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Expert Group Meeting on the Implementation of National Reviews and Consultations on Legal and Policy Barriers to Universal Access to HIV Services

4-5 March 2014
Pattaya, Thailand

REPORT OF THE EXPERT GROUP MEETING ON THE IMPLEMENTATION OF NATIONAL REVIEWS AND CONSULTATIONS ON LEGAL AND POLICY BARRIERS TO UNIVERSAL ACCESS TO HIV SERVICES
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I. BACKGROUND

1. The Expert Group Meeting on the Implementation of National Reviews and Consultations on Legal and Policy Barriers to Universal Access to HIV Services was organized by the Economic and Social Commission for Asia and the Pacific (ESCAP) in cooperation with UNAIDS and UNDP, on 4 and 5 March 2014 in Pattaya, Thailand.

2. The Meeting was attended by national-level experts from governments, civil society and the United Nations system, as well as regional networks of civil society organizations, development partners and representatives of the United Nations Regional Interagency Team on AIDS.

II. SESSION I: OPENING OF THE MEETING

3. Welcome remarks were delivered by Ms. Nanda Krairiksh, Director, Social Development Division (SDD), ESCAP; Mr. Steven Kraus, Director, UNAIDS Regional Support Team for Asia and the Pacific; and Mr. Clifton Cortez, Regional Practice Leader, HIV, Health and Development Practice Team, UNDP Asia-Pacific Regional Centre. Ms. Malu Marin, Regional Coordinator, Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters) delivered an opening statement on behalf of civil society organizations.

4. Ms. Nanda Krairiksh described the process leading up to the Expert Group Meeting and indicated that at least 18 countries in the region had conducted national multisectoral consultations on legal and policy barriers to access to HIV services. Ms. Krairiksh also briefed the meeting on the report of the Open Working Group of the Sustainable Development Goals released in February 2014, which identified nineteen focus areas for the post-2015 Sustainable Development Goals, including Health and Population Dynamics, under which HIV had been subsumed in addition to other health concerns. Ms. Krairiksh emphasized the potential for the outcomes from the Expert Group Meeting to feed into future discussions regarding the post-2015 Sustainable Development Goals with the aim of ensuring that HIV remained a key global health priority in future discussions.

5. Mr. Steven Kraus emphasized the importance of the UNAIDS goal of ‘getting to zero discrimination’, a goal that was shared by member States. He stressed that non-discrimination underpinned effective HIV responses, and in the context of the elimination of workplace discrimination, also produced positive economic outcomes. Mr. Kraus emphasized the multisectoral efforts required to address stigma and discrimination in all its forms, with communities, the private sector and governments required to take action. He also highlighted that legal and policy action to protect, promote, ensure and fulfil the human rights of key populations at higher risk of HIV exposure and transmission, including the right to non-discrimination, is a duty of member States under international law and commitments.

6. Mr. Clifton Cortez described the role of the Global Commission on HIV and the Law in reviewing the evidence of the impact of laws on HIV responses and in providing recommendations based on this evidence. Mr. Cortez stressed the importance of replacing punitive laws with laws that protect against discrimination
in order to stabilize and reverse HIV epidemics, and the importance of participation of civil society, including key populations, in processes to bring about improvements to laws, policies and practices. Mr. Cortez requested that attention be given to populations who bear a higher HIV burden and whose access to HIV services was hampered by stigma, discrimination and legal restrictions, including young people who belong to key populations at higher risk of HIV exposure and transmission, and transgender people.

7. Ms. Malu Marin urged countries to take measures to guarantee the meaningful involvement of people living with HIV and key populations in legal and policy reviews and consultations, including sex workers, men who have sex with men, transgender people and people who use drugs. Ms. Marin noted that there had been some positive developments and described progress in developing more protective legal environments in the region, including through introduction of laws and policies that recognize transgender identity in Bangladesh, Pakistan and Nepal. Ms. Marin urged countries to address the following laws and policies that restrict access to HIV services for key populations: criminalization of homosexuality; criminalization of sex work or of clients of sex workers; inappropriate application of anti-trafficking laws against sex workers through ‘raid and rescue’ police operations; criminalization of people living with HIV who transmit HIV to others; travel restrictions affecting migrant workers who are living with HIV; laws regarding young people’s consent rights; laws restricting women’s sexual and reproductive health and rights; and patent laws that restrict access to affordable treatments.

III. SESSION II: INTRODUCTION TO THE MEETING AND OBJECTIVES

8. Mr. Srinivas Tata, Chief, Social Policy and Population Section, Social Development Division (SDD), ESCAP, introduced participants and partners to the meeting. He briefly outlined the main objectives and the structure of the meeting. Mr. Tata noted the three expected outcomes of the meeting to be: (i) an increased awareness among policy makers from the Asia-Pacific region of the key legal and policy barriers to universal access to HIV and AIDS prevention, treatment, care and support; (ii) strengthened capacity among all stakeholders to plan and implement concrete actions to address legal and policy barriers to achieving universal access; and (iii) a proposed regional strategy for United Nations support to countries in conducting and following up on the results of national reviews and multisectoral consultations on legal and policy barriers.

9. Ms. Maren Jiménez, Social Affairs Officer, SDD, ESCAP, explained that, during the High-level Intergovernmental Meeting on Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals, held from 6 to 8 February 2012 in Bangkok, Asia-Pacific countries endorsed a regional framework for action on HIV and AIDS. Ms. Jiménez explained that this framework, or ‘ESCAP roadmap to 2015’, was designed to support ESCAP members and associated members in the implementation of the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and ESCAP resolutions 66/10 and 67/9. Of particular importance to this meeting was the commitment made in the ESCAP roadmap to review and hold national multisectoral consultations on legal and policy barriers to effective HIV responses.
IV. SESSION III: COUNTRY EXPERIENCES IN CONDUCTING NATIONAL REVIEWS AND CONSULTATIONS ON LEGAL AND POLICY BARRIERS TO UNIVERSAL ACCESS TO HIV SERVICES

10. Mr. Steven Kraus, Director, UNAIDS Regional Support Team for Asia and the Pacific, facilitated the session, during which representatives of the Governments of Bangladesh and Cambodia presented an overview of the conduct of reviews of the legal and policy environment and multisectoral consultations in their respective countries.

11. Mr. Md. Shahinur Islam, Deputy Secretary, Legislative and Parliamentary Affairs Division, Ministry of Law, Justice and Parliamentary Affairs, Bangladesh, presented the key elements of the legal and policy environment in Bangladesh and the process of conducting a national review and multi-stakeholder consultation on legal and policy barriers to universal access to HIV prevention, treatment, care and support. Mr. Islam noted that in order to identify changes required in the legal environment to increase the effectiveness of the national HIV response, Bangladesh held a national consultation on HIV and the law in early 2013. The national consultation was an inclusive process involving key populations at higher risk of HIV exposure and transmission, faith-based organizations and a broad range of civil society organizations, government participants, academia and United Nations partners.

