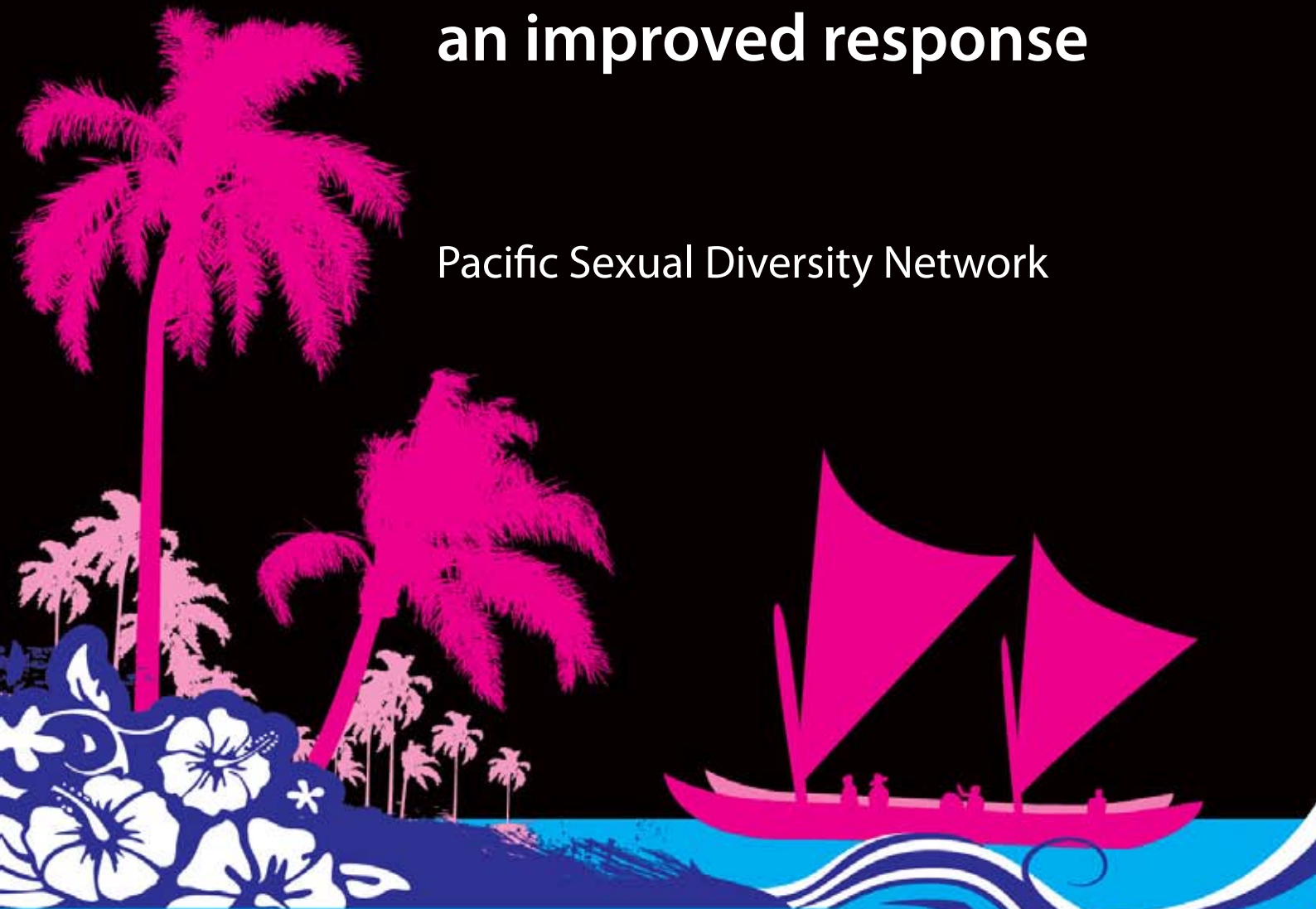


HIV/AIDS, men who have sex with men and transgender people in the Pacific:

Recommendations for an improved response

Pacific Sexual Diversity Network



acon BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING



HIV/AIDS, men who have sex with men

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May 2009

ISBN 978-1-86356-052-8



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Introduction

This report is about sexual and gender diversity and HIV/AIDS in the Pacific. It was compiled as a result of a workshop conducted with the Pacific Sexual Diversity Network (PSDN) as part of an exchange program to ACON in Sydney during October 2008. Representatives of Samoa, Fiji, Papua New Guinea, Tonga and Cook Islands attended the exchange which focused on skills development in health promotion, organisational infrastructure and advocacy. The exchange was funded through the Australian Agency for International Development (AusAID) Australian Leadership Awards Fellowship.

The PSDN formed in 2007 as a Pacific regional network for organisations and projects working with men who have sex with men (MSM) and transgender people in the Pacific, especially in relation to HIV/AIDS. It coordinates regional communication, capacity development of MSM and transgender organisations, and advocacy and representation on behalf of Pacific MSM and transgender people. Currently it has members in Samoa, Fiji, Papua New Guinea, Tonga and Cook Islands.

Based in the Australian state of New South Wales, ACON formed in 1985 as a central part of the gay, lesbian, bisexual and transgender (GLBT) community's response to the emerging HIV/AIDS epidemic. Since then it has grown into one of the largest community-based HIV/AIDS and GLBT health organisations in the world. Since 2005, ACON has provided capacity building programs and built a range of partnerships with similar organisations in the Asia-Pacific region.

This report has been produced for two main purposes. First, it seeks to voice the experiences and challenges of MSM and transgender people in the Pacific, within the context of the current and potential impact of HIV/AIDS. Despite a growing realisation that HIV among MSM and transgender people is an increasingly serious health issue in the global south, there has been limited attention given to the existence of, or potential for, an MSM and transgender HIV epidemic in the Pacific.

Second, beyond providing greater understanding and context to the issue of MSM, transgender

people and HIV/AIDS in the Pacific, this report has been written to advocate for action to be taken by Pacific governments, churches, communities, inter-government and non-government organisations, and other institutions working in the region, in order to prevent the spread of HIV, and more broadly, address the health, legal and social issues facing Pacific MSM and transgenders.





Men who have sex with men and transgender people in the Pacific

There are men who are attracted to the same sex, and men who feel they are more like women than men, in all Pacific countries. These men are referred to differently in different countries including fa'afafine in Samoa, fakaleiti in Tonga, akavaine in Cook Islands, vakasalewalewa in Fiji and palopa in Papua New Guinea, as well as other terms in other Pacific countries. Some of these men may present themselves and live daily life similar to women. Others may take on female dress only at particular times, and others not at all, living their lives in ways that are similar to other men. Some of these men may also refer to themselves as gay, bisexual or as MSM (for men who have sex with men) and some may use these international terms instead of their more local versions.

In the west, these men would be regarded as homosexual or as transgender. However, these terms do not align neatly with these Pacific categories of gender and sexuality which are both more diverse and culturally unique and include a wide range of identities that are often particular to local Pacific cultures. Many Pacific expressions of sexual and gender diversity are borne out of the specific national contexts of each Pacific culture.

Not all of the terminology used in the Pacific is based in the traditional histories. For example, the Tonga fakaleiti were previously referred to with the more traditional fa'akafine. The term fakaleiti or simply leiti is a more modern derivation of the English word 'lady'.¹ In Papua New Guinea, where many local languages do not necessarily have words that indicate sexuality or gender identity, the term palopa has come into recent use, derived from the name of Jennifer Lopez.² These terms in particular are strongly associated with transgender identity or with cross dressing. However, there are also many homosexual men in Pacific countries who do not cross dress and are not transgender so these terms do not accurately apply to them.

