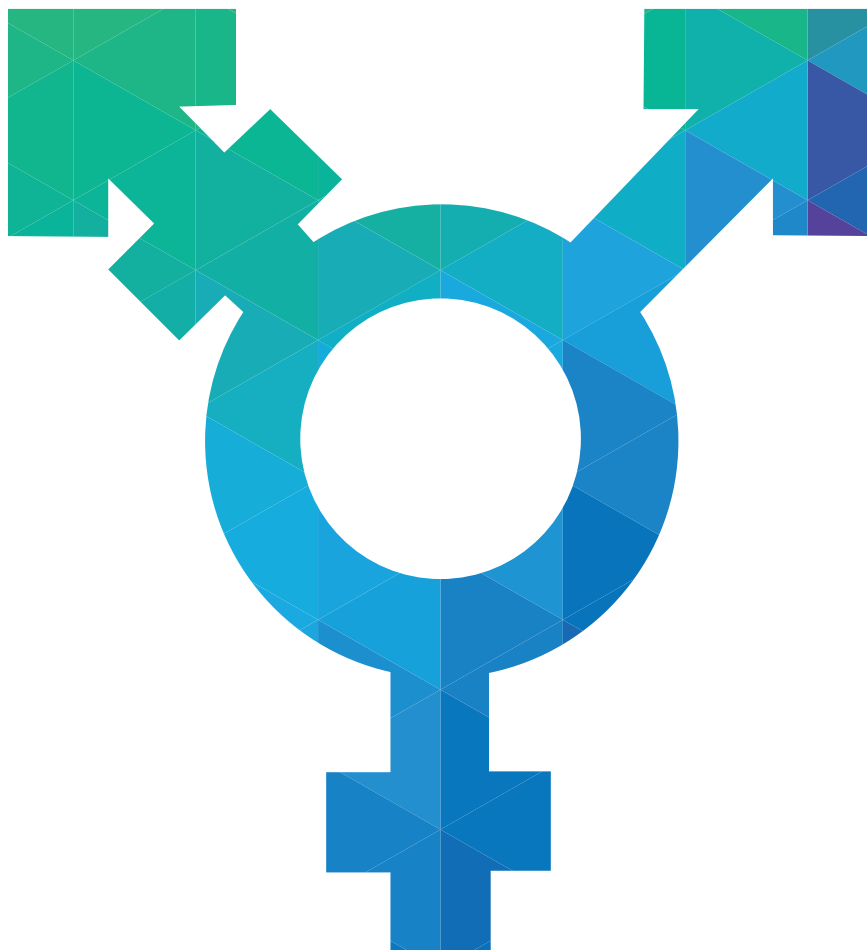


AGENDA IN TRANSITION

Advancing Actions to Secure the Health and Rights of
Transgender People in Asia and the Pacific

Regional Consultation
19 – 20 February 2014
Bangkok, Thailand





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SUMMARY

Transgender people in Asia and the Pacific face many challenges in claiming their rights in general, and specifically their right to health care. Through capacity building the transgender community can be empowered to promote transgender-positive attitudes and advocate for competent, comprehensive and accessible health services.

In order to identify priority actions for the health and rights of transgender people in Asia and the Pacific, the Agenda in Transition regional community consultation was held in Bangkok, Thailand, on 19-20 February 2014. This event brought together diverse members of the

transgender community; UN agencies, civil society organizations, donors and other partners to review the current situation for the region's transgender people and determine those needs, which require accelerated action.

Discussions centered on three main topics: legal gender recognition, the right to health, and freedom from stigma and discrimination, including its impact on access to health, education and employment. The consultation helped build consensus on a plan of action for the Asia Pacific Transgender Network and identify priority actions for 2014 and 2015.





INTRODUCTION

Transgender people in Asia and the Pacific encounter myriad challenges in claiming their rights in general, and specifically in accessing equitable, appropriate and transgender inclusive health care. While transgender women face problems in accessing general, transition or sexual healthcare, the challenges facing trans men are under-appreciated and insufficiently researched. In many countries in the region, transgender identity continues to be classified as a mental disorder and invariably access to health

services are dependent upon such a diagnosis.

The United Nations has been consistent in calling for removal of laws that marginalize transgender people and for creating legal environments that are conducive to their well-being and protection. To make progress, in addition to support from UN and other agencies, it is essential to build up the capacity of transgender community-based organizations and networks in order to address the pressing issues facing the transgender community.

