GENDER JUSTICE & SEXUAL RIGHTS IN HIV, TB, AND MALARIA

ASIA-PACIFIC SITUATIONAL ANALYSIS

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ASIA-PACIFIC SITUATIONAL ANALYSIS REPORT
GENDER JUSTICE AND SEXUAL RIGHTS IN HIV, TB, AND MALARIA

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ASIA-PACIFIC SITUATIONAL ANALYSIS

CONTENT

ACKNOWLEDGEMENT

The Asia-Pacific Situational Analysis on Gender Justice and Sexual Rights is the product of extensive research and analysis by Maria Leny Felix, undertaken in close collaboration with our country partners in Cambodia, Thailand, and Viet Nam. Their national situational analysis reports on the same theme informed and strengthened this regional report.

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ACRONYMS

ACHIEVE, Inc.	Action for Health Initiatives (ACHIEVE), Inc.
ADB	Asian Development Bank
APLMA	Asia Pacific Leaders Malaria Alliance
ASEAN	Association of South-East Asian Nations
BPfA	Beijing Platform for Action
CEDAW	Convention for the Elimination of Discrimination Against Women
CSOs	Civil Society Organisations
CoP	Community of Practice
CPD	Commission on Population and Development
CSW	Commission on the Status of Women
DFAT	Australian Government Department of Foreign Affairs and Trade
GAD	Gender and Development
GE	Gender Equality
GBV	Gender-Based Violence
GJ	Gender Justice
GJSR	Gender Justice and Sexual Rights
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
HR	Human Rights
ICCPR	International Covenant on Civil and Political Rights

ICESR	International Covenant on Economic, Social and Cultural Rights
ILO	International Labour Organisation
IPPF	International Planned Parenthood Federation
KAWG	Key Affected Women and Girls
KHANA	Khmer HIV/AIDS NGO Alliance
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
PoDS	People of Diverse SOGIESC
REGENERATE	Regional Gender Justice and Sexual Rights Initiative
SAAB	Sex Assigned at Birth
SDGs	Sustainable Development Goals
SOGIESC	Sexual Orientation, Gender Identity, Gender Expressions, and Sex Characteristics
SR	Sexual Rights
SRHR	Sexual and Reproductive Health and Rights
SWING	Service Workers in Group Foundation
TB	Tuberculosis
TGF	The Global Fund
UN	United Nations
UNAIDS	Joint United Nations Programme on AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNHDR	United Nations Declaration of Human Rights
VAW	Violence Against Women
WHO	World Health Organization

GLOSSARY[1]

Bi/Bisexual

An individual with the potential for romantic, emotional, and/or physical attraction to individuals of multiple genders is often described as "bisexual." Bisexuality is not limited to attraction solely to binary genders. Additionally, terms such as Bisexual+ and Bi+ are occasionally used as broader labels encompassing nonmonosexual identities, such as pansexual.

Gay

Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality - some women define themselves as gay rather than lesbian. Some non-binary people may also identify with this term.

Gender

Describes the socially and culturally constructed ideas of what it means being male or female in a specific context, such as the roles, responsibilities, attitudes and behaviours that a society expects from males and females. Such expectations are learnt and are changeable over time and can be different within and among cultures. They often intersect with other factors such as race, class, age, sexual orientation.

Gender Analysis

The approach used to understand the causes and consequences of gender discrimination, and unequal power relations based on gender. Various methods are used to analyse such relationships, both between men and women and any person who fails to conform to traditional gender norms. Gender analysis also focuses on the relationship between gender and race, ethnicity, culture, class, age, disability, sexual orientation, and so on, in order to understand the different patterns and structures of gender discrimination.

Gender-Based Violence (GBV)

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between

males, females, and people of diverse SOGIESC. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.

Gender Discrimination

The United Nations defines gender discrimination as follows: "Any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women*, irrespective of their marital status, on the basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field."

*For the purpose of this report, the definition will extend to people of diverse SOGIESC.

Gender Expression

Encompasses a variety of cues, including names, pronouns, behaviour, clothing, voice, mannerisms, and physical attributes, which individuals use to perceive others' genders. It is essential to recognise that gender expression may not always precisely align with a person's gender identity. The diversity of one's sexual orientation, gender identity, or sex characteristics does not automatically result in diverse gender expression. Conversely, individuals without diverse sexual orientation, gender identity, or sex characteristics may still exhibit a wide range of gender expression.

Gender Identity

The profound, personal, and unique sense of one's own gender. It may align with or differ from the sex assigned at birth or the gender ascribed by society. This encompasses an individual's personal connection with their body, which may or may not entail a desire for alterations in appearance or function through medical, surgical, or other methods. Gender identity can be male, female, non-binary, or other identities.

Gender Mainstreaming

An internationally recognized strategy for working towards and achieving gender equality. It involves the integration of a gender perspective into the preparation, design, implementation, monitoring, and evaluation of all policies and programmes, in order to ensure that all decision-making processes include gender analysis, promote gender equality, and combat discrimination.

Gender Norms

Rules that seek to control people's behaviour, beliefs, and values about what it means to be male or female in a particular society or culture. They are collectively held beliefs and expectations about how people should behave and interact, based on their sex or gender.

Heterosexual ("Straight")

Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Homosexual

A person whose romantic, emotional and/or physical attraction is to people of the same gender.

Intersectionality

An approach focusing on the intersection of diverse identities in order to expose different types of discriminations and disadvantages that result from these identities, and how they diverge. It does so in order to tackle the way in which various oppressions (e.g. racism and patriarchy) create inequalities relating to the intersection of, for example, class, gender, sexual orientation, race and age, to name but a few.

Lesbian

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

LGBTQI+

An acronym for lesbian, gay, bisexual, transgender, queer and intersex. The plus sign signifies the inclusion of people of diverse SOGIESC who may identify using other terms. In certain contexts, abbreviations such as LGB, LGBT, or LGBTI are employed to describe specific communities.

Masculinity

A set of norms, values and behaviours that are considered appropriate for boys and men in a given society. The pressure on men to perform and conform to these specific roles and expectations, also referred to as "toxic masculinity", is an element which may hamper the achievement of gender equality.

Non-Binary

An adjective used to describe individuals whose gender identity exists beyond the conventional male-female binary. Non-binary is an umbrella term that encompasses a diverse range of gender experiences. It includes individuals who identify with a specific gender outside the categories of man or woman, those who recognise themselves as two or more genders (such as bigender or pan/polygender), and those who do not align with any gender (agender).

Patriarchy

A traditional way of organizing society whereby men, or what is considered masculine, are given more importance than women or what is considered feminine. Societies have traditionally been organized in a way where decision-making, property, inheritance, wealth, and so on have been the domain of men, and this patriarchal structure continues to underlie many kinds of gender discriminations, and is often the root of gender inequalities.

Queer

In the past, "queer" was traditionally used as a derogatory term. However, it has since been reclaimed by many people and is now seen as an inclusive label that encompasses a wide variety of sexual orientations, gender identities, and expressions. The term queer" is embraced by individuals who don't feel that they fit within the societal norms related to their sexual orientation, genderidentity, and gender expression, whether those norms are economic, social, or political in nature.

Sex

Sex is the biological categorization of a person assigned at birth based on biological indicators such as external genitalia, internal reproductive organs and sex chromosomes. Sex and gender are commonly used interchangeably, which contributes to incorrect beliefs that cultural and societal practices, roles and norms around gender are biologically determined and therefore cannot be changed.

Sex Assigned at Birth (SAAB)

The sex assigned to an individual at birth, usually determined by the infant's physical characteristics, is commonly referred to as birth sex or natal sex. The terms "assigned female at birth" (AFAB and "assigned male at birth" (AMAB) are used to describe individuals born with typical female or male physical attributes, irrespective of their own gender identity or expression.

Sex Characteristics

The physical characteristics of each individual related to their sex, encompassing aspects such as chromosomes, gonads, sex hormones, genitals, and secondary physical traits that develop during puberty.

Sex-Disaggregated Data

Data that are cross-classified by sex. When data are not disaggregated by sex, it is difficult to identify real and potential inequalities, as properly disaggregated data reflect roles, situations and general conditions for women and men in every aspect of society. For example, properly disaggregated data could give detailed information on literacy, education, employment, wage differences, property ownership, loans and credit, dependents, and so on.

Sexual Orientation

The enduring capacity within each individual for deep romantic, emotional, and/or physical connections or attractions to others. This term includes hetero-, homo-, bi-, pan-, and asexuality, as well as a diverse array of other expressions of one's romantic and sexual inclinations.

SOGIESC

An acronym that stands for sexual orientation, gender identity, gender expression, and sex characteristics.

Trans/Transgender

Terms used by some individuals whose gender identity does not align with the gender expressions typically linked to the sex assigned to them at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, genderqueer, genderfluid, non-binary, genderless, agender, third gender, bigender, trans man, trans woman, transmasculine or transmasc, and transfeminine or transfemme.

EXECUTIVE SUMMARY

The **Regional Gender Justice and Sexual Rights Initiative (REGENERATE)** aims to address the long-standing gaps around gender and sexuality in health, particularly HIV, TB and malaria policies and programmes in Asia-Pacific. It is being implemented by APCASO for the period of 2024-2027 with support from French funding facilities L'Initiative and Expertise France.

This project envisions a state where key affected women and girls, and people of diverse sexual orientation, gender identity, gender expressions, and sex characteristics (SOGIESC) are actively engaged in advocacy for gender justice and sexual rights at national and regional levels in Asia-Pacific. The three focus countries of the project for the development of gender-just and sexual rights-affirmative HIV, TB, and malaria programming and policymaking are Cambodia, Thailand, and Viet Nam.

The specific objectives of this situational analysis include:

1. **EXAMINE**
   To examine the framework of gender justice and sexual rights (GJSR) in relation to HIV, TB, and malaria in Asia-Pacific.

2. **EVALUATE**
   To evaluate how current HIV, TB, and malaria policies and services address the intersectional aspects of GJSR for women and girls, and people of diverse SOGIESC (PoDS).

3. **IDENTIFY**
   To identify challenges faced by programmes, CSOs, and communities in advocating for GJSR within HIV, TB, and malaria services.

4. **DOCUMENT**
   To document best practices from regional and country-level efforts promoting gender-just and sexual rights-affirmative programming, policy-making, and service delivery in HIV, TB, and malaria.

The Asia-Pacific region is the geographic context of this situational analysis. Specific examples on GJSR in HIV, TB, and malaria were gathered from selected partner-countries of APCASO in Southeast and South Asia where GJSR remains a major issue. These include Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Malaysia, Mongolia, Nepal, Philippines, Sri, Lanka, Thailand, and Viet Nam. In the Pacific region, examples were gathered from high-burden Pacific Island Countries (PICs) — such as Fiji, Papua New Guinea, Solomon Islands and Vanuatu — that are implementing HIV, TB, and malaria programmes with support from the Global Fund and Australian Government Department of Foreign Affairs and Trade (DFAT).

This situational analysis, conducted from August to October 2025, used qualitative research techniques. Data collection was conducted primarily through desk review, and was supported with insights from a data validation meeting conducted with REGENERATE project implementers.

FINDINGS OF THE SITUATIONAL ANALYSIS

Overview of HIV, TB, and malaria in Asia-Pacific

HIV, TB, and malaria remain significant health burdens in Asia-Pacific, especially among key populations and vulnerable groups. The 2024 UNAIDS report states that, "6.9 million [6.2 million–7.8 million] people living with HIV were residing in Asia and the Pacific, making this the world's largest epidemic after that in Eastern and Southern Africa, and accounts for 23% or almost a quarter of annual new HIV infections globally".

Tuberculosis, on the other hand, remains a critical health issue globally, with an estimated 10.7 million TB cases in 2024. Based on the WHO report in 2024, South-East Asia (45%) and Western Pacific (17%) were among the WHO regions with the highest TB burden in 2023.

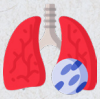
With malaria, the WHO World Malaria Report 2024, noted that "the Asia-Pacific region has seen mixed progress on the road to malaria elimination by 2030. While eight of 20 endemic countries are reporting a drop in cases, the region saw an increase in estimated cases, rising from 8.8 million in 2022 to approximately 10.4 million in 2023". The WHO South-East Asia Region had eight malaria endemic countries in 2023, accounting for 4 million cases and contributing 1.5% of the burden of malaria cases globally.

Epidemiological context of gender justice and sexual rights to women and girls, and people with diverse SOGIESC

In Asia-Pacific, gender and sexuality influences health outcomes and access to care for women and girls through discrimination and power imbalances. Because of gender inequality, they face greater risks of unintended pregnancies, sexually transmitted infections including HIV, unsafe abortions, cervical cancer, TB infection, malaria disease, malnutrition, among others.

6.9 million
people with HIV living in Asia-Pacific in 2024

23%
of annual new HIV infections globally in Asia-Pacific



10.7 million
TB cases globally in 2024

45%
TB cases in South-East Asia

17%
TB cases in Western Pacific

10.4 million
people with malaria in Asia-Pacific in 2023

1.5%
malaria burden globally in Asia-Pacific

4 million
global malaria cases in South-East Asia

Box 1. HIV, TB, and malaria burden

UNAIDS data on HIV in 2023 indicated that an estimated 2.2 million women are living with the virus in Asia and the Pacific. Women and girls are disproportionately affected by new HIV infections, with young women aged 15-24 at higher risk in the region. With tuberculosis, more men have been recorded to have this infectious disease than women. But annually, TB kills more women than men globally, including Asia-Pacific, with a number of studies explaining that it progresses more quickly in women of reproductive age than in men of the same age group, and they have a higher prevalence of extra-pulmonary TB (TB infections that occur outside the lung) than men. Women are also vulnerable to malaria due to social, economic, cultural and gender-related norms or dynamics. The World Malaria Report 2024 stated that the risk among adolescent girls is higher, especially those who are pregnant because they face both biological and social vulnerabilities.

The health of people with diverse SOGIESC in Asia-Pacific is affected by gender inequality and human rights violations as evidenced by stigma and

discrimination against them and infringement of their sexual rights. With respect to LGBTQI+ people, the WHO emphasized that they are diverse but have common experiences affecting their health. Many of them experience limited access to HIV, TB, malaria, and other healthcare services, negative attitudes from healthcare providers, and gender-based violence. Mental health issues like depression, anxiety, and suicidal ideation, and adverse physical health outcomes are some of the consequences of stigma and discrimination and inadequate access to healthcare.

During the corona virus disease (COVID-19) pandemic, lesbian, gay, bisexual, transgender, and intersex (LGBTI) people across all countries in Asia-Pacific were one of the most adversely affected. Most of them lost their jobs, lacked conducive housing or place to stay during lockdowns, experienced increased vulnerability to family violence, lacked access to latest information on preventive measures, and lacked access to COVID-19 related healthcare and social protection measures due to systemic exclusion from public ID systems.