This document uses the term MSM and transgender to collectively describe these diverse groups. This is not an exact or optimal terminology however. The MSM term has become commonly used in the language of global development, especially in the field of HIV/AIDS. However, it has been criticised for attempting to refer to a very broad range of people with a singular general expression, an expression that emphasises sexual behaviour rather than personal

identities, communities, emotions, relationships or other aspects of life that are important for the people the term relates to. It has also been especially criticised when it attempts to incorporate transgender people as its masculine character is also not appropriate in this sense. However, it does serve some purpose in enabling complex and varied groups to be linked through their similarities across national and regional borders.

In the Pacific, the terms MSM and transgender are increasingly used, mainly in regional and international contexts. However, it remains the case that local communities and organisations refer to themselves and others like them with unique, local, cultural terminology such as fa'afafine in Samoa and akavaine in Cook Islands.

In using the MSM and transgender terms, this document recognises their shortcomings and contested nature in the Pacific context. Recognising these limitations, the term MSM is used to describe homosexual men, though it is acknowledged that some of these men may also have sex with women. Transgender is used to indicate the distinction between these men and transgender people, as well as in recognition of the inappropriateness of the MSM term in describing this group as 'men'. When specific local groups or people within particular countries are referred to, the local terms used in that country are applied.

The existence of Pacific MSM and transgenders has been documented since anthropologists began undertaking studies in the region, indicating they have always been present in many Pacific cultures. Early anthropological research was conducted in a climate of colonialism and this research struggled to separate itself from its colonial roots. It generally failed for example, to adequately grasp the integration of these groups into Pacific societies, particularly on the basis of their social roles in terms of labour. For example, many MSM and transgender were highly valued because they were capable of doing both men's and women's work³ or were able to contribute additional labour in child rearing.⁴

With colonialism came Christian missionaries and European laws that found fault with the existence of these groups and opposed the inclusion of them in their communities. Colonial understandings of MSM and transgenders emphasised their sexual

identities especially, in a way that had not been the norm previously.⁵ As Pacific Islanders were converted to Christianity, new ideas about sexuality, gender, the family and other topics introduced taboos that marginalised MSM and transgenders. New legal codes imposed harsh criminal sanctions against MSM and transgenders.⁶ Just as colonialism brought western definitions of homosexuality, it also brought western ideas of homophobia.

In colonising the Pacific, the criminal laws imported by the British and the French were designed to impose European morality about sex onto local populations. These laws, which firmly classified sexual behaviour between two men as illegal, were tools of social control; a mechanism by which those who engaged in non-heterosexual, non-reproductive intercourse were clearly identified within the law as criminals, and ostracised within society as deviants.⁷

In some Pacific countries, colonial legislators also introduced laws which sought to prohibit a person from dressing or presenting as the opposite of their biological sex. Consequently, European notions around strict gender roles and distinctions between men and women, were introduced into cultures which in many instances had different understandings and practices of gender.

Although most Pacific countries are now independent, colonial era laws remain. As is the case in other former European colonies (particularly British), the continuation of these laws over a sustained period of time has resulted in the criminalisation of homosexuality being seen as a “natural” part of legal systems across the Pacific. Paradoxically, sexual and gender diversity are to varying degrees now viewed as antithetical to traditional Pacific cultural practices and an import of modern western society.

Criminal laws around sexual behaviour and gender identity and expression were not the only colonial imports which have had a significant impact on the lives of MSM and transgenders in the Pacific. Religious doctrine and beliefs around sexuality and gender have also played, and continue to play, a central role in shaping the experiences of MSM and transgenders.

Religion plays a central role across most countries in the Pacific. Following colonialism, Christianity

has become the dominant religion in the Pacific. Religious institutions and their leaders hold significant influence in defining moral norms and values, and in many instances occupy both direct and indirect positions of power in government.

The traditional teachings of the Christian church that homosexuality, and other forms of sexual diversity, are sinful have played a significant part in shaping the attitudes and actions of society towards Pacific MSM and transgenders. As with many other areas, there is a degree of divergence across religious denominations, and within church communities, about sexual and gender diversity. Some MSM and transgenders hold important and valued positions within their religious communities. Unfortunately, others are not accepted and some are even rejected from their church, causing significant emotional and spiritual distress.

Pacific forms of homosexuality and gender diversity have endured into the present despite the destructive effects of colonialism on Pacific cultures. However, like the Pacific region more generally MSM and transgenders are now negotiating the complex effects of globalisation on their lives. This means maintaining and recreating identities that are specific to Pacific cultures while also seeking to claim the potential opportunities that the contemporary globalised world may present.⁸ This negotiation of the local and the global sees MSM and transgenders developing strategies to sustain their unique cultural identities while connecting locally, nationally, regionally and globally on issues of concern with communities who share common interests.

As Pacific economies have modernised to link with the global economy, many MSM and transgender have moved into more individualised forms of labour that are disconnected from traditional collective forms of work.⁹ For example, it is not uncommon for MSM and transgenders to find work within the tourism industries of the region and in hospitality roles in hotels and nightclubs. These changes in labour have removed a primary means by which MSM and transgenders were included and valued previously, that is through their contribution to the labour that sustained their communities. This individual pattern of work in the global economy clashes fundamentally with the collective patterns of work in traditional Pacific communities. Migration from villages to urban centres to seek work in

many Pacific countries is also creating further disconnections between MSM and transgenders and their families.

Exposure to global culture has also introduced ideas about individual rather than collective identity to the Pacific, including gay and transgender identities that have arisen in the west over the last century or so. These western identities are closely linked with notions of global human rights which are also structured individually. However, there is significant resistance in many parts of the Pacific to the idea of human rights because of the western origins of this concept. Gender and the rights of women have been a key focus of this resistance.¹⁰ Similarly, MSM and transgenders find themselves caught in the collision of global human rights that are rejected by some in the Pacific, against local collective traditions that have grown hostile to them under the effects of colonialism. Clearly the status of Pacific MSM and transgenders is extremely complicated.

Despite these profound changes, Pacific MSM and transgenders are living dynamic, productive and rich lives. Many Pacific MSM and transgenders continue to contribute enormously to their families, communities, countries and the region. They play meaningful roles in governments, bureaucracies, churches, NGOs and a wide range of industries and charity organisations. They also continue to support their families and communities through practical, emotional, financial and other means. And increasingly, they are organising together to support one another.

Unfortunately MSM and transgenders are also greatly challenged by a number of dangers to their physical and mental health, personal safety and in some cases, even their lives. Many Pacific MSM and transgenders experience harassment, abuse, rejection and both sexual and physical violence, some from a very young age. These threats can come from within their families and schools as well as from the community more broadly and the police. There is insufficient social, community and legal support for MSM and transgenders. Colonial laws remain in place across the Pacific that make their very existence criminal offences punishable by prison terms. Many, though not all, religions in the Pacific are antagonistic to MSM and transgenders. The rise of fundamentalist Christian churches in the Pacific is generating increased stigma and hostility. Where there is

support for Pacific MSM and transgenders this support is sometimes conditional and only based on their capacity and willingness to act as entertainers, to organise charity functions or voluntarily engage in other community activities. This kind of support does not recognise MSM and transgenders as having their own personal needs, desires and concerns, does not value them as whole people, and ignores the fact that they are full human beings who deserve to be treated equally and fairly in their countries.