12. Mr. Islam highlighted the success of the multi-stakeholder consultation in unanimously adopting a time-bound action plan to address legal and policy barriers in Bangladesh. The State Minister of Law and Justice had committed to convene a multisectoral working committee to oversee the implementation of the plan, with the ministries responsible for health, home affairs and law and justice coordinating their efforts.

13. Dr. Husain Sarwar Khan, Line Director of the National AIDS/STD Program, Ministry of Health and Family Welfare, Bangladesh, provided supplementary information regarding the experiences in instituting legal and policy reform in Bangladesh. A success highlighted by Mr. Khan was the development of a policy for the recognition of hijras as a third gender in 2013, enabling the issuance of legal identification documents to hijras by the Ministry of Social Welfare. Mr. Khan referred to the role of the Human Rights Commission in addressing HIV-related issues and reiterated the commitment of the Government of Bangladesh to creating an enabling legal and policy environment for ending stigma and discrimination against key populations.

14. Dr. Tia Phalla, Vice-Chair of the National AIDS Authority, Cambodia, presented on the objectives and outcomes of the national consultation on legal and policy barriers in Cambodia. The national consultation provided inputs into the mid-term review of the National Strategic Plan on HIV and AIDS 2011-2015, and thereby would support the development of the National Strategic Plan for 2016-2020. Dr. Phalla described the review and consultation process, which was led by the National AIDS Authority with UNAIDS support. The process involved a desk review, interviews with key informants and a series of meetings with stakeholders. Dr. Phalla explained that the National AIDS Authority’s Technical Working Group on
Legal and Policy Issues was guiding implementation of the recommendations arising from the review and consultation.

15. Dr. Phalla described a template that was used as an analytical tool for the review, which identified areas of non-compliance with the recommendations from the final report of the Global Commission on HIV and the Law for each of the following key populations: people living with HIV, entertainment workers/sex workers, men who have sex with men, transgender people, people who use drugs, women and girls, children and young people, and migrants.

16. Dr. Phalla reported that a key finding of the review was the gap between existing law and practice. Dr. Phalla underscored that despite the presence of many protective laws, often the reality on the ground was different due to difficulties in enforcing existing laws. In order to address these difficulties, Dr. Phalla noted that the Police Community Partnership Initiative provided a framework for cooperation between police, local authorities, representatives of key populations and community-based organizations, health care workers and social workers.

17. Dr. Phalla highlighted the importance of strengthening social protection policies and laws for people living with HIV and AIDS to address the remaining challenges to the HIV response in Cambodia. Additionally, Dr. Phalla noted that outmigration from Cambodia underscored the need to increase access to health care services among migrant workers in the region. More flexible laws on patents, increased access to legal aid services, and the sensitization of police, lawyers, judges and parliamentarians on HIV and the law were among the other interventions identified.

18. Mr. Bonvirak Horn, Positive MSM Project Coordinator, Cambodian People Living with HIV Network (CPN+), Cambodia, echoed the assessment that although Cambodia’s written laws provided a protective and enabling legal environment, the challenge was that of implementation. A further challenge indicated by the speaker was that workplace policies and practices often did not comply with the national AIDS law and ILO recommendations. Mr. Horn recommended strengthening the community response in Cambodia to address the challenges noted. He indicated that comprehensive HIV prevention and treatment services were available, but many people living with HIV and key populations at higher risk of HIV exposure and transmission were not using these services due to stigma and fear of discrimination, indicating the need to strengthen the role of community actors to support service uptake. Mr. Horn ended his intervention by underlining the need to improve access to justice by providing more legal aid for key populations.

19. Points raised in the discussion that followed included the importance of involving young people in national legal reviews and consultations to address issues of as age of consent, teenage pregnancy and sexual and reproductive health rights of young people. Participants from several countries contributed to a discussion on providing a supportive legal framework for services for key populations at higher risk of HIV exposure and transmission, particularly men who have sex with men, transgender people, sex workers and people who use drugs, within the provisions of Sharia law.
V. SESSION IV: LESSONS LEARNT AND GOOD PRACTICES IN CONDUCTING NATIONAL REVIEWS AND CONSULTATIONS ON LEGAL AND POLICY BARRIERS TO UNIVERSAL ACCESS TO HIV SERVICES

20. Mr. Clifton Cortez, Regional Practice Leader, HIV, Health and Development Practice Team, UNDP Asia-Pacific Regional Centre facilitated Session IV. Meeting participants were divided into four groups to discuss lessons learned, challenges faced and good practices in conducting national reviews and consultations, in relation to the following elements: (i) establishing a multisectoral group of stakeholders; (ii) preparing reviews of the legal and policy environment including local laws and ordinances; (iii) developing recommendations and time-bound action plans; and (iv) identifying coordination mechanisms, increasing awareness among all stakeholders and fostering strategic alliances and partnership building. Mr. Edmund Settle, Policy Adviser – HIV, Rights, Law and Sexual Diversity, UNDP Asia-Pacific Regional Centre, facilitated the discussion during which groups reported the results of their work to the plenary.

21. The group covering “identifying coordination mechanisms, increasing awareness among all stakeholders and fostering strategic alliances and partnership building” noted that participants in the group had differing experiences regarding partnerships and coordination mechanisms. The group noted that it was important to identify the most strategic partners and engage them in the early stages of planning. It may be necessary to employ creative measures such as the use of champions to bring reluctant partners on board so as to build the most effective multisectoral, multi-stakeholder platform.

22. The group highlighted the following factors as being vital for success: the importance of the role of community networks and platforms to ensure community strengthening; developing a strategy early in the process to ensure communities are adequately prepared to meaningfully participate throughout the review and consultation process; and coordinating across communities to ensure all key populations are aware of the breadth of issues to be discussed. The group suggested that each country disseminate a one-page document indicating the focal point for the consultation and describing the details of who would be involved, that could serve as an entry point for community engagement.

23. The group noted that regional civil society networks added value to national processes by preparing key advocacy messages and supporting community-based organizations to engage in national review and consultation processes. Regional networks were also sometimes able to raise sensitive issues that were difficult for national groups to openly advocate.

24. Among the challenges highlighted by the group were addressing weaknesses in governance, fostering sustained community engagement despite funding constraints, maintaining political leadership, identifying appropriate partners in addition to the United Nations agencies, and moving from the publication of reports to sustained action. The group observed that decentralization was a major issue to consider in identifying coordination mechanisms in some countries.