Relevant frameworks for gender justice and sexual rights

The protection, promotion, and fulfillment of gender justice and sexual rights, particularly in HIV, T TB, and malaria, are anchored in the following key international, regional, and national frameworks:

International Frameworks

- International Human Rights Framework - Universal Declaration of Human Rights (UDHR)
- The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
- The 2030 Agenda for Sustainable Development (SDG5 dedicating two targets with indicators to eliminating violence against women and girls)
- The International Labour Organization Convention No. 190 on Violence and Harassment

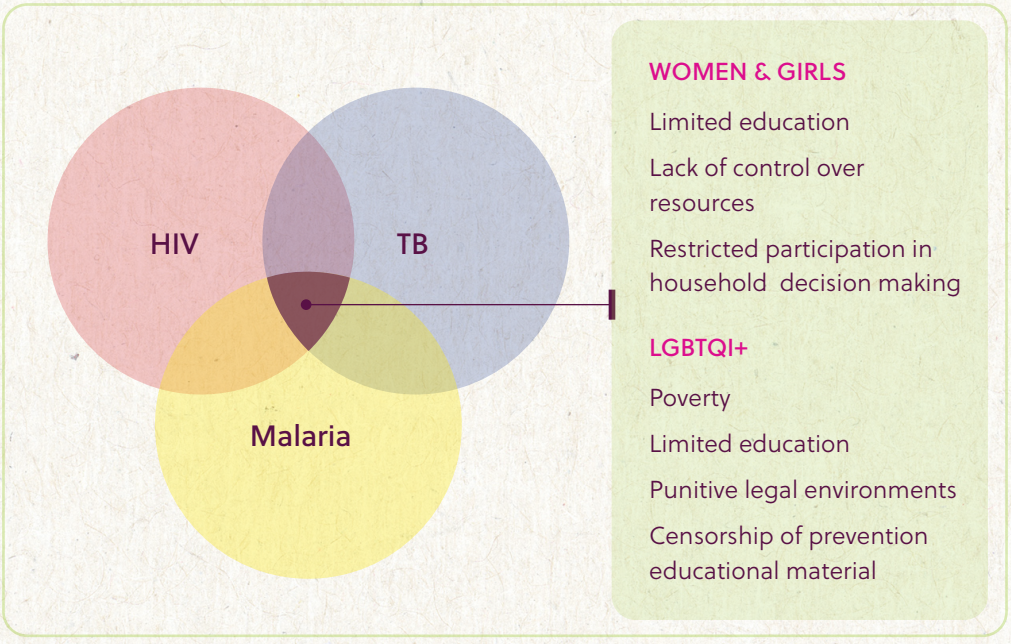
Regional Frameworks

- 2013 Asian and Pacific Ministerial Declaration on Population and Development
- Regional Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution
- Social Charter of the South Asian Association for Regional Cooperation
- Declaration on the Elimination of Violence Against Women in the ASEAN Region (signed by 10 ASEAN member countries)
- ASEAN Human Rights Declaration

National Laws and Policies

In line with international, regional, and sub-regional frameworks, national laws and policies were enacted and implemented by a number of signatory countries in Asia-Pacific, particularly on the legal status of sexual and gender minorities. These include: Armenia, Bhutan, Cambodia, Fiji, the Kyrgyz Republic, Mongolia, Nepal, New Zealand, Papua New Guinea, the People's Republic of China, the Philippines, the Republic of Korea, Sri Lanka, Thailand, Timor-Leste, and Viet Nam. The national laws and legislations pertain to:

- Decriminalization of sexual and gender minorities
- Access to education
- Access to Labour Markets
- Access to Public Services and Social Protection
- Civil and Political Inclusion
- Protection from Hate Crimes



Box 2. Factors intersecting with gender, sex, and sexuality influence access to HIV, TB, and malaria services as well as health outcomes

Implementation of intersectionality in HIV, TB, and malaria programmes

Looking into intersectionality in HIV, TB, and malaria is important to better understand how other factors intersect with gender, sex and sexuality, and influence access to services, participation in decision making, and health outcomes among others.

Among women, it has been noted in HIV, TB, and malaria programmes that their limited education, lack of control over resources, and restricted participation in household decision-making hinder their ability to protect both herself and her child from infection and prevent her from accessing prompt diagnosis and treatment.

In the same manner, the health impacts of SOGIE-based discrimination among LGBTQI+ people are often worsened by intersecting issues such as poverty and lack of education. In Asia-Pacific, punitive legal environments relating to men who have sex with men and transgender people have been associated with restricted condom distribution, condom confiscation by police as evidence of illegal conduct, censoring of HIV and STI prevention education materials and harassment or detention of outreach workers.

But applying intersectionality is constrained by existing barriers. In HIV care, there are institutional limitations, such as lack of gender sensitization, miscommunication from health providers, data gaps on intersecting identities, insufficient funding and other forms of discrimination at the individual and interpersonal levels. Overall, the lack of awareness among healthcare providers and policymakers about intersectional issues affect the delivery of HIV, TB and malaria services as a whole.

Countries with affirmative programmes for gender justice and sexual rights

Based on available data, some countries in Asia-Pacific — like Fiji, India, Mongolia, Nepal, Philippines and Timor-Leste — have examples of affirmative programmes for gender justice and sexual rights. These programmes are being implemented in the context of legal protections against discrimination, women and girls' education and economic participation, and to support inclusion of PoDS. Access to health services for key and vulnerable populations, particularly in relation to HIV, TB, and malaria, is also a significant component.

Regional programmes on gender justice and sexual rights

A number of regional programmes are currently being implemented in Asia-Pacific to advance gender justice and sexual rights of women and girls, and PoDS. Some of them are focused on the three diseases (HIV, TB, and malaria), while other programmes cover gender and human rights as a whole, and the crucial link to health outcomes and access to healthcare services. These include:

- Regional Gender Justice and Sexual Rights Initiative (REGENERATE) - APCASO
- kNOwVAWdata – UNFPA
- HIV/AIDS Data Hub for Asia Pacific – UNAIDS
- HIV, TB and Malaria Programmes – The Global Fund to Fight AIDS, TB and Malaria
- Advancing Gender Justice in the Pacific Programme – UN Women Asia and the Pacific
- EIAP Asia-Pacific Gender Justice Programme – Education International – Asia-Pacific EIAP

ACCOMPLISHMENTS IN INTEGRATION AND PROMOTION OF GENDER JUSTICE AND SEXUAL RIGHTS IN HIV, TB, AND MALARIA PROGRAMMES IN ASIA-PACIFIC

1. Rights-Based and Gender Responsive Approach to HIV, TB, and Malaria programmes in Asia-Pacific funded by The Global Fund.

2. Enactment of laws concerning sexual and gender minorities. Findings of the Asian Development Bank report among the countries studied on legal status of sexual and gender minorities revealed that at least 14 countries in Asia and the Pacific do not criminalize consensual same sex (Armenia, Bhutan, Cambodia, Fiji, the Kyrgyz Republic, Mongolia, Nepal, New Zealand, the People's Republic of China, the Philippines, the Republic of Korea, Thailand, Timor-Leste, and Viet Nam). labour laws that prohibit discrimination against them are present in Fiji, Mongolia, New Zealand, and the Philippines. SOGIESC inclusion in sexuality education programmes and policies has been conducted in Bhutan, Cambodia, Mongolia, Nepal, and Thailand.

3. The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity was unanimously adopted in 2006.

4. Progress in addressing gender in the TB response in the Philippines. A Gender Analysis Job Aid for National TB Programme (NTP) managers was developed by Philippine Business for Social Progress (PBSP).

Good practices on gender-just and sexual rights-affirmative programmes and policies

1. Fiji became the first nation in the Pacific region to decriminalize consensual same-sex activities when it passed the National Crimes Decree in 2010 to remove all references to sodomy and "unnatural offences" in its criminal laws.

2. Gender Equality Act B.E. 2558 in Thailand. This is recognized as an important milestone with regards to anti-discrimination law.

3. Stigma Index in Indonesia. The Penabulu-Stop TB Partnership Indonesia completed a Stigma Index in 2022. The Ministry of Health adopted and incorporated the findings and recommendations of the report in the revised National Strategic Plan on TB for 2024-2026.

4. Countries like Fiji, Nepal, New Zealand, the Philippines, Republic of Korea, and Thailand have laws that prohibit SOGIESC-based discrimination in education settings.

5. Examples of good practices in protection from hate crimes were found in Mongolia, New Zealand and Timor-Leste. These are embedded in their Criminal Code/Penal Code

6. Integration of human rights programming with delivery of health services through the legal literacy training in the Philippines.

7. Good practices in gender mainstreaming are present in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam based on the National Beijing+25 reviews.

GAPS IN GENDER JUSTICE AND SEXUAL RIGHTS AFFIRMATIVE PROGRAMMES AND POLICIES

- **Limited research and data on people of diverse SOGIESC.** Localised research initiatives that focus on LGBTQI+ populations within Asia-Pacific countries are still limited. Moreover, there is lack of research data for separate communities under the LGBTQI+people, particularly non-heterosexual women, LBQ-identifying nonbinary individuals, and trans men. This data gap hinders better understanding of their health needs, including programme design for HIV, TB, and malaria services.

- **Lack of comprehensive laws protecting people of diverse SOGIESC from stigma and discrimination, criminalisation and hate crimes.** In many countries in Asia-Pacific, comprehensive laws that can protect people with diverse SOGIESC are still lacking. This includes lack of legal recognition of same-sex marriages and gender identity, and existence of laws that targets and criminalises LGBTQI+people.

- **Lack of comprehensive sexuality education.** Comprehensive sexuality education is anchored on putting emphasis to gender norms and addressing gendered power relations. Currently, laws or regulations that require schools and educational institutions to incorporate sexuality education curricula to address harmful stereotypes and prejudices against sexual and gender minorities remains a gap in the educational system of most countries in Asia-Pacific.

- **Limited systematic integration of intersectionality into HIV, TB, and malaria programme design**, especially modalities for addressing

gender-disaggregation of data, sexual and reproductive health, and systemic barriers like stigma, limited access to resources, financial capacity, cultural norms, and environmental factors such as climate change that disproportionately affect women, girls, and PoDS. The Breaking Down Barriers initiative, launched by the Global Fund in 2017, intended to dismantle human rights and gender-related barriers that are crucial to improving access to quality health services. However, this is not entirely the case in government-led programmes for the three diseases.

- **Lack of sexual and reproductive health and rights (SRHR) information tailored to LGBTQI+ people/communities.** Existing SRH information primarily caters to the heterosexual population. For example, information pertinent to LBQ individuals and trans men is not readily accessible due to its limited availability.

CHALLENGES IN INTEGRATION AND PROMOTION OF GENDER JUSTICE AND SEXUAL RIGHTS IN HIV, TB, AND MALARIA

- Deeply ingrained stereotypical and archaic beliefs, and cultural norms hinder the full participation and empowerment of women and girls, and PoDS in all aspects of life. Women with limited access to resources are severely affected.

- Deteriorating social and political environments are a big challenge as noted in the Global Fund's Summary Report on Breaking Down Barriers Initiative for HIV, TB, and malaria. The rising anti-rights and anti-gender movement coupled with a closing space for civil society engagement was underscored, and response required to counter human rights violations against key and vulnerable populations in the three diseases. SOGIESC-based hate crimes are examples of deteriorating social and political environments.

- Institutional and implementation weaknesses. The knowledge level in gender-transformative programming, especially in relation to gender justice and sexual rights, is still limited. Despite the existence of gender and SOGIESC-related policies, their roll-out, management, monitoring, and evaluation (M &E) remains challenging, not only because of inadequate capacity or competency, but also due to the lack of political will to address the root causes of gender inequalities and implement gender-just and sexual rights affirmative plans.

- Lack of dedicated institutional financial investment for gender justice and sexual rights programmes. Except for the Global Fund's Breaking Down Barriers Initiative for HIV, TB, and malaria, there is limited funding for gender justice and sexual rights programmes. Oftentimes, the activities and budget addressing these focus areas are lumped together with the overall agency budget for HIV, TB, and malaria, which is already problematic because of the funding gaps.

WAY FORWARD

1. **Scale-up advocacy of GJSR in HIV, TB, and malaria programmes**

    - Develop regional and country-specific advocacy plans on gender justice and sexual rights. Focus on driving change to address existing laws and legislations that obstruct access to education, labour markets, public services, and social protection, as well as civil and political inclusion of PoDS – with emphasis on decriminalization of sexual and gender minorities and protection from hate crimes. This should be mainstreamed in advocacy plans of HIV, TB, and malaria programmes, and implemented on a sustained basis.

    - Strengthen the capacity of advocates or champions (along with CSOs and communities) of gender justice and sexual rights

through training, exposure to LGBTQI+ people/communities, and leveraging media. REGENERATE, through its Leadership & Learning Institute and Platform, should be able to develop a core of GJSR advocates who are well-versed in data use for advocacy work.

2. **Programmatic mainstreaming of GJSR in HIV, TB, and malaria programmes**

    - Develop intersectionality implementation guidance for HIV, TB, and malaria programmes. The REGENERATE Leadership & Learning Institute and REGENERATE Platform should work to strengthen the capacity of CSOs (particularly the LGBTQI+people/community) to provide technical support to health providers, community health workers, and programme implementers in conducting intersectional analysis and integrating intersectionality in programme design and implementation.
    - Track progress of countries' commitments and milestones vis a vis gender justice and sexual rights, with emphasis on identifying barriers as basis for programming.
    - Systematize assessment of the role of women and girls, and PoDS in the implementation of community-led gender justice and sexual rights programmes.

3. **Capacity-building on GJSR in HIV, TB, and malaria programmes**

    - Strengthen monitoring and evaluation of gender justice and sexual rights integration and promotion in HIV, TB, and malaria programmes. The REGENERATE Platform should support the development of M&E framework for gender just and sexual rights affirmative programmes in HIV, TB, and malaria, including disaggregated data under the LGBTQI+ people, particularly non-heterosexual women, LBQ-identifying nonbinary individuals, and trans men.

- Build capacity of CSOs in conducting research that is focused on women and girls, and LGBTQI+ people within Asia-Pacific countries. This should include skills-building on collection of data disaggregated by SOGIESC. Along with this is the compilation of best practices in integrating and promoting intersectional GJSR in programmes and policies, particularly in HIV, TB, and malaria in the region.
- Capacitate LGBTQI+ people in leading gender-transformative and sexual rights affirmative HIV, TB, and malaria programmes.

4. **Partnership-building on GJSR in HIV, TB, and malaria programmes**
    - Strengthen the work in building partnerships between legal professionals, policymakers, civil society organizations, academics, and other decisionmakers and stakeholders to create a unified front for advocating for gender just and sexual rights affirmative HIV, TB, and malaria programmes.

1 BACKGROUND OF THE SITUATIONAL ANALYSIS

The Regional Gender Justice and Sexual Rights Initiative (REGENERATE) is a civil society capacity development, movement-building, and advocacy project being implemented by APCASO for the period of 2024-2027 with support from L'Initiative and Expertise France[2] - a French funding facility. REGENERATE aims to address the long-standing gaps around gender and sexuality in health policies and services related to HIV, TB and malaria in Asia-Pacific.

Overall, this project envisions a state where civil society and communities of key and vulnerable women and girls, and people of diverse sexual orientation, gender identity, gender expressions, and sex characteristics (SOGIESC) are actively engaged in advocacy for gender justice and sexual rights at the regional level in Asia-Pacific. The three focus countries of the project for the development of gender-just and sexual rights-affirmative HIV, TB and malaria programming and policymaking are Cambodia, Thailand and Viet Nam.

1.1 CONTEXT OF OBJECTIVES

Gender justice is a concept that upholds the principle of "fair treatment and equal treatment to all individuals, regardless of their gender".[3] It underscores the need to break down the systemic barriers and inequalities that are marginalizing women

and girls, and people of diverse SOGIESC (PoDS). Gender justice implies their equal access to resources and opportunities, and a life free from gender-based discrimination and violence.[4]

Sexual rights pertain to "human rights that are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people".[5] Specifically, these rights include autonomy in making decisions about one's body and sexuality, freedom from sexual violence and coercion, access to sexual and reproductive health information and services without discrimination, and engagement in consensual sexual experiences.

Gender justice and sexual rights matter. They are critical elements in combating HIV, TB, and malaria in Asia-Pacific. Failure to include these components in disease programming, policymaking and service delivery can put key and vulnerable populations at a greater risk of infection, more susceptible to poorer health outcomes, and impede their access to HIV, TB, and malaria services. On the other hand, gender justice and sexual rights inclusion result in increased acceptance and support for key affected women and girls (KAWG), and people of diverse SOGIESC (PoDS). As shown by the experiences of some countries with anti-stigma programmes, the positive changes in attitudes among healthcare providers, law enforcement, and the general public led to increased acceptance and support for key affected individuals, hence enhancing their access to essential health services.[6] Similarly, UNAIDS pointed out that the advocacy movement of civil society and people living with HIV (PLHIV) gained substantial support from governments, parliamentarians, and development partners, leading to law reforms, policy changes, and human rights programmes on HIV in many countries.[7]

The vital role of civil society in advancing gender justice and sexual rights has been affirmed in the Sustainable Development Goals (SDGs).[8] In this international framework document, "United Nations Member States committed to leave no one behind and to end the HIV, tuberculosis and

malaria epidemics by 2030".[9] The Global Fund's 2024 Summary Report on Progress to Reduce Human Rights-related Barriers to HIV, TB and Malaria Services also highlighted the role of civil society as key partners on the ground.[10] In this assessment report, key recommendations to break down barriers include continued scale up and sustaining of community-level interventions to reduce human rights and gender-related barriers to HIV, TB, and malaria services, and strengthening of national ownership and support for human rights programming implementation, in partnership with civil society and community-led organizations.[11]

Empowering women and girls, and people with diverse SOGIESC requires a clear perspective on the landscape of gender justice and sexual rights, and the intersection of factors such as socioeconomic status, culture, ethnicity, and race among others. Hence, this situational analysis was conducted by APCASO to gain a better understanding of the current state of gender justice and sexual rights in Asia-Pacific along with the role played by civil society, particularly in HIV, TB, and malaria programming and policies. Findings of the situational analysis will serve as a guide in the identification of priorities for gender-just and sexual rights affirmative advocacy interventions, programming, capacity-building, and partnership-building in these disease programmes. Furthermore, this analysis also identified best practices, opportunities, gaps, challenges, and lessons learned in advancing gender justice and sexual rights in HIV, TB, and malaria in Asia-Pacific.