"YOU ARE HERE BECAUSE APTN RECOGNIZES THAT YOUR LEADERSHIP AND WORK IN TRANSGENDER RIGHTS AND AS TRANSGENDER HEALTH CARE ADVOCATES IS VERY IMPORTANT. RIGHT NOW THE TRANSGENDER COMMUNITY IS FACING LOTS OF PROBLEMS AND APTN IS JUST A SMALL ORGANIZATION, WE CANNOT SOLVE OUR ENTIRE PROBLEM ALONE. WE NEED YOUR HELP AND YOUR SUPPORT."

**NATT KRAIPET,
COORDINATOR, APTN**

THE MEANING OF TRANSGENDER

The term transgender refers to the wide range of identities, and identity-based communities, within the transgender population, rather than a descriptor of a specific identity or cultural classification. The term trans*people, following the practice of organizations such as GATE -Global Action for Trans*-Equality, is also used.

A 2012 regional document coordinated by the WHO developed the following definition of transgender. "Persons who identify themselves in a different gender rather than that assigned to them at birth. They may express

their identity differently to that expected of the gender role assigned to them at birth. Transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined."¹ It is also important to note that terminologies and identities continue to evolve.

The concepts of gender identity and transgender identity differ from that of sexual orientation. Sexual orientation describes an individual's enduring physical, romantic, emotional, and/or spiritual attraction to another person, while gender identity is one's personal sense of being a

man or a woman. Transgender people have more or less the same variety of sexual orientations as cis-gender people.

In wider society transgender people are often falsely perceived as one homogeneous community, whereas in reality they represent a range of diverse gender identities. Within the community, there is debate about whether this definition of transgender is broad enough; whether or not it should include drag performers; and whether it encompasses religious or cultural identities, e.g., *hijras* in India.

¹ WHO (2012), Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.

THE TRANSGENDER COMMUNITY IN ASIA AND THE PACIFIC²



There is a lack of reliable data on the size of the transgender population in the region, but estimates put the number at up to 9.5 million people. Clinical estimations of the size of transgender populations are typically limited to records of those transgender people who access gender-affirming health services through public health systems, and these estimates exclude a huge proportion of transgender people. These estimates suggest a prevalence rate of 0.2%, but the actual rate is likely to be closer to 1-2% if other transgender people are included.

Transgender people face routine violations of their human rights, through lack of legal recognition of their gender, and lack of access to health services. Identification with a gender other than that assigned at birth is deemed to be a sign of mental illness in many societies in the region.

The stigma, discrimination, violence and abuse routinely faced by transgender people can trigger a 'stigma-sickness slope', whereby social, economic and legal marginalization causes poor social and emotional well-being and leads to engaging in risky behaviors. This in turn increases

the risk of HIV and other sexually transmitted infections, coupled with poor access to health care and low uptake of what services there are.

Transgender women share a high burden of HIV, syphilis and other sexually transmitted infections. Available data suggests HIV prevalence rates as high as 68% in transgender communities. There has been very little research to date on prevalence of HIV and sexually transmitted infections among transgender men. However, emerging research from the United States suggests

² Information from presentations: Addressing HIV burden and other health issues of transgender people in Asia-Pacific by Dr Zhao Pengfei WHO Regional Office for Western Pacific; Lost in Transition: a reminder of the key points by Sam Winter; ICAAP 11 transgender sessions summary outcome by Sam Winter and Joe Wong.

specific health risk factors for transgender men that are heightened by their invisibility.

When transgender health issues are under discussion, HIV is always the main focus, and other issues are often neglected. In fact, transgender people face multiple obstacles to securing health care, apart from the focus on HIV, such as encountering services that are not transgender-friendly, denial of equal access to access to both general health care and those services required by trans people who medically transition and lack of access to health information. To address the HIV prevention and other health needs of transgender people, health providers and other stakeholders must also be trained to provide such services.

In addition to their vulnerability to HIV and sexually transmitted

infections, transgender people routinely face violations of their dignity and rights. Another problem is the invisibility of transgender people: they are often put under the umbrella of men who have sex with men, and the specific issues facing sub-populations within the transgender community, such as rural and elderly transgender people and transgender men are neglected.

In order to end the invisibility of transgender people, it is necessary to invest in more research to better understand the size and profile of transgender communities in the region, to document the vulnerabilities and protective factors that shape their lives, and to ensure that the data is disaggregated from that pertaining to men who have sex with men. This can only be

effectively achieved by engaging with transgender people as research partners and to support trans-led advocacy efforts.