25. The group covering “preparing overviews of the legal and policy environment and reviewing local laws and ordinances” recommended that national
reviews should start with an analysis of the commitments and treaties ratified by each country; be informed by inputs from legal experts from academia; and consider the protection and promotion of the rights of key populations from a multisectoral perspective, i.e., not only focusing on health. The group noted that the mid-term reviews conducted of the implementation of the 2011 Political Declaration on HIV and AIDS in many cases supported the work undertaken for the national legal reviews.

26. There were successful stories of both top-down and bottom-up approaches. A good practice noted by the group was the Sindh Province AIDS Ordinance, which came about as a result of the local validation exercise on the scan of laws and policies affecting human rights, discrimination and access to HIV and health services by key populations. An example of a top-down approach provided by Fiji was the issuing of a cabinet order for the drafting of a human rights-based HIV law. The group identified elements of effective legal reviews to include strong coordination, with the active involvement of media and civil society (with high legal literacy), and the use of community consultations to validate the content of desk reviews. The sensitization of parliamentarians and policy makers to HIV and the human rights issues affecting key populations was also important to the process.

27. The challenges identified by the group included: low prioritization of HIV issues by Government; lack of youth engagement in reviews; low sensitization of officials in government departments and ministries to legal and policy barriers as they relate to key populations at higher risk of HIV exposure and transmission; coordination across different levels and sectors of government; the relationship between social, cultural and religious norms and legal barriers; low allocation of resources; and denial of the existence of key populations.

28. The group covering “establishing a multisectoral group of stakeholders” noted that the process involved engaging different sectors of government and local leaders, and empowering civil society organizations to have a role in the review and consultation process. The group also noted that many countries had benefited from the involvement of United Nations agencies, particularly the coordinating role of UNAIDS and UNDP at the national level.

29. The group indicated the need for an organization to adopt a convening role. In this context the group underlined the importance of linking the national review and consultation process to existing processes at the country level—including the mid-term reviews of progress in implementing the 2011 Political Declaration on HIV and AIDS, the development of investment frameworks for the national HIV and AIDS response, and the review of national strategic plans on HIV and AIDS.

30. The group highlighted the need to help people who would be involved in the consultation to prepare for the consultation in advance of the meeting, as well as the challenge of reaching new stakeholders who traditionally had not been involved in discussions on national HIV policy responses, such as young people, the private sector, parliamentarians and United Nations entities with relevant mandates. Specific actions for which each member would take lead responsibility should be identified to ensure the multisectoral group’s usefulness at all steps of the review and consultation process. The group also underlined the importance of accountability by
identifying which organization would be responsible to monitor and follow-up on the recommendations that arise from national consultations.

31. The group covering “developing recommendations and time-bound action plans” reported on the different approaches to implementing the outcomes of national reviews and consultation processes. The group reported that countries were at different stages of the review and consultation process; some had not yet reached the stage at which an action plan had been developed, although HIV-related legal issues had been considered through other policy processes.

32. The group referred to Fiji as an example of a country that was in the implementation phase, as the country action plan developed at the Pacific regional consultation meeting had been fully adopted by Fiji’s HIV/AIDS Board. The group reported that Fiji had already made good progress in enacting protective legislation though a consultative process that led to the enactment of the HIV/AIDS Decree in 2011. Investment in promoting the HIV/AIDS Decree to the community and stakeholders led to a subsequent amendment of the HIV/AIDS Decree to strengthen its adherence to human rights principles by removing HIV-related travel restrictions. Accountability for implementation of the time-bound action plan was now clear.

33. The group noted that Bangladesh was successful in defining an action plan at the consultation meeting that fully involved government and civil society partners. The group reported on lessons learned from country experiences, including the importance of assigning sufficient time during the national consultation for the development of detailed action plans that specifically addressed the needs of key populations, and the importance of ensuring a mechanism to monitor implementation of recommendations.

34. The group reported that in Cambodia, the output of the national consultation meeting was a comprehensive list of recommendations that were referred to the Legal and Policy Technical Working Group of the National AIDS Authority, which was tasked with the selection of recommendations to feed into the mid-term review of the National Strategic Plan on HIV and AIDS. The group reported that in Indonesia, recommendations were agreed to at a national consultation meeting convened over a three-day period, but the process of implementation was faced by a range of challenges. United Nations agencies would support and monitor implementation of the action plan on an ongoing basis.

35. In the discussion that followed the group’s report, a participant from Myanmar described the two mechanisms that support the implementation of the recommendations of the Myanmar national review and consultation: a Human Rights and Gender sub-committee of the Myanmar Health Sector Country Coordinating Mechanism, and a Parliamentary Group on Human Rights and Gender.

36. Regarding financial resources to support national reviews and consultations, the facilitator noted that the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had supported at least eight national consultations in the Asia and Pacific region. Under the new funding model established by the Global Fund, the concept note developed by a country at the incipient stage of the grant process could include activities on HIV, human rights and the law, including activities to
implement the recommendations arising from national review and consultation processes.

VI. SESSION V: OPPORTUNITIES FOR ENGAGING LOCAL GOVERNMENTS IN NATIONAL PROCESSES

37. Mr. Edmund Settle, Policy Adviser—HIV, Rights, Law and Sexual Diversity, UNDP Asia-Pacific Regional Center, facilitated the session during which experts from Bangladesh, Nepal, Pakistan and the Philippines participated in an interactive round table discussion on their experiences in shaping local level responses to HIV and AIDS.

38. Dr. Ferchito Avelino, Executive Director, Philippine National AIDS Council (PNAC) Secretariat, provided an overview of the Philippines HIV and AIDS response. Dr. Avelino underscored the importance of local-level actions to successful national HIV interventions. The Philippine National AIDS Council (PNAC) developed a structure that linked the national AIDS law to Local Government Units. In 2007, the country established Regional AIDS Assistance Teams to provide technical assistance to Local Government Units to formulate a response depending on the nature of the epidemic at the local level. Three government departments were represented on the team (Interior and Local Government, Social Welfare and Development, and Health). Dr. Avelino noted that one of the challenges faced by the Regional AIDS Assistance Teams was the need to establish effective mechanisms for these departments to work together as they had not done so previously.

39. Dr. Avelino explained that the Philippines was also participating in the Association of South East Asian Nations (ASEAN) Cities ‘Getting to Zero’ Project, which aimed to generate information to improve the governance of HIV responses to guide countries in delivering on their political commitments. As part of this project, a rapid assessment survey was conducted in cities of the Philippines to provide information for stakeholders to inform response strategies.

