



Desk Research and
Draft Recommendations on
Scope of New Tools and Products for
the SOGI Advocacy Evaluation focusing on
MSM and TG in Islands of Southeast Asia



People of all sexual orientations and gender identities are entitled to the full enjoyment of all human rights.

– The Yogyakarta Principles (www.yogyakartaprinciples.org/)

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Abbreviations

AFAO	Australian Federation of AIDS Organisations
AIDS	Acquired Immune Deficiency Syndrome
APTN	Asia Pacific Transgender Network
ASEAN	Association of South East Asian Nations
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
APCOM	Asia Pacific Coalition on Male Sexual Health
CBO	Community Based Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
DFID	Department for International Development (Government of United Kingdom)
FSW	Female Sex Worker
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
ILGA	International Lesbian Gay Bisexual Trans and Intersex Association
IGLHCR	International Gay and Lesbian Human Rights Commission
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
ISEAN	Islands of Southeast Asia Network on Male and Transgender Sexual Health
INGO	International Non-Governmental Organization
MSW	Male Sex Worker
MSM	Men who have Sex with Men
NGO	Non Government Organisation
STIs	Sexually-transmitted infections

TG	Transgender
TGSW	Transgender Sex Worker
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organizations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Sessions
UNHCR	United Nations Human Rights Office of The High Commissioner
UNIFEM	United Nations Development Fund for Women
VAW	Violence Against Women
VASW	Violence Against Sex Workers
VDPA	Vienna Declaration and Programme of Action
WHO	World Health Organisation

Executive Summary

This is a report of a desk review conducted for Southeast Asia Network on Male and Transgender Sexual Health (ISEAN) as part of the project “SOGI Advocacy Evaluation”.

One of the findings is that challenges to realizing LGBT rights as human rights are laws and policies, cultural values and religious beliefs in the Southeast Asia countries, which are not in favor of the realization of LGBT rights as human rights. There is inadequate protection of the rights of sexual minority groups; anti stigma and discrimination, and LGBTI civil rights (freedom of expression, association, etc.) in Southeast Asian countries.

Gaps identified in relation to SOGI advocacy tools: There are limited tools available that developed as guidelines for advocacy on SOGI and LGBTI issues. Most tools, guidelines and training manuals are about advocacy on SRH and HIV issues.

Furthermore, existing tools on gender developed in the context of power imbalance between men and women, focus on women and have not specifically addressed LGBTI issues. In other words, LGBTI issues are unobserved as they are ‘covered’ or missed due in part to the dominant binary concept of men and women.

Recommended strategies for the next phase of advocacy are 1.) Strengthen alliances and advocate in support of sexual minorities and a shift in social perceptions; 2.) Increase the capacity of organizations of sexual minorities to carry out advocacy; 3). Engage in relevant national policy processes.

Background

In 2013, Islands of Southeast Asia Network on Male and Transgender Sexual Health (ISEAN) received funding from the Australian Federation of AIDS Organisations (AFAO) through Asia Pacific Coalition on Male Sexual Health (APCOM) on the project “SOGI Advocacy Evaluation” that would be completed by June 2014. The grant comes from the Australian government’s aid program. In its first phase, the project will primarily cover the capital cities across the ISEAN member countries namely Dili, Jakarta, Kuala Lumpur and Manila. In its second phase, it is expected that the rest of the region will employ the tool.

New infections among MSM are rising rapidly in urban centres in the ISEAN capitals (reference: APCOM Country Snapshots). The same is anecdotally reported for transgender populations; however lack of high-quality, disaggregated data hinders full understanding of the transgender epidemic in the ISEAN region.

Civil society advocacy work has already begun in some of the ISEAN member countries, reaching as far as engagement of national human rights institutions (NHRIs). However, much work remains to engage other key stakeholders, especially at municipal level. Few resources are available to civil society actors who undertake advocacy for key-affected populations (i MSM, TG, sex workers, people who use drugs, PLHIV) especially about promoting the social and political enablers that are necessary for investments in an HIV response to reap full benefit (as laid out by the UNAIDS Strategic Investment Framework).

ISEAN and its Board renewed its commitment to promoting Sexual Orientation and Gender Identity (SOGI) at its 5th Board Meeting when the network’s mission was defined specifically “to promote health and SOGI throughout the ASEAN (Association of Southeast Asian Nations) region”.

ISEAN proposes a process whereby several sexual orientation and gender identity (SOGI) tools and products will be created through meta-analysis of lessons-learned and consultations with stakeholders. These tools and products will be designed for portability and adaptation across sub-regions and countries that fall within the scope of APCOM. The process to create these tools and products will in itself build the capacity of the ISEAN Secretariat and network members.

Specifically, the SOGI analysis tool aims to:

- a. Identify gaps in SOGI-Related engagements among community advocates in South East Asia;
- b. Develop recommendations on filling these gaps and improve on SOGI advocacy;
- c. Publish a product and tool which ISEAN and its sub-regional and national networks can utilize in their SOGI Advocacy;
- d. Contribute in the competency of community leaders as well as sub-regional and national networks and organizations to become experts in high-level SOGI discourses, advocacy and training.

Materials and Methods

A desk review was undertaken to identify lessons learned on SOGI in the Asia Pacific region. A total of 47 reports (including shadow reports by INGO and NGO), journal articles, tools, guidelines and policy brief were identified. Included in the review were 21 tools/guidelines that directly or indirectly relate to SOGI advocacy issues.

For the purpose of analysis, works were organised under four broad headings that emerged as key areas of study. These were (1) Health, in particular sexual health and well being (2) Discrimination and Violence against LGBTI (3) Laws and Policies related to SOGI (4) SOGI movement, initiatives addressing SOGI, and position of donor organizations.

Literature Review

What do we know about SOGI in Island of South East Asia?

Conditions of LGBT People in South East Asia

HIV epidemic has contributed to a fast growing of HIV and AIDS research globally, including in South East Asia. Most of the research is focusing on behavior (sexual transmission of HIV), and although it reveals the evidence of risk and vulnerability of Men Who Have Sex with Men (MSM) and transgender people, little is known regarding characteristics, cultures, and politics and other public health issues related to sexual minority groups including gay and transgender.

Since MSM is an umbrella term that focus on behavior, the following review will focus on identity.

Health and Well being. There is limited data on the sexual health status of Minorities in the Asia Pacific. Most of the existing literature are related to the HIV and STI situation in the Asia-Pacific in the group of transgender. Research among transgender were mostly epidemiological measuring prevalence of HIV and other STIs. For example, HIV prevalence rates among transgender reported ranging from 8% to 68% (APTN-WHO 2013)¹, and very high rates of other STIs infection have been reported for rectal gonorrhoea and chlamydia (more than 10%–20%), and syphilis (more than 40%–50%) of the transgender population². Data from the United States (Healthy People 2010)³ showing trends related to health

¹ See HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific. Joint Technical Brief.WHO, UNDP, APTN, 2013.

² See HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific. Joint Technical Brief.WHO, UNDP, APTN, 2013.

³ Gay and Lesbian Medical Association and LGBT Health Experts: Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health. San Francisco, CA: Gay and Lesbian Medical Association; 2001 available at: http://www.glma.org/_data/n_0001/resources/live/HealthyCompanionDoc3.pdf.

status of LGBT individuals who are at higher prevalence of cancer, mental health issues, obesity, tobacco and substances abuses and violence.

Although biologically lesbians are among the most low susceptibility to HIV (compared to transgender women and heterosexual women), lesbians are not immune to HIV and other STIs. Especially considering that in many parts of the world including in Asia, many women are often forced to marry regardless of their sexual orientation.