HIV/AIDS, MSM and transgender people in the Pacific

Pacific MSM and transgenders are also at risk of HIV. The number of confirmed diagnoses of HIV is low in most of the Pacific. However, there are likely to be additional unconfirmed diagnoses in some countries due to inadequate access to testing, community stigma and fear about HIV/AIDS, and lack of confidentiality.¹¹

MSM and transgenders in developing countries throughout the world are disproportionately affected by HIV/AIDS. In recent years, epidemics of HIV among MSM and transgenders have increased across the global south. Even in countries with advanced epidemics that affect a large proportion of the general community, levels of HIV among MSM and transgenders are many times higher than those of the rest of the population. This is also the case in countries with relatively new epidemics or epidemics that are concentrated among particular groups.¹²

These trends in developing countries across the world are a warning sign to the Pacific. Throughout the world, MSM and transgenders have not been adequately focused on in many countries' responses to HIV/AIDS, resulting in a lack of appropriate HIV prevention programs, insensitive HIV services (including testing services), and very little leadership on alleviating the stigma and discrimination faced by MSM and transgenders. This has caused escalating infections among MSM and transgenders that have been largely unnoticed and not included in epidemiological studies until recently in this decade. In some countries (especially in Asia) it is projected that MSM and transgenders will constitute an increasing proportion (even a majority) of overall national epidemics over the next decade.¹³ Even in sub-Saharan Africa, the region of the world most greatly burdened by widespread HIV infections, evidence is emerging of MSM and transgender being even more greatly affected by HIV than the general population.¹⁴

Aside from Papua New Guinea where almost all HIV diagnoses are attributed to heterosexual sex (probably inaccurately in some cases), one third of HIV infections in the Pacific are known to have occurred in MSM.¹⁵ Because of the stigma regarding sex between men in many Pacific countries, it is likely that HIV infections affecting MSM and transgenders are under-reported. In Papua New Guinea, if HIV among MSM and transgenders was assumed to be only 2% in 2005, this may rise to more than 10%

by 2025.¹⁶ It may be the case however that HIV among MSM and transgenders in Papua New Guinea was already higher than 2% in 2005. Moreover, it is believed that throughout the Pacific there are substantial undiagnosed HIV infections.¹⁷ Pacific MSM and transgenders may already be significantly affected by HIV or will become so in the future.

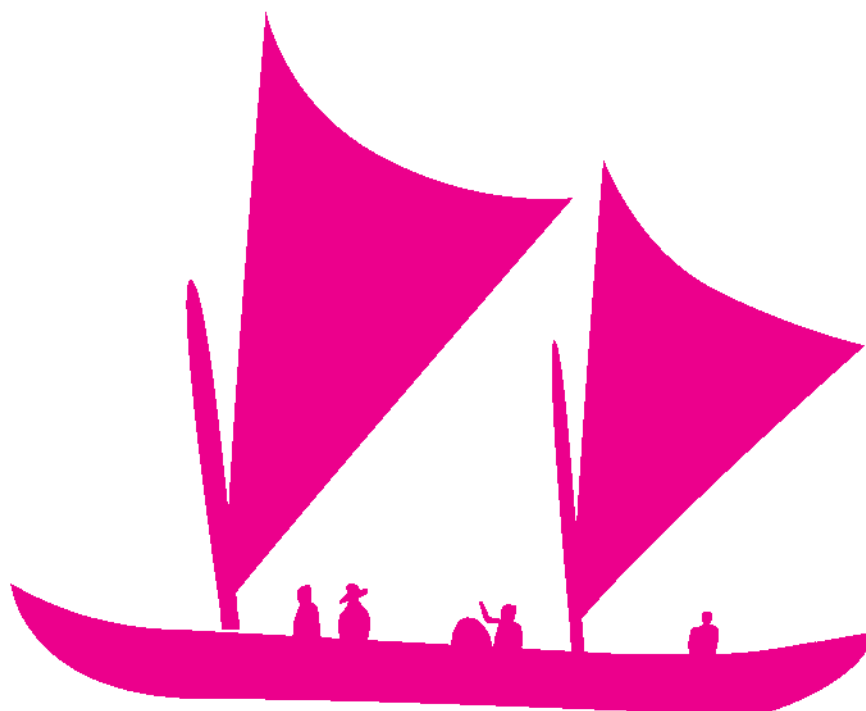
Issues of a lack of confidentiality, fear of diagnosis and widespread stigma are especially acute for Pacific MSM and transgenders. Even in locations where HIV testing is available, MSM and transgenders face the double-stigma associated with being perceived to be at risk of having HIV due to accessing HIV testing, as well as being recognised as MSM and/or transgenders through the testing process. It may not be feasible for MSM or transgenders to be open about their sexual activities because of close-knit communities, gossip or family connections compromising the perception of confidentiality in HIV testing. Consequently, there is little incentive for Pacific MSM and transgenders to be tested for HIV, even if it were accessible to all of them.

Despite these concerns, the needs of MSM and transgenders have been barely addressed at all in the national responses of Pacific countries. Only a few national strategic plans include MSM and transgenders. Very few funded programs are in place. Government and institutional will to include MSM and transgender issues in national responses has been extremely limited.

In the face of these challenges, the Pacific Sexual Diversity Network formed in 2007. The PSDN is a region-wide network of MSM and transgender community organisations and projects and is the first of its kind in the Pacific. It formed in recognition of the need to develop an effective regional response to the actual and potential threat that HIV/AIDS poses to MSM and transgenders across the Pacific. Currently, the PSDN includes representation from Samoa, Papua New Guinea, Fiji, Tonga and Cook Islands, although it hopes to expand its representation to include other Pacific countries in the near future.

The objectives of the PSDN are:

- to enable civil society organisations in the Pacific Region to better understand the linkages between MSM and transgenders and the HIV/AIDS epidemic, to formulate sound policy and advocacy support for MSM and transgenders amongst its member organisations and to influence policy development related to the issues for the HIV/AIDS epidemic;
- to provide and facilitate networking and training for its member organisations;
- to work in partnership with key stakeholders and international and regional funding agents, government and civil society organisations to promote, advance and protect the interests of its target group;
- to affiliate with and maintain connections with national, regional and international organisations with similar objectives;
- to promote and enable access to, sharing and dissemination of information, ideas, experiences and resources (including human resources) amongst its member organisations throughout the Pacific region;
- to enable member organisations to better understand, fulfil and develop their roles and functions and strengthen their organisations and program capacities;
- to strengthen the participation of communities and people, particularly those living with and affected by HIV/AIDS especially among the network's target groups in the decision-making and policy development process;
- to build on existing collaborative mechanisms and promote new and innovative partnerships where none exist; and
- to celebrate Pacific MSM and transgender identities and ideals and perpetuate these through organised activities.



The PSDN believes that the achievement of nine key goals would dramatically improve the health and wellbeing of MSM and transgender people in the Pacific:

1. Resourced and sustainable community organisations
2. Increased political commitment to MSM, transgender people and HIV
3. Reform of discriminatory law and government policy
4. Greater sensitivity by police
5. Increased and more appropriate research activities
6. Reduction of stigma and discrimination
7. Positive engagement by religious institutions
8. More sensitive educational environments
9. Increased representation of MSM and transgender people at local, national and international levels





Pacific Sexual Diversity Network key goals

1. Resourced and sustainable community organisations

Community organisations which are adequately resourced, and supported to be sustainable, are vital to improving the health and wellbeing of MSM and transgenders in the Pacific. The *Pacific Regional Strategy for HIV and other STIs 2009-2013* recognises the importance of community organisations in the prevention of HIV, with a key action to 'support and strengthen linkages of organisations and others working with groups that are particularly hard to reach effectively, including sex workers, men who have sex with men and migrant workers.'¹⁸

Local MSM and transgender organisations are strongly connected to, and situated within these communities. In most circumstances, it is MSM and transgenders who have created and are running such organisations. This makes them very well placed to provide activities such as health promotion, community development, care and support which are appropriate, relevant and reflect the needs of MSM and transgenders.

