequent launches in the Asia-Pacific region.



Source: Cost and Finance Working Group, *aids2031* (across 139 countries)

At the launch of the Global Commission on HIV and the Law in 2010, the Administrator of UNDP, Her Excellency Helen Clarke stated

that it is “increasingly clear that success in responding to HIV can ONLY reach the required scale (or reach the necessary population groups) if they are underpinned by legal, regulatory and social environments which advance human rights, gender equality, and social justice goals.”

APRC will provide UNDP Bhutan to share the report with meeting participants after July 9th.

In the area of preventing new HIV transmissions, it is clear based on the findings of the Cost and Finance Working Group of AIDS2031 that addressing laws, policies and other “structural change” achieves the highest reductions in HIV transmissions over time, even when compared to the rapid scale-up of services and injections of funding (red line). The reduction in HIV transmissions when compared to if allowing for current trends to continue (blue line) and making hard choices in reallocating resources to more effective interventions (green line) are even more significant.

It is clear that attention law and the legal environment are essential for effective, affordable and sustainable responses to HIV, even if the right laws cannot by themselves stop the epidemic. To use the language of UNAIDS’ invest framework, laws, policies and the legal environment are “critical enablers” to effective HIV responses.

Mr. Settle also emphasized the need for countries to also pay attention to law enforcement – that is, the law on the streets as experienced by affected populations – and to whether or not key affected populations have access to justice and protection against discrimination and human rights abuses.

The scope of laws relates to both HIV specific laws and laws that indirectly impact on HIV and KAPs, such as laws that criminalize same-sex behaviour. Protective laws are also important, for example anti-discrimination laws that prohibits discrimination on the grounds of HIV status and sexual orientation and gender identity. This is particularly important to also reduce any

discrimination or stigma that can occur in health and other service settings, and thus make these services more accessible.

In addition to the Regional Dialogue of the Global Commission on HIV and the Law, a number of regional and sub-regional processes have further strengthened the evidence for building a more enabling legal environment. They include ESCAP Resolutions 66/10 and 67/9, the IDLO, SAARCLAW and UNDP Roundtable Dialogue referred to by Ms Burke-Shyne and the recent ESCAP High-level Intergovernmental Meeting on HIV held in Bangkok, February 2012.

Advocacy Framework – UNDP Asia Pacific Regional Centre

Mr Settle further presented a draft Advocacy framework to take forward addressing human rights and law issues in Bhutan in relation to MSM and transgender persons and HIV. The need for an advocacy framework is grounded in the need for programmes, policies and laws to be evidence informed and human rights based. The

A report from WHO South East Asia Regional Office found that the scale of the response by national governments in the region does not match the overall increase in HIV prevalence and is inadequate for controlling the continued high-risk behaviours among MSM and transgender populations.¹

WHO-SEARO in its report lists out the major impediments to achieving desired coverage as the following:

Negative societal attitudes towards same-sex sexuality and overall punitive laws hinder MSM and TG populations from accessing services.

- The role of CBOs and groups of MSM and TG has largely been underestimated and these groups have not been used to their full potential in formulating interventions
- The number of surveillance sites in the national surveys is limited and largely restricted to urban intervention sites. This leaves a gap in estimating national epidemics and achieving adequate coverage among MSM and TG populations
- HIV incidence data among MSM is limited

The *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific* report by UNDP and APCOM² further states the impact of all this has been a restrictive legal environment that:

- Impedes HIV prevention activities
- Drives MSM and transgender people away from HIV services fearing stigma and discrimination
- Inhibiting development of relevant HIV programming, research and allocation of adequate resources for MSM and transgender
- Reduced self-esteem and increased risk-taking behaviour
- Legitimizing discriminatory and inhumane health services
- Sensationalist and counter-productive media coverage

¹ HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: the current situation and national responses, WHO-SEARO, 2010.

² Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action, John Godwin, UNDP & APCOM, 2010

Based on the above, Mr Settle proposed four areas of a Bhutan Advocacy Framework:

- Engaging with police, justice and human rights institutions to improve the human rights of MSM and transgender persons
- Engaging with the health sector, e.g. non-discrimination training to improve capacity of health sector to deliver services to MSM and transgender persons
- Working with media and faith based organisations
- Reduce stigma and discrimination, empowering communities

Mr Settle commented that advocacy Strategies need to be clear, concise and actionable.

The Bhutan Advocacy Framework could be adopted by the Bhutan MSM and Transgender Technical Working Group formed under Project DIVA.

Community Engagement and Responses 1 – Asia Pacific Coalition on Male Sexual Health (APCOM)

Mr. Midnight Poonkasetwatana, Executive Director, Asia Pacific Coalition on Male Sexual Health (APCOM) delivered an introduction to APCOM and its role in the regional HIV response.

Poonkasetwatana expressed three take home messages for participants at the meeting:

- There is a wealth of experience in HIV and community mobilization in Asia and the Pacific which Bhutan can draw experiences from ,
- Working in partnerships with different organizations and leveraging comparative advantage improves efficiency, and
- The involvement of community groups at all levels of interventions including decision making processes.