40. Dr. Avelino explained that sub-national levels of government were leading the development of legislative action against discrimination. For example, several cities had introduced local anti-discrimination ordinances, including Quezon City, Cebu City and Davao City. As a final note, Dr. Avelino highlighted the need for coordination across sectors and with communities at the local level. He cited the example of meetings between the local communities of men who have sex with men and Local Government Units in the National Capital Region, with the support of UNDP, as an effective approach for planning city-based HIV responses.

41. Mr. Kifayat Ullah Khan, Inspector General of Prisons, Khyber Pakhtunkhwa, Home and Tribal Affairs, Peshawar, Pakistan, noted that although there was a National AIDS Control Programme, under the policy of devolution the national AIDS response had largely been assigned to provincial and local governments. However, Mr. Khan explained that issues relating to rule of law and security dominated the priorities of local governments and HIV responses were not accorded high priority. Mr. Khan highlighted the importance of political and religious leadership to ensure action on HIV at local levels. Mr. Khan pointed to the example of local task forces established for polio eradication as a model that could be useful
for structuring the HIV response in the country. Mr. Khan explained that the Supreme Court ruling at the national level relating to legal recognition of transgender rights to welfare and citizenship was helpful, but required policies to be developed at all levels to support implementation.

42. Mr. Quasim Iqbal, Naz Male Health Alliance, Lahore Province, Pakistan, shared his experience in leading the provision of community-based HIV treatment and testing, and coordination with local government. Mr. Iqbal explained that the Alliance was established under the Multi-Country South Asia Global Fund Programme (Round 9) in recognition that issues relating to men who have sex with men and transgender people had largely been unable to access HIV services. Since 2011, the Alliance had expanded to include six community-based organizations with programmes providing condoms, testing for HIV and sexually transmitted infections (STIs), drop-in centres and referrals to government treatment centers.

43. Mr. Iqbal explained that the provision of community-based HIV treatment and testing was risky particularly for peer educators and outreach workers because of the highly punitive legal environment, notwithstanding permission to operate from the Ministry of Health. Mr. Iqbal identified the need for improved coordination between the Ministry of Law and the Ministry of Health as vital to the successful provision of community-based HIV treatment and testing in Pakistan. Mr. Iqbal clarified that the Supreme Court ruling on recognition of a third gender required a medical evaluation before third gender status could be conferred.

44. Mr. Iqbal noted that one of the biggest challenges encountered for his organization was lack of recognition of the existence of men who have sex with men and transgender persons who were not sex workers by the government. Historically, data had not been collected on populations of men who have sex with men and hijras. The facilitator noted that UNDP was conducting ongoing work to estimate the size of these populations in order to provide data on which to base policy and HIV interventions.

45. Ms. Rachel Devi, Ministry of Health, Fiji, described the administrative organization of Fiji’s health services, which was primarily government run. It was noted that the Ministry of Health faced geographic challenges in the provision of health services to a population of less than a million people spread over 300 islands.

46. Ms. Devi reported that a multisectoral approach was being implemented and HIV was not only on the Ministry of Health agenda, but also the ministries responsible for education, labour, youth and defense. Ms. Devi explained that the HIV/AIDS Decree established the HIV/AIDS Board to coordinate the national response. The permanent secretaries of relevant ministries sat on the HIV/AIDS Board. It was important to integrate HIV into the mandate of agencies at the national level so that local level departments had the mandate to act.

47. Ms. Devi highlighted the importance of developing a communications plan to ensure legal initiatives such as the HIV/AIDS Decree were promoted effectively among communities and service providers at local levels. When the HIV/AIDS Decree was issued, the government conducted community education at the local level to increase awareness of the law and to explain rights and responsibilities to
communities. People living with HIV participated in delivering community education sessions, which was considered to have been a highly effective approach.

48. Mr. Muhammad Dimas Saudian, Ministry of Law and Human Rights, Indonesia presented Indonesia’s National Action Plan on Human Rights (RANHAM). Mr. Dinas explained that both the National Human Rights Commission and the Ministry of Law and Human Rights had roles in addressing HIV-related issues in Indonesia. One of the main objectives of RANHAM was to harmonize laws at the national and local level to optimize the protection of rights, emphasizing the principles of respect and access, taking into account religious values.

49. Mr. Dimas explained that RANHAM established mechanisms at the municipal, district and provincial level for human rights activities, including promotion of compliance with minimum standards of human rights norms. This enabled the consideration of human rights issues relating to health challenges for people living with HIV, people who use drugs, prisoners and detainees, including the combined affects of HIV and tuberculosis on the right to life of these populations.

50. Mr. Dimas noted that Indonesia’s National Commission on Human Rights had established a Minority Desk that could address reports of discrimination and abuse of rights of people living with HIV and key populations. Mr. Dimas reported that the current RANHAM would expire in October 2014 and it was hoped that the next RANHAM would provide a framework for the Ministry of Law and Human Rights to address broader human rights issues affecting people living with HIV and key populations.

51. In summarizing the discussions, the facilitator highlighted the commonalities in the panelists’ interventions, including the key role of integrating HIV into mandates of other ministries at the local level (Fiji, Philippines); the involvement of people living with HIV as key stakeholders; the effective use of existing power structures, such as village heads (Fiji), provincial ministers (Pakistan), and Local Government Units (Philippines); and the communication of laws, policies and programmes to the local level.

52. In the discussion that followed, participants from Pakistan explained that the development of provincial AIDS strategies had provided an entry point for addressing legal aspects. Partnership forums at the provincial level were successful in Pakistan in engaging the private sector, trade unions and local government actors beyond the health sector.

53. Participants from Nepal explained that the Government of Nepal established an HIV/AIDS Board by Cabinet Order in 2007, to bring Nepal into line with the requirements of the UNAIDS Three One’s Principles that required one national coordinating entity. However, the HIV/AIDS Board had been inactive and instead, the National AIDS Programme was fulfilling the coordination role. Participants from the Philippines described the role of PNAC, supported by its Secretariat located in the Ministry of Health, in coordinating the national HIV response. Members of PNAC included representatives from civil society and local government. Participants emphasized that it was important to have a strong secretariat as well as a representative council. Participants explained that PNAC convened plenary meetings every six months that provided an opportunity for its members to engage in detailed
discussions on policy issues. Participants also noted that the Philippine Commission on Human Rights had established its own national programme to address HIV-related issues.

54. The Session ended with a discussion of the importance of using multiple communication channels, including television, radio and social media, to address issues such as stigma, to raise awareness about legal rights and to influence opinions.