Building the capacity of transgender networks, community-based organizations and non-governmental organizations can all help to empower transgender people, and help them to combat 'cis-genderism' - the valuing of gender conformity in a way that denigrates or stigmatizes trans or gender-diverse identities or behaviors. They can be empowered to disseminate health information to transgender communities; and promote transgender-positive attitudes and practices, a transgender-positive rights culture, and competent, comprehensive and accessible health services.

THE ASIA PACIFIC TRANSGENDER NETWORK

The Asia Pacific Transgender Network (APTN) launched in December 2009 is the first regional network advocating for the legal recognition and rights of transgender people in Asia and the Pacific.

The mission of APTN is to mobilize and advocate for the human rights of trans/transgender people in the Pacific and Asia Region.

APTN recognizes the importance of HIV in the lives of transgender people, and advocates for the urgent need for improved access for transgender people to appropriate prevention, treatment and care services as linked with HIV and other sexually transmitted illnesses.

The network has publishes key reports and policy and technical briefs in partnership with other groups and multilateral organizations highlighting the issues of transgender people.

RATIONALE FOR THE MEETING

In order to identify priority actions for the health and rights of transgender people in Asia and the Pacific, the Agenda in Transition regional community consultation brought together members of the transgender community, UN agencies, civil society organizations and other partners.

The 23 participants from 12 countries included trans men and women, as well as those who identified as a third sex or gender identity. They reflected the community's diversity and were able to call on their vast experience in advocacy, research, community mobilization and private sector engagement. The presence of partner organizations ensured a breadth of expertise and provided plenty of scope for eliciting the views of diverse stakeholders.

The consultation was held on 19-20 February 2014 in Bangkok, Thailand and was organized by the Asia Pacific Transgender Network (APTN) with support from the United Nations Development Programme and USAID Regional Development Mission for Asia under the 'Being LGBT in Asia' regional initiative; the Joint United Nations Programme on HIV/AIDS (UNAIDS); UN Women; and, the World Health Organization (WHO).

Using both plenary sessions and panel discussion formats, the community consultation set out to review the current situation for the region's transgender people, particularly legal gender recognition, the right to health, and freedom from stigma and discrimination, including its impact on access to health, education and employment.

Based on this analysis, the meeting aimed to determine those needs which require accelerated action in 2014 and 2015 to target legal gender recognition, freedom from discrimination, and the right to health. Participants proposed an action plan for APTN to address these priorities, together with the community and its regional and country partners.

In small group discussions, participants were able to discuss in detail the route from evidence to action in three key areas: gender recognition, stigma and discrimination, and HIV and other health concerns. A final breakout session focused on the future and developing APTN's work plan for 2014 and 2015.

"[OUR POSITION IS TO] DEFEND THE HUMAN RIGHTS OF LGBT PEOPLE AS PART OF OUR COMPREHENSIVE HUMAN RIGHTS POLICY AND AS A PRIORITY OF OUR FOREIGN POLICY AND DEVELOPMENT COOPERATION STRATEGY. WE ARE VERY PROUD TO TEAM WITH THE TRANSGENDER MEN AND WOMEN OF APTN AND OTHER LEADERS FOR LGBT HUMAN RIGHTS IN ASIA TO EXPAND THE UNDERSTANDING OF THE LEGAL AND SOCIAL ENVIRONMENT FOR LGBT PERSONS IN ASIA, THROUGH THE LEARNING INITIATIVE 'BEING LGBT IN ASIA.' "A PARTICIPATORY REVIEW & ANALYSIS OF THE LEGAL AND SOCIAL ENVIRONMENT FOR LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PERSONS AND CIVIL SOCIETY IN SOUTHEAST AND EAST ASIA. UNITED STATES GOVERNMENT"

MICHAEL EDDY, DIRECTOR
OFFICE OF GOVERNANCE
AND VULNERABLE
POPULATIONS USAID REGIONAL
DEVELOPMENT MISSION FOR ASIA

KEY ISSUES FOR THE TRANSGENDER COMMUNITY

LEGAL GENDER RECOGNITION



- Most countries lack legal gender recognition for transgender people and where such provisions exist they routinely violate international human rights standards
- Transgender people are criminalized for being who they are
- Third gender status is welcome, but does not suit all

In most countries in Asia and the Pacific transgender people are unable to change the gender information on official documents to reflect their gender identity. Not only is there no legal gender recognition but there are also laws that criminalize gender expression, leading to prosecution for offences such as immorality and causing public nuisance.