Transgender people also have a lot of issues with hormone treatments and sex reassignment surgery or gender-affirming surgical enhancement. The need for transgender counseling services, including transgender youth, is noted in several reports and studies. Older transgender people also have many health issues related to aging, and they face effects of long term hormone treatment. Moreover, when disclosure of gender identity to health service providers is impossible, there is the possibility of misdiagnosis of some diseases (for example breast cancer, prostate cancer, and ovary cancer).⁴

Limited data from studies in Europe show that lesbian and bisexual women, as reported ILGA, have a higher risk for experiencing breast cancer, gynecological cancer, obesity, substance use, alcohol use and tobacco use and subsequently, cardiovascular diseases (because they are less likely to consult a health care compared to women from the 'mainstream' group).

Lesbian and bisexual women's mostly do not visit health services as much as heterosexual women, because of their discomfort in discussing the sexuality issues with health care providers. The experiences of stigma and discrimination they experience also hinder them from accessing the health services⁵. Moreover, lesbians are more likely (in comparison to other women with other sex orientation) to be overweight (Mayer et al, 2008).

At the moment, there are still many people who consider lesbian, gay and bisexual people as 'mentally ill' people, due to the strong influence of heteronormativity values and heterosexism. This is despite the fact that the American Psychologist Association (APA) has removed homosexuality from the list of mental disorders since 1973, and followed by WHO in 1990. This marginalization and stigma lead to self-stigma among sexual minority populations and other physiological issues related to LGBTI groups. Mayer et al (2008)⁶ pointed out that LGBTI are at higher prevalence of tobacco use, substance abuse, obesity, mental health problems, injury and violence than non LGBTI. Cochran (2003)⁷ also note the

⁴ See Regional Assessment of HIV, STI and Other Health Needs of Transgender People in Asia and the Pacific. APTN and WHO Western Pacific Region, 2013

⁵ See Lesbian and bisexual women's health: Common concerns Local Issues. ILGA Report, 2006.; Lesbian's health. Myth and Realities. Fact Sheet. ILGA, 2011.

⁶ Sexual and Gender Minority Health: What We Know and What Needs to be done. Mayer et al. American Journal of Public Health. June 2008, vol 98, No. 6. ⁶ Sexual and Gender Minority Health: What We Know and What Needs to be done. Mayer et al. American Journal of Public Health. June 2008, vol 98, No. 6.

⁷ Cochran SD, Mays VM, Sullivan JG. Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. J Consult Clin Psychol 2003; 71:53–6.

higher rate of panic attacks, psychological distress and suicidal ideation among gay and bisexual men and anxiety, depression and anti-depression use among lesbian and bisexual women.

In a national longitudinal study of adolescent health conducted by Russell and Joyner (2001)⁸, the findings showed the younger group of sexual minorities is more likely to think and attempted suicide than their peers. This was contributed by risk factors such as depression, helplessness, alcohol abuse, recent suicide attempts by peer or a family member, and experiences of victimization. In their study of adolescents in the Asian Pacific Islander, Pinhey and Millman (2004)⁹ show that same sex orientation were associated with greater suicide attempts. Similar to this study, a qualitative study of LGBT stigma, violence and discrimination conducted in three cities in Indonesia (Arus Pelangi, 2013) highlighted mental health issues such as anxiety, depression and suicide among LGBTI people in Indonesia, including young LGBT¹⁰.

According to Mayer et al (2008), there are higher prevalence of eating and body image disorders among gay and bisexual men in comparison to heterosexual men. Moreover, young LGBTI people are at greater risk of suicide attempts in comparison to non-LGBTI young people.

APTN and UNDP (2010) in their report 'Lost in Transition'¹¹ stated that although not much data available about the psychological well being of transgender people in the Asia Pacific, the condition of transgender people in the Asia Pacific region is similar to the condition of transgender people in other parts of the world. For example, conditions associated with low self-esteem, social anxiety and social isolation leading to depression, risk-taking behavior (drugs and alcohol abuses) and attempts of suicide.

Moreover, Drabble et al (2005) and Burgard et al (2005) as cited by Mayer et al (2008) found heavy alcohol use among lesbian and bisexual women as well as gay men and bisexual men compared to heterosexual men and women.

Of the few existing studies related to same sex domestic violence, it appears that the issues of intimate violence in lesbian and gay groups are as severe as in heterosexual couples. A summary of the heterosexual domestic violence literature concludes that 25 to 33% of heterosexual women are abused by their male partners; whilst on gay men the physical violence ranged from 11% up to 47% and sexual violence is ranged from 12% up to 55%. Studies of lesbian couples show that the rate of partner abuse is ranged from 17% to 73%, and emotional abused is higher, that is, 65% to 90%¹².

⁸ See Russell ST, Joyner K. Adolescent sexual orientation and suicide risk: evidence from a national study. *Am J Public Health*. 2001 Aug;91(8):1276-81.

⁹ See Pinhey, T. K., Millman, S. R. Asian/Pacific Islander Adolescent Sexual Orientation and Suicide Risk in Guam. *American Journal of Public Health*. 2004 July; 94(7): 1204-1206.

¹⁰ Menguak Stigma, Kekerasan dan Diskriminasi pada LGBT di Indonesia. Studi Kasus di Jakarta, Yogyakarta, dan Makassar. Arus Pelangi, 2013.

¹¹ See Lost in Transition: Transgender People, Rights, and HIV vulnerabilities in the Asia Pacific Region. APTN - UNDP, 2010.

¹² See Lesbian and bisexual women's health: Common concerns Local Issues. ILGA Report, 2006.

Human Rights Violations and other Social Vulnerabilities

Violations against human rights related SOGI occur in various places in the world¹³ including Asia within different levels. The dimensions of such violations exist in discriminative laws or policies, law enforcement practices, as well as the practices that limit access to education, denial of the right to work, as well as various forms of gender-based violence which rooted in a patriarchal culture and conservatism in Asian countries¹⁴.

A report of LGBTI human rights violations in Indonesia 2012 by Indonesia LGBTIQ forum (GAYa Nusantara, 2013) concludes that public services institutions in Indonesia are lack of SOGI understanding. This situation, together with homophobia and transphobia lead to inability of government institutions to respond to LGBTI people issues.¹⁵ UNAIDS (2011)¹⁶ defined homophobia as 'fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behavior, towards homosexuals and/or homosexuality'. Moreover, transphobia is defined as 'irrational fear or hatred of transgender people. These phobias manifest themselves in harassment, prejudicial and negative treatment, violence and other forms of discrimination' (IGLHRC)¹⁷.

Discrimination and violence against LGBT. Various types of violence and discriminatory behaviors are experienced by LGBT people in Asia Pacific. This includes bullying, violent disciplining, and denying the access to schools/education; corrective rape against lesbians to turn them into heterosexual women; punitive rape against LGBT people including custodial rape by the police; negative media publicity/media stigmatization; work and denial of employment discriminations due to their sexual orientation and gender identity; violation of confidentiality within health services and denied access to friendly health services; refusal of housing and other social services; denial of legal status, deprivation of legal recourse and deprivation of legal redress; and religious vigilantism. Violence and discrimination in many cases were perpetrated by state actors, conservative religious groups, communities, and the immediate and extended family¹⁸. From their study in three cities in Indonesia (Jakarta, Jogjakarta, and

¹³ See Discriminatory laws and practices and act of violence against individuals based on their sexual orientation and gender identity. Report of the United Nations High Commissioner for Human Rights. 2011; Sexual Orientation and Gender Identity Issues in Development. A Study of Policy and Administration. Sida, 2005; Flaherty, M. O., Fisher, J. Sexual Orientation Gender Identity and International Human Rights Law: Contextualizing the Yogyakarta Principles. Human Rights Law Review 8:2. Oxford University Press, 2008.