GENERAL OBJECTIVE

To provide a clear picture of the current state of gender justice and sexual rights in HIV, TB, and malaria in Asia-Pacific as a basis for prioritization of interventions and strategic planning within the REGENERATE project.

SPECIFIC OBJECTIVES

1. To examine the framework of gender justice and sexual rights (GJSR) in relation to HIV, TB, and malaria in Asia-Pacific.

2. To evaluate how current HIV, TB, and malaria policies and services address the intersectional aspects of GJSR for women and girls, and people of diverse SOGIESC.

3. To identify challenges faced by programmes, CSOs, and communities in advocating for GJSR within HIV, TB, and malaria policies and programmes.

4. To document best practices from regional and country-level efforts promoting gender-just and sexual rights-affirmative programming, policy-making and service delivery in HIV, TB, and malaria.

1.2 SCOPE OF THE SITUATIONAL ANALYSIS

The situational analysis report covers four themes within Asia-Pacific:

1. Overview of HIV, TB, and malaria
2. Gender justice and sexual rights landscape, including implementation status of intersectionality in HIV, TB, and malaria programmes
3. Key accomplishments, gaps, and challenges in the integration of GJSR in HIV, TB, and malaria
4. Best/good practices in the promotion of GJSR, particularly in HIV, TB, and malaria

At the regional level, Asia-Pacific is the geographic scope for analyzing the situation of women and girls, and PoDS. Specific examples on GJSR in HIV, TB, and malaria, however, focused on selected partner-countries of APCASO in Southeast and South Asia where GJSR remains a major issue. These countries primarily include Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao PDR, Malaysia, Mongolia, Nepal, Philippines, Sri, Lanka, Thailand, and Viet Nam. In the Pacific region, examples were gathered from high-burden Pacific Island Countries (PICs) — such as Fiji, Papua New Guinea, Solomon Islands, and Vanuatu — that are implementing HIV, TB, and malaria programmes with support from the Global Fund and the Australian Government Department of Foreign Affairs and Trade (DFAT). Where data is available, other country examples related to good practices on gender justice and sexual rights implementation were also cited in the situational analysis report.

The report contains six sections based on thematic areas:

- **Section 1** provides the background with the context, objectives, and scope of the situational analysis.

- **Section 2** presents the methods which tackled data collection and analysis, and the conceptual framework as basis for data collection, analysis, conclusions, and way forward.
- **Section 3** is an overview of the HIV, TB, and malaria situation in Asia-Pacific to provide the epidemiologic context and implications to women and girls, and PoDS.
- **Section 4** provides insight into the landscape of gender justice and sexual rights in Asia-Pacific, including the status of implementing intersectionality in HIV, TB, and malaria programmes.
- **Section 5** discusses the analysis of key accomplishments, gaps, and challenges in the integration and promotion of gender justice and sexual rights in HIV, TB, and malaria.
- **Section 6** presents the conclusions and way forward.

This report also includes the references used in the situational analysis.

2 METHODS AND CONCEPTUAL FRAMEWORK

This situational analysis, conducted from August to October 2025, used qualitative research techniques. Data collection was conducted primarily through desk review, and it was supported with insights from a data validation meeting conducted with REGENERATE project implementers. Data was collected for Asia-Pacific, on the following key thematic areas:

1. HIV, TB, and malaria epidemiology
2. Status of intersectionality in GJSR in relation to HIV, TB, and malaria services
3. Key accomplishments and gaps in the promotion of GJSR in HIV, TB and malaria
4. Best/good practices in the promotion of GJSR in HIV, TB, and malaria
5. Opportunities and key challenges in advancing gender-just and sexual rights-affirmative programming and policy making in HIV, TB, and malaria.

2.1 DATA COLLECTION AND ANALYSIS METHOD

2.1.1 Data collection

a. **Document review** (internet searches and files/hard copies). A total of 42 documents, published and unpublished, by government, donor agencies, international nongovernment organizations (INGOs), United Nations agencies, civil society organizations (academe, media, NGOs, CBOs and CLOs), and private sector were reviewed. This review included documents on:

   - Epidemiological studies on HIV, TB, and malaria in Asia-Pacific
   - National programmes, policies, and strategies to address GJSR in the three diseases
   - International and national frameworks and standards in relation to GJSR
   - Country reports on assessment/evaluation of gender-just and sexual rights affirmative programming and policymaking in relation to HIV, TB and malaria in the region.
   - Stories and reports from civil society on GJSR initiatives
   - Anecdotes and narratives from communities of women and girls, and PoDS
   - APCASO reports on REGENERATE

b. **Validation meeting** was conducted with APCASO project staff and key stakeholders to verify the accuracy, consistency and reliability of collected data or findings after completion of the 1st draft. The feedback and inputs gathered from data validation were used to refine the findings, conclusions, and recommendations of the situational analysis and incorporated in the final report.

2.1.2 Data analysis

Content analysis was used to organize, analyze, and interpret the data collected from document review and the validation meeting. Patterns with respect to the five thematic areas of the situational analysis were systematically identified and studied.

2.2 CONCEPTUAL FRAMEWORK

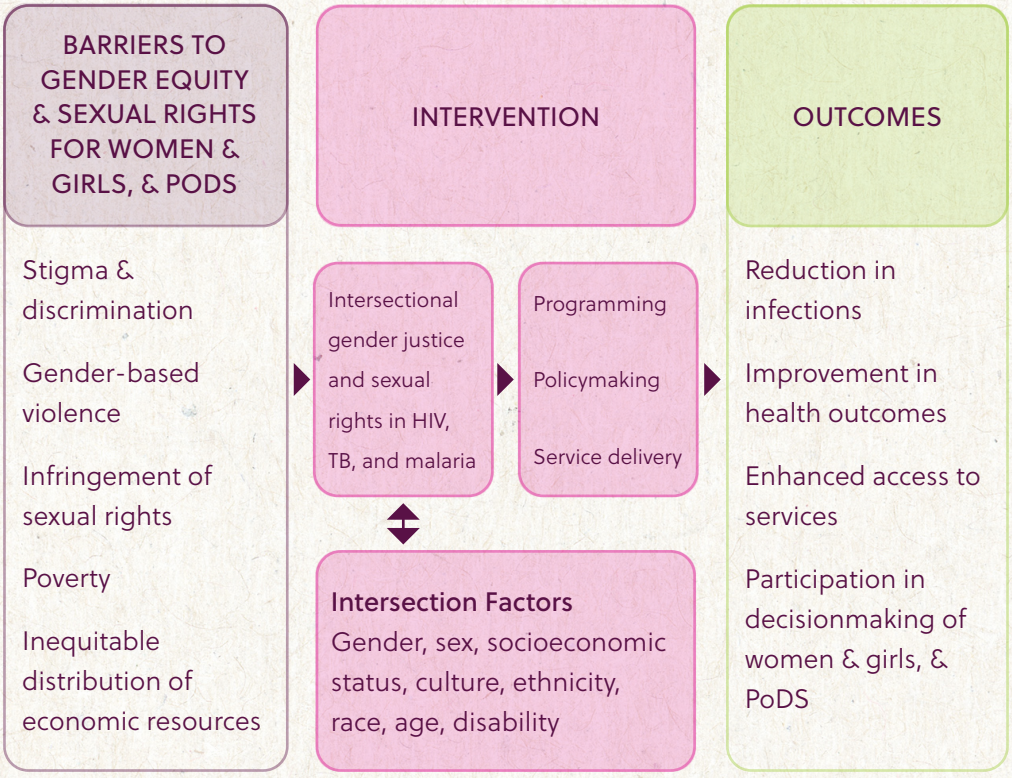
Addressing gender equality and sexual rights in HIV, TB, and malaria is critical, but multiple factors — socioeconomic status, culture, ethnic background, race, age, and religion, among others — intersect with the characteristics of women and girls, and people with diverse SOGIESC. These varied factors can affect their level of empowerment, realization of rights, and experiences of inclusion or discrimination. In social theory, this refers to intersectionality, which is defined as "the interaction and cumulative effects of multiple forms of discrimination affecting the daily lives of individuals, particularly women of color"[12]. This concept of "intersectionality" was espoused by Kimberlé Crenshaw in her 1989 article, "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics."[13] The Association for Women's Rights in Development (AWID) explains that intersectionality is a "feminist theory, a methodology for research, and a springboard for a social justice action agenda.[14]

In this situational analysis, the conceptual framework considers the intersectional identities of women and girls, and PoDS as important factors in the application and fulfillment of gender justice and sexual rights in HIV, TB, and malaria policies and programmes. Women and girls are not a homogenous group, just like lesbians, gay, bisexual, transgender, queer and intersex (LGBTQI)+people. Their diverse characteristics and non-normative SOGIESC intersect with race, ethnicity, socio-economic status, age, or disability that influence the state of gender justice and sexual rights.[15]

Research demonstrates that in countries where protective laws are enforced to ensure non-discrimination for key populations, greater coverage of HIV prevention services is achieved.[16] But aside from gender, other social and structural factors, for example, systemic food shortage, have an impact on prevention interventions and vulnerability to malaria infection. Epidemiologic research shows that although more men globally have TB than women, the latter "have less access to TB treatment and prevention services than men and are unlikely to undergo sputum smear examination".[17] But gender is not the sole factor here because the association between socio-economic inequality and TB and HIV morbidity/mortality has been proven in various studies, with poverty as one of the determinants of tuberculosis.[18]

The conceptual framework emphasizes that when an intersectional approach is applied to gender justice and sexual rights, the identities, needs, priorities, and capacities of women and girls, and PoDS are better understood. At the same time, the intersectional approach makes it possible to address existing barriers to HIV, TB, and malaria — including stigma and discrimination, gender-based violence, infringement of sexual rights, poverty, and inequitable distribution of economic resources — within programming, policymaking, and service delivery. Through the "lens of intersectionality in understanding gender justice and sexual rights", positive outcomes such as reduction in infections, improvement in health outcomes, enhanced access to services, and participation in decisionmaking can be achieved for women and girls, and people with diverse SOGIESC in the three diseases.

The diagrammatic representation of how the concepts relate to one another in this situational analysis are shown in Box 3 on the following page.



Box 3. Conceptual framework for the situational analysis on gender justice and sexual rights in relations to HIV, TB, and malaria

2.3 LIMITATIONS OF THE STUDY

This study is a preliminary analysis of the state of gender justice and sexual rights for women and girls, and PoDS in HIV, TB and malaria services. It is meant to provide key insights on accomplishments, gaps and challenges in integration of intersectional gender justice and sexual rights based on existing studies, assessments, reports and perceptions of APCASO's REGENERATE project staff and key partners.

Time constraint and limited primary data collection among women and girls, and PoDS in Asia-Pacific were the main limitations of this situational analysis. Although, the design is primarily qualitative due to resource and time constraint, the findings, observations and suggestions contained in this report will be useful in programming, policymaking, and refining interventions in the delivery of gender-just and sexual rights affirmative HIV, TB and malaria programmes, particularly of APCASO and partners.

3 OVERVIEW OF HIV, TB, AND MALARIA IN ASIA-PACIFIC

HIV, TB, and malaria remain significant health burdens in Asia-Pacific, especially among key populations and vulnerable groups. This section briefly presents an overview of HIV, TB, and malaria in the region, particularly in the areas of prevention, diagnosis and treatment.

3.1 CURRENT TRENDS IN HIV

UNAIDS reported that in 2024[19], "6.9 million [6.2 million–7.8 million] people living with HIV were residing in Asia-Pacific, making this the world's largest epidemic after that in Eastern and Southern Africa, and accounts for 23% or almost a quarter of annual new HIV infections globally". Some of the world's fastest–growing HIV epidemics in the region include Afghanistan, Fiji, Pakistan, Papua New Guinea, and Philippines. Children aged 0-14 years living with HIV in Asia and the Pacific totaled 130,000 (110,000-150,000) or 9% of the global total, with Papua New Guinea comprising 12% of the regional HIV infections among children. There is no exact figure yet on the number of women and girls living with HIV, but according to UNAIDS projection, if current trends continue, there could be 7.6 million of them in the region by 2030.[20] The trends in HIV in the Asia-Pacific region are shown on the following page:

PLHIV: 6.9 MILLION (6.2 M - 7.8 M)

New infections
300,000 (260,000 - 370,000)
↓ 17% decrease since 2010

AIDS related deaths
150,000 (110,000 - 200,000)
↓ 53% decrease since 2010

79% PLHIV who know their HIV status

69% PLHIV who are on treatment

66% PLHIV who have supressed viral load

Resource availability for HIV
USD 3.2 billion (50% gap to meet the 2030 target)

Box 4. 2024 Asia-Pacific Data

For the 2020-2024 period, the median HIV prevalence among countries that reported these data in Asia-Pacific was:

- 1.3% among sex workers
- 4.5% among gay men and other men who have sex with men
- 7.8% among people who inject drugs
- 3.1% among transgender people
- 0.8% among people in prisons and other closed settings.

The estimated HIV prevalence among adults aged 15–49 years was 0.2% [0.2–0.3%].[21]

PACIFIC ISLAND COUNTRIES ARE OFF TRACK IN MEETING 2025 TARGETS

AIDS related deaths are increasing anually

Limited resources, shifting donor priorities, weakened health systems, and emerging social and drug use practices compound the situation.

Fiji and PNG are noted as one of 38 countries globally with increasing HIV cases. Since 2010, there has been an increase of estimated new infections by 129% in Fiji alone.

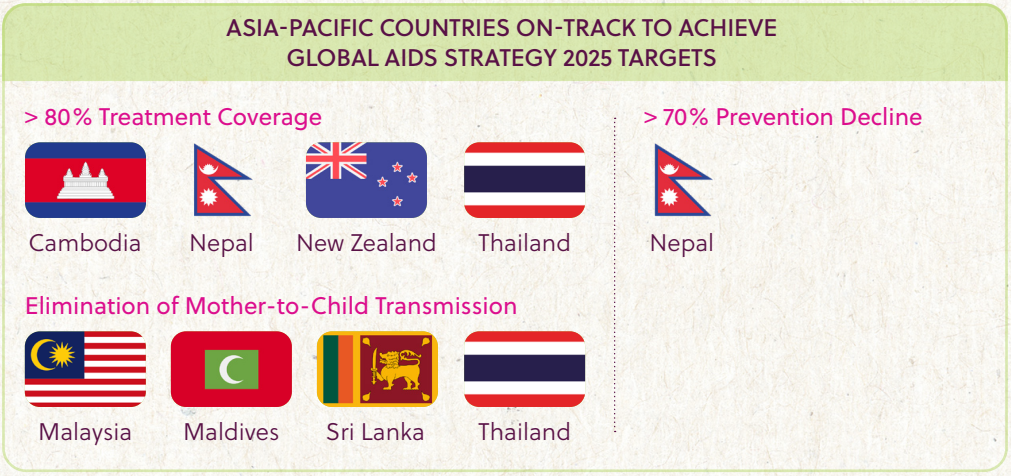
Box 5. HIV situation in the Pacific Island Countries (PICs)[22] in 2022

3.1.1 HIV prevention, testing and treatment[23]

HIV disproportionately affects people from key populations. Young people face significant barriers to HIV services and are highly vulnerable, and yet are frequently overlooked in programming and service delivery. Adequate financing of HIV response is critical to the achievement of prevention, testing and treatment targets. However, since 2010, external funding for HIV programmes has decreased by 54%, dropping from US$ 1.45 billion in 2011 to US$ 581 million in 2024. The Global Fund to Fight AIDS, Tuberculosis and Malaria was the largest international source of funding at 45% in 2024, followed by 28% from the United States Government bilateral support. With the recent funding cuts from the US, the continued high reliance on external support by many countries in the region is problematic, especially since the domestic share of HIV funding has dropped significantly to 49%.

- **Gaps in prevention services**
  - Pre–exposure prophylaxis (PrEP) – low regional uptake with less than a quarter of a million people taking PrEP in 2024 — much lower than the target of 8 million people.
  - Median coverage of prevention services in 2024 - 47% among sex workers (11 reporting countries), 38% among transgender people (five reporting countries), 32% among gay men and other men who have sex with men (seven reporting countries) and 21% among people who inject drugs (six reporting countries).
  - Coverage of opioid agonist therapy - only 5% (nine reporting countries).
  - Only two countries reported distributing more than 200 needles and syringes per person who injects drugs per year (10 reporting countries).