Significant and long term efforts are needed to develop MSM and transgender community structures in the Pacific. This requires capacity building activities at the local level of MSM and transgender organisations, and at the regional level of the PSDN.

Many local MSM and transgender organisations are making significant strides in developing further. However, all of these organisations require more development assistance including in areas of governance, financial management and other organisational systems necessary for the effective long term functioning of accountable, stable organisations.

Importantly, local organisations need access to adequate, secure and ongoing funding. A key priority is access to seed funding to cover establishment costs and development costs for new and small organisations. This is particularly the case in those countries where MSM and transgender organisations are yet to form. However, all the local MSM and transgender organisations that have formed in recent years across the Pacific require substantial financial assistance to develop into more coherent and effective organisations.

At the moment, no staffing costs are secured for any MSM and transgender organisations, placing limits on the amount of time that can be devoted to organisational growth as well as the potential for activities that address HIV/AIDS among MSM and transgenders. In addition, the current reliance on dedicated and passionate unpaid individuals to undertake these activities presents a potential threat to the long-term sustainability of MSM and transgender organisations. Funding should be provided at levels which enable local MSM and transgender organisations to employ staff, enhancing organisational capacity and reducing the possibility of burn out of those currently involved.

In the long term, a central, ongoing office is required for the PSDN's continued functioning. Currently the PSDN secretariat is working out of the Samoa AIDS Foundation, but this was always intended as a temporary measure and is not feasible in the long term. Having secure, ongoing accommodation will enable the PSDN to provide stronger support to the region's burgeoning MSM and transgender organisations and to advocate for MSM and transgenders more effectively.

Individual Pacific governments including Ministries of Health must do more to support MSM and transgender organisations as part of their national responses to HIV/AIDS. Donors and international funders must express greater commitment to these organisations and back this commitment with resources and technical assistance. Sustained and coordinated support rather than intermittent and partial funding is necessary for an effective community response to HIV/AIDS among MSM and transgenders to be established and maintained.

A significant amount of money from the Global Fund for AIDS, Tuberculosis and Malaria has been directed towards the Pacific and Papua New Guinea.¹⁹ (The Fund grants money separately to Papua New Guinea from the rest of the Pacific.) However, it appears that *none* of this money has been directed at or spent on activities relating to MSM or transgenders. This is mainly because MSM and transgender activities have not, to date, been included in proposals submitted to the Fund from the Pacific or Papua New Guinea. MSM and transgenders are under-represented or not represented at all in the Country Coordinating Mechanisms (CCMs) that are responsible for supporting the development and

submission of proposals to the Global Fund. This is not surprising given the widespread stigmatisation of MSM and transgenders and the disincentive MSM and transgenders face in being visible and outspoken about their needs. The Global Fund must do more to hold CCMs responsible for including MSM in both their membership and the submissions to the Fund they oversee. MSM and transgender organisations also require additional strengthening in order to undertake projects funded by the Global Fund.



2. Increased political and institutional commitment to MSM, transgender people and HIV

There are examples of progress in some Pacific countries regarding political and institutional commitment to address MSM and transgenders in the context of HIV/AIDS. For example, in Papua New Guinea, Samoa and Fiji, MSM are included in the national HIV/AIDS strategic plans of those countries. In Cook Islands, the Te Tiare Association is a member of the National AIDS Council.

While these forms of recognition are important steps forward, they have not yet led to activities being funded that are targeted at HIV prevention, care or support for MSM and transgenders. Greater accountability is required in the implementation of national HIV/AIDS strategic plans so that where MSM and transgenders are included, there are actual funded activities resulting from this. In circumstances where MSM and transgenders are yet to be included in national HIV/AIDS strategic plans, Ministries of Health should take deliberate action to ensure that MSM are consulted on and involved in the development of future plans. This involvement should enable them to determine how they are to be included and which activities should be undertaken with them.

In some countries, such as Samoa and Tonga, high level political leaders have supported MSM and transgender organisations as patrons. These important symbolic gestures are matched in some cases with more operational commitments such as the generally routine inclusion of fa'afafine in policy consultations in Samoa. However, even in these countries, contradictory and mixed messages from various levels of political leadership and government ministries undermine these advances.

Pacific governments endorsed Millennium Development Goals, the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS in 2001 and the 2006 Political Declaration on HIV/AIDS²⁰. These pledges commit the governments of the world to halt and reverse the spread of the HIV/AIDS epidemic by 2015 and to achieve universal access to prevention, care and treatment for HIV/AIDS by 2010. This means ensuring that MSM and transgenders must be included in national responses to HIV/AIDS and that they have access to appropriate prevention, care and treatment services. The HIV/AIDS epidemic can not

be stopped without the involvement of communities that are affected by it. It is important that Pacific heads of state and health ministers are reminded of their commitments and the continued expectation that the Millennium Development Goals and the target of universal access be strived for.

In some countries, gradual increases in commitment to MSM and transgenders are resulting in competition between NGOs on MSM-related work. While this increase in commitment is to be applauded, this competitive and adversarial approach is fracturing MSM and transgender communities and fragmenting these communities' response to HIV/AIDS. NGOs are urged to work in partnership, guided by the stated needs and interests of MSM and transgender communities. NGOs interested in commencing work in this field are encouraged to work in concert with the emerging MSM and transgender community structures and organisations in their areas and to work with structures already in place.

At the regional level, UNAIDS has demonstrated significant commitment to MSM and transgenders through their support of the PSDN. This commitment is encouraged to continue. Unfortunately, other regional institutions such as the Secretariat of the Pacific Community have been slow in expressing any real support for activities addressing HIV/AIDS among MSM and transgenders. Regional institutions are powerful sources of leadership in the Pacific and can lend significant support to communities who are marginalised within countries.

While some donor organisations in the Pacific have provided some initial support to MSM and transgender organisations, significantly more is needed. The Australian and New Zealand governments are urged to increase their commitment to MSM and transgenders in the Pacific through their international aid programs as well as in their diplomatic dialogue with Pacific leaders more generally.

3. Reform of discriminatory laws and government policy

The criminalisation of consenting adult homosexual activity is recognised as compromising HIV prevention, care and support among MSM and transgenders, as well as undermining effective national HIV/AIDS responses generally. The *UNAIDS International Guidelines on Human Rights and HIV/AIDS* identifies the existence of sodomy laws as an impediment to HIV/AIDS education and prevention work. The *Pacific Regional Strategy for HIV and other STIs 2009-2013* recognises that confronting HIV/AIDS requires supportive legislative frameworks.²¹

Two of the key challenges to addressing HIV/AIDS in the region identified by the strategy (the need to deal with vulnerable groups, and the need to address stigma and discrimination), are exacerbated by criminalising MSM and transgender. The existence of criminal laws fuels epidemics among MSM, transgenders and other vulnerable groups in a number of ways. First, it prevents people who are part of these groups from accessing the necessary sexual health and other HIV-related support services, for fear of imprisonment and other forms of criminal punishment. Second, it sends a strong message to society that stigma and discrimination is condoned by the state. At the very least, this restricts health services from engaging with MSM and transgenders, and at worst leads to higher rates of public and private violence being committed against MSM and transgenders. Last, being labelled a criminal for behaviour, emotions and feelings which are a natural and important part of who they are, can have a detrimental impact on the self-esteem and mental health of some MSM and transgenders. In some cases, this may lead to some people placing themselves at greater risk of being infected with HIV, by not feeling confident enough to insist on the use of condoms during sex for example.

Throughout the Pacific, all countries retain colonial era laws that criminalise consenting homosexual activity and threaten sexual minorities with imprisonment for periods of years, except the Federated States of Micronesia, Vanuatu and the Marshall Islands which have no specific legislation in this area and the French-speaking territories where homosexuality is decriminalised.