¹⁴ See Violence Against LBT People in Asia. Summary Report on Violence on the Basis of Sexual Orientation, Gender Identity and Gender Expression Against Non-Heteronormative Women in Asia. IGLHRC, 2010.

¹⁵ Laporan Situasi HAM LGBTI di Indonesia, 2012. Forum LGBTIQ Indonesia. GAYa Nusantara, 2013.

¹⁶ See UNAIDS Terminology Guidelines. Revised version. UNAIDS, 2011.

¹⁷ See Human Rights Abuses on the basis of Sexual Orientation, Gender Identity and Gender Expression (2000-2009). A briefing paper. IGLHRC

¹⁸ See Human Rights Abuses against Sexual Minorities in Indonesia. IGLHRC, 2007; Human Rights Violations on the basis of Sexual Orientation, Gender Identity, and Homosexuality in the Philippines. IGLHRC, 2012 ; Human Rights Abuses on the basis of Sexual Orientation, Gender Identity and Gender Expression (2000-2009). A briefing paper. IGLHRC; Report of Asia Pacific Regional Seminar on Human Rights, Sexual Orientation and Gender Identity. 22-23 March 2013. Kathmandu, Nepal; Sexual Orientation and Gender Identity Issues in Development. A Study of Policy and Administration. Sida, 2005.

Makassar), Arus Pelangi (2013) also reported that transphobic and homophobic bullying are prominent in schools setting.

Gender based violence towards transgender people is rooted from homophobia and transphobia. Indonesia Forum of LGBTIQ reported that law enforcement regarding discriminative actions including gender based violence toward LGBTI people in Indonesia is weak due to ignorance of state actors.

Kidd and Witten (n.d) reviewed the literature on global transgender hate crimes, violence, and abuse. They concluded that ‘transgender-identified persons undergo lifelong exposure to multiple forms of abuse and violence that are frequently repeated across the life course and are relatively unreported to authorities for fear of reprisal’¹⁹.

Various forms of violence is a major problem faced by transgender people. This made them face higher risks of HIV infection and other sexually transmitted infections, along with other health problems, including mental health. There are surveys examining sexual health vulnerabilities of male and transgender sex work populations that analyzed the variable of ‘forced sex’. Higher levels of HIV and other STIs as well as violence amongst transgender populations were an obvious pattern across studies with samples of MSM/MSW²⁰.

Meanwhile, a group of lesbians, bisexual women and transgender people in Asia also experienced cases of violence and discrimination in neighborhoods, workplaces, schools, healthcare, and media stigmatization²¹. OUT, as quoted by ILGA (2006), show that in South Africa, 10% of black lesbian women and 4% of white lesbian women had experienced sexual abuse in the period of 2002-2003. Some ILGA reports reveals that lesbian and bisexual women around the world experience multiple discriminations, firstly because of traditional gender discrimination and secondly because of their sexual orientation²². Many lesbian women are being targeted of curative rape, and some had experienced forced pregnancy and forced marriage²³. Forced marriage for the lesbian and bisexual women may be the effort by the family effort to cover sexual orientation of these women.

¹⁹ See Kidd, J. D., Witten, T. M. Transgender and Transsexual Identities: The Next Strange Fruit—Hate Crimes, Violence and Genocide Against the Global Trans-Communities. *Journal of Hate Studies*. Vol. 6. No 1. 2007.

²⁰ See Guadamuz, Thomas E & others. “Correlates of Forced Sex Among Populations of Men Who Have Sex with Men in Thailand.” *Archives of Sexual Behaviour* Vol. 40 (2011): 259–266 ; Newman, Peter A & others. “Correlates of paid sex among men who have sex with men in Chennai, India.” *Sexually Transmitted Infections* Vol. 84 (2008): 434–438.

²¹ See The Status of Lesbians, Bisexual Women and Transgendered Persons in Sri Lanka. NGO Shadow Report to the Committee on the Elimination of All Forms of Discrimination Against Women . Women’s Support Group, 2011 ; Human Rights Abuses on the basis of Sexual Orientation, Gender Identity and Gender Expression (2000-2009). A briefing paper. IGLHCR; Report of Asia Pacific Regional Seminar on Human Rights, Sexual Orientation and Gender Identity. 22-23 March 2013. Kathmandu, Nepal.

²² See Lesbian and bisexual women’s health: Common concerns Local Issues. ILGA Report, 2006; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2011; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2012; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2013.

²³ See Lesbian and bisexual women’s health: Common concerns Local Issues. ILGA Report, 2006

Within their annual reports²⁴, ILGA noted the situation where intersex people are being subjected to non-consensual medical treatments while they are still in utero and as infants in the effort to eliminate atypical sexual orientation and gender identity, as well as atypical sex anatomy. Discrimination against intersex people includes practices such as genital surgeries, psychological and other medical treatments (on the grounds of intersex).

Health Care Provision.

Lack of available studies on the health of LGBTI groups may be considered as institutional refusal to acknowledge that LGBTI people have different needs with the heterosexual or other mainstream groups. ILGA, in its report (2006), shows an example from findings of research on the interaction of lesbian and bisexual women with a gynecologist and a psychologist: 'In those cases where sexual orientation has a clear impact on health, patients do not disclose their sexual orientation, while health providers assume automatically the heterosexuality of their patients'. It is clear that knowledge about sexual diversity and sensitivity to the needs of different groups of LGBTI still very low among health care workers.

Barriers to quality information and health care services for sexual minority populations are include fear of homophobic and transphobic reactions which lead to situation where LGBT people do not disclose their sexual orientation or gender identity; limited number of health care workers who familiar and competent of LGBTI issues; structural barriers to social protection and health insurance; and scarcity of culturally sensitive services toward LGBTI (Mayer et al, 2008).

Laws and Policies

Supportive Regulations. Various international human rights instruments, including the International Covenant on Civil and Political Rights (ICCPR) and the Covenant on Economic, Social and Cultural Rights (ICESCR)²⁵, clearly prohibits various forms of discrimination such as 'race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status'.

Indeed, discrimination based on sexual orientation, gender identity and gender expression are not explicitly mentioned therein (including discrimination based on gender and disability). However, the statement of 'or other status', clearly indicates that is an awareness of other forms of discrimination that may exist²⁶.

²⁴ See The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2011; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2012; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2013

²⁵ See International Covenant on Economic, Social, and Cultural Rights; International Covenant on Civil and Political Rights

²⁶ See Sexual Orientation, Gender Identity and International Human Rights Law. Practitioners Guide No. 4. International Commission of Jurist, 2009.

In 2006, an international group of human rights experts met in Indonesia and developed 'The Yogyakarta Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity'. These principles comprehensively identify the existing international human rights law and explain States' obligations to respect, protect and fulfill the human rights of all persons regardless of their sexual orientation or gender identity. Published in 2007, the principles also underscore the human rights violations which are often experienced by sexual minority groups²⁷.

Since the principles were published, human rights groups and UN agencies have referred to the principles, and some states such as the Netherlands, Canada and Germany have used the Principles as guidelines for their foreign policy. Case studies are documented in 'The Activist's Guide to the Yogyakarta Principles', to facilitate a deeper understanding about the Principles and to encourage the use of the principles among activists working on LGBTI issues²⁸.

Later in 2011²⁹, 85 countries agreed on Joint Statement entitled 'Ending Acts of Violence and Related Human Rights Violations Based on Sexual Orientation and Gender Identity' at the United Nations Human Rights Council in Geneva.