Pakistan, India, Bangladesh and Nepal have amended the law to create a third gender option on official documents, and this has been welcomed as an option for some transgender people, particularly those who identify as a third gender. However, often there are difficulties in accessing these provisions and questions about whether this excludes trans people from accessing rights given solely to men and women. In addition, a third gender categorization does not address the demand for transgender women and men to identify as female or male, respectively. For this reason, some transgender people in other countries do not want to be restricted to a third gender option.

In Australia and New Zealand, all people have the right to have their sex recorded as male, female or indeterminate on passports and driving licenses, based on their self-defined gender identity. The Australian Capital Territory uses the same criteria for changing sex details on a birth certificate. However New Zealand and all other Australian territories still have higher thresholds for changing sex details on birth certificates.

RECOMMENDATIONS

1. Build evidence

- ✓ Show of the human and societal cost of lack of legal gender recognition
- ✓ Share best practices and information about the third sex option in the region, made accessible through translation into local languages

2. Build capacity

- ✓ Develop advocacy guidelines and train for legal gender recognition advocacy
- ✓ Support community-based organizations in fund raising and grant proposal writing
- ✓ Create networks of transgender activists
- ✓ Launch local social media campaigns

3. Build alliances

- ✓ Connect with Global/ International transgender networks
- ✓ Reach out to gender recognition experts
- ✓ Engage with companies which have transgender-friendly employment policies

STIGMA AND DISCRIMINATION

- Stigma and discrimination are prevalent across the region
- Discrimination occurs in all area of life
- Stigma is associated with increased risk of self-harm, suicide and depression

Despite international human rights obligations, very few countries in the region have domestic laws protecting trans people from discrimination based on their gender identity or gender expression. Nor do hate crime laws recognize the specific vulnerability of trans people to such violence.

Stigma against transgender people is prevalent across the region and discrimination is rife in all aspects of life, from health care, education and employment to cultural, religious and political practices and institutions. Cultural attitudes, as well as negative and factually incorrect media portrayals of transgender people exacerbate stigma and discrimination.

For many transgender people the consequences are severe, leading to marginalization and barriers to obtaining health care, education and decent employment. Some have few employment options and sex work may be their only viable source of livelihood, resulting in further marginalization and vulnerability. Transgender people are subjected to

hate crimes, violence, police harassment and other human rights violations. These increase the risk of self-harm, suicide, depression and HIV infection. Transgender people often lack family support and live with the daily stresses of being a minority, vilified, misunderstood and discriminated against by the dominant majority culture.

Understanding the stigma and discrimination directed at transgender people is the key to understanding the challenges they face.

RECOMMENDATIONS

- ✓ Develop country-specific briefs on stigma and discrimination against transgender people;
- ✓ Explore how APTN can contribute to local and regional policy making and respond to local issues;
- ✓ Develop a template for local responses to stigma and discrimination issues;
- ✓ Conduct a media campaign, using region-specific material already collated for Transgender Europe's international Transrespect vs. Transphobia project as a starting point;
- ✓ Hold an Asia and the Pacific training meeting around advocacy in the region.

"THIS REGIONAL CONSULTATION WAS VERY SPECIAL. IT CAME RIGHT AFTER THE WPATH SYMPOSIUM, AT WHICH SO MANY ASIA-PACIFIC TRANSGENDER COMMUNITY MEMBERS PARTICIPATED, PRESENTING ON REGIONAL RIGHTS AND HEALTH ISSUES FOR A GLOBAL FORUM OF PROFESSIONALS. THE CONSULTATION PROVIDED AN OPPORTUNITY FOR THOSE SAME COMMUNITY MEMBERS TO EXAMINE THOSE ISSUES IN GREATER DEPTH, GOING SOME WAY FORWARD TO DEVELOP A PLAN OF ACTION FOR APTN OVER THE NEXT TWO YEARS. WITH APTN MUCH CLEARER ABOUT THE WAY FORWARD, AND WITH THE FUNDS TO ENABLE IT TO DO ITS JOB, THIS IS AN EXCITING TIME FOR THE TRANSGENDER COMMUNITIES OF ASIA AND THE PACIFIC. THERE ARE REAL PROSPECTS FOR CHANGE."