VII. SESSION VI: ENGAGEMENT OF CIVIL SOCIETY IN ADDRESSING LEGAL AND POLICY BARRIERS TO HIV SERVICES

55. Mr. Jonas Bagas, Executive Director, TLF Share, Philippines, facilitated the session.

56. Mr. Shale Ahmed, Executive Director, Bandhu Social Welfare Society, Bangladesh, described the role of the Bandhu Social Welfare Society in strengthening the role of civil society in the country’s HIV response through developing and implementing programmes with a focus on sexual minority populations such as men who have sex with men and hijras. The Bandhu Social Welfare Society developed a strategic plan on sexual minority rights and reduction of stigma and discrimination to support universal access to services. The strategic plan included the use of media campaigns, including electronic media, the development of a network of media specialists, and the formation of 19 lawyers groups, each consisting of 10 to 15 lawyers, that provided legal council in 21 districts.

57. Mr. Ahmed reported that a key achievement was legal acknowledgement of hijra as a third gender by the government in 2013, which had resulted from community-based advocacy and support from the National Human Rights and Law Commissions. Among its activities the Bandhu Social Welfare Society contributed to the national HIV and AIDS programme, advocated for the introduction of anti-discrimination laws and policies with support from UNDP under the Multi-Country South Asia Global Fund Programme (Round 9), conducted capacity development with community-based organizations, and partnered with local radio stations to promote help-lines for counselling on sexuality and providing legal advice.

58. Mr. Ahmed identified a key challenge as the lack of effective collaboration across government departments on issues such as condom availability, with the Ministry of Health promoting the distribution and use of condoms, while at the same time the Ministry of Home Affairs, through law enforcement officers, confiscated condoms. Another issue was the influence of strong religious values, which pointed to the need to work with key religious leaders. There was also a need to advocate to duty bearers, including parliamentarians, for human-rights based programming to provide an enabling context for health services through a joint ‘health and rights’ approach. Mr. Ahmed pointed out that this approach was consistent with the World Health Organization (WHO) definition of sexual health.

59. Mr. Prem Bahadur Thapa, Lawyer, Blue Diamond Society, Nepal, highlighted the role of his organization in addressing legal difficulties faced by sexual minorities in Nepal. Civil society organizations including Blue Diamond Society had provided inputs to the development of a draft national HIV/AIDS law that included protective
provisions to support the implementation of HIV programmes, to control the impact of HIV, and to protect the rights of people living with HIV. However, the proposed law had not progressed beyond a draft bill, indicating that more advocacy was required. Mr. Thapa explained that current advocacy efforts sought to influence the content of the new civil and criminal codes currently being drafted to ensure the inclusion of sexual minority rights.

60. Mr. Thapa also referred to his organization’s involvement in strategic litigation on behalf of sexual minorities that led to a landmark 2007 Supreme Court decision that ordered the Government of Nepal to amend discriminatory legal provisions affecting sexual minorities, including transgender people and same sex couples. According to Mr. Thapa, the legal process to remove discriminatory pronouns from laws and for the provision of identification rights to transgender people needed to be expedited.

61. Mr. Wangda Dorji, Executive Director, Lhak-Sam (BNP+), Bhutan, spoke of the difficulty of disclosing one’s HIV status to others in the community due to concerns regarding confidentiality, stigma and discrimination. It was through his daughter’s HIV-positive status that he discovered his own HIV status, and that of his wife. He expanded on the barriers that stigma creates to access to HIV testing and treatment in the context of his country.

62. Mr. Hailong Chen, Project Manager, Yunnan Daytop Drug Abuse Treatment and Rehabilitation Centre, China, noted how strengthening access to legal aid and justice could also improve the access of the most vulnerable and excluded to HIV services. Mr. Chen explained that his organization had established a legal aid service based in the community and staffed by community members to address the needs of people living with HIV and their families, people who use drugs, sex workers and men who have sex with men. To illustrate the achievements of his project, Mr. Chen showed a video produced by UNDP on the legal services provided by his Centre. The video explained that the legal aid project employed peer counsellors from affected communities, which helped to build trust in the Centre within the local community. The Centre offered free legal support in the negotiation and arbitration of cases, with most cases resolved out of court. The Centre also provided community legal education and built the capacity of local legal professionals to address HIV-related cases. The video concluded by noting that the legal service filled a gap by providing advice on legal redress for acts of discrimination and other legal problems that create barriers to access to HIV services.

63. Ms. Tracey Tully, Coordinator, Advocacy and Communications, Asia-Pacific Network of Sex Workers (APNSW), Thailand, presented on the role of APNSW as a regional network in supporting civil society engagement in legal and policy issues. Ms. Tully explained that APNSW supported organizations and networks of sex workers to develop consensus policy positions and to communicate these positions through innovative media work, and provided training on human rights, sexual orientation and gender identity, community systems strengthening, and issues related to treatment access including the impact of trade agreements on access to HIV treatments. Ms. Tully explained that APNSW also supported organizations of sex workers to participate in Global Fund processes such as Country Coordinating Mechanisms and development of proposals under the new funding model.
Ms. Tully referred to recent policy and advocacy developments including the formation of a new national organization of sex workers in Viet Nam, its efforts to address laws that criminalize clients of sex workers, and APNSW’s concern that some international non-government organizations are campaigning against the recommendations on decriminalization of sex work as contained in the final report of the Global Commission on HIV and the Law. Ms. Tully recommended that meeting participants refer to the community empowerment and community mobilization approaches promoted by the WHO report Implementing Comprehensive HIV/STI Programmes with Sex Workers, published in 2013.

Ms. Natt Kraipet, Network Coordinator, Asia-Pacific Transgender Network (APTN) described the role of APTN and the challenges faced by advocates in different country contexts, emphasizing that advocacy must often be sustained for lengthy periods to achieve results.

VIII. SESSION VII: MOVING FORWARD WITH THE IMPLEMENTATION OF NATIONAL REVIEWS AND CONSULTATIONS

Mr. Steven J. Kraus, Director, UNAIDS Regional Support Team for Asia and Pacific, introduced the first half of the session, during which country teams were requested to work together to develop recommended plans of action to conduct or follow-up on the results of national reviews and consultations. Participants were provided with the following six questions to guide their group work: (i) what is needed to complete on-going review and consultations?; (ii) who are your partners and key players?; (iii) will local level actions play a role?; (iv) what are the opportunities to feed into other processes?; (v) how can the United Nations system support your country?; and (vi) and what is your time frame?

The second half of the session was moderated by Ms. Nanda Krairiksh, Director, SDD, ESCAP, who invited each country team to present the results of their group work to the plenary.