- **Testing and treatment services**
  - Data showed that "over an eight–year period, cisgender men who have sex with men had almost a one in five chance of being diagnosed with HIV in 15 Indian cities".
  - In Fiji, the number of people newly diagnosed with HIV tripled in 2024 from the 2023 levels, "with preliminary data indicating that half of people on antiretroviral therapy likely contracted HIV through injecting drugs".
  - Progress towards the testing, treatment and viral load suppression targets varies across countries and populations in the region - Antiretroviral coverage for PLHIV reached over 90% in Cambodia; ARV coverage was only 50% in Afghanistan, Bangladesh, Fiji, Indonesia, Mongolia, Pakistan, Papua New Guinea and the Philippines.
  - Transition to dolutegravir as the first–line HIV treatment regimen across the region is expected to improve treatment outcomes.



Box 6. Global AIDS Update Report, UNAIDS Asia-Pacific

3.2 CURRENT STATUS OF TUBERCULOSIS[24]

According to the World Health Organization (WHO), tuberculosis remains a critical health issue globally, with an estimated 10.8 million TB cases in 2023. A majority of people who developed TB were men (55%), followed by women (33%), and 12 % were children and young adolescents. However, several positive trends were noted after COVID-19 pandemic at the global level, such as:

- The global number of people dying from TB each year continued to fall.
- The number of people newly diagnosed with TB reached a new high in 2023.
- Treatment success rate for people with drug-susceptible TB has been sustained at a high level and continues to improve for people with drug-resistant TB.

- Coverage of TB preventive treatment has been sustained for PLHIV and continues to improve for household contacts of people diagnosed with TB.

But to realize the goal of ending the global TB epidemic, WHO sees the need to have "Wider progress towards UHC and higher levels of social protection, action on TB determinants (e.g. poverty, undernutrition and HIV), and TB research and innovation".

3.2.1 Prevention, diagnosis and treatment of TB

In 2023, South-East Asia (45%) and Western Pacific (17%) were among the WHO regions with the highest TB burden. Thirty high TB burden countries accounted for 87% of the global total, and of this figure, 56% were from five countries in Asia: India (26%), Indonesia (10%), China (6.8%), the Philippines (6.8%) and Pakistan (6.3%). In the Western Pacific, over 1.9 million new cases and 95,000 deaths were reported. Indonesia, Philippines and Myanmar (in order of the absolute size of their contribution) were the major contributors to the global increase between 2020 and 2023. Out of the ten countries with the largest gaps between case notifications of people newly diagnosed with TB

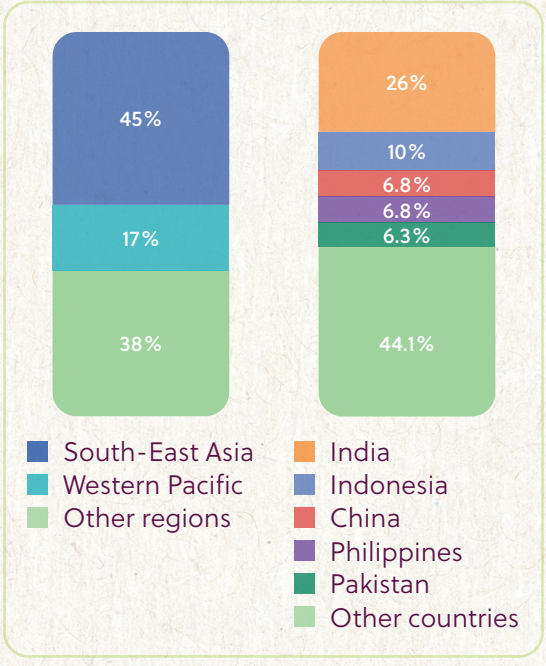


Figure 1. Percentage global TB burden based on regions and countries.

and the best estimates of TB incidence in 2023 were from Asia, and the top five contributors (collectively accounting for about 50% of the global gap) were India (16%), Indonesia (11%), Pakistan (7.8%), China (6.5%) and Myanmar (6.5%). The other three countries in the top ten contributors were Bangladesh, Philippines and Viet Nam.

Below are specific data on status and trends.

- **Estimated number of people who developed MDR/RR-TB (incident cases), 2015–2023**

  Five countries including four in Asia accounted for more than half of the global number of people estimated to have developed MDR/RR-TB in 2023: India (27%), Indonesia (7.4%), China (7.3%) and the Philippines (7.2%).

- **Deaths caused by TB**

  80% of the global number of deaths caused by TB among HIV-negative people occurred in the WHO African and South-East Asia regions where India alone accounted for 29% of such deaths. WHO African and South-East Asia regions also accounted for 81% of the combined total number of deaths caused by TB among people with and without HIV where India accounted for 26% of such deaths.

- **TB case notifications**

  Globally, 8.2 million people were newly diagnosed with TB and officially notified as a TB case in 2023. India and Indonesia were the two countries that made the biggest contributions to the global rebound in the reported number of people newly diagnosed with TB in 2022 and 2023, which together accounted for 45% of the increase between 2021 and 2023. The Philippines (15%) and Pakistan (7.8%) also made major contributors to the global increase between 2021 and 2023.

- **Diagnostic testing for TB**

  Globally, a WHO-recommended rapid diagnostic test (WRD) was used as the initial test for 48% (3.9 million) of the 8.2 million people newly diagnosed with TB in 2023, a slight improvement from 47% (3.5/7.5 million) in 2022 and up from 38% (2.5/6.4 million) in 2021. Among WHO regions, the lowest level of coverage was in the South-East Asia Region (39%). The global coverage of HIV testing among people diagnosed with TB remained high in 2023, at 80%.

- **TB treatment coverage**

  Among the six WHO regions, treatment coverage was highest in the South-East Asia Region which, according to the 2024 Global Tuberculosis Report, was at 78% (best estimate). In the Western Pacific Region, the treatment coverage was estimated at 74%. India and Papua New Guinea (part of the 30 high burden countries) were among those with the highest levels of treatment coverage (>80%), while Mongolia (<50%) and Myanmar (43%) had low levels of treatment coverage.

- **TB treatment outcomes**

  The cumulative number of deaths averted by TB treatment as well as antiretroviral therapy during the period of 2010-2023 in South-East Asia Region was 20 million (19M people without HIV/0.91M PLHIV), while it was 10 million in Western Pacific Region (9.7M people without HIV/0.33M PLHIV). As highlighted in the WHO report, "Treatment success rates remain lower among people living with HIV (79% globally in 2022) compared to children and young adolescents, although there have been steady improvements over time".

- **Drug-resistant TB: diagnosis and treatment**

  Out of the 10 countries which accounted for about 75% of the global gap between the estimated global number of people who developed MDR/RR-TB in 2023 and the global number of people enrolled on treatment in 2023, seven of them were from Asia: India, Philippines, Indonesia, China, Pakistan, Myanmar and Viet Nam.

- **TB prevention and screening**

  Globally, TB preventive treatment was provided to 4.7 million people in 2023, which was a considerable increase from 3.9 million in 2022 and 2.9 million in both 2020 and 2021.

- **Funding for essential TB services**

  Has declined since 2019 in low and middle- income countries (LMICs), which account for 90% of the reported number of people newly diagnosed with TB each year. "In 2023, the total funding available in LMICs was US$ 5.7 billion (in constant 2023 US$),49 equivalent to only 26% of the global target of reaching US$ 22 billion per year by 2027. This was down from about US$ 6.0 billion in each of the 3 previous years (2020–2022) and from US$ 6.8 billion in 2019".

3.3 MALARIA SITUATION

As reported in the WHO World Malaria Report 2024, and noted by the Asia Pacific Leaders Malaria Alliance (APLMA)[25], "the Asia Pacific region has seen mixed progress on the road to malaria elimination by 2030. While eight of 20 endemic countries reported a drop in cases, the region saw an increase in estimated cases, rising from 8.8 million in 2022 to approximately 10.4 million in 2023"[26]. Lack of funding, political and social instability, health system weaknesses, limited access to healthcare, difficulties in procuring commodities, and shortages of antimalarial supplies were highlighted as factors for the increases in malaria cases.

3.3.1 Trends in malaria cases

The WHO South-East Asia Region had eight malaria endemic countries in 2023, accounting for 4 million cases and contributing 1.5% of the burden of malaria cases globally.

Estimated malaria cases

In 2023, India accounted for half of all estimated malaria cases in the region, followed by Indonesia, which accounted for just under one third. Just over 48% of all estimated cases in the region were due to P. vivax.

Five countries, including India, Indonesia, Myanmar, Pakistan, and Papua New Guinea, accounted for 9.8 million or 94% of the region's total estimated malaria cases. The 1.6 million increase in the region was driven by Pakistan due to the 2022 devastating floods.

Between 2022 and 2023, Solomon Islands and Vanuatu experienced increases in the number of estimated cases, by 15.1% and 113%, respectively. In Vanuatu, the reported decrease in number of cases was almost 2,000 in 2016 to 322 in 2021, but in 2022 the number was 1,143 and further increased to 1,995 in 2023[27]. Treatment compliances, climate change related factors, damaged facilities during natural disasters and population migration in endemic areas were cited as reasons for the continued increase in malaria cases.

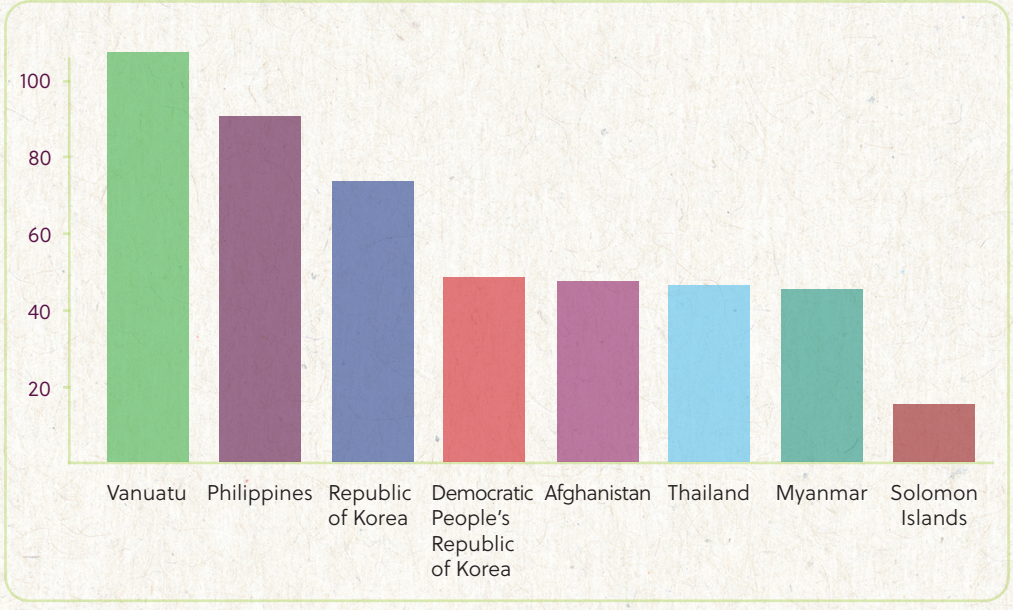


Figure 2. Percentage increase in malaria cases in 8 countries in Asia-Pacific from 2022 to 2023

Estimated malaria deaths

The estimated malaria deaths were reduced by 82.9%, from about 35,000 in 2000 to 6000 in 2023. Between 2000 and 2023, the malaria mortality rate reduced by 88.8%, from 2.7 to 0.3 per 100,000 population at risk. India and Indonesia accounted for about 88% of all estimated malaria deaths in this region in 2023. From 2022 to 2023, all countries in this region in which malaria deaths occurred reported a decrease in the malaria mortality rate, except for Myanmar and Thailand. Bhutan and Timor-Leste have reported zero malaria deaths since 2013 and 2015, respectively.

Progress in malaria elimination

Progress in malaria, nonetheless, has been achieved in the region as shown by Timor-Leste, which was certified malaria-free by WHO on July 24, 2025, while Sri Lanka was certified malaria free in 2016. In 2023, Cambodia (1,382 indigenous cases), Lao People's Democratic Republic (673) and Viet Nam (373) have achieved historic lows in reported cases, and these countries are expected to eventually eliminate malaria. Nepal also reported a historic low of 15 indigenous cases, while Bhutan had achieved zero indigenous cases for two consecutive years. Malaysia, on the other hand, has maintained zero indigenous cases for six consecutive years, but its certification is being delayed by persistent zoonotic cases.

Funding for malaria

In 2023, global funding for malaria control and elimination totalled US$ 4.0 billion across 90 countries, of which 75% was allocated to WHO African Region because of its high malaria burden. Compared to 2022, this global funding was slightly lower than the US$ 4.1 billion in 2022 but higher than the US$ 3.5 billion available in 2021.

Domestic funding in malaria endemic countries rose from 33% in 2021 to 37% in 2023. But the WHO South-East Asia and Western Pacific regions have seen substantial funding declines since 2010.

A funding gap of US$ 4.3 billion remains, with only 48% of the Global Technical Strategy (GTS) for malaria 2016-2030 of US$ 8.3 billion for 2023 covered. Without significant increases, only 60% of the per capita funding needed to meet GTS targets can potentially be reached by 2030.

3.3.2 Prevention, diagnosis and treatment of malaria

- **Insecticide-Treated Nets (ITNs) distribution**

  In 2023, a total of 255 million ITNs were distributed through all channels by NMPs in malaria endemic countries, about 1.5 million more than in 2022. Pakistan (2 million), Bangladesh (1.4 million), Papua New Guinea (1.3 million) and India (1.1 million) were among the countries with the largest distributions.

- **Intermittent Preventive Treatment in Pregnancy (IPTP)**

  Adopted in 38 countries to date to reduce the burden of malaria during pregnancy, which include Solomon Islands and Papua New Guinea.

- **Antenatal Care (ANC)**

  The percentage of pregnant women and girls attending an ANC clinic at least once has reached the target of 80%, and the coverage of IPTp1, IPTp2 and IPTp3 in 2023 was the highest ever recorded, coverage for receiving the three doses still remains well below the target of 80%.

- **Barriers to ANC**

  Despite progress in increasing the number of women attending ANC and receiving preventive treatments, significant barriers to ANC access persist, including health care facility challenges, gender and social determinants, family and community influences, poor infrastructure and sociodemographic factors, highlighting the need for targeted, community-informed interventions.

- **Malaria prevalence at antenatal clinics in the Asia-Pacific region**

  Most studies reported that they originated from India, Papua New Guinea, Indonesia, and the Thailand- Myanmar border and most used light-microscopy and rapid diagnostic tests (RDT).[28]

- **Burden and deleterious effects of malaria on maternal and birth outcomes**

  Has increased substantially in the Asia Pacific region. "P vivax infection during pregnancy reduces birthweight and causes pregnancy loss and anaemia; P falciparum or P vivax in the first trimester double the risk of miscarriage, and in the second trimester have lasting consequences for the fetus even when treated promptly and effectively"[29]. Effective prevention, detection, and treatment of malaria infection during pregnancy, and for safe and timely antirelapse treatment after pregnancy are needed.

4 UNDERSTANDING THE LANDSCAPE OF GENDER JUSTICE AND SEXUAL RIGHTS IN ASIA-PACIFIC

Understanding the landscape of gender justice and sexual rights in Asia-Pacific is crucial for implementing sustainable HIV, TB, and malaria programmes and services. This section seeks to answer the following questions:

1. What is the epidemiological context of gender justice and sexual rights, especially in HIV, TB, and malaria?
2. What are the key international, regional, and national frameworks in place to support gender justice and sexual rights for women and girls, and PoDS?
3. How is intersectionality applied to HIV, TB and malaria programmes in Asia-Pacific?
4. What are the existing gender-just and sexual rights affirmative HIV, TB and malaria projects and services in Asia-Pacific?

4.1 EPIDEMIOLOGICAL CONTEXT OF GENDER JUSTICE AND SEXUAL RIGHTS

> *"Gender is one of the most important social determinants of health. Considerable research has shown that power imbalances due to gender and sexual orientation lead to numerous negative health outcomes and risk exposures for people across the gender spectrum. These include exposure to violence, the inability to negotiate safer sex, diminished ability to choose whether and when to have a child, and decreased access to economic, political, and social capital."*[30]

4.1.1 Epidemiological implications to women and girls

In Asia-Pacific, gender and sexuality influenced health outcomes and access to care of women and girls through discrimination and power imbalances. For instance, because of gender inequality, they face greater risks of unintended pregnancies, sexually transmitted infections including HIV, unsafe abortions, cervical cancer, TB infection, malaria disease, malnutrition, among others. Lack of power limits their capacity to make informed decisions about sexual and reproductive health. Aside from financing issues, weaknesses in the health delivery system and provision of services, HIV prevention for adolescent girls and young women is constrained by harmful gender norms, stigma, discrimination, criminalisation, violence, and socioeconomic inequalities.