SAM WINTER FACULTY OF EDUCATION, UNIVERSITY OF HONG KONG.; MEMBER OF BOARD OF DIRECTORS, WPATH

HIV AND OTHER HEALTH ISSUES

- The needs of transgender people in developing countries need to be investigated
- Standards of care recommendations must come from the community

The content of the “Consensus health need document”, which has been a topic of much discussion within the transgender activist community since it was presented at 11th International Congress on AIDS in Asia and the Pacific in 2013 generated two outcomes. Firstly, there was a call for the World Professional Association for Transgender Health (WPATH) to investigate the needs of transgender people in low- and middle-income countries. Secondly it led to a call for addendum standards of care, prepared by members of the transgender community. Participants discussed how the standard of care could be developed; the consequences of poor access to utilization of HIV testing, treatment and care and other health services by transgender people; barriers to realize the goal of good health care: and the existing good practices employed in their region.

Discussion in this group generated a great many recommendations, which were eventually distilled to the list below. APTN was urged to prioritize advocacy, capacity building, strategic

information, inclusion and visibility. Advocacy efforts should push for increased access to health care, free from stigma and discrimination, improved provider training and health care information disseminated within transgender communities.

In terms of health care, the focus should be on mental health, transition, sexual and general healthcare, viewed from a broad bio-psycho-social perspective. It is also essential for APTN to work in partnership with community and civil society organizations, and health and rights partner agencies, e.g., UN agencies and WPATH. It should also work to ensure the visibility of transgender people as a distinct population, and transgender men as a distinct population within the transgender community.

RECOMMENDATIONS

- ✓ Develop a consensus needs document for transition-related standards of care, broad enough to include issues of confidentiality, respectful treatment, and legal recourse in cases of malpractice;
- ✓ Partner with WPATH Global Education Initiative directed at providers, and link WHO, UNAIDS and other partners to that initiative;

- ✓ Develop strategic information on transgender health issues, e.g., access to transition-related health care including counselling, a diagnostic assessment, hormones, surgeries etc, HIV prevention, testing and treatment and sexually transmitted diseases, as well as on human rights;
- ✓ Develop transgender-specific guidelines on stigma and discrimination for health care providers;
- ✓ Advocate for community driven/community-lead health care;
- ✓ Forms partnerships beyond WPATH;
- ✓ Look at how transgender health can be de-pathologized focusing on health beyond medical treatment;
- ✓ Transgender men and transgender women specific research.

LOOKING TO THE FUTURE: A PLAN OF ACTION FOR APTN

After small group discussions about specific priorities, the participants came together to prioritize an action plan. They identified the following guiding principles for such an action plan.

1. Work towards gender recognition and ensure the visibility of transgender people - end the invisibility of transgender people.
2. Acquire and document trans specific information (i.e. vulnerability and needs) on Asia and the Pacific transgender communities.
3. Build alliances and partnerships.
4. Support the development to transgender people and their organisations.
5. Promote a culture of transgender rights including by ensuring current equality laws protect these rights.
6. Develop trans specific guidelines/policies and documents.
7. Involvement of trans people and trans organizations/ networks in community driven/community-led interventions.

RECOMMENDATIONS

- **Capacity Building,** focusing on:
 - ✓ Fundraising, finances, and resource mobilization
 - ✓ Advocacy and political training
 - ✓ Personal and leadership development
 - ✓ Organizational network building
 - ✓ Community mobilization
- **Consensus and Status Documents** (each paying special attention to historically under-documented groups of transgender people), focused on 3 key areas:
 - ✓ Gender recognition
 - ✓ Stigma and discrimination and
 - ✓ Health (including guidelines for policy makers and health professionals)
- **Guidelines for policy makers and health professionals**
- **Social media campaign**
- **Alliances with other organizations**
- **Regional initiatives:**
 - ✓ Development of a Pacific and Asian Professionals Association for Transgender Health
 - ✓ Regional transgender meeting

"THE LEVEL OF PASSION AND COMMITMENT EVERY INDIVIDUAL BROUGHT FORWARD TO SHAPE APTN AGENDA IS SIMPLY ASTONISHING. THE INCREASED INVOLVEMENT OF TRANSMAN AS COMPARED IN THE PAST IS BIG STEP FORWARD FOR APTN INCLUSIVITY TO THE LESS VISIBLE. I HOPE EVERYONE CONTINUE WORKING TOGETHER, NOT JUST WITHIN THESE DOORS. AS INDIVIDUALS, LET'S NOT FORGET TO RESPECT AND PROTECT THE DIVERSITY, SAFETY, EQUALITY AND DIGNITY OF EVERY TRANS PERSON AND WE MUST NOT FORGET THE LESS VISIBLE WITHIN THE COMMUNITY, ESPECIALLY ELDERLY PEOPLE, TRANSMEN, AND INDIGENOUS PEOPLE.