Participants from Pakistan proposed a series of actions that could be undertaken in 2014. They reported that a scan of law and policies affecting human rights, discrimination and access to HIV and health services by key populations was conducted in 2013 as a desk review supplemented by key informant interviews. A national consultation would be planned for 2014. Preparation for the national consultation could include publication of legal briefs and findings of the scan in regional languages, finalization of terms of reference for the Steering Committee for the consultation, and convening of advocacy meetings with key ministries. Key partners in the upcoming process could include bilateral donors, United Nations agencies, the Global Fund, the Caucus of Women Parliamentarians, the National AIDS Control Programme and ministries responsible for health, narcotics, law and justice, social welfare, police, labour and overseas issues. Civil society partners could include people living with HIV and community organizations working with key populations, the Islamic Council of Ideology, the private sector, media, the legal profession and academia. Consistent with the national policy of devolution of government, the provincial AIDS control programmes would play a major role in the process with provincial consultations proposed to be held following the national consultation. The review and consultations could feed into a range of existing
processes, including application to the Global Fund’s new funding mechanism, development of the HIV and AIDS investment case for Pakistan, preparation of Pakistan’s next Global AIDS Response Progress Report, and reviews of provincial HIV and AIDS strategies.

69. The participants also reported that Afghanistan was considering initiating the review and consultation process. To initiate a review would require liaison with the National AIDS Control Programme, the HIV/AIDS Coordination Committee of Afghanistan (HACCA) (which acts as a policy forum for ministries and civil society) and the legal department of the Ministry of Public Health. The process could feed into the National Strategic Plan on HIV/AIDS III and the Global Fund processes. Support from the United Nations could be requested through the Joint United Nations Team on AIDS, and the aim could be to establish a committee to steer the review and consultation process and complete the review by 2014.

70. Participants from Bangladesh presented a proposed implementation plan with activities divided into short-term (one to six months), medium-term (one to two years) and long-term (two to five years). The first short-term priority identified was the establishment of a steering committee led by the Ministry of Law and Justice to steer the implementation of the actions agreed to at the consultation. Short-term progress could be achieved by focusing on changes that could be brought about by executive orders. An early priority proposed was also advocacy and awareness-raising through community-led strategies to address lack of knowledge about issues affecting people living with HIV and key populations among parliamentarians and other senior officials. In the short-term, it was also proposed that efforts could be made to ensure that the mid-term review of the National Strategic Plan on HIV and AIDS addressed sexual orientation and gender identity issues. Medium-term priorities could include the drafting of a new HIV policy to address social justice and legal protection issues, and the drafting of amendments to the laws that hinder HIV responses identified during the consultation. The development of a policy to address the health of migrant workers was considered important by the participants. The enactment of amendments to legislation was a long-term objective identified by the participants that could take many years to achieve.

71. Participants from Bangladesh identified key ministries (health, social affairs, religious affairs, law), community-based organizations, the Human Rights Commission, the Law Commission, United Nations agencies, donors and parliamentarians as partners. Opportunities to feed into other processes could include the development of the National Social Protection Strategy, drafting of the concept note for the Global Fund proposal under the new funding model, the National AIDS Spending Assessment and review of the National Strategic Plan on HIV and AIDS. Technical assistance could be provided by United Nations agencies to support Bangladesh in amending laws and in drafting HIV policies (e.g. an HIV policy for migrant workers).

72. Participants from Nepal explained initial steps to be undertaken for a national consultation in 2014 would include obtaining approval from the Ministry of Health and Population and convening a series of working group meetings in preparation for the consultation. A proposed priority following the consultation could be to refine the existing draft HIV Bill based on the findings of the legal review and national consultation. Findings could be shared with the Human Rights Committee of the
parliament and the Fundamental Rights Committee to feed into the process for finalizing the new national constitution. Key partners in the review and consultation process could include networks of key populations, non-government organizations, United Nations agencies, donors, the Global Fund Country Coordinating Mechanism, District AIDS Coordination Committees, the National Human Rights Commission and ministries in the areas of health, social welfare, labour, law and justice, education and uniformed services.

73. The participant from Bhutan informed the meeting that Bhutan was proposing to conduct a legal review and consultation in 2014. Submission of a concept note and terms of reference for a working group would be required in order to obtain approval for the review and consultation process from the Department of Public Health. It was proposed that the National HIV/AIDS Commission and the working group could lead the process. Key partners in this process could include key populations, line ministries, United Nations agencies and the Global Fund Country Coordinating Mechanism.

74. Participants from Cambodia reported that a review and consultation were completed in 2013 and an action plan was being developed by the Legal and Policies Technical Working Group (LPTWG) of the National AIDS Authority based on the recommendations of the review and consultation. The participants proposed the strengthening of the Police Community Partnership Initiative through the conduct of training at district and commune levels to improve the leadership and coordination of the initiative as a key priority. Other implementation priorities proposed included the holding of a dialogue on the right to confidentiality through the use of a unique identification system for HIV diagnosis; the holding of a dialogue with relevant government officials on how to address the rights of irregular entertainment workers; discussing with the Ministry of Health on compulsory licensing in patent legislation; assessing the changes required to the Penal Code and to the implementation guidelines for the National AIDS Law 2002 to improve protection of the rights of key populations; strengthening of community networks; and disseminating a toolkit on scaling up legal services for people living with HIV and key populations.

75. Participants from Cambodia reported that key partners in the implementation process could include the Forum of Networks of People Living with HIV and Most-at-risk Populations (FoNPAM), youth representatives, the HIV/AIDS Coordinating Committee, United Nations agencies, National Authority for Combating Drugs, and ministries in the areas of health, justice, labour, interior, women’s affairs, education and youth services. Implementation could potentially feed into existing processes including the development of the next National Strategic Plan on HIV/AIDS and the country dialogue for the development of the concept note for Cambodia’s proposal to the Global Fund. Issues could also be raised at an inter-country dialogue addressing HIV and migration.

76. Participants from China reported that a review and consultation were conducted in 2013 and a report with recommendations was to be launched in 2014. To support implementation, it was proposed that a technical working group, with representation from civil society organizations, Renmin University, National Centre for AIDS/STD Prevention and Control (NCAIDS), Ministry of Health, Ministry of Justice and Ministry of Civil Affairs be established to lead the work. It was suggested
that the technical working group be hosted by the Red Ribbon Forum (a multisectoral forum established by UNAIDS) to support national ownership of the process. It was also proposed that a civil society advisory board could be established to enable civil society to engage in discussions on potentially sensitive issues such as the registration of non-government organizations and service provision issues. NCAIDS or the legal office of the State Council could lead an internal process within government agencies to advocate for the adoption and implementation of the recommendations. A separate process could be used to engage with the Public Security Bureau on the sensitive issues relating to sex workers and people who use drugs. Follow-up work would also occur at the provincial level in Yunnan Province to improve access to legal aid services for people living with HIV and key populations and to strengthen rights protection under provincial regulations.