In Asia, there are many positive developments towards the realization of human rights (which is therein, implies SOGI related rights). One of them was in 2012 in Phnom Penh, Cambodia, where representatives of ASEAN countries agreed on the ASEAN Human Rights Declaration³⁰. While this could be considered as an achievement of having a human rights instrument at the regional level, the content of this declaration does not inclusive to SOGI because there is no explicit mention of SOGI, and there are some statements that undermine the principles of existing human rights in international human rights instruments³¹.

What is good about this instrument?

1. It mentions 'gender' as one of the basis that rights and freedoms one person can claim. [General Principles, #2: 'Every person is entitled to the rights and freedoms set forth herein, without distinction of any kind, such as race, gender, age, language, religion, political or other opinion, national or social origin, economic status, birth, disability or other status.']
2. It acknowledges vulnerable and marginalised groups, which MSM, transgender and other sexual minorities belong to. [General Principles, #4: 'The rights of women, children, the elderly, persons with disabilities, migrant workers, and vulnerable and marginalised groups are an inalienable, integral and indivisible part of human rights and fundamental freedoms.']

²⁷ See The Yogyakarta Principles [www.yogyakartaprinciples.org]

²⁸ See An Activist's Guide to The Yogyakarta Principles. HIVOS-DREILINDEN, 2010

²⁹ See UN Human Rights Council Resolution, 2011.

³⁰ See ASEAN Declaration on Human Rights 2012.

³¹ UN News Release. "ASEAN Human Rights Declaration should maintain international standards," urge key UN expert group [<http://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=12796&LangID=E>]; Self Inflicted Harm: The Asean Declaration of Human Rights. Global Policy Column. [<http://www.globalpolicyjournal.com/blog/21/12/2012/self-inflicted-harm-asean-declaration-human-rights>]

3. It is inclusive to people living with HIV and provide protection against stigma and discrimination. [Economy, Social and Cultural Rights, #29.2: ‘The ASEAN Member States shall create a positive environment in overcoming stigma, silence, denial and discrimination in the prevention, treatment, care and support of people suffering from communicable diseases, including HIV/AIDS’.]
4. It acknowledges gender responsive development as the approach to development [Right to development, Principle #36: ‘ASEAN Member States should adopt meaningful people-oriented and gender responsive development programmes aimed at poverty alleviation, the creation of conditions including the protection and sustainability of the environment for the peoples of ASEAN to enjoy all human rights recognised in this Declaration on an equitable basis, and the progressive narrowing of the development gap within ASEAN’.]

What is not so good about this instrument?

It undermines the international human rights instruments by creating a conditional context, as it states that in the sixth principles ‘the enjoyment of human rights and fundamental freedoms... must be balanced with the community and the society where one lives’. Similarly, in seventh principle, it states that ‘...the realization of human rights must be considered in the regional and national context bearing in mind different political, economic, legal, social, cultural, historical and religious background’. [General Principles #6 and #7: 6. ‘The enjoyment of human rights and fundamental freedoms must be balanced with the performance of corresponding duties as every person has responsibilities to all other individuals, the community and the society where one lives. It is ultimately the primary responsibility of all ASEAN Member States to promote and protect all human rights and fundamental freedoms’.

[7. ‘All human rights are universal, indivisible, interdependent and interrelated. All human rights and fundamental freedoms in this Declaration must be treated in a fair and equal manner, on the same footing and with the same emphasis. At the same time, the realisation of human rights must be considered in the regional and national context bearing in mind different political, economic, legal, social, cultural, historical and religious backgrounds’.]

Punitive Laws and Policies. Worldwide, there are 76 countries criminalizing same-sex sexual acts between consenting adults (ILGA, 2013)³². A review conducted by UNESCO, UNAIDS, UNFPA, UNDP and Youth lead (2013) regarding young people and the law found that in Asia and the Pacific, there are 19 countries criminalizing male to male sex sexual acts and 7 countries criminalizing female to female sexual acts. According to this review, countries in South East Asia that criminalizing same sex sexual conducts between males are Bangladesh, Brunei Darusalam, Malaysia, Myanmar, Singapore, Pakistan and Srilanka. Moreover, Brunei Darusalam, Malaysia, Pakistan and Srilanka also criminalizing same-sex sexual conducts between females.

³² See State Sponsored Homophobia. A World Survey of Laws: Criminalization, Protection and Recognition of Same Sex Love. ILGA, 2013.

Although not all of these countries implement these discriminatory laws, the existence of such laws leads to a permissive environment against acts of discrimination against LGBTI groups. It can be seen from the violations of human rights, including violence against LGBTI groups scattered throughout the world.

In Asia-Pacific countries, the laws and policies that protect people from discrimination based on sexual orientation and gender expression gender identity are scarce. The existing laws mostly are 'conservative' as a legacy of colonial laws, which were brought by the Dutch and British colonization.

Human Rights Watch, on their report 'This Alien Legacy', describes how laws in over three dozen countries, from India to Papua New Guinea, derive from a single law on homosexual conduct that British colonial rulers imposed on India in 1860³³.

Furthermore, a review³⁴ that conducted by UNESCO (2011) examines the human rights situation for sexual minorities in six countries in insular Southeast Asia (Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Timor-Leste) explain that there are four types of legal systems exist in this region: civil law, customary law, Muslim (Sharia) law and common law. Summary of the review are as follow, and please see annex 1 for more comprehensive note.

Brunei Darussalam and Malaysia laws criminalize homosexuality, and both countries voted against international law protecting sexual minorities. Several states in Malaysia have instated Islamic Sharia laws, applying to male and female-Muslims, criminalizing homosexual and lesbian acts with up to three years imprisonment and whipping.

Indonesia, on the other hand, has ratified many major international human rights treaties and does not criminalize homosexuality. Indonesian criminal law is codified in the Penal Code of Indonesia inherited from the Dutch. It does not contain any provisions criminalizing same-sex activity. Same-sex relations are not prohibited according to the national Penal Code. The only provision to deal with such relations is article 292 which prohibits sexual acts between persons of the same sex, if committed with a minor. However, its municipal government (Aceh Province) had adopted Sharia Law that banned homosexuality for all residents of Aceh Province. Sharia law needs to be followed by all Aceh residents and visitors, Moslem and non-Moslem. Although in principle, local regulations need to be inline with national regulations, Aceh government had endorse the Sharia law (Jakarta Post, 7 February 2014 <http://www.thejakartapost.com/news/2014/02/07/aceh-fully-enforces-sharia.html>).

In Timor Leste, homosexuality is legal. Age of consent to sex is 17 (similar for male to male; male to female; female to male and female to female). Within their early draft of their new constitution there was a clause that provides protection against discrimination on the basis of SOGI. However, the clause was removed later after National Assembly voted. On the other hand, there is protection against

³³ See This Allien Legacy. The Origins of "Sodomy" Laws in British Colonialism. Human Rights Watch, 2008.

³⁴ See Human Rights Protection for Sexual Minorities in Insular South East Asia: Issues and Implications for Effective HIV Prevention. UNESCO, 2011.

discrimination based on SOGI and HIV status within the Labor code. Timor Leste has ratified all major international human rights treaties.

Homosexuality is legal in the Philippines. Age of consent to sex is 12 (applicable for male to male; male to female; female to male and female to female). Similar to Indonesia, Philippines has ratified many major international human rights treaties. Singapore, which also has signed many major international human rights treaties, is the only country in insular South East Asia that allows legal marry of transgender people who already conducted sex reassigned surgery.