KEEPING OUR CORE VISION OF SOCIETY AT APTN ONE THAT RESPECTS AND PROTECT THE DIVERSITY, SAFETY, EQUALITY AND DIGNITY OF TRANS PEOPLE."

JOE WONG, APTN BOARD AND WORKING GROUP MEMBER

ANNEX

ANNEX 1. LIST OF PARTICIPANTS

COUNTRY PARTICIPANTS

No.	Country	Name	Organization
1	China, Beijing	Emma Hoo	Individual/ EMI
2	Hong Kong	Dr. Sam Winter	University of Hong Kong
3	Hongkong	Kaspar Wan	Transgender Resource Center, and Pink Alliance, Hong Kong
4	India, Mumbai	Satya Rai Nagpaul	Sampoorna
5	India, Mumbai	Laxmi Narayan Tripathi	APTN founder and core group working member and chairperson of Astitva
6	India, New Delhi	Abhina Aher	India HIV/AIDS Alliance
7		Justus Eisfeld	GATE - Global Action for Trans* Equality
8	Indonesia, Jakarta	Angelas Lenes	GWA-ILA
9	Indonesia, Jakarta	Kevin Stevanus	UNDP LGBT Officer
10	Malaysia, Kuala Lumpur	Khartini Slamah	HIV Policy Officer, Asia Pacific Network of Sex Workers (APNSW) and Working group member Asia Pacific Transgender Network (APTN)
11	Malaysia, Kuala Lumpur	Dorian Wilde	Transman of Malaysia
12	Nepal, Kathmandu	Manisha Dhakal	Blue Diamond Society
13	Nepal, Kathmandu	Bhakti Shah	Blue Diamond Society
14	New Zealand	Jack Byrne	Trans human rights consultant
15	Pakistan	Kami Choudhry	Naz Male Health Alliance
16	Philippines, Cebu City	Magdalena Robinson	Transgender COLORS, Inc.
17	Philippines, Manila	Kate Cordova	Association for Transgender of the Philippines
18	Singapore	Joe Wong	Programme manager at Action for AIDS, Singapore Working Group member - Asia Pacific Transgender Network (APTN)
19	Thailand, Bangkok	Natt Kraipet	APTN Coordinator
20	Thailand, Bangkok	Cianán Brooks Russell	
21	Thailand, Pattaya	Thitiyanun Akpor (Doy)	SISTERS, Pattaya

UN AGENCIES, CSOS AND OTHERS

No.	Country	Name	Organization
	Tonga	Joey (Joleen) Mataele	Pacific Sexual Diversity Network
22		Cliff Cortez	UNDP
23		Edmund Settle	UNDP
24		Saurau Thapa	UNDP
25		Rashima Kwatra	UNDP
26		Nashida Sattar	UNDP
27		Inthira Tirangkura	UN Women
28		Steve Kraus	UNAIDS
29		Tony Lisle	UNAIDS
30		Manuel Da Quinta	UNAIDS
31		Yuki Takemoto	UNAIDS
32		Beth Magne Watts	UNAIDS
33		Huey Nhan	UNAIDS
34		Kritika Bharadwaj	UNAIDS
35		Zhao Pengpei	WHO
36		Michael Eddy	USAID
37		Tom White	USAID
38		Prempreeda Pramoj Na Ayutthaya	UNESCO
40		Malu Marin	Seven Sisters
41		Mehrdad Pourzaki	Youth LEAD
42		Karabi Baruah	Rapporteur

Disclaimer: Country participants were invited in their capacity as individuals and based on recommendations from the transgender community. They do not represent their countries in an official capacity.

Acknowledgement: APTN wishes to thank all participants for their invaluable contribution to the event and their partners, the United Nations Development Programme and USAID Regional Development Mission for Asia under the 'Being LGBT in Asia' regional initiative; the Joint United Nations Programme on HIV/AIDS (UNAIDS); UN Women; and, the World Health Organization (WHO).