77. Participants from Fiji explained that in May 2013, the HIV/AIDS Board endorsed the action plan arising from the consultation meeting held in April of that year. The participants highlighted the following key areas of the action plan: the dissemination of the HIV/AIDS Decree 2011 to the public, including young people, sex workers and other key affected populations, law enforcement personnel and health care workers; a media campaign targeted at young people to address HIV testing and condom use as well as the requirements of the HIV/AIDS Decree; a regional advocacy to influence other Pacific Island countries to take action on HIV and the law through the Melanesian Spearhead Group; and advocacy for protection against HIV-related discrimination in the new Constitution of Fiji 2013 and for law reform to decriminalize sex work.

78. Participants from Fiji highlighted the following key areas of progress: homosexuality was decriminalized in 2010 and the human rights-based HIV/AIDS Decree was introduced in 2011; a new national Constitution was introduced in 2013 that protected against discrimination on many grounds including sexual orientation and health status; a media campaign for young people was being considered within the context of the development of a Strategic Health Communication Plan for Fiji; HIV training for police officers by the sex workers network, which commenced in 2011, was on-going; and in relation to decriminalization of sex work, an initial presentation was made to the cabinet in January 2013 after which it was proposed that a cabinet submission would be prepared stating the legal arguments for law reform and the evidence of the potential public health benefits of decriminalization. Participants identified the provision of legal aid services for people living with HIV and key populations as an area for future consideration.

79. The facilitator noted that the President of Fiji had chaired the 2012 ESCAP meeting on HIV that endorsed the ESCAP roadmap, and it was hoped that he would play an equally important role in the Asia-Pacific Intergovernmental Meeting on HIV and AIDS to share lessons learned from Fiji’s experience in addressing legal and policy barriers.

80. Participants from Indonesia reported that a review and consultation were completed in 2013 and that the following implementation priorities had been identified: (i) the results of the national consultation would be disseminated to key stakeholders; (ii) a task force responsible for implementing agreed actions would be formalized, to be chaired by a senior official from the Ministry of Law and Human Rights; (iii) the current framework for a human rights monitoring system provided
by RANHAM would be applied to HIV-related issues; (iv) the Guideline for Drafting Local AIDS Regulations would be revised to include more operational information on good practices would be endorsed by Ministerial Decree; and (v) the capacity of civil society organizations would be strengthened in the areas of litigation, advocacy and participation in policy development processes such as the RANHAM and review of the National Strategic Plan on HIV and AIDS. Participants from Indonesia proposed that key partners in the implementation process could include community-based organizations representing key populations, non-government organizations, legal aid bodies, National AIDS Commission, National Commission on Human Rights, National Commission on Law, National Commission on Violence Against Women, Ministry of Law and Human Rights, Ministry of Health, Ministry of Home Affairs, United Nations agencies and development partners.

81. Participants from Malaysia reported that the country’s National Strategic Plan on HIV and AIDS 2016-2020 was being drafted, with the first draft to be available in November 2014, so that a final version could be submitted to Government for consideration by June 2015. They explained the requirements for approval of new government policies. The review processes would consider evidence of what has worked and would be guided by principles of participation and political commitment. Mechanisms for drafting and reviewing policy were described, including several committees that fed into the Ministry of Health HIV secretariat, such as the national Harm Reduction Taskforce (which provided oversight on interventions for people who inject drugs), the Global Fund Country Coordinating Mechanism, and other stakeholder and technical meetings.

82. Participants from Myanmar reported that a national review and consultation were completed in 2013. The next step was to develop an action plan by identifying the top priorities among the 50 to 60 recommendations contained in the review and consultation report. A Technical Working Group for Human Rights and Gender, under the Myanmar Health Sector Country Coordinating Mechanism, had been established in to develop the work plan. A dialogue on the outcomes of the review and consultation was to be conducted with members of parliament and decision makers. Stakeholder meetings were to be convened to support dissemination of the review report nationally. It was reported that initial priority could be given to addressing police practices in epidemic hot spots by conducting workshops and providing capacity strengthening activities for law enforcement agencies to address how law enforcement practices affect HIV prevention efforts. This could also involve working with community groups and making police and service providers aware of the existing policy guidance on the rights of key populations to carry condoms and syringes.

83. Participants from Myanmar identified potential implementation partners as community networks, the relevant ministries of the Government of Myanmar, the Supreme Court, the National Human Rights Commission, Myanmar Legal Aid Network and other legal aid providers (e.g. Equal Project), private sector representative bodies such as the Myanmar Business Coalition on AIDS, non-government organizations and service providers. Opportunities to feed into other processes could include the mid-term review of the National Strategic Plan on HIV/AIDS and the development of a new law on the Myanmar Human Rights Commission. United Nations agencies could assist implementation by providing
technical support on legal issues, supporting the involvement of young people, assisting with resource mobilization and ensuring parliamentarians were supported.

84. Participants from the Philippines reported that several national consultations had occurred in recent years, but that there was a need to consolidate the results of these processes. Stakeholders had participated in review of the national AIDS law and were anticipating the enactment of a revised national AIDS law with implementing rules and regulations, which should be in place by June 2015. There had also been consultations led by civil society. It was suggested that Local Government Units could play a central role in shaping the future national response. Strategies proposed by the group to support progress included high-level advocacy in the Senate and lower house of Congress, and efforts to bring HIV-related issues to the Cabinet and to the Office of the President through the Cabinet Cluster on Human Development and Poverty Reduction. Other possible processes to support legal and policy changes included a planned policy mapping, the review of the Fifth AIDS Medium Term Plan 2011-2016, and the Second National AIDS Summit to be held in late 2014.

85. Participants from the Philippines identified potential partners to support implementation as all members of PNAC, community representatives including young people and sex workers (who are not represented on PNAC), congressional leaders, Presidential Legislative Liaison Office, Commission on Human Rights, Philippine National Police, Drug Enforcement Agency, Local Government Units, United Nations agencies and development partners. United Nations agencies could assist by providing technical support and by harmonizing their advocacy strategies with PNAC, including targeting high-level advocacy to the President’s office.