These laws not only make providing effective HIV prevention, testing, care and support to MSM and

transgenders more difficult. They also undermine the ability of MSM and transgenders to raise grievances with the police or through the legal system. They make MSM and transgenders legitimate targets of violence, harassment and blackmail with no recourse through the law.

In some Pacific countries, there is a degree of recognition that local culture is contradicted by laws that criminalise consenting adult homosexual activity. In Samoa for example, indications from authorities suggest that these laws are unlikely to be enforced as they conflict with Samoan recognition of fa'afafine as an accepted part of the community. However, even the existence of these laws institutionalises the illegality and exclusion of MSM and transgenders and endorses discrimination against them. If no intention exists to enforce them, there seems little reason they should be retained. This inconsistency between traditional cultural values and colonial era laws is present in a number of Pacific countries.

In other cases, more pronounced legal contradictions exist, often because of relative progress in law reform. In 1998 Fiji became one of the few countries in the world to recognise in their constitution the rights of sexual minorities to live without discrimination. However, Fiji's laws criminalising consenting homosexual activities remain in place, in part due to the concerted campaign launched by the Methodist Church in that country which included calls by the Church for sexual minorities to be put to death and public rallies against same sex marriage even though no such call had been made.²²

There have been suggestions in some countries to legalise the status of gay men and lesbian women. However, these small steps forward are often met with disproportionate and sensationalist responses. For example, such a suggestion from the Solomon Islands Law Reform Commission in 2008 was reported in the *Solomon Times* alongside negative community reaction specifically elicited by the newspaper.²³

Community-based advocacy is needed to challenge preconceived ideas in order to support law reform. Political leaders also have a responsibility to promote social acceptance so that reform of the law in the Pacific can become a possibility. The media can also play a positive role in minimising, rather than

escalating negative reactions to proposals for decriminalisation. It can also play an educational role which may help to counteract inaccurate stereotypes and perceptions about sexual and gender minorities.

These laws not only undermine the response to HIV/AIDS and conflict with traditional values of inclusion in many parts of the Pacific. They are also clear violations of international human rights law, based on the 1948 International Declaration of Human Rights. It has been established under international law that national laws which criminalise private and consensual sex acts between two men are a violation of the right to privacy and the right to non-discrimination that exists for all persons, regardless of their sexual orientation.²⁴

In 2006, on behalf of a coalition of human rights organisations, the International Jurists Association and the International Service for Human Rights developed a set of principles based on applying the major features of international human rights law to sexual and gender minorities. The Yogyakarta Principles, endorsed by international law experts from diverse geographic regions, outline countries' responsibilities in recognising human rights in relation to sexual orientation and gender identity under international treaties and law. Laws criminalising consenting adult homosexual activity clearly contravene several of these principles including the right to the universal enjoyment of human rights and the rights to equality and non-discrimination.²⁵

In 2008, 66 countries in the United Nations General Assembly endorsed a statement calling for an end to discrimination against sexual minorities.²⁶ The statement was endorsed by a number of countries from Africa, South America, Eastern Europe and Asia although no Pacific countries endorsed it. Although not formally supporting the statement, even the Vatican called for the decriminalisation of homosexuality throughout the world prior to its endorsement.²⁷

Decriminalising consenting adult homosexual activities is not the only example of law reform that is needed in the Pacific. Including MSM, transgender people and other sexual minorities within anti-discrimination laws is also urgently needed. These additional measures are especially important because of the high levels of violence, stigma and

discrimination against sexual and gender minorities in the Pacific.

There are also specific local laws in place in some countries, such as Samoa, that criminalise dressing in the clothing of the opposite sex. These laws, devised in the colonial era to prevent confusion for Europeans,²⁸ create obvious problems for fa'afafine, many of whom live and dress as women regardless, and should be repealed.

Clear non-discrimination policies should be in place that compel governments to provide equal access to government-provided services and protect MSM and transgenders from discrimination in employment, housing, education and other areas.

4. Greater sensitivity by police

Increased attention to the interaction between police, MSM and transgenders is needed. Some parts of police forces have been a key source of violence and abuse against MSM and transgenders in some countries, especially, but not only towards those engaged in sex work.²⁹ The existence of criminal laws around homosexuality, dressing as the opposite sex, or sex work, act as mechanisms for some police to coerce and blackmail vulnerable groups and individuals. Consequently, many MSM and transgenders may be hesitant to seek their assistance when they are victims of crime, including violence directed against them for being MSM and/or transgender.

Where police abuse and poor treatment of groups such as MSM and transgenders occurs, it undermines national efforts to reduce HIV infections and the impact of the disease, by pushing hard to reach populations further away from government and non-government services. This situation is compounded where police act out against HIV/AIDS prevention and sexual health workers, owing to general stigma and misunderstanding around HIV.

Comprehensive steps must be taken by a range of groups – police, government, non-government bodies and MSM and transgender organisations - to address this issue. Leadership must come from the highest levels of police in the Pacific, while at the same time, education and engagement must occur across the entire force.

However, some constructive work has already been happening in the Pacific in breaking down barriers between MSM, transgenders and the police. In Papua New Guinea, Save The Children in PNG's Poro Sapot Project has been working with police recruits delivering training on MSM issues as a recognised part of the police education process. This training has focused on reducing negative attitudes and actions from police towards MSM and sensitizing new police officers to MSM issues so that MSM can experience greater support from police.

Elsewhere in the Pacific, MSM and transgender community organisations such as the Tonga Leitis Association, have approached their local police to conduct similar activities but these invitations have not been responded to.

As long as the criminalisation of consenting adult homosexuality stays in place in Pacific countries, the risk of police abuse of MSM and transgenders remains sanctioned by national laws. MSM and transgender communities have little power to respond to these abuses. Police education is greatly needed to improve this situation.

5. Increased and more appropriate research activities

Pacific MSM and transgenders have been the subject of a range of research projects since European contact. Anthropologists found great fascination in the lives of sexually diverse people particularly in Polynesian countries. This is unsurprising given anthropology's origin in the Pacific and that many Pacific cultures were among the last in the world to be reached by European colonial expansion.³⁰

In more contemporary times, anthropologists have examined the intersections of global sexual politics in the context of Pacific countries. Sociologists, international law experts, social and political scientists and researchers from other disciplines draw rich data from the position of Pacific MSM and transgender people in the region's unique but changing societies.

Although the focus of much of this research has evolved, it is rare for research to be conducted with, rather than about, Pacific MSM and transgenders. Often western researchers generate data without building effective partnerships with the research subjects, meaning that communities of MSM and transgenders do not share in the benefits of the research gained by the individual researcher, their research institution or the broader academic community. This can mean communities are deprived of the chance to use the research to improve their local circumstances and that they have little if any control over the potentially negative effects the research may have on their relationships or position within their countries.

Genuine community-based partnerships should be established for the conduct of research projects, so that MSM and transgenders have input into ethical deliberations, the design of research tools, management and analysis of data, and ownership of research. Protocols that ensure ethical conduct of community-based research with Pacific MSM and transgenders should be developed. Capacity building with Pacific MSM and transgenders should occur so that communities develop effective skills to meaningfully collaborate and negotiate competently with researchers.

As stated, much of the research to date that has been undertaken with Pacific MSM and transgenders has been of an anthropological nature. Virtually

no research has focused on HIV or sexual health related issues, even in countries where developing HIV epidemics have been noted. Little is known about HIV risk, HIV prevalence, HIV testing practices or other important issues that are critical to designing effective policy and programs for MSM and transgenders. This is particularly urgent given the concerning picture of HIV among MSM and transgenders becoming clear in many comparable regions.

