

SEXUAL HEALTH AND RIGHTS STRATEGY MEETING

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More than 15 civil society representatives concerned with the needs of sex workers, MSM and transgendered communities were brought together to provide advice and recommendations to the Open Society Institute's Sexual Health and Rights Project (SHARP). The participants, from across Thailand, discussed approaches and strategies; geographic, population and issue focus; identification of opportunities and threats; and made recommendations on selective cross-cutting interventions. The overall aim of the meeting was to suggest ways that SHARP's funds could have the most impact and leverage in Thailand. This report provides a synthesis of the main discussion areas and recommendations from the meeting.

1. Background to SHARP

The mission of SHARP is to improve the sexual health and rights of socially marginalized populations as related to HIV/AIDS. SHARP works from a rights-based perspective in a number of different countries to bring resources to networks, community based organizations, self-help groups and direct service efforts which are promoting the sexual rights of socially marginalized people. A key objective for SHARP is to support alliances between different groups and communities such as LGBT (Lesbian, Gay, Bi-sexual and Transgender), women's, HIV/AIDS, and human rights groups in hopes of increasing service delivery and advocacy around the sexual health and rights needs of socially marginalized groups. SHARP's third and final objective is to expand funding and policy support for evidence-based programs to secure sexual health and rights support from the US government. SHARP's Advisory Group helped determine that financial resources for Thailand would prioritize support for sex workers (all genders), MSM (men who have sex with men) and transgendered communities.

A mapping report commissioned by SHARP provides more detailed information about the current sexual health and rights situation in Thailand and also provides recommendations from interviews with diverse stakeholders.

2. Approaches

Participants at the meeting placed sexual health and sexual rights in the larger context of gender and social equality. It was felt that power relations between government and the people; between more powerful and less powerful branches/levels of government; between heterosexual men and other genders; and between donors and recipients would have to be challenged to successfully bring about gender and social equality and equity.

Participants felt sexual health and rights cannot be achieved without challenging current ways of thinking which define any behavior outside the "constructed ideal" as deviant. The values promoted by those in power (whether it be governments, heterosexual men, or global institutions) create mythical ideals such as the "perfect family". Anything outside this image of husband, wife and children is seen as dysfunctional. A single mother can never persuade society that her family is perfect because she does not fit the ideal; similarly, a same sex relationship will never be accepted as normal and happy because it does not fit the image. This social framework also allows for laws that deny legal protection to certain genders (the definition of rape excludes males and transgendered persons); labor rights for some workers (sex workers); and health rights for women (abortion). Without challenging

these tenets, certain groups will always be socially marginalized and sexual, social and legal rights will always be denied.

The discussions at the meeting steered clear of the traditional approaches to sexual health, which address sexual health from a medical perspective, and focus on prevention and cure of sexual diseases. The participants agreed that sexual health and rights should encompass the right to sexual well-being for all people throughout their lives, far beyond just dealing with health outcomes.

3. Strategies

✦ Alliances

Since sexual rights were seen as part of the larger “package” of social rights and equity, it was seen as strategic to engage diverse social movements and different sectors of society to build common ground on these issues. Strategic alliances suggested at the meeting included:

- ✦ The education sector: in order to change attitudes and approaches to sexuality education and information within the education system.
- ✦ The workers movement: in order to address the lack of protection of workers in the informal sector, particularly sex work.

Stronger alliances between MSM, transgendered persons and sex workers (of all genders) would improve advocacy efforts around sexual health and rights, particularly in relation to HIV/AIDS. Such broader alliances would help tackle the underlying resistance to granting of sexual health and rights to these groups by conservative elements of society.

Campaigns need to be strategically developed and implemented in relation to the dominant ways of thinking. A “public health” perspective states that homosexual men are too “risky” of a group to donate blood; a rights perspective offers that all citizens have the right and responsibility to perform such public services. A legal approach tells women they cannot choose to terminate a pregnancy; a rights approach informs a woman she has the right to well-being throughout her life.

4. Geographic focus

It was recommended that SHARP’s funding should initially focus on areas where some initiatives targeting the sexual health and rights of sex workers, MSM and transgendered persons already exist (e.g., Bangkok, Chiang Mai, Pattaya, possibly, Phuket) Later, support could be expanded to other places, possibly using the mobility of people within these networks to build such capacity.

Gaps identified: it was acknowledged that most of the current interventions focus on urban areas and do not encompass rural areas. However, it was felt useful to strengthen the capacity in urban settings before expanding to other settings.