86. Participants from Thailand reported that opportunities for improving the legal environment included the draft Third National Human Rights Plan of Thailand under which people living with HIV were proposed as one of the target groups, and dialogue on law reforms relating to injecting drug use. The group proposed the review of the Narcotics Act 1979 and the Narcotic Addict Rehabilitation Act 2002 to introduce a more health-oriented approach to managing drug dependence. It was reported that the Ministry of Public Health in cooperation with other agencies and networks were working on a proposal to the Government for the amendment of these laws in line with the principle of treating drug users as patients. Drawing from the experience of implementing needle and syringe programmes in 19 pilot provinces, the proposal included harm reduction measures to be adopted. The aim of participants was to advocate for changes to laws to be introduced by 2016.

87. Participants from Thailand identified potential partners to support implementation of the suggested actions to include civil society organizations, key populations, United Nations agencies, National Sub-committee on AIDS Rights Promotion of the National AIDS Commission, the Office of Narcotics Control Board, Ministry of Justice, Royal Thai Police and the Ministry of Public Health. It was proposed that United Nations agencies could support implementation by promoting human rights-based approaches and mechanisms for protecting human rights, providing technical support and promoting ratification of human rights conventions including the International Convention on the Rights of All Migrant Workers and their Families. Further, the United Nations system could help reinforce the efforts of government agencies and its ally networks to encourage the amendment of laws.
through consultations with government, e.g. the Prime Minister, Ministers or the Permanent Secretaries of concerned ministries, noting that political will and commitment from the executive level would be essential for achieving the desired legal reforms, particularly given the sensitivity of the reforms.

88. The participants representing regional civil society networks noted that these networks represented diverse issues and populations including people living with HIV, sex workers, men who have sex with men, transgender people and people who use drugs. It was proposed that regional networks could assist in political mapping, identifying political champions and providing a communication platform to coordinate advocacy among civil society actors. Regional networks could also map who was engaged in national processes, report on the outcomes of national consultation meetings to key populations in other countries in the region, disseminate human rights resources, help to ensure the language used in policy and advocacy was community-friendly and in local languages, and conduct capacity building to improve legal literacy among community representatives.

89. In summarizing the common themes arising from the presentations, Ms. Krairiksh noted the need to establish or make use of existing mechanisms at local, provincial and national levels to ensure multisectoral cooperation and coordination for legal review and policy reforms, while acknowledging that each country would need to pursue different channels in order to ensure cooperation across different sectors of government. She also highlighted the need to integrate this work into national plans and national strategies to move this agenda forward in a sustained manner.

90. The facilitator remarked that the good practices that had been reported and the documentation of these practices would be very useful for other countries in Asia and the Pacific. The high level of engagement of governments with civil society partners, particularly key populations, was noted. A common message emerging from the session was the need to mobilize all sectors including executive, legislative and judicial branches of government. It was noted that the proposed actions included the need to navigate pathways between branches of government to achieve action at the highest level.

91. The facilitator explained that the Asia-Pacific Intergovernmental Meeting on HIV and AIDS would review progress against the ESCAP roadmap. This would provide an opportunity to showcase the positive experiences of countries that had progressed with legal and policy reviews and consultations. Issues to be discussed at the Intergovernmental Meeting would also include: (i) how to follow up and extend the roadmap; (ii) the importance of strengthening accountability mechanisms to ensure delivery of commitments at the national and regional level; (iii) analysis of the financing of HIV responses, including consideration of the relative contributions of domestic and external resources, and whether investments had been made in high-impact areas; and (iv) how to work together to ensure that HIV is a high priority in the development agenda beyond 2015.

92. The facilitator called on four participants to contribute final reflections prior to the formal closing session.
93. Mr. Aaron Schubert, Regional Team Leader for HIV and TB, USAID Regional Development Mission for Asia, remarked that solutions to the barriers to universal access would continue to be found through sharing between countries, neighbours and partners as had occurred over the two days of the meeting. Mr. Schubert emphasized that it was the role of development partners to support efforts to exchange lessons learned and foster increased national ownership to ensure there would be a more organic process to develop national strategies that address legal and policy barriers.

94. Ms. Nukshinaro Ao, Women's Coordinator, APN+, remarked that an issue that was often overlooked was sexual and reproductive health and rights, particularly for women living with HIV. Ms. Ao referred to a five-country study that APN+ had conducted in Asia, which found that many women living with HIV had been coerced to have abortions or sterilized, or had been denied services. Ms. Ao reported that APN+ would advocate for the inclusion of HIV and sexual and reproductive health and rights in the United Nations development agenda beyond 2015.

95. Ms. Sadhana Kanarat, Justice Official, Rights and Liberty Protection Department, Government of Thailand, identified three areas of law and policy that were current priorities for Thailand. First, the reform of drug laws and introduction of a legal framework for harm reduction. Second, addressing health issues facing migrant workers, who were primarily from neighboring countries (Myanmar, Lao People’s Democratic Republic and Cambodia). The participant explained that this was a priority issue because improving migrants’ access to health and HIV services could help avoid additional HIV infections. Third, the need to review the policy and law regarding the need for parental consent for adolescents younger than 18 years old to obtain medical tests and treatment.

96. Dr. Naresh Pratap, Director, National Centre for AIDS and STD Control, Nepal, remarked that the regional HIV response is entering a challenging period as there was a significant risk that efforts to achieve the targets of ‘getting to zero’ would lose momentum if HIV was not given sufficient priority in the United Nations development agenda beyond 2015.

IX. SESSION VIII: MEETING EVALUATION AND CLOSING

97. Ms. Nanda Krairiksh, Director, SDD, ESCAP, thanked participants for their active engagement in the Expert Group Meeting. Ms. Krairiksh reflected on the added value of the meeting in providing an opportunity for country delegates to reflect on common challenges and to share expertise and lessons learned from developing and implementing innovative strategies to address legal and policy barriers to universal access to HIV services. The leadership and commitment of participants was acknowledged particularly given that work in this field could be challenging when advocating for reform on sensitive policy issues. It was also noted that there was a high level of willingness for cooperation across countries to overcome common challenges that arose in addressing sensitive policy issues. Ms. Krairiksh also highlighted the role of civil society in reviewing each country’s progress against global and regional commitments, including the ESCAP roadmap.
Mr. Steve Kraus, Director, UNAIDS Regional Support Team for Asia and the Pacific, thanked all the participants for their continued commitment to addressing legal and policy barriers as a key to increasing the effectiveness of national responses to HIV and AIDS. Mr. Kraus closed by identifying three principles to inform future efforts to remove legal and policy barriers to universal access: unity (the importance of being unified in working together to achieve common goals), solidarity (the importance of standing together in the face of resistance to human rights-based approaches and to ensure that no one is left behind, for example in advocating for controversial issues such as the rights of criminalized key populations and migrants) and endurance (the need for tenacity to keep pushing the agenda to achieve progress over the long term).