Current Initiatives and Position of Donor Agencies related to SOGI. Donor agencies and bilateral government aid are more friendly now towards LGBTI issues in Asia. UNDP and USAID, together with LGBT organizations and community leaders, launched a ‘Being LGBT in Asia’ program in December 2012, to understand the challenges faced by LGBT people in Asia³⁵. The program aims ‘to build a knowledge baseline of the legal, social, political and institutional environments in which LGBT rights advocates and organizations operate at the country level, while developing an understanding for the capacity of LGBT rights advocates to engage in policy dialogue and community mobilization’.

Moreover, The Global Fund with the objective of supporting public health interventions relating to AIDS, tuberculosis and malaria, introduce SOGI issues mainstreaming in health policies (especially HIV policies) through ‘Global Fund Strategy in Relation to Sexual Orientation and Gender Identities’³⁶. The strategy acknowledges that sexual minority groups such as MSM, transgender and sex workers face barriers in accessing Global Fund grants, and they have very limited access to decision making bodies within the Global Fund. The strategy recommends actions that need to be taken by Global Fund secretariat, its government structure and its partners to be more responsive to SOGI issues.

SOGI movement: Current Key Actors. SOGI movement in Asia Pacific, like in other part of the world³⁷, rely on heavily to NGOs and INGOs. Their works are including legal reform and capacity building. Many organizations have limited capacity in conducting SOGI movement within their scope of work. Furthermore, key staff of these organizations also experience stigma and discrimination due to SOGI issues which they stand for. Many organizations are not legally registered, due to criminalization of LGBTI issues within their country³⁸.

IDAHOT, which stands for ‘The International Day against Homophobia and Transphobia’ was launched in 2004 by an international group of activists. The date of May 17 was chosen to commemorate the World Health Organization’s decision in 1990 to remove homosexuality from the list of mental disorders.

³⁵ See Being LGBT in Asia. Press Release. UNDP. USAID. 2012.

³⁶ See The Global Fund Strategy in relation to Sexual Orientation and Gender Identities. The Global Fund.

³⁷ See Sexual Orientation and Gender Identity Issues in Development. A Study of Policy and Administration. Sida, 2005.

³⁸ See The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2011; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2012; The International Lesbian Gay Bisexual Trans & Intersex Association. Annual Report, 2013 ; Report of Asia Pacific Regional Seminar on Human Rights, Sexual Orientation and Gender Identity. 22-23 March 2013. Kathmandu, Nepal.

IDAHO aims to increase global awareness regarding homophobia, transphobia and other LGBTI issues, and encouraging community mobilization within various level drawing on local issues related to sexual diversity based on the context in which they work. Those who participate to IDAHO are LGBTI organizations, governments and human rights organizations. ASEAN countries that participate to ILGA are including Malaysia, Indonesia, Singapore, Filipina, Sri Lanka, Thailand, and India³⁹.

Asia Pacific Forum.⁴⁰ APF, a non profit and independent organization, was founded in 1996 to support and to connect organizations working on human rights issues in Asia Pacific. The Asia-Pacific does not have inter-governmental system that can monitor, promote and protect human rights covering the entire region. They work with its member NHRIs, local, regional and international NGOs, governments, and international organizations to bring about improvements in human rights. The Asia-Pacific Forum of National Human Rights Institutions runs a website on sexual orientation and gender identity (<http://www.asiapacificforum.net/>).

LGBTI Community and Networks: ILGA. Founded in 1978, ILGA is the world federation of national and local organizations dedicated to achieving equal rights for lesbian, gay, bisexual, trans and intersex (LGBTI) people and their liberation from all forms of discrimination everywhere. They have 3 chapters, and one of them is ILGA Asia (<http://ilga.org/ilga/en/organisations/ILGA%20ASIA>).

Media and Social Media. Online media and social media have been used as a tool to disseminate information and also a way to represents marginalized groups, including LGBTI. There are anecdotal reports that show social media such as Twitter and Facebook have given voices and faces to LGBTI communities. Individuals and groups (e.g. IDAHO) have used media and social media to promote support LGBT issues and rights. Social media also function as a media for LGBTI groups to gather virtually. Civil rights movements require mobilization of diverse groups and social media is a very good tool for this. Media can positively or negatively influence sexual minority groups⁴¹. One study assessing media role model on gay, lesbian and bisexual found that the media influence gay, lesbian and bisexual self-realization, 'coming out', and current identities by providing role model and inspirations⁴². Another study⁴³ found that media coverage was not found to be significant influence in policy innovation.

³⁹ See International Day Against Homophobia and Transphobia 'IDAHO'. Annual Report, 2013.

⁴⁰ See Asia Pacific Forum Annual Report 2012.

⁴¹ See Public Opinion and Discourse on the Intersection of LGBT issues and race. Opinion research and media content analysis. The Opportunity Agenda, n.d.

⁴² See Gomillion, S., C. Giuliano, T., A. The Influence of Media Role Models on Gay, Lesbian and Bisexual Identity. Journal of Homosexuality, 58: 330-354, 2011.

⁴³ Colvin, R., A. Understanding Policy Adoption and Gay Rights: The Role of the media and other factors. The Innovation Journal: The Public Sector Innovation Journal, Volume 11 (2), article 2.

SOGI Advocacy Tools

Most of available documents about SOGI advocacy (directly and indirectly) exist within Human Rights, Gender, Sexual Reproductive Health, and HIV domains. They include training manuals, framework and policies or guidelines, developed for organizations (government and non-government) or networks and for health service providers. In other words, tools exclusively developed for SOGI advocacy are scarce.

The table below describes tools that currently available which included within this desk review:

Domain	Title	Type	Targeted/Expected User
Gender	A Manual for Gender Audit Facilitators. The ILO participatory gender audit methodology. ILO, 2007.	Training guide. It provides facilitators with guidelines and practical instructions on the planning and implementation of participatory gender audits in an organization context (gender mainstreaming policies and strategies).	ILO constitutes UN System Women's Associations Civil Society Organizations
	Gender Responsive Budgeting in Practice: A Training Manual. UNFPA-UNIFEM, 2006	A training manual in applying gender budget analysis tools in their programming around gender equality and women's rights.	UN staff and their partners from governments and NGOs or those who focus their work in mainstreaming gender planning and budgeting at country level.
Human Rights	A tool for documenting human rights violation. HURIDOCs, 2001.	A tool that provides standard formats for recording and exchanging information on human rights violation.	NGOs, especially human rights organizations
	Human Rights and Gender Equality in Health Sector Strategies. How to assess policy coherence. WHO, 2011.	A tool to assess health sector strategy, or as a stand alone gender and human rights study.	Various actors in health planning, policy-making, implementation

Domain	Title	Type	Targeted/Expected User
			and/or monitoring of health sector strategies. This includes health policy-makers and planners, national human rights institutions, development partners and CSOs.
	The User Guide for The HIV-Human Rights Costing Tools. UNAIDS, 2012.	A costing tool to encourage and enable managers of HIV-related human rights interventions to conduct detailed activity costing and to estimate the costs of HIV-related human rights services at the provider level, and within the national AIDS response framework.	Programme and financial officers (to estimate budget requirements).
Sexual Reproductive Health including HIV	Advocacy Guide for Sexual and Reproductive Health and Rights. IPPF, 2001.	Advocacy guideline for SRHR.	NGOs, Networks, CBOs working on SRHS including HIV issues.
	Advocacy Guide for HIV/AIDS. IPPF, 2001	Advocacy guideline for HIV.	NGOs, Networks, CBOs working on HIV issues.
	Advocacy in action: a toolkit to support NGOs and CBOs responding to HIV/AIDS. International HIV/AIDS Alliance, 2001.	The toolkit is about advocacy and HIV/AIDS – influencing people and organisations in power to create an environment which protects the rights, health and welfare of everyone, both HIV positive	NGOs and CBOs working on HIV issues in developing countries.