The only example of HIV-related research relating to Pacific MSM was a qualitative and quantitative survey of 223 men in Port Moresby conducted in 2005.³¹ The survey found high levels of self-reported STI symptoms, high levels of sex work and low levels of consistent condom use.

Even less is known about the circumstances of MSM and transgenders living with HIV in the Pacific. There is a great need to gather reliable evidence so the effectiveness of care, treatment and support for this group can be addressed.

Additionally, there are a wide range of social issues that should be the subject of community-based research with Pacific MSM and transgenders. Experiences of violence, safety, discrimination, relationships, sex including negotiating safe sex, love, sex work, sexual health, self esteem and health care more broadly, as well as community interactions with other MSM and transgenders are merely a few of the topics that research attention could usefully focus on. Undertaken through effective community partnerships, this would provide Pacific MSM and transgenders, national AIDS programs and development organisations with extensive information for advocacy, policy development and education programs.

Research is also needed on community attitudes towards MSM and transgenders including the capacity of sexual health services, doctors, HIV program implementers and other health professionals to respond to MSM and transgender issues. This would provide useful information to address the stigmatisation of MSM and transgenders in health services and the broader community.

6. Reduction of stigma and discrimination

Stigma and discrimination related to HIV is a common problem and negatively impacts on the ability of societies to effectively respond to the disease. However, MSM and transgenders face additional stigma around HIV due to religious taboos, their ambiguous legal position and community intolerance. This stigma often inappropriately associates HIV risk with MSM and transgenders, and leads to discriminatory behaviour towards them across many parts of society. As a result, MSM and transgenders are less likely to openly engage with the health care system or community organisations, and therefore less likely to receive appropriate information, care and support needed to address HIV risk and infection. Further, stigma related to HIV, MSM and transgenders creates the unhelpful perception that the rest of the community is unlikely to acquire HIV even if their behaviour places them at high risk.

These attitudes can be hard to dispel even in the face of evidence. In Tonga for example, the Tonga Leitis Association responded to rumours that leitis were contributing to the spread of HIV by all of its members voluntarily undergoing HIV testing. When all of the test results were negative the Ministry of Health suggested the tests were faulty.

National governments in the Pacific should take a lead role in challenging stigma and discrimination associated with HIV, including assumptions and behaviours that incorrectly characterise HIV as a disease that only affects MSM and transgenders. In doing so, they should be guided by the *Pacific Regional Strategy for HIV and other STIs 2009-2013* which calls for leadership to advocate for the involvement of people affected by and vulnerable to HIV, the development and implementation of rights-based legislation and policy, and the promotion of a supportive social and physical environment.³²

Apart from HIV issues, many Pacific MSM and transgenders are targets of widespread harassment, bullying, violence, death threats and discrimination, simply because they are MSM or transgender. Political and religious leaders should condemn these actions and support community efforts that promote greater acceptance and social inclusion. Non-government organisations in some Pacific countries have commendably opposed violence against MSM and transgenders even in very hostile social

climates³³ and they should continue to be advocates for non-discriminatory community attitudes.

MSM and transgenders who take on leadership roles and advocate for the needs of MSM and transgenders in their communities and countries can be further targeted because of their increased visibility. The families of MSM and transgenders may also be excluded and criticised by others in the community. These families need greater acceptance and respect.

Of course, MSM and transgenders are often discriminated against or rejected by their own families. Given the important status that family has across Pacific societies and its central role in providing support and care throughout a person's life, discrimination or rejection from the family can have a significant impact on someone's health and wellbeing. Indeed the effects can be devastating towards the self esteem of young MSM and transgenders and lead to depression, self-destructive behaviour and suicide. Greater support is needed from families towards their MSM or transgender members. Parents and siblings in these families need appropriate services and information to support them in this acceptance.

7. Positive engagement by religious institutions

Religion is a key feature of social, cultural and political life in most Pacific countries. Religious leaders can have a powerful influence over community attitudes. Consequently, they can play a crucial leadership role in the response to HIV/AIDS and the promotion of acceptance and harmony for all members of society. However they can also abuse this power to incite violence, prejudice and hatred against MSM and transgenders, and in doing so, create barriers to these groups accessing much needed information and support.

Like many Pacific Islanders, MSM and transgenders are part of religious communities and are active members in many religions in the Pacific. The attitude of churches to MSM and transgenders varies according to denomination and religion. These positions can include being aggressively hateful and homophobic or denying that MSM and transgenders even exist. Favourably, others however have taken more supportive and inclusive stances.

Recognising the serious impact that the disease is having and can have on communities and individuals, many churches have mobilised on issues relating to HIV/AIDS, especially in areas such as care and support of people living with HIV/AIDS. Nonetheless, many are also silent or ambivalent on issues of stigma and discrimination.

There are however some encouraging examples of exceptions to this pattern. In Fiji, some church leaders have spoken out against the inflammatory and divisive campaign the Methodist Church has conducted against sexual minorities in that country. In Samoa, a dialogue has been established between church leaders and the Samoa Fa'afafine Association which has focused on points of respect, common interest and mutual understanding.

In many Pacific countries, the rise of fundamentalist evangelical Christian churches is posing a threat to more moderate, traditional churches. Some of these churches are promoting discredited and harmful 'reform' strategies for MSM and transgenders that falsely claim to be able to change sexual orientation. Some are also promoting hoax 'snake-oil' remedies for HIV instead of anti-retroviral treatment. The reactionary and hateful rhetoric of these churches is of great concern to MSM and transgenders and should concern all religious leaders who respect human dignity.

Church leaders are urged to exercise caution and consider the social impact of their statements. Consideration should be given to the consequences of personal safety and public order. Activities that even indirectly endorse rejecting or attacking people who may be at risk of or living with HIV compromise the effectiveness of national responses to HIV/AIDS by promoting stigma and discrimination. They also encourage violence and abuse of sexual and gender minorities. Church leaders are strongly encouraged to use their public influence to create an environment that can lead to significant health and wellbeing outcomes for members of their communities.

Pacific MSM and transgenders recognise the importance of working together with churches and religious leaders to address stigma and discrimination and responds effectively to HIV/AIDS. Local community organisations as well as individual MSM and transgenders welcome respectful dialogue with religious leaders and are grateful to those who have shown leadership by considering the needs of MSM and transgenders in their HIV/AIDS work, their public statements and community activities more generally. Productive collaborations which have strong benefits for communities and individuals have been shown to be possible when there is contact between religious leaders and MSM and transgender communities.

8. More sensitive educational environments

Schools play a central role in the intellectual, emotional and social development of children and young people. They are also a means of promoting community harmony and inclusion. As such, schools should play an important role in providing vital information about HIV and STI prevention, and also addressing stigma and discrimination towards marginalised groups in the Pacific such as MSM and transgenders.

Many MSM and transgenders experience bullying and violence in schools. It can be extremely difficult for MSM and transgenders to gain effective responses from schools to these problems. Even raising these problems within schools can result in further alienation, stigmatisation and punishment of these students from school authorities as well as other students. For many of these students, their sexuality and/or gender identity is not wholly supported by their family, which only makes their situation worse. While research on this issue in the Pacific has yet to occur, studies from other countries have shown that school bullying and harassment of young MSM and transgenders can have a significant impact on their mental health.³⁴

Education on reproduction, sexual health and sexually transmissible infections including HIV/AIDS has become more common in schools over the last two decades. However, it is extremely rare for sexual or gender diversity to be raised in any context in schools, unless it is negative. Sexual health education must include sexuality issues if it is to be effective. Not only is this critical for appropriate sexual health education for MSM and transgender students; it is also a key opportunity to discuss issues of acceptance and diversity among students more broadly.