APCOM is a regional coalition of MSM and HIV community-based organisations, the government sector, donors, technical experts and the UN system advocating for political support and increases in investment and coverage of HIV services for, and the human rights of, MSM and transgender people in Asia and the Pacific. APCOM is composed of 10 sub-regional networks: Australasia, China, Developed Asia, India, Insular (islands of) South East Asia, Greater Mekong Sub-region, Pacific, South Asia, Asia-Pacific Transgender Network and Positive MSM Working Group.

APCOM focuses its activities in:

- Fostering, supporting and sharing information
- Country-level, sub-regional & regional action raising awareness, guarantees a voice at policy setting forums, mobilizes expertise & financial resources
- Evidence-based research & policy development to address knowledge gaps, develop responsive programme & policy recommendations
- Advocacy through establishment of effective partnerships with civil society organisations, government bodies, HIV/AIDS organisations, academia, research organisations, & UN agencies.

APCOM has participated in a number of regional level achievements, bringing the crucial voice from the Community perspective:

- APCOM is the Steering Committee of the UNDP Asia-Pacific Regional Centre HIV, Health and Development Regional Programme.
- High-level Technical Consultation on HIV-Sensitive Social Protection for Impact Mitigation in Asia and the Pacific (April 2011 with UNDP) in Siem Reap, Cambodia

- Asia Pacific Regional Dialogue of the Global Commission on HIV and the Law (February 2011) convened by UNDP in Bangkok, Thailand
- Men Who Have Sex with Men and Transgender Populations Multi-City HIV Initiative (December 2010 – USAID/UNDP) in Hong Kong
- *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action* report with UNDP (July 2010)
- WHO Global Consultation on MSM and TG (Sept 2010), in Beijing, China
- Four Satellite Sessions at the 2011 ICAAP in Busan, South Korea

To conclude, Mr Poonkasetwatana expounded on the importance of community participation, including:

- Community-based organizations are uniquely placed to address HIV treatment and prevention. Community-level initiatives are widespread in every area of the global HIV response.
- Communities play an active role in outreach, peer support, engagement and building trust that other sectors cannot tap into. This experience ensures they know their own needs the best.
- Working in close partnerships with the community ensures better service provision and efficiency

Community Engagement and Responses 2 – Bandhu Social Welfare Society (Bangladesh)

Mr Shale Ahmed, Executive Director presented a background to Bandhu Social Welfare Society, which aims to address human rights issues, improve sexual and reproductive health, and support the livelihoods of sexual minority populations in Bangladesh.

Bandhu Social Welfare Society engages in a number of activities, operating both in the field and in central offices, spanning across health, capacity building, advocacy and other services, including:

- Organize community members of different sub-categories of sexual minority population.
- Develop capacity, support, organize and coordinate sexual minority groups
- Work on sexual health issues including rights of sexual minority populations with the provision of limited legal support.
- Awareness rising on issues around HIV, Sexuality and rights.
- Develop linkage and referral with existing SRH service points.
- Sensitization and capacity building of different stakeholders i.e. government, civil society organization, development partners
- Sexual health education at educational institutes
- Media Sensitization
- Advocacy with stakeholders and policy makers

Some of the key reasons for why Bandhu Social Welfare Society engages in policy and advocacy activities in relation to HIV include:

- Invisibility and denial of MSM and transgender issues
- Stigma and discrimination
- Social exclusion
- Violence and abuse

- Denial of human rights and social justice

Some initiatives of Bandhu Social Welfare Society in the area of policy and advocacy include:

- Strengthen media advocacy & publish media article
- Advocacy with policy makers, lawyers & religious leaders
- Collaboration with human rights organization
- Produced documentary focused on sexual minorities
- Regular advocacy with law enforcement agencies, local elected bodies etc.
- Conducted study on harassment & violence
- Documented human rights violation

Working on policy and advocacy has not hindered Bandhu Social Welfare Society's ability to engage in HIV prevention work, indeed it assists its ability to engage with the community, for example 77,000 MSM and male sex workers were reached for service delivery last year.

Closing

Mr Edmund Settle thanked all government and civil society participants for their attendance. Special thanks were expressed for all speakers and presenters. Mr Settle also thanked UN partners for attending, noting that it is not often for multiple heads of agencies to be at the meeting for the entire day.

Initially, MSM and transgender persons were ignored in the HIV response in a number of countries across Asia. This initial lack of recognition has now resulted in drastic prevalence rates among MSM and transgender populations in those countries. Asia is now also the region for the first heterosexual HIV epidemic to have transitioned to a majority homosexual HIV epidemic. Ignoring MSM and transgender populations has not resulted in successful HIV prevention responses elsewhere in Asia.

Bhutan is in a unique opportunity as it has a low prevalence of HIV, and has the political support to keep it that way, UNDP stands committed to support Bhutan in that objective.

Mr Settle also thanked NACP, particularly Mr Namgay Tshering, and Mr Lekey Khandu (Bhutan NACP) and Ms Pem Chuki Wangdi (UNDP Bhutan) for their commitment in organizing this successful meeting.

Finally, Mr Settle thanked the participants for their patience and activity participation during the meeting, as there was no electricity for most of the meeting.

Close of meeting.