Domain	Title	Type	Targeted/Expected User
		and negative.	
	EMPowerment for Advocacy. The EMPAD Policy Framework for national advocacy by and with key populations. International HIV/AIDS alliance. 2014.	Policy framework for civil society organizations and networks to design new advocacy and campaign programs; to develop advocacy funding related proposal and to communicate advocacy work around key populations.	NGOs and CBOs working on HIV issues in developing countries.
	Good practice guide: integration of HIV and sexual and reproductive health and human rights. International HIV/AIDS Alliance, 2011.	Guideline for those working on HIV issues who may want to link their HIV programmes to SRH.	NGOs and CSOs working on HIV issues (managers, resource mobilisers, implementers, technical support providers, programme officers and directors)
	International Guidelines on Sexuality Education: An evidence informed approach to effective sex, relationships and HIV/STI education. UNESCO, 2009.	Guidelines.	Those involved in policy, advocacy and the development of new programmes or the review and scaling up of existing programmes.
	Men-streaming in sexual and reproductive health and HIV. A toolkit for policy development and advocacy. IPPF.	Tool to guide the policy development process (from inception to implementation).	Those who are responsible for developing organizational policy within national and regional organizations.
	Measuring up: HIV-related advocacy evaluation training	Training guideline for facilitators and learners.	NGOs, networks and CSOs working on HIV

Domain	Title	Type	Targeted/Expected User
	pack (guides for facilitators and learners). International HIV/AIDS Alliance, 2010.		issues in developing countries.
	Our Theory of Change: For sustaining community action on health, HIV and rights. International HIV/AIDS Alliance, 2013.	A programming tool, and a monitoring and evaluation tool.	International HIV/AIDS Alliance and its partners.
	Synergizing HIV/AIDS and Sexual Reproductive Health and Rights. A manual for NGOs. WHO- AIDSnet, 2005.	Manual, reference and practical tools for NGOs working on HIV and or SRHR issues.	Danish NGOs and partners in low income countries, any NGOs, networks and CBOs.
	Young people and the law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services. UNESCO, UNFPA, UNAIDS, UNDP, Youth lead. UNESCO, 2013.	A review report.	Organizations focusing on Young People and SRHR (including HIV) issues.
	Rapid Assessment Tools for Sexual and Reproductive Health and HIV Linkage, A Generic Guide. IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW, Young Positives, 2009.	Assessment Guide. The objective of this adaptable tool is to assess Hiv and SrH bi-directional linkages at the policy, systems and service-delivery levels. it is intended also to identify gaps, and contribute to the development of country-specific action plans to forge and strengthen these linkages.	Policy-makers, Programme managers, Service providers, Clients, Donors and partners in health.
SOGI	Sexual Orientation, Gender	A guideline. It explains how	NGOs, Networks, CBOs

Domain	Title	Type	Targeted/Expected User
	Identity and International Human Rights Law. Practitioners Guide No. 4. International Commission of Jurist, 2009.	international law and standards can and should be used to provide victims of human rights violations on the grounds of SOGI, the protection to which they are entitled.	and anyone working on SOGI and human rights issues.
	The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities.	Policy Guideline.	The Global Fund Secretariat, Governing Structure and partners.
	Sexual Orientation and Gender Identity Issues in Development. A Study of Policy and Administration. SIDA, 2005.	This report is the outcome of a study of Swedish policy and administration of Lesbian, Gay, Bisexual and Transgender (LGBT) issues (including intersex issues) in international development cooperation.	Swedish MFA (Ministry for Foreign Affairs) Sida (Swedish International Development Cooperation Agency) Partners
	The Yogyakarta Principles.	These principles apply international human rights law to violations experienced by lesbians, gay men, bisexual and transgender people to ensure the universal reach of human rights protections.	This Guide is targeted primarily to activists working on LGBTI issues.
	Gender Identity and Violence in MSM and Transgender: Policy Implications for HIV Services. USAID Health Policy Initiatives, 2009.	A review report.	Programmers, Governments, and NGOs and Networks working on HIV issues.

Gaps

Gaps in SOGI related laws, policies and programs

Absent laws to protect Sexual Minorities. Existing national laws and policies in South East Asia do not directly support SOGI. In addition, there are fewer laws and policies that incorporate LGBT issues, especially to address the needs and rights of sexual minorities. Moreover, there are contradictive laws/policies/regulations that make enforcement difficult within countries. For example, while there is no national law that bans homosexuality in Indonesia, at some municipal levels there are regulations adopted from Sharia law that forbid same sex acts.

At the moment, planning, assessment and mapping and training activities conducted by various organizations and dominant actors are focused on SRH (including HIV) related service delivery and documentation of human rights violations against sexual minorities and key populations and not for the full-adoption by the states for the promotion, protection and fulfillment of the SOGI rights.

Gaps in SOGI advocacy

Issues with terminologies

Terminologies can be a problematic because the terminology such as LGBTI is a Western term. It cannot adequately represent some of the sub cultures that exist within South- East Asia. For example, Hijra identities and sub-cultures in Bangladesh. Hijra does not fit neatly onto the categories of transgender and intersex, although transgender is a term sometimes embraced by community members, and by rights advocates. Many hijras identify themselves as neither men nor women, or third gender (or third sex), but some also identify as women.

Another example is the term MSM in HIV programming which is an umbrella term for gay, transgender, and other men who have sex with men. Transgender is not necessarily identify themselves as men so the term then may not inclusive for transgender people. Moreover, MSM is a term that is focusing on behavior. SOGI, on the other hand, is focusing on sexual identity. Therefore, using behavior term such as MSM within SOGI discussions will be incongruent.

There are limited tools available that developed as guidelines of advocacy related to SOGI and LGBTI issues. Most tools, guideline and training manuals are related to advocacy in relation to SRH and HIV issues.

Furthermore, existing tools related to gender that developed in the context of power imbalance of men and women, are focusing to women and have not particularly addressing LGBTI issues. In other words, LGBTI issues are unobserved as they are 'covered' or missed by binary concept of men and women.

Asean declaration of Human Rights instrument is still considered problematic and it is also not inclusive to SOGI and LGBTI issues. In addition, the declaration may not provide protection against potential human rights violations against sexual minorities groups due to enjoyment of human rights within this

instrument is still depends on other conditions such as state, context, culture and religion within its respective countries.

Conclusion

- Challenges to realizing LGBT rights as human rights are laws and policies, cultural values and religious beliefs in the Southeast Asia countries which are not in favor of the realization of LGBT rights as human rights. There is inadequate protection related to the rights of sexual minority groups related to anti stigma and discrimination, and LGBTI civil rights (freedom of expression, association, etc.) in Southeast Asia countries.
- Awareness about sexual diversity and the needs of LGBTI that is different from the mainstream group is still very low among state actors, including health care providers.
- Not surprisingly, various reports studied in this review suggests that gay and transgender, including sexual minority groups such as lesbian, bisexual and intersexual is a very marginalized group. This is also includes young LGBTI populations. Therefore, they face a variety of social vulnerability such as limited access to quality information and health services, gender-based violence, low status of social and economic conditions, and low access to education and employment.
- Various reports in this review recommend that the punitive and restrictive laws and policies that harm LGBTI people need to be repealed or modified to remove the social stigma, discrimination and violence, and to increase of access to legal, social and health services.
- Actors related to SOGI advocacy identified within this review are LGBTI networks within national, regional and international level. Those who provide supports for these initiatives include international donors or international agencies.
- Reports on SOGI advocacy activities are mostly about documentation of human rights violations towards LGBTI. Most of the documentation are focused on processes of advocacy. There is no report/study that maps or assesses impact of SOGI advocacy.
- There is no manual or set of tools to be used during organizational assessment aimed specifically to SOGI. The current gender audit manual are focusing on binary concept of men and women and undermine sexual identity.
- Documentation of advocacy activities are mostly related to cases of violence and human rights abuse against LGBTI groups. Lessons learned on advocacy activities on SOGI, unfortunately, are not well documented. Most documentation are limited to advocacy processes, with limited data on the impact of advocacy activities undertaken.