9. Increased representation of MSM and transgender people at local, national and international levels

MSM and transgenders are not effectively represented in the response to HIV/AIDS in the Pacific. With very few exceptions, MSM and transgenders are virtually invisible across all the structures that guide the response. This is the case at the level of provincial and national AIDS councils, the Global Fund Country Coordinating Mechanisms and regional HIV organisations and programs. This is despite the fact that MSM and transgenders are valuable assets and play key roles in the response to HIV/AIDS in many Pacific countries.

MSM and transgender community representation should be required in these structures, particularly representatives of the relevant MSM and transgender organisations whether they be local organisations or a regional network in the case of the PSDN. MSM and transgender inclusion can therefore be regarded as truly representative as these spokespeople would be linked to mechanisms that legitimately link them to organised community activities. Where needed, MSM and transgender representatives and their organisations should be supported through mentoring, training and other capacity building exercises to ensure their participation is informed and effective.

Pacific MSM and transgenders have been working to ensure their voices are included in the actions taking place at the Asia/Pacific regional and global levels. Despite the strong focus on Asian MSM at the Asia/Pacific regional level and the marginalisation of the Pacific at the global level, Pacific MSM and transgenders are representing their own interests. Further support is needed to maintain this momentum as it is common for Pacific representation and interests to be overlooked in these settings.

Unfortunately, when Pacific representation is sought internationally, donors, UN agencies and international NGOs frequently seek these nominations through national governments or Ministries of Health. As the PSDN is clearly the regional MSM and transgender organisation in the Pacific, it is most appropriate for these requests to be referred there. It is important for national governments and Ministries of Health in the Pacific to recognise the role and mandate of the PSDN.

To further develop the PSDN's representative capacity, it should be supported to reach out to countries not currently within its membership. The PSDN can play

a vital role in supporting the development of new MSM and transgender organisations as it has done in the Cook Islands for example. Countries that should be a particular focus include the Solomon Islands, Vanuatu and those of the Micronesian sub-region which is currently not represented in the PSDN. It is also important that the PSDN be supported to establish links with MSM and transgenders in small countries such as Tuvalu, Niue and Nauru. The populations of these countries may be too small to sustain a formal MSM and transgender organisation and MSM and transgenders in these countries may benefit from contact with a regional group.



**Key recommendations for
achieving these goals**

National Governments

1. Provide support to local MSM and transgender organisations through substantial, secure and ongoing funding and support for technical and capacity development assistance.
2. Where there are limited funds available within national health or other budgets, work with local MSM and transgender organisations to obtain funding assistance from regional and international sources.
3. Ensure that MSM and transgenders are included in national responses to HIV/AIDS, by specifically including them in the development and implementation of national HIV/AIDS plans.
4. Remove all laws and government policies that stigmatise and discriminate against MSM and transgenders and act as a barrier to effectively responding to HIV/AIDS.
5. Take a lead role in challenging stigma and discrimination that negatively associates MSM and transgenders with HIV/AIDS. Introduce laws which protect people with HIV and sexual and gender minorities against discrimination, and develop educational campaigns and programs which promote acceptance and inclusion of these groups within society.

Inter-governmental institutions and donors

6. For regional donors, specifically increase technical assistance and funding to Pacific MSM and transgender organisations.
7. For the Global Fund for AIDS, Tuberculosis and Malaria, be proactive in holding CCMs accountable for including MSM and transgenders in both their membership and submissions for funding.
8. For institutions that have shown commitment to working with MSM and transgenders, continue to develop this area of work and support the growth of local MSM and transgender organisations and the PSDN.
9. For institutions which currently do not include MSM and transgenders in their HIV work, ensure that these populations are recognised as a priority for HIV prevention, care and support program development and implementation.

Churches and Religious Leaders

10. Use the public influence and status of the church to create an environment that can lead to significant improvements in the health and safety of MSM and transgender members of their communities.
11. Build productive collaborations with marginalised groups such as MSM and transgenders to prevent the spread of HIV, and provide care, support and treatment for MSM and transgenders who are living with HIV/AIDS.

Police

12. Show leadership in implementing educational programs for all members of national and local police forces, which address stigma and discrimination against MSM and transgenders.
13. Identify and eliminate police violence and abuse against MSM and transgenders and other vulnerable groups such as sex workers.

Local, regional and international non-government organisations

14. Act as effective advocates for the rights of Pacific MSM and transgenders, by working in meaningful partnership with local MSM and transgender organisations.
15. Provide organisational capacity and technical assistance to MSM and transgender organisations, to enable them to develop as effective and sustainable bodies.
16. Where it may not be feasible for a local MSM and transgender organisation to exist, ensure that MSM and transgenders are closely and substantially consulted on any work that is undertaken around their issues.

Researchers

17. Establish genuine community-based research partnerships, so that MSM and transgenders have input into ethical considerations, the design of research tools, management and analysis of data, and ownership of research.

Schools

18. Include issues of sexual and gender diversity into educational curriculum on HIV/AIDS and sexual health.
19. Ensure that anti-bullying strategies in schools include bullying that relates to sexual and gender diversity.