According to the UNICEF report[31] , gender-based violence is still widespread in East Asia and the Pacific, with around 81 million cases of sexual violence experienced by women, and girls before age 18, and between 39 and 51 percent of those in the Pacific have experienced intimate partner violence. In South Asia, the prevalence of lifetime intimate partner violence is 35% higher than the global average[32]. Timor-Leste has the highest rate of domestic violence at 28%, while 14% of female sex workers in Cambodia experienced physical and/or sexual violence in the past 12 months[33]. Afghanistan has the highest

reported rate of partner violence among women and girls at 34.7%[34] in South Asia. According to UNICEF estimates, around 64% of the world's children who experience severe violence are in this region. This situation is aggravated by the non-implementation of sexual violence laws and protection gaps. For example, among the six countries studied in South Asia (Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka) on legal and other barriers to justice for survivors of sexual violence, "only Bhutan and Nepal criminalised Marital Rape, and even then, it carries lower penalties compared to other forms of rape".[35]

As a consequence, their physical and mental health are severely affected. Cases of child marriage are still present, and 95 million cases of early marriage for women before the age of 18 have been documented. The report further cited that over 80 million girls in Asia have undergone female genital mutilation. "Harmful practices and social norms that undervalue girls often force them to leave school early, limiting their future choices and exposing them to heightened risks of early pregnancy and gender-based violence."[36]

Among adolescent girls and women aged 15–49 years, data from population-based surveys in 2020–2024 show that 10% of them had recently experienced physical or sexual violence by an intimate partner in eight countries in Asia-Pacific (Philippines, Cambodia, India, Vanuatu, Nepal, Fiji, Lao PDR and Viet Nam)[37]. As pointed out in the 2025 Global AIDS Update, "For girls and women, intimate partner violence is an unnervingly common experience, which heightens their risk of acquiring HIV where HIV prevalence is high."

UNAIDS data on HIV in 2023 indicated that an estimated 2.2 million women are living with the virus in Asia and the Pacific. Women and girls are disproportionately affected by new HIV infections, with young women aged 15-24 at higher risk in the region. With existing gender inequalities and prevailing discrimination, women and girls face difficulties in asserting their right to control their sexual lives, protect their sexual health, and access the whole spectrum of care, hence staying HIV-free is a challenge. Generally, they have the lowest proportion of modern contraceptive use. For example, in all regions in Asia and the Pacific, less than 30% of adolescents and young

women aged 15-19 years use contraception and less than 5% in Western Asia and in Central and Southern Asia.[38] In the Western Pacific region, a number of studies show high STI rates among women.[39] Chlamydia rates among women 15-25 years are among the highest in the world, especially in Fiji, Federated States of Micronesia (FSM), Samoa, Kiribati, Tonga and Vanuatu.

With tuberculosis, more men have been recorded to have this infectious disease than women. But annually, TB kills more women than men globally, including Asia-Pacific, with a number of studies explaining that it progresses more quickly in women of reproductive age than in men of the same age group, and they have a higher prevalence of extra-pulmonary TB (TB infections that occur outside the lung) than men.[40]

'Some studies have found that women have less access to TB treatment and prevention services than men and are unlikely to undergo sputum smear examination. Social factors may account for gender differences in use of TB services. For example, women in some contexts have difficulty accessing TB services because male family members are unwilling to pay for these services, women's health may not be considered as important as that of male family members, or because TB in women is more stigmatized than in men. In some communities, a woman who is found to have TB may be divorced by her husband or, if unmarried, may have difficulty in finding a husband. Gender-insensitive health care infrastructure also has an impact on women's access to services.

Although women are less likely to delay seeking care, once they do access TB services, women generally wait longer than men for diagnosis and treatment. Women who attend TB services have also complained about a lack of privacy in health centres when receiving directly observed treatment short-course (DOTS), and women with children may not be able to attend TB services regularly due to a lack of child-care facilities. Moreover, while most countries rely on passive case-finding approaches to TB, several studies have argued that this method may not be appropriate or effective for women. For especially vulnerable populations, such as women prisoners — whose TB infection rates are higher than those of men prisoners — TB services may simply not be provided, even when they are provided to men prisoners."[41]

Box 7. Gender and access to TB services

In Asia-Pacific, particularly in the Indian subcontinent, young women frequently face financial and social barriers to accessing primary health care services, including TB services.[42] The correlation between gender and access to TB services was observed in Viet Nam, where a study found that "rejection, abandonment, and ostracism were consequences of TB diagnosis for some women, and that most women experienced subtle isolation from community and family following a diagnosis of TB".[43]

Women are vulnerable to malaria due to social, economic, cultural and gender-related norms or dynamics. All these elements influence women's access to prevention and treatment of malaria. For example, a study in Jharkand, India revealed that "when women live far from public health services, they rely on ad hoc malaria treatment provided by traditional healers who visit their village. Women depend on the 'compounders' for treatment because they provide flexible payment arrangements".[44]

"Half of all pregnancies at risk of malaria worldwide occur in the Asia-Pacific region, where Plasmodium falciparum and Plasmodium vivax co-exist. Despite substantial reductions in transmission, malaria remains an important cause of adverse health outcomes for mothers and offspring, including pre-eclampsia. Malaria transmission is heterogeneous, and infections are commonly subpatent and asymptomatic. High-grade antimalarial resistance poses a formidable challenge to malaria control in pregnancy in the region. Intermittent preventive treatment in pregnancy reduces infection risk in meso-endemic New Guinea, whereas screen-and-treat strategies will require more sensitive point-of-care tests to control malaria in pregnancy. In the first trimester, artemether-lumefantrine is approved, and safety data are accumulating for other artemisinin-based combinations. Safety of novel antimalarials to treat artemisinin-resistant P falciparum during pregnancy, and of 8-aminoquinolines during lactation, needs to be established. A more systematic approach to the prevention of malaria in pregnancy in the Asia-Pacific is required."[45]

Box 8. The effect and control of malaria pregnancy and lactating women in Asia-Pacific

Based on the World Malaria Report 2024[46], the risk among adolescent girls is higher, especially those who are pregnant because they face both biological and social vulnerabilities. For instance, in 2016, malaria was a major cause of death among adolescent girls aged 10–14 years. "Gender and age-related barriers, along with stigmatization and misconceptions about malaria, limit their access to prevention and treatment services."[47] These barriers are also faced by women in malaria endemic countries in Asia and the Pacific.

4.1.2 Epidemiological effects to people of diverse SOGIESC

> *"Lesbian, gay, bisexual, transgender and intersex (LGBTI) people represent some of the most marginalized populations in Asia-Pacific. Ignorance, intolerance and hatred based on prejudices continue to result in their social exclusion, violations of their rights, and intolerable levels of violence against them."*[48]

The health of people with diverse SOGIESC in Asia-Pacific is affected by gender inequality and human rights violations as evidenced by stigma and discrimination against them and infringement of their sexual rights. Many of them experience limited access to healthcare services, negative attitudes from healthcare providers, and gender-based violence. In Malaysia, 71% of women have unmet needs for reproductive health due to stigma and discrimination.[49] Mental health issues like depression, anxiety, and suicidal ideation, and adverse physical health outcomes are some of the consequences of stigma and discrimination and inadequate access to healthcare.

During the corona virus disease (COVID-19) pandemic, lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI)+ people across all countries in Asia-Pacific were one of the most adversely affected. Most of them lost their jobs, lacked conducive housing or place to stay during lockdowns, experienced increased vulnerability to family violence, lacked access to latest information

on preventive measures, and lacked access to COVID-19 related healthcare and social protection measures due to systemic exclusion from public ID systems.[50]

With respect to LGBTQI+ people[51], the WHO emphasized that they are diverse but have common experiences affecting their health.[52] These include stigma and discrimination, which obstruct their access to health services and engagement with healthcare workers. In addition, their actual experiences of human rights violations, denial of care, and inappropriate pathologizing in healthcare settings based on their SOGIESC contribute to their negative attitude or perception about seeking healthcare. "LGBTQI+ health refers to the physical, mental, and emotional well-being of people who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI+)."[53]

In Malaysia, current data also indicates worse health outcomes among LGBTQ+ individuals compared to the general population. "The prevalence of mental disorders, including general and major depressive disorder, is higher in LGBTQI+ individuals (80.3% and 40.1% respectively) than in the general Malaysian population. An opportunistic sampling survey found that 55.9% of queer participants experienced increased stress and mental health burden due to anti-LGBT narratives in Malaysia, with 38.6% having contemplated or planned to migrate or seek asylum as a result of these sentiments".[54]

A study in the Philippines found that "transgender and gender-diverse persons affected by TB disease are often shunned by society, which may have a negative impact on their health-seeking behaviour".[55] One of the respondents in this study expressed that, "transgenders and gender diverse are considered outcasts or not socially accepted by some people here." Compulsory cisheterosexuality[56] in healthcare is also an issue as demonstrated in the narrative of Nabilah, a member of LBQ community, on the next page.

Compulsary cisheterosexuality refers to the societal pressure and expectation for individuals to conform to a cisgender and heterosexual identity and expression.

"In one instance, Nabilah from Singapore sought medical care after a sexual encounter with a woman resulted in them contracting a sexually transmitted infection. In this encounter, the healthcare provider initially assumed a heterosexual context and inquired why the interviewee hadn't used condoms. Nabilah hesitated to reveal her same-sex relationship history to the doctor and attempted to explain the situation without disclosing their sexual orientation. However, the doctor continued to stereotype and make assumptions about her sexual behaviour, suggesting that they must have had an encounter with a man. This experience left Nabilah feeling uncomfortable and frustrated, as it was evident that the doctor lacked understanding and sensitivity towards her sexual orientation."

Box 9. Compulsary cisheterosexuality

4.2 MAPPING THE RELEVANT FRAMEWORKS FOR GENDER JUSTICE AND SEXUAL RIGHTS

The protection, promotion, and fulfillment of gender justice and sexual rights, particularly in HIV, TB, and malaria, are anchored in key international, regional, and national frameworks, which are presented in this section. These frameworks establish common standards, promote cooperation, provide legal and policy guidance, and hold actors accountable to their constituencies in general, and key and vulnerable populations in particular.

4.2.1 International frameworks

Global commitments with impacts on gender justice and sexual rights are enshrined in the following key frameworks:

a. **Universal Declaration of Human Rights (UDHR)**

Adobted on 10 December 1948, it is "a set of basic fundamental rights and freedoms for every person without distinction of any kind", which are applicable everywhere. It is not a legally binding document, but of high authoritative value as international customary law. Two binding treaties that are legally binding instruments for all States Parties to the treaty were adopted by the UN General Assembly in 1966 and entered into force in 1976.

- International Covenant on Civil and Political Rights (ICCPR)
- International Covenant on Economic, Social and Cultural Rights (ICESCR).[57] International Bill of Human Rights is comprised of UDHR together with the ICCPR and the ICESCR.

Human rights entail both rights and obligations. States assume obligations and duties under international law. There are 3 levels of human rights obligations.

- **Obligation to Respect:** The State should refrain from intervening with the human rights of the individual.
  E.g. States cannot arbitrarily deprive someone of his/her liberty.
- **Obligation to Protect:** The State should create mechanisms to prevent third parties from interfering with the human rights of the individual.
  E.g. States must require employers not to discriminate on the basis of gender.
- **Obligation to Fulfill:** The State should take positive measures to assist individuals to enjoy their human rights, including the allocation of resources.
  E.g. States should ensure access to basic health care services for all.

Box 10. International human rights framework: state obligations

b. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

First adopted in 1979 by the UN General Assembly and now has 182 Member State signatories, making it the most ratified UN convention.[58] Gender inequality, as espoused in CEDAW, is understood to be the result of discrimination against women. This treaty "calls for equality in outcomes rather than simply equality in opportunities".

Member State signatories to CEDAW are obligated to implement policies and laws that will comply with the convention's articles. An Optional Protocol to CEDAW was entered into force on December 2000, which allowed for individual women or groups of women to submit complaints to the CEDAW committee about signatory States that have violated these women's rights under the CEDAW articles and provisions as stated below.[59]

- Establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination. (2.C)
- Take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against women. (2.F)
- Repeal all national penal provisions that constitute discrimination against women. (2.G)
- [Accord] women equality with men before the law. (15.1)
- [Accord] to women, in civil matters, a legal capacity identical to that of men and the same opportunities to exercise that capacity. In particular, they shall give women equal rights to conclude contracts and to administer property and shall treat them equally in all stages of procedure in courts and tribunals. (15.2)

- Take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations. (16.1)

CEDAW articles of particular relevance to gender-responsive justice programming include those pertaining to State Parties' commitments.

c. The 2030 Agenda for Sustainable Development

Adopted by all United Nations Member States in 2015[60], this framework provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. "At its heart are the 17 Sustainable Development Goals (SDGs) which are an urgent call for action by all countries — developed and developing — in a global partnership." These 17 SDGs and 169 targets are global commitments to end poverty and other deprivations alongside strategies that improve health and education, reduce inequality, and spur economic growth, which simultaneously address climate change and the preservation of our oceans and forests.

- **Goal 1.** End poverty in all its forms everywhere
- **Goal 3.** Ensure healthy lives and promote well-being for all at all ages
- **Goal 4.** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- **Goal 5.** Achieve gender equality and empower all women and girls
- **Goal 16.** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Box 11. Sustainable Development Goals in line with intersectional gender-just and sexual rights affirmative HIV, TB, and malaria servicees.

In particular to gender equality, it is mainstreamed across the 17 Goals with SDG5 dedicating two targets with indicators to eliminating violence against women and girls as presented below[61].

TARGET	INDICATORS
Target 5.2: Eliminating all forms of VAWG in the public and private spheres, including trafficking and sexual and other types of exploitation.	5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months by form of violence and by age.
	5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than intimate partners in the previous 12 months, by age and place of occurrence.
Target 5.3: Eliminating all harmful practices, including child, early and forced marriage and female genital mutilation.	5.3.1: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18.
	5.3.2: Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age.

Table 1: SDG targets with indicators on eliminating violence against women and girls

d. The International Labor Organization Convention No. 190 on Violence and Harassment[62]

An international convention adopted in June 2019, aimed at eliminating violence and harassment at work, including sexual and gender-based harassment, that can affect both men and women. "It sets out principles and measures to prevent, eliminate and combat workplace violence and harassment, including the establishment of national legislation and policies, the promotion of a culture of zero tolerance, awareness-raising and training for workers and employers, protection of victims and the use of appropriate sanctions." This ILO

Convention 190 has been ratified by 47 countries (and entered into force in 36 countries).

A number of international frameworks which set out internationally agreed norms and standards, and some of which are legally binding to address specific gender issues such as Violence Against Women (VAW) are indicated in the following table.[63]

TITLE	DATE	DESCRIPTION OF SIGNIFICANCE
Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)	1979	• International bill of rights for women. • VAW not explicitly mentioned, but General Recommendations 12 & 19 clarified that states should report on VAW. • Legally binding.
Vienna Declaration and Platform for Action	1993	• Agreed at World Conference on Human Rights. • Recognized elimination of VAW in public & private life as a human rights obligation.
Declaration on the Elimination of Violence Against Women	1993	• Recognized that VAW violates women's rights and fundamental freedoms. • Called on states and international community to act to eradicate VAW.
Beijing Platform and Declaration for Action	1995	• 4th UN World Conference listed VAW as a critical area of concern.
Agenda 2030 and Sustainable Development Goals (SDGs)	2015	• VAW included in SDG5 on Gender Equality. • 2 targets on ending violence & harmful practice.

Table 2: International frameworks on violence against women (VAW)

4.2.2 Regional frameworks

The existing Asia-Pacific regional/sub-regional frameworks that aimed to address gender justice and sexual rights of women and girls, and people with diverse SOGIESC are in line with key international frameworks such as UDHR, CEDAW, and SDGs. Since 2002, the significant regional/sub-regional frameworks in the region are[64]

- The 2013 Asian and Pacific Ministerial Declaration on Population and Development was adopted by 38 countries and articulated a rights based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies in Asia-Pacific. It stresses States' responsibility to protect human rights and fundamental freedoms for all, and to address the root causes of poverty
- Regional Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution
- Social Charter of the South Asian Association for Regional Cooperation;
- Declaration on the Elimination of Violence Against Women in the ASEAN Region (signed by 10 ASEAN member countries)
- ASEAN Human Rights Declaration

The figure on the following page highlights the significance of the existing sub-regional frameworks in Asia-Pacific, particularly on VAW.