- As the non-inclusive nature of ASEAN Declaration of Human Rights towards SOGI issues, to date the most relevant human rights instrument to provide framework advancing protections for the fundamental rights of sexual minority groups is the Yogyakarta principles.

Lessons learned

1. Acknowledgement of equal status within the law, non-discriminatory laws/policies/regulations and protecting law/policies/regulations is essential for the protection of sexual minorities groups human rights. Lack of legal protection toward LGBTI have lead further to worse social stigma and discrimination, violence, and poor health status among sexual minorities.
2. Multi stakeholders collaboration especially toward an active involvement of state actors to support programs related to promotion of LGBTI rights is a condition to increase awareness of SOGI rights as human rights and to reduce stigma and discrimination toward sexual minorities and key population.
3. Within this region, issues related to LGBTI or SOGI is highly stigmatized. It is reflected in products of laws and regulations or agreements, which are not supportive and inclusive of SOGI, including instruments of human rights agreed by government representatives in the ASEAN Human Rights Declaration. This explains why majority of advocacy actors on SOGI issues are NGOs/CSOs/CBOs with limited engagement to the government in their respecting countries. MSM issues, on the other hand, are starting to be more noticeable by the governments due to international/regional/local HIV initiatives in the last decade. A link of local to national, regional and international is therefore important for advocacy work.
4. Lack of advocacy tools/guielines that specifically developed to address the LGBTI and SOGI issues, could lead to less effective SOGI related advocacy by LGBTI and sexual minorities communities/organizations/networks. The existing tools that mostly focused on HIV, SRH and women issues will not help much in adressing LGBTI issues as they are different in nature. As a result, the existing tools will not directly addressing the root causes and fit to the wider context of the problems experienced by LBGTI.

Recommendation

General Recommendation.

Every person, regardless of sexual orientation, gender identity and expression, are entitled to enjoy universal human rights, which detailed in the 29 principles of The Yogyakarta Principles. Therefore, practical approaches to guide SOGI advocacy within ISEAN Programs is a rights based approach to health, with four main principles: participation, non-discrimination, accountability and transparency. A human rights based approach to health 'aims to support better and more sustainable development outcomes by analyzing and addressing the inequalities, discriminatory practices (de jure and the facto) and unjust power relations which are often at heart of development problems.'⁴⁴ Within this approach, outcomes directed on advocacy processes is strengthening capacity of 'duty bearer'⁴⁵ to fulfil their obligation and or enabling the 'right holders'⁴⁶ to claim their rights.

Communities have a critical role in effective health programming, including advocacy. Community mobilization is recognized as 'one of critical social enablers in the response to HIV' (The Lancet, June 2011)⁴⁷. Several case studies within this review also show that community led advocacy is effective to addressing HIV as well as addressing sexual minorities (in this case MSM and Transgender) rights. Therefore, it is essential to promote and encourage key populations and sexual minority community involvement within the planning, implementation and monitoring and evaluation of advocacy program.

When developing advocacy action plan, it is also important to develop monitoring and evaluation plan and set a mutual agreed indicators for success. One gap that identified within this desk review is the lack of data related to outcome of advocacy activities to date.

Stakeholders who are potential allies for SOGI advocacy works are national human rights institutions; NGOs, INGOs and networks working on human rights issues (e.g. Asia Pacific Forum); donors and other international development partners (e.g. the Global Fund); regional office of UN agencies (e.g. UNFPA, WHO, UNAIDS, UNDP); international NGO working on SRHR issues (e.g. IPPF); LGBTI networks and movement (e.g. ILGA and IDAHO). Potential opponents identified are including conservative faith based organizations. Once we have advocacy target, we will know better our stakeholders. However, it is important to build coalition with women movement and LGBTI community movement.

Media and social media are seemingly promising as tools for LGBTI issues' awareness raising and LGBTI social movement.

⁴⁴ See A Human Rights Based Approach ' Information Sheet. WHO-OHCHR, n.d.

⁴⁵ duty-bearers: Refers to the States Parties that are bound by international human rights law to ensure rights holders enjoy the rights due to them. All agencies of the State are duty-bearers.

⁴⁶ rights holders: Those to whom rights are due, as well as those for whom the provisions of international law were drafted. The term is intended to dignify and embolden people to whom rights and dignity are due, rather than allow them to be characterised as victims in need of charity or special treatment.

⁴⁷ As quoted at Our Theory of Change: For sustaining community action on health, HIV and rights. International HIV/AIDS Alliance, 2013.

Recommendations on Ways of Work can be Improved.

There is an advocacy framework developed by UNDP (2013) on SOGI issues about sexual health of MSM and transgender⁴⁸ that can be used or adapted. It is clear that national and local organizations are more familiar with particular issues related to HIV, sexual health, and SOGI of MSM and transgender in their area. Therefore, the framework aims to guide a process where they can set up their own key priorities, partnership and strategies.

The framework introduces actions that can be conducted within five advocacy domains (legal and policy environment, health services, legal police and justice service, community structures, and media). The domains can be added based on context where the framework is used.

Within each domain, there are 4 actions that need to be conducted as the following:

1. Determine key priorities;
2. Identify groups with whom to work in partnership
3. Determine key strategic and points of influence
4. Draw on key resources to build the case for change.

Key Domains for Advocacy and Framework for Action for Each Domain (UNDP, 2013).



⁴⁸ See South Asia Regional Advocacy Framework and Resource Guide. HIV, Human Rights, and Sexual Orientation and Gender Identity. UNDP, 2013.

The framework provides a summary of global and regional commitments related to the human rights of sexual minorities, including a map of initiatives and evidence that can be used for advocacy.. The framework also provides sound information related to key priorities; key recommendations and strategies; key (potential) stakeholders; and key resources for each domain. However, it is important to note that the list functions only as a guide, and not to restrict priorities, partnerships, and strategies that may be different based on the context and nature of ISEAN’s work.