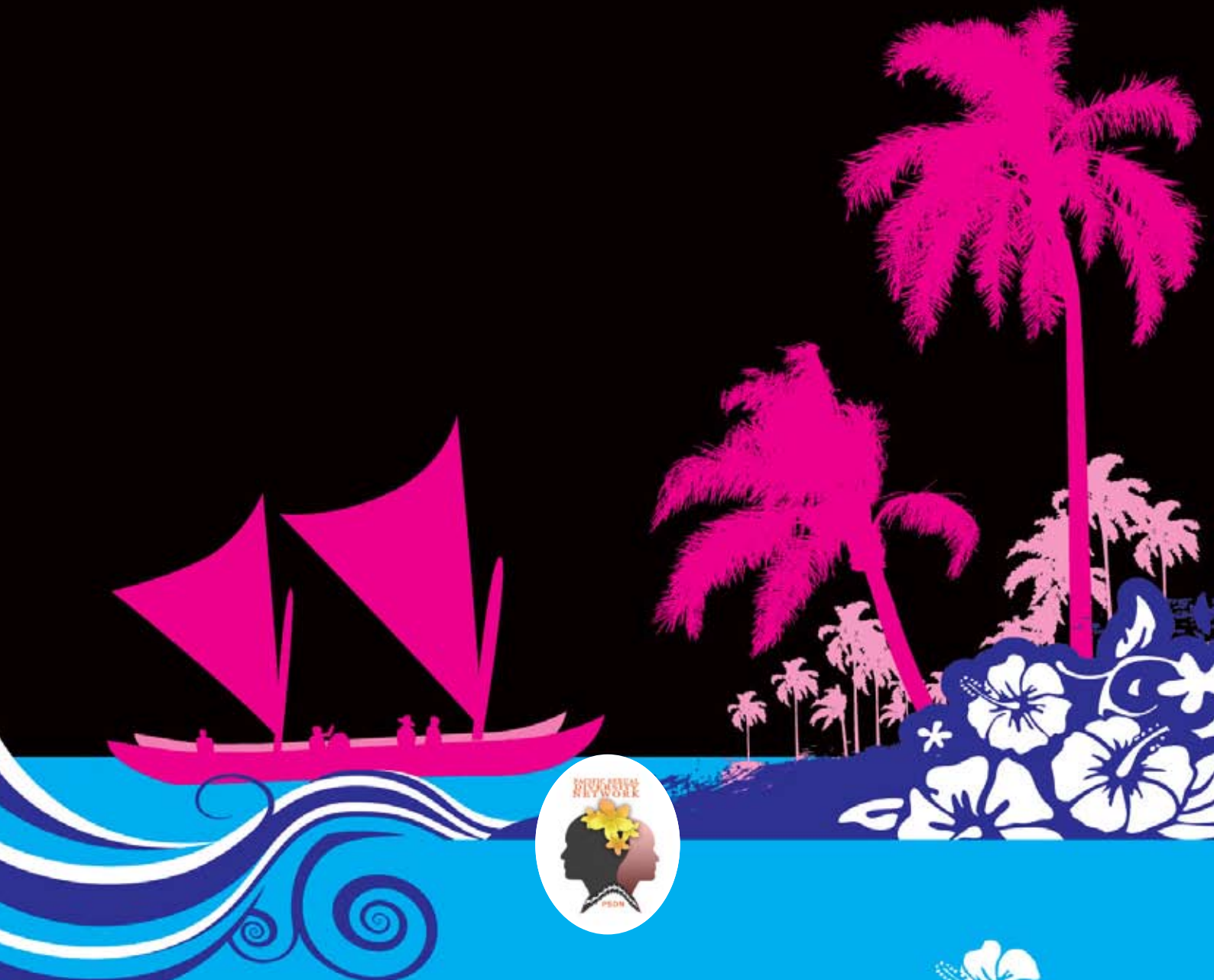
Footnotes

- 1 Besnier, N. 2004 'The social production of abjection. Desire and
silencing among transgender Tongans' *Social Anthropology* 12(3) 301-
323
- 2 Jenkins, C. 2006 *Male sexuality and HIV: the case of male-to-male sex*
Naz Foundation International
- 3 Farran, S. & Su'a, A. 2005 'Discriminating on the grounds of status:
criminal law and fa'afafine and fakaleiti in the south Pacific' *Journal of*
South Pacific Law 9(1)
- 4 Schmidt, J. 2003 'Paradise lost? Social change and fa'afafine in Samoa'
Current Sociology 51(3/4) 417-432
- 5 McIntosh, T. 1999 *Words and worlds of difference: homosexualities in the*
Pacific Department of Sociology, University of the South Pacific
- 6 Ottosson, D. 2008 *State-sponsored homophobia: a world survey of laws*
prohibiting same sex activity between consenting adults International
Lesbian and Gay Association. Available online at [http://www.ilga.org/
statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf](http://www.ilga.org/statehomophobia/ILGA_State_Sponsored_Homophobia_2008.pdf)
- 7 Gupta, A. 2008 *This Alien Legacy: The Origins of "Sodomy" Laws in British*
Colonialism Human Rights Watch, New York
- 8 Alexeyeff, K. 2008 'Globalizing drag in the Cook Islands: Friction,
Repulsion and Abjection' *The Contemporary Pacific* 20(1) 143-161
- 9 Schmidt, J. 2003 'Paradise lost? Social change and fa'afafine in Samoa'
Current Sociology 51(3/4) 417-432
- 10 Jolly, M. 1991 'Women-nation-state in Vanuatu: women as signs and
subjects in the discourses of kastom, modernity and Christianity' in
T. Otto and M. Thomas (ed.) *Narratives of nation in the south Pacific*
Harwood Academic Publishers
- 11 *Pacific Regional Strategy for HIV and other STIs 2009-2013* 2009
Secretariat of the Pacific Community
- 12 Beyrer, C. 2008 *HIV/AIDS epidemics among men who have sex with*
men (MSM) in Africa, Asia, Latin America and the Caribbean, and the
CIS Powerpoint presentation. Accessible online at [http://www.jhsph.
edu/humanrights/_pdf/Beyrer_USAIDlec_MSMinLMIC_July2008.
ppt#348,21,HIV](http://www.jhsph.edu/humanrights/_pdf/Beyrer_USAIDlec_MSMinLMIC_July2008.ppt#348,21,HIV) Prevalence Study of MSM in Malawi
- 13 *Redefining AIDS in Asia: crafting an effective response* 2008 Report of the
Commission on AIDS in Asia
- 14 Wilson, D. 2008 *Understanding your last 1000 infections: knowing our*
epidemics for better programming Powerpoint presentation. Accessible
online at [http://theconsortium.nchsr.arts.unsw.edu.au/Presentations/
WS28/Wilson.ppt](http://theconsortium.nchsr.arts.unsw.edu.au/Presentations/WS28/Wilson.ppt)
- 15 *Pacific Regional Strategy for HIV and other STIs 2009-2013*. 2009
Secretariat of the Pacific Community
- 16 *Impacts of HIV/AIDS 2005-2025 in Papua New Guinea, Indonesia and*
East Timor. Final Report of the HIV Epidemiological Modelling and Impact
Study. 2006 AusAID
- 17 *Pacific Regional Strategy for HIV and other STIs 2009-2013*. 2009
Secretariat of the Pacific Community
- 18 2009 Secretariat of the Pacific Community p. 13
- 19 Grant dispersal information available online at [www.
theglobalfund.org/en/portfolio/?lang=en](http://www.theglobalfund.org/en/portfolio/?lang=en)
- 20 More information available at www.unaids.org
- 21 2009 Secretariat of the Pacific Community p. 11
- 22 George, N. 2008 'Contending masculinities and the limits of tolerance:
sexual minorities in Fiji' *The Contemporary Pacific* 20(1) 163-189
- 23 Sireheti, J. 2008 'Strong public opposition to idea on legalising gay
and lesbian status' *Solomon Times Online* Accessible online at [http://
www.solomontimes.com/news.aspx?nwID=3276](http://www.solomontimes.com/news.aspx?nwID=3276)
- 24 *Toonen v Australia* Communication No. 488/1992, 31 March 1994
- 25 More information available at <http://www.yogyakartaprinciples.org/>
- 26 More information available at [http://www.hrw.org/en/
news/2008/12/18/un-general-assembly-statement-affirms-rights-all](http://www.hrw.org/en/news/2008/12/18/un-general-assembly-statement-affirms-rights-all)
- 27 More information available at [http://www.reuters.com/article/
worldNews/idUSTRE4BI30Y20081219](http://www.reuters.com/article/worldNews/idUSTRE4BI30Y20081219)
- 28 Farran, S. & Su'a, A. 2005 'Discriminating on the grounds of status:
criminal law and fa'afafine and fakaleiti in the south Pacific' *Journal of*
South Pacific Law 9(1)
- 29 Coursen-Neff, Z. 2005 *Making Their Own Rules* Human Rights Watch,
New York
- 30 McIntosh, T. 1999 *Words and worlds of difference: homosexualities in the*
Pacific Department of Sociology, University of the South Pacific
- 31 de Lind van Wijngaarden, J. et al. 2008 'HIV and associated risk
behaviours among MSM in the Asia and Pacific region: implications
for policy and programming' UNAIDS
- 32 2009 Secretariat of the Pacific Community p. 15
- 33 George, N. 2008 'Contending masculinities and the limits of tolerance:
sexual minorities in Fiji' *The Contemporary Pacific* 20(1) 163-189
- 34 Hillier, L et al. 2005 *Writing themselves in again: the 2nd national report*
on the sexuality, health and wellbeing of same-sex attracted young
people in Australia Australian Research Centre in Sex, Health and
Society (ARCSHS), La Trobe University



Glossary

ACON	AIDS Council of New South Wales
AusAID	Australian Agency for International Development
CCM	Country Coordinating Mechanism
GLBT	gay, lesbian, bisexual and transgender
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
MSM	men who have sex with men
NGO	non-government organisation
PSDN	Pacific Sexual Diversity Network
STI	sexually transmissible infection
UNAIDS	United Nations Joint Programme on AIDS



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