SUB-REGIONAL FRAMEWORKS - ASIA-PACIFIC

Regional Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution

2002

- Adopted by South Asian Association for Regional Cooperation (SAARC)
- Calls on States to take measures to prevent and interdict trafficking of women and children for prostitution
- Legally binding

Social charter of the South Asian Association for Regional Cooperation

2004

- Adopted by SAARC
- States Parties declared that all forms of discrimination and VAW are offences against human rights and dignity and must be prohibited
- Not legally binding

Declaration on the Elimination of Violence Against Women in the ASEAN Region

2004

- Adopted by the Association of Southeast Asian Nations (ASEAN) Ministereal Meeting
- 8 core areas to strengthen regional efforts to tackle VAW, collectively and as individual states
- Not legally binding

ASEAN Human Rights Declaration

2012

- Adopted by ASEAN Heads of State
- Roadmap for regional human rights development
- Reaffirms ASEAN's efforts in promoting human rights, including ending VAW
- Upholds principleof non-descrimination
- Not legally binding

Box 12: Adapted from the UN Women Global and Regional Frameworks to end VAW

4.2.3 National laws and policies

National laws and policies in line with international, regional, and sub-regional frameworks were enacted and being implemented by a number of signatory countries in Asia-Pacific. The study conducted by Asian Development Bank (May 2024) on the legal status of sexual and gender minorities in 17 countries in Asia and the Pacific (Armenia, Bhutan, Cambodia, Fiji, Georgia, the Kyrgyz

Republic, Mongolia, Nepal, New Zealand, Papua New Guinea, the People's Republic of China, the Philippines, the Republic of Korea, Sri Lanka, Thailand, Timor-Leste, and Viet Nam) revealed significant findings with regard to the following:[65]

a. **Decriminalization of sexual and gender minorities**

- Fifteen out of 17 countries (except Papua New Guinea and Sri Lanka) do not criminalize consensual same-sex activities.
- Kyrgyz Republic decriminalized consensual same-sex activities in 1998 after gaining independence from the (former) Soviet Union.
- Fiji passed the National Crimes Decree in 2010 to remove all references to sodomy and "unnatural offences" in its criminal laws and became the first nation in the Pacific region to decriminalize consensual same-sex activities.
- Bhutan passed an amendment in 2020 to remove "sodomy or any other sexual conduct that is against the order of nature" from the country's Penal Code.
- Sri Lanka's Supreme Court gave the "green light" in May 2023 to a bill seeking to decriminalize consensual same-sex activities by repealing Section 365.
- Two out of 17 countries (Nepal and Sri Lanka) have vagrancy, public morals, and nuisance laws that law enforcement authorities have used to target LGBTI persons.
- Only one country (Sri Lanka) penalizes "cross-dressing."
- At least 15 of 17 countries have laws that criminalize certain conduct of people living with HIV.
- None of the countries have any laws or regulations in place to incarcerate transgender prisoners in a trans-sensitive manner.

b. Access to education

- Six out of 17 countries in Asia-Pacific (Fiji, Georgia, Republic of Korea, New Zealand, Philippines, and Thailand) provide some degree of legal protection against SOGIE-based discrimination in educational settings. However, protections for intersex people are missing in these antidiscrimination provisions.
- At least two countries (Philippines and New Zealand) have enacted laws to prohibit bullying, including cyberbullying, on one or more grounds of SOGIESC.
- Only 1 out of 17 countries (Philippines) has a regulation that mandates the revision of school curricula to make them more inclusive.
- At least five countries (Bhutan, Cambodia, Mongolia, Nepal, and Thailand) have policies and programmes for incorporating comprehensive sexuality education in school curricula to address SOGIESC-based discrimination and stigma.
- At least two countries (Republic of Korea and Thailand) have established mechanisms to receive complaints from victims of sexual orientation or gender identity-based discrimination in the education sector.
- None of the countries assessed in the study have mandated the education sector to provide gender-neutral facilities, such as gender-neutral toilets.

c. Access to labour markets

- Eight out of 17 countries (Fiji, Georgia, Republic of Korea, Mongolia, Nepal, New Zealand, Philippines, and Thailand) have some degree of legal or constitutional protection against SOGIE-based discrimination in the labour market. However, protections for intersex people are missing in these antidiscrimination provisions.

- Five out of 17 countries (Fiji, Republic of Korea, Mongolia, New Zealand, and Philippines) provide explicit legal protections against SOGIESC-based discrimination during the recruitment process and against unfair dismissal based on an employee's SOGIESC.
- Five out of 17 countries (Fiji, Republic of Korea, Mongolia, New Zealand, and Philippines) provide explicit legal protections for equal remuneration for equal work regardless of one's SOGIESC.
- Only New Zealand legally recognizes same-sex partnerships and extends employment benefits to same-sex spouses.
- At least 6 out of 17 countries (Fiji, Republic of Korea, Mongolia, New Zealand, Philippines, and Thailand) have institutionalized equality bodies or national human rights institutions to investigate complaints of discrimination based on sexual orientation and/or gender identity and expression.
- None of the countries have enacted laws or regulations that mandate the provision of gender-neutral facilities, such as gender-neutral toilets.

d. Access to public services and social protection

- There is no country in the region with anti-discrimination legislation that explicitly aims to promote the inclusion of sexual and gender minorities in public services and social protection programmes. However, broad antidiscrimination legislation exists in Georgia and New Zealand for LGBTI people that can be expanded to public services and social protection.
- Fiji provide protections against one or more SOGIESC grounds in provision of public health care services.
- Only New Zealand has a legal framework that mandates national human rights institutions to promote the inclusion of sexual and gender minorities.

- Nepal is the only country in the analyzed sample that included gender minorities in its 2011 and 2021 national censuses. This lack of inclusion in national censuses indicates significant gaps in governments' efforts to collect data on the socioeconomic conditions of LGBTI people in a systematic way.
- New Zealand is the only country in the sample that allows gender-marker change in identification documents without pathologization requirements.
- There are no laws or regulations in any of the analyzed countries that provide protection for bodily autonomy of intersex children against irreversible, non-emergency surgeries.
- At least 5 out of 17 countries (Bhutan, People's Republic of China, Georgia, Philippines, and Sri Lanka) have laws or regulations in place that prevent individuals who have engaged in same-sex activities from donating blood.

e. Civil and political inclusion

- Three of the 17 analyzed countries (Philippines, New Zealand, and Thailand) have at least one parliamentarian or legislator who openly self-identifies as being from a sexual and/or gender minority.
- Only two countries (Nepal and Thailand) have adopted national action plans to promote inclusion of LGBTI people.
- At least two countries (People's Republic of China and Kyrgyz Republic) still have legal or regulatory provisions that directly or indirectly restrict LGBTI people's freedom of expression or right to association and civic participation.
- At least two countries (People's Republic of China and Republic of Korea) still have legal or regulatory provisions that classify being homosexual or transgender as a mental disorder

- Only three countries (Nepal, Thailand and New Zealand) legally recognize same-sex unions and marriages.
- Only one country (New Zealand) has a law against so-called "conversion therapy" practices.
- Only two countries (Georgia and New Zealand) recognize persecution on the basis of an individual's SOGIE as a ground for asylum protection.

f. Protection from hate crimes

- Georgia, Mongolia, New Zealand, and Timor-Leste have institutionalized protection from sexual orientation and/or gender identity and expression-based hate crimes.
- New Zealand and the Philippines have institutionalized protection from hate speech against people with diverse sexual orientations.
- Georgia, New Zealand, and Timor-Leste have institutionalized aggravated punishments for hate crimes motivated by an individual's actual or perceived SOGIESC.
- With the exception of Georgia, none of the analyzed countries have hate crimes monitoring and reporting mechanisms in place; nor do government agencies collect data on SOGIESC-based hate crimes.
- None of the analyzed countries have laws or policies in place that mandate the training of law enforcement and judicial authorities to recognize and identify SOGIESC-based hate crimes.
- Laws and regulations on the provision of support services to victims of SOGIESC-based hate crimes are lacking in all analyzed countries.
- In all analyzed countries, SOGIESC-based hate crimes remain underreported because of several systemic barriers.

In the following table, examples of national laws and policies in Cambodia, Thailand and Viet Nam, and their significance to women and girls, and people with diverse SOGIEC based on country situational analysis are presented.

CAMBODIA[66]

TITLE	DATE	SIGNIFICANCE
• The Constitution of Cambodia • Criminal Procedure Code • The Cambodian Criminal Code	1993 2007 2009	Protection and empowerment of girls
• The Cambodian Labour Law • Law of Prevention of Domestic Violence and the Protection of Victims • Law on Suppression of Human Trafficking and Sexual Exploitation	2001 2005 2008	Protection against violence and sexual exploitation for women and girls
• The Constitution of Cambodia • Law on the Prevention and Control of HIV/AIDS • The Cambodian Criminal Code and Civil Code	1993 2002 2009 & 2011	Protections for PLHIV and those affected by TB and Malaria National Frameworks
• Strategic Plan for Elimination of Malaria in Cambodia • National Strategic Plan to End Tuberculosis in Cambodia • The Sixth National Strategic Plan for a Comprehensive, Multi-sectoral Response to HIV/AIDS	2011 - 2025 2021 - 2030 2024 - 2028	National policies related to HIV, TB, and malaria programme

Table 3: Examples of national laws and policies in Cambodia

THAILAND[67]		
TITLE	**DATE**	**SIGNIFICANCE**
• The Labour Protection Act	1998	Section 15 requires equal treatment of male and female employees unless job conditions necessitate otherwise
• The Universal Health Coverage Policy with the enactment of the National Health Security Act	2002	Ensuring access to health services for all citizens, regardless of financial status, employment, or health condition
• Gender Equality Act	2015	Protects individuals from gender-based discrimination and supports initiatives such as legal gender recognition. A landmark law aimed at eliminating gender-based discrimination and protecting all individuals, including men, women, and LGBTQI+ individuals.
• Constitution of Thailand (B.E. 2560)	2017	Article 27 prohibits discrimination, including gender discrimination Article 71 mandates gender responsive budgeting Articles 90 & 128 promote gender considerations in political representation and legislative processes
• 20-year National Strategic Plan, the National Reform Plan on Social Affairs, and the Women Development Plan	2017 - 2021	Work in tandem with regional commitments under ASEAN frameworks.

• Labour Protection Act (No.7) B.E. 2562	2019	Mandates equal pay for equal work regardless of gender
• The Marriage Equality Act	2025	First Southeast Asian nation to legalize same-sex marriage. This legislation grants LGBTQI+ couples the same legal, financial, and medical rights as heterosexual couples. Provides legal recognition and equal rights to same-sex couples, ensuring protections in areas such as inheritance, medical decision-making, and adoption.

Table 4: Examples of national laws and policies in Thailand

VIET NAM[68]

TITLE	DATE	SIGNIFICANCE
• The Law on HIV/AIDS Prevention and Control (revised in 2020)	2006	Affirms the right to access information, education, and HIV-related services for all, and explicitly highlights MSM and transgender individuals as key affected populations
• Law on Gender Equality	2007	Promoting gender justice, ensuring equal rights for men and women, and addressing gender-based discrimination.
• Law on the Promulgation of Legal Normative Documents (amended and supplemented in 2020)	2015	Assessment of gender impacts in policies and draft legal normative documents has become one of the five mandatory impact assessment contents
• Development of Law on Gender Affirmation	Ongoing since 2017	Expected to provide clearer guidelines and protections concerning gender reassignment procedures and gender recognition. Aims to uphold human rights by enabling transgender individuals to live authentically according to their true gender identity, protecting their health, and combating social stigma
• National Strategy for Tuberculosis Control	2020 - 2030	Identified high-risk groups, particularly people living with HIV (some of whom are SOGIESC individuals)

• National Strategy for Malaria Control and Elimination	2021 - 2030	Sets general goals for reducing malaria incidence and mortality, but includes no gender indicators or references to vulnerable populations
• Law on Domestic Violence Prevention and Control	2022 (recently amended) 2023 (effectivity)	Introduces progressive changes aimed at addressing domestic violence. Focus on prevention, victim protection, perpetrator accountability, and community participation
• National Guidelines on Sexual and Reproductive Health Services	2024	The guideline includes adolescent and youth reproductive health, with counseling content tailored to common concerns among SOGIESC youth

Table 5: Examples of national laws and policies in Viet Nam

4.3 IMPLEMENTATION OF INTERSECTIONALITY IN HIV, TB, AND MALARIA PROGRAMMES

It is important to look into intersectionality in HIV, TB and malaria to better understand how other factors intersect with gender, sex and sexuality, and influence access to services, participation in decision making, and health outcomes among others. Intersectional analysis is useful because it:[69]

- Enables assessment of the impact of converging identities on opportunities and access to rights, and of how policies, services and laws that impact on one aspect of our lives are inextricably linked to others.
- Focuses on specific contexts and the qualitative aspects of equality, discrimination and justice.
- Does not require a person to slot themselves into a rigid category in order to seek redress.
- Helps to link the grounds of discrimination (e.g. race, gender, etc.) to the social, economic, political and legal environments that contribute to discrimination.

Among women, it has been noted in HIV, TB, and malaria programmes that their limited education, lack of control over resources, and restricted participation in household decision-making hinder their ability to protect both herself and her child from infection and prevent her from accessing prompt diagnosis and treatment. In India, "a study found that the use of bed nets to prevent malaria use was 16 times more likely when a woman in the house had adequate decision-making power".[70] The climate crisis that we are currently experiencing is also considered an intersecting factor because it can exacerbate existing gender inequalities, especially for women in rural areas, by making gender disparities more severe.

In the same manner, the health impacts of SOGIE-based discrimination among LGBTQI+people are often worsened by intersecting issues such as poverty and lack of education. In Asia- Pacific, punitive legal environments relating to men who have sex with men and transgender people have been associated with restricted condom distribution, condom confiscation by police as evidence of illegal conduct, censoring of HIV and STI prevention education materials and harassment or detention of outreach workers. In Sri Lanka[71], for example, cultural and societal factors resulted in criminalisation of same-sex sexual conduct based on the provisions in the Penal Code. This leads to police taking legal actions upon receiving information regarding such conduct. The political environment is also not favorable because there is a lack of constitutional provision for equal treatment before the law as the provision for right to equal treatment under Article 12 of the Constitution does not cover LGBTQI+people. Hence, they cannot legally challenge any official discrimination based on their identities constraining their access to HIV, TB, malaria and other health services.

A number of studies on TB have highlighted poverty and gender-specific stigma as barriers to women accessing TB care. Their lack of financial independence, the low prioritization of women's health by family members, and gender-specific stigma about TB obstruct early diagnosis and treatment.[72] "The burden of TB stigma falls more heavily on women than men. In some communities, a woman who is found to have TB may be divorced by her husband or, if unmarried, may have difficulty in finding a husband. A study in Nepal, for example, found that "women with TB delayed seeking TB care at health facilities because they preferred to visit traditional healers, who also provided flexible payment options and charged less for their services than medical facilities".[73]

But there are barriers to applying intersectionality. In HIV care, there are institutional limitations, such as lack of gender sensitization, miscommunication from health providers, data gaps on intersecting identities, insufficient funding and other forms of discrimination at the individual and interpersonal levels. Overall, the lack of awareness among

healthcare providers and policymakers about intersectional issues affect the delivery of HIV, TB and malaria services as a whole.

4.4 INVENTORY OF GENDER-JUST AND SEXUAL RIGHTS AFFIRMATIVE HIV, TB AND MALARIA PROGRAMMES IN ASIA-PACIFIC

This section presents a preliminary inventory of existing programmes in Asia-Pacific that integrate gender justice and sexual rights in programming, policymaking, service delivery and advocacy in relation to HIV, TB, and malaria. It includes projects and services implemented at country and regional levels by government agencies, civil society organizations, donors and development partners based on available data.

4.4.1 Countries with affirmative programmes for gender justice and sexual rights

Several countries in Asia-Pacific have affirmative programmes for gender justice and sexual rights, especially in the context of legal protections against discrimination, women and girls' education and economic participation, support to inclusion of PoDS, and access to health services of key and vulnerable populations, particularly in relation to HIV, TB, and malaria services. The following table provides examples of countries with major programmes that either integrate or are relevant to gender justice and sexual rights advocacy based on available data.

COUNTRY	TYPE OF PROGRAMME	LEAD AGENCY/ INSTITUTION	SCOPE OF IMPLEMEN-TATION	SIGNIFICANCE OF GENDER JUSTICE AND SEXUAL RIGHTS
Fiji	Health: Fiji HIV Outbreak Response Plan 2025 (DFAT-supported technical assistance to Fiji)[74]	Health Equity Matters and IPPF	National	• Mapping and capacity strengthening of key population and PLHIV-led groups, including organisational development assessments, tailored training, and mentorship. • Co-creation and rollout of a community-led HIV/STI prevention model, incorporating community-based testing, PrEP, harm reduction, and referral support. • Implementation of a community-led monitoring (CLM) system to drive accountability and improve service delivery based on lived experience
	Health: Fiji HIV Outbreak Response Plan 2025 (DFAT-supported technical assistance to Fiji)[75]	The Kirby Institute & Beyond Essential Systems	National	• HIV prevention for people who inject drugs • Surveillance • Comprehensive assessment of Fiji's HIV surveillance system
	Gender and Transitional Justice programme[76]	Fiji Women's Rights Movement (FRWM)	National	• Civil and Political Rights/Women's Human Rights and the Law • Human Rights Accountability Mechanisms • Women's Access to Justice • Women in Decent Work • Women and Girl's Health
	Fiji National Action Plan to Prevent Violence Against All Women and Girls 2023-2028[77]	Ministry of Women, Children and Poverty Alleviation	National	• Addressing the causes of VAWG with a root cause analysis that fully recognises bodily autonomy and integrity, meaningfully changes gender inequality and reshapes unequal power relations.