Using the framework, potential stakeholders to work within each domain are (but not limited to):

Advocacy Domain	Potential Stakeholders	Potential Method
Legal and Policy Environment	<ul style="list-style-type: none"> • Politicians – national/state/local • Senior bureaucrats • Parliamentarians • Donors and international development partners (e.g. Australian AID, USAID, DfDID) • Regional/national offices of United Nations • Country Coordinating Mechanism of Global Fund • Human Right Watch • South Asia LGBTI Network (ILGA Asia) • National LGBTI Networks • The Asia Pacific Coalition on Male Sexual Health 	<ul style="list-style-type: none"> • Key informant interviews (using questions draw from information available such as desk review and other key resources). • Group discussions (using key points from key informant interviews). • Workshop with key policy makers and stakeholders (to develop and document on consensus answers).
Health Services	<ul style="list-style-type: none"> • WHO regional office for South East Asia (SEARO) • APCOM • Regional STI Society • Donors • Asia Pacific Network of People Living with HIV (APN+) • Asia Pacific Network of Sex Workers (APNSW) • Primary health care • VCT/STIs services • Other SRH services • Mental health services 	<ul style="list-style-type: none"> • Key informant interviews (using questions draw from information available such as desk review and other key resources). • Group discussions (using key points from key informant interviews). • Workshop (to develop and document on consensus answers).
Legal Police and Justice Services	<ul style="list-style-type: none"> • Network for improving policing in South East Asia • International Development Law Organization (IDLO) • UNODC • UNDP • UNAIDS • Law Enforcement and HIV Network (LEAHN) • Asia Regional Harm Reduction Network 	<ul style="list-style-type: none"> • Key informant interviews (using questions draw from information available such as desk review and other key resources). • Group discussions (using key points from key informant interviews). • Workshop (to develop

Advocacy Domain	Potential Stakeholders	Potential Method
	<ul style="list-style-type: none"> • Regional/ National LGBTI Networks • Local Police • Local Courts • Legal aid and legal services 	and document on consensus answers).
Community Structures	<ul style="list-style-type: none"> • CBOs and CSOs working on MSM and Transgender issues • Local Community Leaders • Faith based organizations • Religious leaders • GF ATM • UNAIDS and co sponsors • Donors, international foundations, bilaterals • APN + • APNSW 	<ul style="list-style-type: none"> • Key informant interviews (using questions draw from information available such as desk review and other key resources). • Group discussions (using key points from key informant interviews). • Workshop (to develop and document on consensus answers).
Media	<ul style="list-style-type: none"> • National media and press organizations NGOs who target media practice • APN+ • APCOM • UNAIDS and Co Sponsor • Journalist • Media owners • Social Media 	<ul style="list-style-type: none"> • Key informant interviews (using questions draw from information available such as desk review and other key resources). • Group discussions (using key points from key informant interviews). • Workshop (to develop and document on consensus answers).

As pointed out by one of this review finding, LGBTI issues is highly stigmatized within this region, although it is less restrictive within some countries. Therefore, the first three high level strategies will be most applicable for assisting future and further advocacy works. Some recommended key activities under the three strategies are as follows:

- Assessment of the inclusion of SOGI in organizational level (integration of SOGI on organization’s gender policy) and SOGI advocacy in the organization’s programs and activities on NGOs and partners that pertaining to human rights; discrimination; social acceptance; laws, policies and regulations. The assessment also needs to explore knowledge, attitude and capacity related to SOGI in organizational level as well as in individual level.

- Develop tool for the assessment mentioned above and train ISEAN partners (community based organizations/CBOs and community based organizations/CBOs) on how to use the tool. Translate the tool into each ISEAN member national languages to avoid different interpretation from different users and ensure that the tool is user friendly.
- Develop plan to provide technical assistance or other supports from ISEAN secretariat to the partners whom need assistance on integration of SOGI to their organizational governance as well as their programs, including advocacy works.
- Develop common understanding regarding SOGI and LGBTI issues in ISEAN countries through modules development on SOGI within regional level, that includes local understanding regarding SOGI and broad range of local SOGI self-identification terms in ISEAN countries.
- Assessment of mapping of stakeholders (after advocacy target is agreed); Training of mainstream NGOs and partners on SOGI and sexual diversity management, discrimination and human rights programming with key populations; coalition building with the involvement of organizations of key populations and LGBTI; mapping existing health services for key populations and sexual minorities; documenting the impact of changes in international/regional and national HIV funding.
- Identifying or facilitating the creation of sexual minorities organizations, networks, and leaders; advocacy training, planning, monitoring and evaluation; training to prepare sexual minorities organizations and networks to document human rights violations, to highlight barriers to health services; joint studies/research that bring sexual minorities together with national, regional and international HIV, human rights and LGBTI organizations; training and technical support addressing funding opportunities; technical support to ensure perspectives of key populations and sexual minorities are heard and widely communicated to affect change at a national level; and crisis response to address violence and harassment against sexual minorities; strategic litigation to complement legal and human rights interventions.
- National or provincial consensus meetings as a gradual engagement process with major stakeholders in country level; national or provincial sectoral monitoring committees to collect information on cases of human rights violations and to monitor public policies.

Glossary

Definitions of Key Terminology

The acronym **LGBTI** stands for lesbian, gay, bisexual, transgender and intersex. While **lesbian, gay and bisexual** refer to sexual orientation, **transgenderers** refer to individuals whose gender identity and/or expression of their gender differs from social norms related to their assigned sex of birth). **Intersex** refers to a variation in sex characteristics including chromosomes, gonads, and/or genitals that do not allow an individual to be distinctly identified as male or female (UNAIDS).

SOGI is an acronym which stands for sexual orientation and gender identity. These are two separate concepts and should not be confused. **Sexual orientation** refers to an enduring pattern of emotional, romantic and/or sexual attractions to people of the opposite sex (heterosexual), same sex (homosexual) or both sexes (bisexual). The terms lesbian describes a woman who is sexually and emotionally attracted to other women, gay describes a man who is sexually and emotionally attracted to other men, and bisexual describes is an individual who is sexually and emotionally attracted to men and women. Based on Jogjakarta Principles, **gender identity** refers to “each person’s deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender including dress, speech and mannerisms” (Jogjakarta Principles).

Gender Expression refers to ‘the external manifestation of one’s gender identity, usually expressed through “masculine,” “feminine” or gender variant dress, appearance, mannerisms, speech patterns and behavior. Gender expression is not necessarily an indication of sexual orientation’ (IGLHRC).

MSM is an acronym which stands for ‘men who have sex with men’ or ‘males who have sex with males’. The term ‘men who have sex with men’ describes males who have sex with males, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. This term is inclusive for men who self-identify as heterosexual but have sex with other men (UNAIDS, 2011).

Sexual Minorities. The term “sexual minority”, or “sexual minorities”, refers to people whose sexual orientation or practices differ from the dominant heterosexual paradigm. This term encompasses sexual orientation and gender identity, including those who identify as being lesbian, gay, bisexual, transgender or intersex, or are MSM or women who have sex with women (UNESCO, 2011).

Gender-based violence. The term ‘gender-based violence’ has been used inclusively, referring to violence that expresses and maintains the unequal power relations of oppressive gender orders. This includes not only violence against women and girls but violence against men, boys and transgender individuals who challenge gender and heterosexual norms through their feminine appearance and/or sexual desire for other men.

Hate crime: offences that are motivated by hate or by bias against a particular group of people. This could be based, inter alia, on gender, gender identity, sexual orientation, ethnicity, religion, age or disability. Also called bias crime (ILGA).

Heteronormativity: Reference to cultural and social practices where men and women are being led into believing and behaving as if heterosexuality were the only conceivable sexuality. It implies the positioning of heterosexuality as the only way of being “normal” and as the key source of social status (ILGA).

Heterosexism: the belief, stated or implied, that heterosexuality is superior (religiously, morally, socially, emotionally, behaviourally, and/or in some other way) to other sexualities; the presumption that all people are heterosexual (maybe conscious or unconscious); the belief that all people should be heterosexual. As an institutionalized system of oppression, heterosexism negatively affects LGBTI people as well as some heterosexual individuals who do not subscribe to traditional standards of masculinity and femininity (ILGA).

Key Populations: The term ‘key populations’ or ‘key populations at higher risk of HIV exposure’ refers to those most likely to be infected and affected by – their engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender persons, people who inject drugs, sex workers and their clients, and seronegative partners in serodiscordant couples are at higher risk of HIV infection than other people. There is a strong link between various kinds of mobility and heightened risk of HIV infection, depending on the reason for mobility and the extent to which people are outside their social context and norms. Each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context (UNAIDS).

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