It would not be possible without the contribution and expertise of the working group members; Khartini Slamah, Laxmi Narayan Tripathi, Manisha Dhakal, Joe Wong and the following activists for their valuable input: Cianán Russell Jack Byrne and Kate Cordova.

APTN also appreciates and acknowledge the strong support and collaboration of Dr. Sam Winter, Mr Tony E. Lisle and Mr Manuel da Quinta, Mr Edmund Settle, Dr Zhao Pengfei and Ms Malu Marin.

This report was written by Jane Perry and edited by Joe Wong.

ANNEX 2. MEETING AGENDA

“AGENDA IN TRANSITION”

**Advancing Actions to Secure the Health and Rights of Transgender People
in Asia and the Pacific
Regional Consultation
19 – 20 February 2014
Dusit Thani Hotel, Bangkok, Thailand**

DAY 1

Time	Session Title	Session Detail	Session Method & Facilitation
8:30-9:00	Registration		
9:00-9:30	Welcome by APTN and Opening Remarks.	<ul style="list-style-type: none"> • Welcome and opening remarks by APTN • Clifton Cortez, Practice Leader HIV, Health and Development UNDP Asia-Pacific Regional Centre • Michael Eddy, Director Office of Governance and Vulnerable Populations USAID Regional Development Mission for Asia 	APTN UNDP USAID
9:30-10:00	Objectives, Proposed Outcomes of the Consultation and Introductions.	<ul style="list-style-type: none"> • Provide an overview of the goal, objectives and proposed outcomes, of the consultation. • Introduce participants (current work, interests and contributions and their expectations of the consultation). 	Natt Kraipet/ Joe Wong
10:00-10:30	Setting the Scene: Review Findings and Recommendations of “Lost in Transition”. ICAAP 11: Transgender Sessions Summary Outcomes & Recommendations.	<ul style="list-style-type: none"> • Presentations set the scene and stimulate ideas for plenary and small group discussions on Gender Recognition and Stigma and Discrimination. • WPATH Community Sessions – summary of outcomes/key messages circulated to participants as a resource. 	Method: Presentations, followed by Q&A Presenters: Sam Winter & Joe Wong

Time	Session Title	Session Detail	Session Method & Facilitation
10:30-11:15	Gender Recognition: A Fundamental Right.	<ul style="list-style-type: none"> • Understand participant definition, perspectives and experiences of gender and the absence of gender recognition. • Identify common issues among participants and reach consensus on how to use gender recognition as a precondition for attainment of fundamental rights. 	Method: Plenary discussion followed by presentation of summary conclusions/ outcomes (picked up from VIPP cards)
11:15-11:30	Tea and coffee break		
11:30-12:15	Stigma, Discrimination and Bullying: Causes, Consequences and Solutions.	<ul style="list-style-type: none"> • Share country experience of stigma and discrimination in various settings and contexts (cultural, economic, political, religion, community, learning institutions, employment and the workplace etc.). • Build a common understanding of the causes and consequences of stigma and discrimination based on country experience. • Examine the role of economic inequity/poverty in reinforcing social inequity, stigma and discrimination. Identify barriers, challenges to addressing stigma and discrimination in various settings and contexts. • Identify opportunities and effective solutions to addressing stigma and discrimination in various settings and contexts (examples of effective advocacy, programmes and actions in countries). 	
12:15-13:15	Lunch		
13:15-13:45	Setting the Scene: <ul style="list-style-type: none"> • Findings & Recommendations of WHO Scoping Paper on Transgender Health. • Draft Health Needs Document. 	<ul style="list-style-type: none"> • Key presentations to set the scene and stimulate ideas for plenary and small group discussions on HIV and health concerns. • WPATH Community Sessions – summary of outcomes/key messages circulated to participants as a resource. 	Method: Presentations, followed by Q&A Presenters: Zhao Pengfei & Sam Winter