India	Health: Global Fund HIV, TB & Malaria Programmes	Ministry of Health	National	• Addressing inequalities that drive the epidemic, influence people's risk of infections, and create barriers in their access to health services, especially for key and vulnerable populations.
	Gender Responsive Budgeting, 2005-2006 to date[78]	Ministry of Health	National	• Ministry of Women and Child Development adopted the mission statement "Budgeting for Gender Equity" and developed a strategic framework. This framework includes several key components, such as the establishment of Gender Budget Cells across ministries and departments, the provision of GRB training for both government and non-government stakeholders, and, above all, the production of an annual Gender Budget Statement.
Mongolia	Health: Global Fund HIV, TB & Malaria Programmes	Ministry of Health	National	• Mongolia Addressing inequalities that drive the epidemic, influence people's risk of infections, and create barriers in their access to health services, especially for key and vulnerable populations.
	Gender Studies Programme[79]	National University of Mongolia	National	• Incorporation of Gender Studies into the curriculum towards nurturing a more inclusive society.
Nepal	Health: Global Fund HIV, TB & Malaria Programmes	Ministry of Health	National	• Addressing inequalities that drive the epidemic, influence people's risk of infections and create barriers in their access to health services, especially for key and vulnerable populations.
	Adolescent Sexual and Reproductive Health Programme to Address Equity, Social Determinants, Gender and Human Rights in Nepal[80]	Ministry of Health and Population	National	• Provide adolescent-friendly health services (AFHS), along with appropriate sexual and reproductive health services.

Philippines	Health: Global Fund HIV, TB & Malaria Programmes	Ministry of Health	National	• Addressing inequalities that drive the epidemic, influence people's risk of infections and create barriers in their access to health services, especially for key and vulnerable populations.
	Gender and Development Budget Policy[81]	Philippine Commission for Women	National government agencies, GOCCs, local government units	• Provides guidelines for integrating a gender perspective into the budgeting process. The policy requires all national government agencies and local government units to allocate at least 5% of their budgets to gender-responsive programmes & activities. Includes gender audits as part of the regular audit processes, accompanied by strict measures to address non-compliance with the policy.
	Gender and Development Programme[82]	Philippine Commission on Women (PWC)	National government agencies, GOCCs, local government units	• Making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies, programmes anda projects in all social, political, civil, and economic spheres so that women and men benefit equally. • Assessing the implications for women and men of any planned action, including legislation, policies or programmes in all areas and at all levels.
Timor-Leste	Health: Global Fund HIV, TB & Malaria Programmes	Ministry of Health	National	• Addressing inequalities that drive the epidemic, influence people's risk of infections and create barriers in their access to health services, especially for key and vulnerable populations.
	Gender Strategy 2024-2028: National Police of Timor-Leste[83]	National Police of Timor-Leste	National	• Dissemination of good practices pertaining to gender equality, inclusion, and non-discrimination, and contribute to the formulation and assessment of internal policies and norms. • Promote the implementation of United Nations Security Council Resolution 1325 (2000) and the 'Timor-Leste National Action Plan 1325 on Women, Peace and Security'.

Table 6: Country programmes with gender justice and sexual rights components

4.4.2 Regional programmes on gender justice and sexual rights

A number of regional programmes are currently being implemented in Asia-Pacific to advance gender justice and sexual rights of women and girls, and people with diverse SOGIESC. Some of them are focused on the three diseases (HIV, TB, and malaria), while other programmes cover gender and human rights as a whole, and the crucial link to health outcomes and access to healthcare services. The table below provides a summary of major regional programmes, implementer, objectives/key result areas, geographic scope and period of implementation

NO.	PROGRAMME	IMPLEMENTER	OBJECTIVES/FOCUS	GEOGRAPHIC COVERAGE	TIME-FRAME
1	Regional Gender Justice and Sexual Rights Initiative (REGENERATE)[84]	APCASO	Civil society and communities of key and vulnerable women and girls and people of diverse sexuality actively engage in advocacy for gender justice and sexual rights regionally in Asia Pacific and in 3 countries (Cambodia, Thailand, Viet Nam) to develop gender-just and sexual rights-affirmative HIV, TB, and malaria programming and policy making. Primary activities: 1. Establishing 1 regional and 3 national civil society platforms, representing vulnerable women, girls, and people of diverse SOGIESC, to develop and advance GJSR advocacy agendas across multiple levels of society 2. Leveraging the REGENERATE Leadership and Learning Institute to strengthen the conceptual and operational understanding of gender justice and sexual rights among platform members, and civil societies and community-based organizations across Asia-Pacific 3. Sensitizing duty bearers and forming stakeholder partnerships to advance the integration of gender just and sexual rights affirmative approaches into country health programming, particularly for HIV, TB, and malaria	Regional in Asia-Pacific and national in Cambodia, Thailand, and Viet Nam	05/2024 - 04/2027
2	kNOwVAWdata[85]	UNFPA	Works to sustainably strengthen regional and national capacities to measure the prevalence of violence against women in Asia and the Pacific encompassing HIV, TB, and malaria. 1. Data visualizations and reports from the latest national violence against women prevalence surveys in the Asia-Pacific region 2. Resources on violence against women data measurement, analysis, and uptake 3. kNOwVAWdata updates 4. Real-life stories of the brave and compassionate individuals involved in measuring vitally important, nationally representative data on violence against women	Asia and the Pacific countries	2018 to date

3	HIV/AIDS Data Hub for Asia Pacific[86]	UNAIDS	Provide valuable data and analysis on gender-based violence and HIV in the region for programmatic and policy efforts.	Asia and the Pacific	2008 to date
4	HIV, TB and Malaria Programmes	The Global Fund[87] provide funding support to country implementers	Programmes that address gender inequalities, gender-related risks, and barriers to accessing health services for HIV, TB, and malaria	31 Countries listed in the 2025 Global Fund Indo-Pacific Report	2003 to date
5	Advancing Gender Justice in the Pacific Programme[88]	UN Women Asia and the Pacific	Two initiatives: 1. The Pacific Women's Access to Justice and Human Rights Initiative (Women's Rights Initiative) to promote harmonised human rights reporting as well as de-jure and de-facto implementation of CEDAW 2. The Gender-Responsive Political Governance Initiative to promote women's political participation and representation and gender responsiveness of state structures, systems and processes	Asia and the Pacific	2018
6	Advancing Gender Justice in the Pacific[89]	UN Women Asia and the Pacific	Focus areas: 1. Increased women's political participation 2. Harmonised human rights treaties reporting 3. Gender-responsive access to justice 4. Women's engagement in peace and security 5. Gender-responsive planning and budgeting	Fiji, Kiribati, Niue, Papua New Guinea, Palau, Cook Islands, Samoa, Tuvalu, Tonga, Marshall Islands, Solomon Islands, Nauru, Tokelau, Micronesia, Federated States of Vanuatu	2016 to date
7	EIAP Asia-Pacific Gender Justice Programme[90]	Education International – Asia-Pacific EIAP	1. Gender and inclusion 2. Union renewal	Asia and the Pacific	2024 to 2025

Table 7: Summary of major regional programmes promoting gender justice and sexual rights in relation to HIV, TB, and malaria

5 ACCOMPLISHMENTS, GAPS, AND CHALLENGES IN INTEGRATION AND PROMOTION OF GENDER JUSTICE AND SEXUAL RIGHTS IN HIV, TB, AND MALARIA PROGRAMMES IN ASIA-PACIFIC

The accomplishments, gaps, and challenges in integration or promotion of gender justice and sexual rights in relation to HIV, TB, and malaria are discussed in this section. The findings are based on desk review of data from previous assessments, related studies, and reports on programmes, services, and laws/policies/plans at the regional and country levels.

5.1 ACCOMPLISHMENTS AND GOOD PRACTICES

This section looks at the overall accomplishments on gender justice and sexual rights in the areas of programming, policymaking and service delivery, particularly in HIV, TB, and malaria. Two areas were looked into in appraising the accomplishments on gender justice and sexual rights integration:

- Progress in gender-transformative programming, particularly in HIV, TB and malaria, and affirmative sexual rights promotion.
- Good practices in programming, policymaking, and service delivery.

5.1.1 Gender-transformative programming and affirmative sexual rights promotion

Gender-transformative approach to programming in the context of this situational analysis on gender justice and sexual rights is concerned with "addressing the structural and social root causes of gender inequality, and thereby promoting more equitable outcomes"[91] for women and girls, and PoDS.

The promotion of gender equality is facilitated by transformative approach in programming and policymaking by:[92]

- Fostering critical examination of inequalities and gender roles, norms and dynamics;
- Recognizing and strengthening positive norms that support equality and an enabling environment;
- Promoting the relative position of women, girls and marginalized groups;
- Transforming the underlying social structures, policies, systems and broadly held social norms that perpetuate and legitimize gender inequalities.

> *"Affirmative sexuality is a framework that acknowledges that freedom from coercion, violence and discrimination is critical to achieving sexual rights, and affirms that positive sexual rights — including the right to sexual expression, pleasure, fulfillment, and well-being, as well as broader sexual freedom — are equally important. It calls for an inclusive approach to sexualities and underlines the importance of the right to all non-conforming sexualities."*[93]

This implies that programming, policymaking, and delivery of HIV, TB, and malaria services or interventions affirms sexuality as being integral and of

value to people's lives, and "just as women's rights and reproductive rights are human rights, so must sexual rights be claimed as human rights".[94]

The key accomplishments described below are viewed from a gender-transformative and affirmative sexual rights lens:

1. **Rights-Based and Gender Responsive Approach to HIV, TB, and Malaria programmes in Asia-Pacific funded by The Global Fund.**

    - HIV - In programming, the human rights programme essentials include:
        - o Integration of programmes to remove human rights-related barriers into prevention and treatment programmes for key and vulnerable populations.
        - o Stigma and discrimination reduction activities for people living with HIV and key populations in health care and other settings.
        - o Legal literacy and access to justice options for people living with HIV and key populations.
    - Support for efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.[95] The case study in the Philippines showed the following results:[96]

Since 2021, the Community Access to Redress and Empowerment (CARE) programme has handled a range of cases of alleged human rights violations for key and vulnerable populations in the Philippines. CARE "partners" are a hybrid of paralegals and social workers who have successfully worked with clients and collaborators to address many client requests, resulting in reductions in rights-based barriers for many individuals across three regions. In Cebu City, for example, one of the CARE clients experienced inappropriate behavior from a health care

provider at an HIV clinic. The client reported this to the CARE team and the partner wrote a letter to the facility, calling attention to the behavior of the provider and then met with the facility manager and the client to discuss the various options for response. The client was satisfied with the course of action taken, and said,

"I feel that what happened in addressing my concern was not only helpful to me, but is helpful in putting an end to such offensive behavior and actions of a health care provider."

Box 13: The Philippines: Programming to promote accountability and legal literacy

- TB - A rights-based and gender-responsive approach to TB responses wherein programme areas include:[97]
    - Reducing stigma and discrimination
    - Addressing gender-related risks to TB and barriers to services
    - TB-related legal services
    - Monitoring and reforming policies, regulations and laws that impede TB services
    - Knowing your TB-related rights
    - Sensitization of law-makers, judicial officials and law enforcement agents
    - Training of health care providers on human rights and ethics related to TB, ensuring confidentiality and privacy
    - Mobilizing and empowering groups of people affected by TB and community groups. Below is an example from India:[98]

A major communication and community mobilization initiative in the India state of Odhisa generated community support for people in need of TB services and helped contribute to reduction of stigma. Specially trained "interface NGOs" worked with communicty groups and local leaders to raise awareness of the availability of free services and to dispel misinformation about TB using language, illustrations and examples to which everyone could relate. In the qualitative evaluation that followed, people with TB reported experiencing less stigma in health services, and both government health workers and traditional healers said they understood the disease better and were less wary of helping people with TB. The presence of former patients in community-level awareness-raising was found to be especially helpful. Adequate financial support to the NGOs that spearheaded the work was also seen to be a critical determinant of its positive outcome.

Box 14: Reducing TB-related stigma and raising awareness in India

- Malaria - For malaria programming, the programme essentials include:
    - Inclusion of factors beyond epidemiology such as equity-human rights-, gender-related barriers, and the important sociocultural, economic and political factors influencing individual and population-level risk.
    - Access and engagement with health services.[99]

  Thailand is an example, as shown in the following case study on the next page:[100]

Case study: Introduciton of policies and strategies to reduce barriers to malaria prevention and treatment services for migrant populations in Thailand

Thailand is a malaria-endemic country that has been able to dramatically reduce its malaria burden, now aiming for malaria elimination. Most confirmed cases are now confined to provinces bordering neighboring countries, often in geographicall hard-to-reach areas with regular formal and informal migration. Thailand hosts up to 5 million non-Thai migrants, both documented and undocumented, including those displaced due to conflict and those crossing borders to seek healthcare. To consolidate recent gains and progress towards malaria elimination, prioritizing migrant populations become a key strategy of the National Programme. The programme became more proactive identifying barriers and exploring and validating innovative strategies including policy changes as liste below.

- The national strategy called for specific programmes to control malaria in migrant populations and considers this a key group for containment of the spread of artemisinin-resistant malaria parasites.

- Thailand Workmen's Compensation Act established rights for migrant workers to access medical treatment in the event of a work-related injury or illnesses. Accroding to the Act, the associated medical expenses must be covered by employers, who are also obliged to compensate workers for lost income. Employers can use the Workmen's Compensation Fund (to which they have a duty to pay contributions) to cover all costs providing them with the same rights as Thai nationals.

- Rather than simply trying to screen incoming migrants for disease, in 2001, the Thai Minstry of Public Health further introduced an insurance policy on migrant health. It enables access to healthcare at public facilities including services for prevention, diagnosis, and treatment of malaria, and reduces catastrophic helath expenditures

for undocumented migrants and their dependents. This scheme allows both documented and undocumented migrants and their dependents to puchase health insurance membership. With this system, Thailand is a pioneer in providing access to health services for migrants.

- The Ministry of Public Health commenced migrant-sensitive health care services. A range of migrant-friendly services, including trained community health volunteers, were also introduced in community and workplace settings.
- The government also introduced a multisectoral policy on migrants, coordinated across the Interior, Labor, Public Health, and Immigration ministries.

2. **Enactment of laws concerning sexual and gender minorities.** The criminalization of sexual and gender minorities violates their right to live freely from discrimination and puts them at greater risk of violence and abuse, and adversely affects their overall well-being and health. Findings of the Asian Development Bank report among the countries studied on legal status of sexual and gender minorities revealed that at least 14 countries in Asia-Pacific do not criminalize consensual same sex (Armenia, Bhutan, Cambodia, Fiji, the Kyrgyz Republic, Mongolia, Nepal, New Zealand, the People's Republic of China, the Philippines, the Republic of Korea, Thailand, Timor-Leste, and Viet Nam).[101]

   There are labour laws that prohibit discrimination against them as evidenced by data in the table on the following page.

COUNTRY	MEASURE
Fiji	Fiji's Employment Relations Act 2007, which applies to both public and private sectors, provides explicit protections against discrimination based on a person's sexual orientation and gender identity and expression (the latter was added to the act during the 2015 Amendment). Measures include: • Prohibition of recruitment with less favorable pay and benefits • Prohibition of discriminatory access to training and promotion opportunities, unfair dismissal, and early retirement or forced resignations • Prohibition of medical examination, including HIV/AIDS screening, "in the course of a worker's employment[a]
Mongolia	The Revised Labour Code 2021 provides extensive legal protections to sexual and gender minorities in the labour sector, including discrimination in employment relations. It also mandates equal remuneration for employees performing work of equal value and prohibits unfair dismissal of an employee based on sexual orientation and/or gender identity and expression[b]
New Zealand	The Employment Relations Act 2000[c] includes sexual orientation in the prohibited grounds for discrimination. Further, the Act reinforces the protections against discriminatory practices in the labour market outlined in the Human Rights Act 1993[d], such as discrimination in recruitment, in employment conditions at the workplace, and in opportunities for training and promotion; unfair dismissal; and forced resignation.
Philippines	In the Philippines, the Magna Carta of Women, or Republic Act 9710, of 2009 includes sexual orientation among the prohibited grounds for discrimination. Further, the Magna Carta of Public Social Workers 2007 protects public social workers from discrimination on the basis of their sexual orientation, among other grounds[e]

[a] Employment relations Act of Fiji, 2007, Arts 6.2, 38.2, 75, 77.
[b] Labour Code of Mongolia, 2021, Arts 6.1, 6.2, 6.6, 80.
[c] Employment Relations Act of New Zealand, 2000, Sec. 105.
[d] Human Rights Act of New Zealand, 1993, Secs 21 and 22.
[e] Act Providing for the Magna Carta of Women, 2009, Sec.3; Magna Carta of Public Social Workers, 2007, Sec. 17.