5. Population focus (Encompassing transgendered persons, MSM and sex workers (3 genders):

Gaps identified: stateless people--very few projects reach out to transgendered persons, MSM and sex workers among ethnic minorities, migrant and refugee populations.

Under 18 year --restrictions imposed by many donors dictate that grantees could not extend their services to youth under 18 years of age. Such populations have little or

no access to information, services and interventions and were seen as being highly vulnerable.

6. Issue focus:

MSM, sex workers (3 genders) and transgendered persons each experience different challenges particular to their sexuality, their work, and their status in society. Due to limited time for discussions, the meeting focused on identifying cross-cutting concerns. These included:

✦ Stigma, Discrimination and Stereotyping

MSM, transgendered persons and sex workers (3 genders) all experience stigma and discrimination but the manifestations are not necessarily the same. Each group may require different kinds of interventions. However, there is still space for joint advocacy work since the root causes of stigmatization can be traced back to the social framework and thinking in traditional Thai society.

✦ Access to safer sex tools (in particular lubricants and condoms)

It was noted that lubricants have a different “medical/product classification” to condoms and this has restricted the joint packaging and distribution of lubricants. While condoms have been seen as an essential tool to HIV prevention, lubricants continue to be viewed as a side-line. With a decrease in public health spending, free/inexpensive and accessible condoms have also become less available.

✦ Access to appropriate health services

Only one designated sexual health clinic exists and it is part of a research center. Participants wanted to see the development of such service sites with an emphasis on creating friendly, specialized programs for sex workers, MSM and transgendered persons. Previously, the Public Health system of Thailand had run separate STI clinics. These have recently been merged into the overall national health service. With this move, services have become even less accessible for sex workers, MSM and transgendered populations.

✦ Donor restrictions/limitations imposed on interventions regarding sexual health and rights

Participants discussed the current restrictions imposed on the use of funds from USAID regarding sex work, sexual and reproductive rights and safer sex campaigns. The restrictions have caused recipient groups to “tone down” a rights-based approach and to be wary of participating in forums which focus on sexual rights.

7. PRIORITIZED INTERVENTION AREAS

a) **Develop sexual health and rights centers** with appropriate medical, social and advocacy services for sex workers, MSM and transgendered persons

b) **Joint campaigns or “work-nets”**

Many of the existing networks have developed less from a need and more from donor requirements. The result has been that the networks have become burdened by issues of management and have had less time and energy to create effective change. It was suggested that a cross-cutting issue be chosen as the starting point for working together across communities, populations and networks. Thus, the work would be defined before “the net.” These functional work nets would be better able to address a diverse array of issues and could form and disband as appropriate. The joint campaigns should have specific targets and

indicators for short and long term goals. Cross-cutting issues for joint campaigns suggested at the meeting included:

- ✦ **Making condoms and lubricants easily accessible to all** (2 in 1 campaign, social marketing, condom with lubricant vending machines)
- ✦ **HIV/AIDS prevention** (A joint campaign with the government to ensure that plans to reduce new infections by 50% in the next three years encompass the sexual health and rights needs of sex workers, MSM and transgendered persons from a rights based perspective).
- ✦ **Joint advocacy on US funding policies that impede sexual health and rights** (Current U.S. policies have a strong potential to influence future approaches of Thai government and civil society around sexual health and rights. Being part of a network for joint advocacy would allow groups who are receiving USAID funding to participate without fear of losing their funding support).

c) Support for local networks of MSM, sex workers and transgendered persons

All organizations present at the meeting felt that local networks worked best when people came together with a common issue. These issues included access to ARV treatment, livelihood issues, sex workers rights, and discrimination in the work-place. Networks reach out to those most marginalized and their existence can also be a tool for self-empowerment. Support is needed to help link these local networks to national and regional networks. It was also noted that outside Thailand, these types of networks are especially useful where governments have imposed restrictions on the formation of local NGOs.

d) Capacity realization -- To improve current initiatives and develop new efforts, it was felt that capacity building for NGOs, CBOs and local networks should be supported. This could be achieved through:

- ✦ **Organizing regular forums** – Participants want to discuss and exchange information, experiences, and approaches in service and advocacy work with MSM, transgendered persons and sex workers.
- ✦ **Holding workshops on sexual rights and rights-based intervention approaches** – Participants want a better understanding of the violation of rights by “tied funding” and want to build knowledge for how legal and human rights frameworks can be improved and used for advocacy purposes).
- ✦ **Data collection/research skills building** -- Participants agreed there are a lack of data on MSM and transgendered communities and expressed an appreciation for the skills of international NGOs and academic institutes in research. However, it was felt that for data collection to be sustainable and beneficial to affected people, data collection and analysis must involve community members. Participants suggested that NGOs and academic institutions share their skills and provide technical support for local groups to collect and use their own data.