Time	Session Title	Session Detail	Session Method & Facilitation
13:45-14:30	HIV and other Health Concerns of Transgender People (including Young Transgender): Invisible and Unrecognised in National Systems and Responses.	<ul style="list-style-type: none"> • Share participant country experience on access, utilization and relevance of HIV and other health services. • Build common understanding of the causes and consequences of poor access to, utilization and relevance of HIV and other health services by transgender people based on country experience. • Share examples of good practice/ innovation in HIV prevention treatment and care programming/ interventions and in other health service provision. • Identify key barriers and opportunities to make HIV and other services relevant to the needs of transgender people (with a focus on low resource settings). 	Method: Plenary discussion followed by presentation of summary conclusions/ outcomes (picked up from VIPP cards)
14:30-15:00	Tea and Coffee Break		
15:00-17:00	Evidence to Action: <ul style="list-style-type: none"> • Gender Recognition (Group A) • Stigma and Discrimination (Group B) • HIV and other Health Concerns (Group C) 	<ul style="list-style-type: none"> • Based on the plenary discussion conclusions/outcomes, define priority needs/concerns. • Identify and propose opportunities and specific actions/ recommendations that effectively address how each prioritized need/ concern will be addressed. • Identify existing lessons, good practices/interventions, innovations and resources that effectively address the need/issue. 	Method: Small Group Discussion in 3 Groups. Each group to nominate: <ul style="list-style-type: none"> • Facilitator (to motivate and guide discussion and inputs from participants); • Rapporteur (to summarize results of group discussions: priority needs and actions and recommendations – the hows of addressing needs).

Time	Session Title	Session Detail	Session Method & Facilitation
17:15-17:30	Day 1 Closing	<ul style="list-style-type: none"> • Reflection & Validation of Day 1 Outcomes. • Evaluation of Day 1. 	<p>Method: Participants rate the day (methods, clarity of process etc.) through smiley stickers across evaluation categories as they leave for the day. Participants do visual scan of VIPP cards of plenary discussion conclusions/ outcomes and indicate concurrence or otherwise. Participants invited to “park” unaddressed issues through VIPP cards displayed on a “parking lot” board.</p> <p>Facilitators: Natt Kraipet, Joe Wong</p>

DAY 2

9:00-9:15	Recap Day 1	<ul style="list-style-type: none"> • Provide feedback on Day 1 Evaluation. • Address outstanding questions / concerns (VIPP Cards on “Parking Lot” Board). • Review Day 2 Agenda. 	Facilitators: Natt Kraipet/ Joe Wong
9:15-10:15	Framing Recommendations and Actions: Gender Recognition.	<ul style="list-style-type: none"> • Propose actions and approaches to effectively address key needs/ issues. • Identify existing lessons, good practices/interventions, innovations and resources that effectively address the need/issue. • Summarise key recommendations. 	Method: Group A presentation to plenary session with specific (summary) actions/ recommendations for plenary endorsement.

Time	Session Title	Session Detail	Session Method & Facilitation
10:15-11:45	Tea and coffee break		
11:45-12:45	Framing Recommendations and Actions: Stigma, Discrimination and Bullying.	<ul style="list-style-type: none"> • Propose actions and approaches to effectively address key needs/issues. • Identify existing lessons, good practices/interventions, innovations and resources that effectively address the need/issue. • Summarize key recommendations. 	Method: Group B presentation to plenary session with specific (summary) actions/ recommendations for plenary endorsement.
13:00-14:00	Lunch		
14:00-15:00	Framing Recommendations and Actions: HIV and other Health Concerns.	<ul style="list-style-type: none"> • Propose actions and approaches to effectively address key needs/issues. • Identify existing lessons, good practices/interventions, innovations and resources that effectively address the need/issue. • Summarize key recommendations. 	Method: Group C presentation to plenary session with specific (summary) actions/ recommendations for plenary endorsement.
15:00-15:30	Tea and coffee break		
15:30-17:30	Priority recommendations and actions for APTN to take forward in its 2014-15 work plan.	<ul style="list-style-type: none"> • Review each of the endorsed key recommendations/actions from plenary feedback from the 3 small group discussion feedback sessions. • Prioritize and agree on those recommendations/actions that APTN needs to effectively implement with country partners. • Identify and agree on resources required to translate recommendations into concrete results at regional and country-level. 	<p>Method: Plenary session review of each of the recommendations/ actions.</p> <p>VIPP exercise to determine those priority recommendations/ actions that need to be reflected in 2014-15 APTN work plan.</p> <p>Facilitators: Natt Kraipet, Joe Wong</p>
17:30-18:00	Consultation Closing	<ul style="list-style-type: none"> • Evaluation of Day 2. • Joint Closing Remarks: UNAIDS, WHO, UN Women. 	<p>Joe Wong/Natt Kraipet</p> <p>UNAIDS, WHO, UN Women</p>

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