e) Local research/data collection/analysis

Suggested topics included:

- Risk identification (e.g., to gain an understanding of what factors influence safer sex behaviors, to better understand risk environments and their impact on the health and rights of target populations)
- Review of laws and policies to better understand how they impact the health and rights of sex workers, MSM and transgendered persons

8. OPPORTUNITIES

Participants identified specific windows of opportunity for improving the sexual health and rights of MSM, sex workers (3 genders) and transgendered persons:

✦ Institutional support opportunities

It was noted that the Ministry of Justice is currently studying the inclusion of the informal sector in the national social security system. This might provide an opportunity for sex workers (3 genders), MSM and transgendered persons working in informal sectors to advocate for better protection of their rights.

The National Human Rights Commission has already become involved in sexual health and rights issues. The Commission has taken up issues related to transgendered persons and military conscription and is exploring potential human rights violations therein.

The legal and social rights of all Thai people are meant to be protected by the Constitution of Thailand. The Constitution was viewed as a tool under which to advocate for increased equity and equality.

✦ Policy opportunities

The recent trend towards decentralization within the government provides more power to local health units and provincial leaders (e.g., CEO Governors) and might provide opportunities for local CBOs to have greater representation and participation in policy decisions that affect sexual health and rights.

Despite discrimination and negative attitudes towards sex workers (3 genders), transgendered persons and MSM, the government, civil society and these three groups have a common aim: to reduce the incidence of HIV transmission. It is important to find points of entry in the policy arena that capitalize on this commonality.

✦ “Co-opting”

Co-opting terminology and themes from mainstream discourse to move sexual health and rights issues forward was seen as a useful strategy. Concrete messages could be created taking advantage of mainstream concepts. Several examples were noted:

The government is pleased to promote Thailand as a center of global excellence in gender reassignment surgery.

Thailand promotes itself as a “Gay Paradise” for tourists, yet ignores the lack of protection for LGBT rights, including stigma and violence towards these groups.

The country excels at marketing and consumerism but has not forward efforts to ensure that lubricants are seen as an essential safer sex tool.

✦ **Funding Opportunities**

The Thai Health Promotion Fund might support a more comprehensive vision of sexual rights and could be tapped for additional resources (e.g., condoms, lubricants). Sexual health and rights could be included into the broader health campaign.

Thailand has a growing sector of society which is wealthy and might be persuaded to contribute to interventions promoting gender equality, sexual health and human rights, HIV prevention, and other targeted interventions.

Thailand has a rich history of community work. There are already some well-established groups of sex workers, MSM and transgendered persons who can lead this process forward.

9. Funding Criteria:

Current restrictions placed on many of the groups by USAID and other donors, coupled with the flexibility of OSI funds lead participants to advocate that SHARP's resources be used to support activities/groups which would otherwise not be funded. Particular focal areas and criteria include:

- ✦ Forums and networks where groups can openly discuss sexual rights and strategize how best to address these concerns.
- ✦ Joint campaigns to challenge restrictions placed on NGOs and CBOs by funders in delivering services and advocacy efforts.
- ✦ Preparation and implementation of advocacy campaigns promoting sexual health and human rights for MSM, transgendered persons and sex workers (all genders).
- ✦ Making flexible funding available to respond to emerging "hot issues."
- ✦ Providing support to non-registered CBOs.

10. THREATS

If not approached strategically, participants expressed fear that sex workers, MSM and transgendered persons working together on sexual health and rights might re-enforce the view that these groups can only be defined by their sexuality. It might place them more tightly in a 'sexual box', excluding them from being acknowledged as agents of change in other arenas.

Criminalization and social stigma attached to occupations and behaviors pose threats to protecting the sexual health and rights of sex workers, MSM and transgendered persons. Particular areas of criminalization mentioned included:

- ✦ Criminalization of sex work
- ✦ Law enforcement using condoms as "evidence of sex work"
- ✦ Punishment at school for teenagers carrying condoms
- ✦ Police harassment of male sex workers. The police use possession of condoms to threaten the sex workers and then fine them on other petty issues (e.g. traffic violations)
- ✦ Field workers have been arrested on charges of prostitution when they are distributing condoms.

A big challenge is the overall change in focus from HIV prevention to access to treatment and care—especially within the government. This has resulted in a cut in public health spending for prevention activities. Participants acknowledge the need for ample resources to support both efforts.