Source: Compiled by authors.

Table 8: Examples of labour laws that prohibit discrimination against sexual and gender minorities[102]

SOGIESC inclusion in sexuality education programmes and policies has been conducted in Bhutan, Cambodia, Mongolia, Nepal, and Thailand.

COUNTRY	EXAMPLE
Bhutan	Bhutan institutionalized the incorporation of sexuality education in schools in 2021 by adopting a National Strategic Framework on Comprehensive Sexuality Education that covers various topics including adolescent sexual and reproductive health and issues of the LGBTI community.[a]
Cambodia	The Ministry of Education, Youth and Sport in Cambodia announced that comprehensive sexuality education will be incorporated into the school curricula for children aged 13 and above and this would include sexual and gender diversities to address bullying in schools.[b]
Mongolia	In 2018, Mongolia became one of the first countries in the region to incoporate the United Nations multi-agency International Technical Guidance on Comprehensive Sexuality Education, which addresses issues related to human sexuality and non-binary genders in a comprehensive manner.[c]
Nepal	Sexual orientation and gender identity issues have been included in the school curriculum for Classes 6, 7, and 8 in Nepal since 2014.[d]
Thailand	In 2019, Thailand issued revised health and physical education textbooks for Grade 1-12, which aim to include positive representation of sexual and gender minorities.[e] The revised curriculum aims to address SOGIESC-based discrimination and stigma based on sexual orientation, gender identity and expression and to promote social acceptance and respect for human rights of lesbian, gay, bisexual, transgender, and intersex students in school settings.

[a] N.Dorji. 2022. Training Teachers and School Counsellors on Comprehensive Sexuality Educatioin. Kuensel. 4 January.
[b] M. Blomberg. 2019. Cambodia to Teach LGBT+ Issues in Schools to Tackle Discrimination. Openly. 10 December.
[c] M. Unurzul. 2020. Health Education Issues Discussed. Mongolian Naitonal News Agency. 21 October.
[d] UNDP and UNESCO. 2015. Meeting Report: Asia Pacific Consultaiton on School Bullying Based on Sexual Orientation and Gender Identity/Expression. Bangkok.
[e] UNESCO. 2019. Let's Talk About Sex: Thai-Language Sexuality Education Guidance. Launched 26 June. Bangkok: UNESCO.
Source: Compiled by authors.

Table 9: Examples of countries with SOGIESC inclusion in sexuality education programmes and policies

3. **The Yogyakarta Principles.**[103] These principles were authored by 29 distinguished experts from 25 countries with diverse backgrounds and expertise relevant to issues of human rights law on November 6-9, 2006 in Yogyakarta, Indonesia. The Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity was unanimously adopted in 2006. Considered "a landmark in the ongoing struggle for the recognition and protection of the rights of LBQ+ individuals, which have emerged as a pivotal framework for the application of human rights laws in the context of sexual orientation, gender identity and expression, and sex characteristics, collectively referred to as SOGIESC. These principles provide a comprehensive and inclusive foundation for understanding and addressing the diverse and intersecting forms of discrimination and violence faced by LBQ+ individuals. They not only emphasise the fundamental principles of equality, non-discrimination, and the right to life, but also delve into specific areas such as healthcare, education, employment, and legal recognition".[104]

4. **Progress in addressing gender in the TB response in the Philippines.**[105] A Gender Analysis Job Aid for National TB Programme (NTP) managers was developed by Philippine Business for Social Progress (PBSP). This was used to train NTP managers on how to conduct gender analysis, collect and use gender data and develop, as well as evaluate, gender-responsive plans. What is significant about the training material is that it not only covers the importance of having gender-disaggregated data, but also of using a gender analysis framework to analyze and understand the data, and use them in TB programme design and implementation.

5.1.2 Good practices on gender-just and sexual rights-affirmative programmes and policies

There are a number of countries in Asia-Pacific with good practices in gender-just and sexual rights-affirmative programmes and policies, which cuts across HIV, TB, and malaria. These initial examples presented below are based on available data.

1. **Fiji became the first nation in the Pacific region to decriminalize consensual same-sex activities** when it passed the National Crimes Decree in 2010 to remove all references to sodomy and "unnatural offences" in its criminal laws.[106]

2. **Gender Equality Act B.E. 2558 in Thailand.**[107] This is recognized as an important milestone with regards to anti-discrimination law as discussed in the box below.

The Gender Equality Act B.E. 2558 (2015) marks an important milestone in that it is Thailand's first major antidiscrimination law that explicitly includes gender expression as a prohibited ground. Specifically, the act prohibits any "unfair gender discrimination" on the basis that a person is male or female or has a "gender expression different from birth sex". The application of the Gender Equality Act to lesbians, gays, and bisexuals remains unclear. Further, under the act, two seperate equality bodies are created. The first committee is called the Gender Equality Promotion Committee (SorTorPor). Chaired by the prime minister, the committee is mandated to create policies and measures to promote gender equality in the public and private spheres in the central, regional, and local areas of Thailand. The second equality body is known as the Committee on Consideration of Unfair Gender Discrimination (WorLorPor). It is mandated to receive cases of unfair gender discrimination, establish temporary measures to protect victims of gender discrimination, issue directives based on a case's descision, and submit complaints to the ombudsperson on behalf of the victims. According to a 2020 report prepared

by the United Nations Development Programme (UNDP) and the Department of Women's Affairs and Family, the WorLorPor Committee adjucated at least six complaints from transgender persons in 2019 and found the accused parties guilty of discrimination.

Box 15: Implementation of the Gender Equality Act B.E 2558 (2015) in Thailand

3. **Stigma Index in Indonesia.**[108] The Penabulu-Stop TB Partnership Indonesia completed a Stigma Index in 2022. The findings identified high levels of stigma, including self-, family- and community-related stigma, experienced by people affected by TB. The Ministry of Health adopted and incorporated the findings and recommendations of the report in the revised National Strategic Plan on TB for 2024-2026. Positive results include:

    - Access to justice programming, wherein 40 paralegals were trained in TB-related human rights issues. In 7 districts, they worked with District Task Forces, and specifically with the HIV paralegals and advocates.
    - Sharing of resources and information through joint trainings and projects, avoiding the gaps and duplications of a more siloed approach.
    - With the support of the government, community-led TB organizations launched a monitoring tool and hotline to hundreds of relevant treatment facilities, patient networks and staff. While still in early stages, the tool provides a diverse platform for patient complaints as well as referrals for medical and psychosocial assistance.

- Integration of this monitoring platform with the paralegal and advocacy programmes is planned, and viewed as a good opportunity to further strengthen community mobilisation and access to justice.

4. Countries like Fiji, Nepal, New Zealand, the Philippines, Republic of Korea, and Thailand have **laws that prohibit SOGIESC-based discrimination** in education settings.

MEASURE	COUNTRY	EXAMPLE
Prohibition of discrimination based on SOGIESC in access to education	Fiji, Nepal, New Zealand, Philippines, Republic of Korea, Thailand	Laws that prohibit SOGIESC-based discrimination in education settings.
Prohibition of discrimination on the basis of SOGIESC during the admission process	New Zealand	Section 57 of New Zealand's Human Rights Act 1993 provides extensive legal protection against various forms of discrimination based on sexual orientation in educational settings, including protections against refusal to admit them on "less favorable" terms and conditions and denial of services or benefits.

Table 10: Good practices to prohibit SOGIESC-based discrimination in education settings[109]

5. **Examples of good practices in protection from hate crimes** were found in Mongolia, New Zealand and Timor-Leste.[110] These are embedded in their Criminal Code/Penal Code:

MONGOLIA

Art. 10 of the Criminal Code 2015 criminalizes murders motivated by sexual orientation-related prejudice or hatred and establishes it as an aggravated circumstance with a more severe punishment.

NEW ZEALAND

Establishes hostility toward sexual orientation and gender identity as aggravating circumstances for crimes under the Sentencing Act 2002.

TIMOR-LESTE

Decree Law No. 19/2009 Approves the Penal Code,2009 Art. 52 establishes hate crimes motivated by sexual orientation as a "higher level of unlawfulness" with aggravated penalties.

6. **Integration of human rights programming with delivery of health services through the legal literacy** training in the Philippines. As reported by providers and clients, their ability to understand, explain, and advocate for HIV-related human rights, engaging with local barangay officials as well as members of the community have improved. "Numerous testimonies demonstrated the impact of integrating human rights training with health and client support services. For example, one transgender individual described how a case manager trained in legal literacy intervened with her family, who had driven her out once they heard about her HIV diagnosis. The case manager worked with the family to understand HIV transmission as well as their legal obligations related to confidentiality and disclosure. The family allowed her to return home, and her health improved. Currently, she is religiously taking her medications with undetectable viral load. She learned to accept her HIV status."[111]

7. **Good practices in gender mainstreaming** are present in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Viet Nam based on the National Beijing+25 reviews.[112]

CAMBODIA

The Cambodian National Council for Women, composed of representatives from key line ministries and government agencies, coordinates and monitors the implementation of the laws, policies, and initiatives for the benefit of women. In addition, the Ministry of Women's Affairs (MoWA), mandated to lead the coordination of gender mainstreaming and empowerment of all women and girls, advocates and provides technical support to ministries to Gender Mainstreaming Action Groups, which have developed an action plan to institutionalise gender mainstreaming into policies and programmes. Technical working groups on gender-based violence, women's economic empowerment, and women in leadership and governance provide participatory fora for government, international agencies, CSOs, and the private sector. Focused sectoral gender mainstreaming initiatives support institutional technical capacity to integrate gender considerations into economic planning, education, health, legal protection, women in public leadership and politics, and climate change initiatives. MoWA has also formed working groups on priority women's groups, including the disabled, elderly, ethnic groups, and minorities.

INDONESIA

In Indonesia, budgetary allocations to the Ministry of Women's Empowerment and Child Protection doubled from 2014 to 2018. The National Strategy on Acceleration of Gender Mainstreaming through Gender Responsive Planning and Budgeting was updated in 2018 to align with the SDGs. There has also been a focus on strengthening the women's machinery at local government levels — 33 institutions focus on women's empowerment and child protection at the province level and 514 at the region level. At the sectoral level, line ministries are recognised with Anugrah Parahita Ekapraya awards for gender mainstreaming efforts — the Ministry of Public Works and Public housing recently received the award's highest category.

LAO PDR

The Lao Women's Union, a state-run, membership-based social organisation includes representatives in all line ministries and equivalent government departments, as well as local government. The National Commission for the Advancement of Women, Mothers and Children has established sub-commissions at almost all government institutions at the central and local level. A National Assembly Women's Caucus was established in 2010 to ensure mainstreaming of gender in new laws and policies and oversee the application of current legislative frameworks; it works through the Lao Women's Union to provide capacity building to Provincial Women's Assemblies.

MALAYSIA

In Malaysia, the Malaysian Statistical Training Institute now offers courses on gender statistics. Malaysia has also been appointed a focal point for a UN initiative to develop training on gender statistics. Malaysia has three priorities for strengthening national gender data over the next five years: establish an interagency coordination mechanism on gender statistics; re-process existing data to produce more disaggregated and/or new gender statistics; and better use and/or improve administrative-based or alternative data sources to address gender data gaps.

MYANMAR

The Myanmar National Committee on Women is the main inter-ministerial mechanism for ensuring the implementation of National Strategic Plan for Advancement of Women, 2013-2022. The Department of Social Welfare (which sits in the Ministry of Social Welfare, Relief and Resettlement) acts as the secretariat of the Myanmar National Committee on Women. Four technical working groups operationalise, budget, and monitor strategic plan commitments in four priority areas: (1) women, peace, and security; (2) gender mainstreaming;

(3) participation; and (4) ending violence against women and girls. (The four groups are challenged by unclear roles and responsibilities and by limited resourcing and institutional capacity. The Gender Equality Network has more than 130 CSOs, national and international nongovernmental organisations (NGOs), and technical resources, and the Women's Organisations Network represents more than 30 organisations in conflict and post-conflict.

PHILIPPINES

The Philippine Commission on Women (PCW) is the primary policy-making, coordinating, and oversight body on gender issues; plays a strong role in advocating for the leading gender mainstreaming efforts; and has become established as an authority on women's issues. The PCW ensures that national government agencies, state universities and colleges, and government-owned and -controlled corporations develop effective annual Gender and Development Plans and Budgets. Now attached to the Department of the Interior and Local Government, the PCW will be able to strengthen the operationalisation of national and international commitments at regional and local levels. Commitments on gender equality and empowerment of all women and girls are integrated in 12 of the 20 chapters of the Philippine Development Plan 2017-2022. The PCW also ensured the development of the Gender Equality and Women's Empowerment Plan 2019-2025 was informed by extensive civil society consultations. The PCW also serves as the Philippine focal point to the ACW.

THAILAND

In 2010, the Department of Women's Affairs and Family Development and the Office of Civil Service Commission created new positions of Chief Gender Equality Officers (CGEOs) and Gender Focal Points (GFPs) at department and ministeral levels in 19 of 20 government ministries. Covering 130 government agencies, CGEOs and GFPs are

the principal mechanism for operationalising gender mainstreaming in policy planning and budgeting processes CGEOs and GFPs promote the collection of sex-disaggregated data in their respective departments/ministries. Annual evaluations are carried out to enhance the impact of these positions and awards are given to recognise innovation and excellence. Early evaluations have shown that while initial activities forcused on discreete activities, such as establishing day-care centres or conducting gender sensitivity training, more recent work has shifted toward promoting the integration of a gender perspective throughout agency programming.

VIET NAM

In Viet Nam, statistical work on sex-disaggregated data has improved over the past five years. The Ministry of Planning and Investment has led in issuing publications and conducting studies and surveys and identified 78 gender indicators for reporting.

5.2 GAPS IN GENDER JUSTICE AND SEXUAL RIGHTS AFFIRMATIVE PROGRAMMES AND POLICIES

From a perspective of leaving no one behind, it is evident that there are obvious gaps in addressing gender justice and sexual rights in general, which also affect HIV, TB, and malaria programmes. Based on previous gap analysis and assessment, much still needs to be done for key affected women and girls, and people with diverse SOGIESC to improve health outcomes, increase their access to health services, remove barriers to inclusion and participation in decision making, and empower them to live free from discrimination. Key gaps include: limited research and data on PoDS; lack of comprehensive laws protecting PoDS from stigma and discrimination, criminalisation and hate crimes; lack of comprehensive sexuality education; limited systematic integration of gender-specific needs of women and girls into programme design; and lack of sexual and reproductive health and rights (SRHR) information tailored to LGBTQI+ communities.

Limited research and data on people of diverse SOGIESC

Localised research initiatives that focus on LGBTQI+ people within Asia-Pacific countries are still limited. Moreover, there is lack of research data for separate communities under the LGBTQI+people, particularly non-heterosexual women, LBQ-identifying nonbinary individuals, and trans men.[113] This data gap hinders better understanding of their health needs, including programme design for HIV, TB, and malaria services.

The Discussion Paper on Intersectionality and SOGIESC Data: Opportunities and Challenges (M. V. Lee Badgett, April 2024)[114], noted that at least four countries in Asia (Philippines, Cambodia, Bangladesh and Myanmar) have included questions on same-sex sexual behaviors of men at least once in the Demographic and Health Surveys (DHS), while India, Nepal and Pakistan have included "other" gender category. In national surveys or censuses, "four countries in South Asia (Bangladesh, India, Nepal and Pakistan) include a third gender option on their census gender question or on labor force surveys". A comprehensive review by Breen et al. (2020) underscored this prevailing research gap, which according to them is particularly pronounced in the area of sexual and reproductive health. They further said that:

> *"The overarching tendency to emphasise disease risk within LGBTQ+ populations, rather than adopting a more holistic approach including individuals' sexual and reproductive wellness, poses significant concerns. This skewed focus can inadvertently contribute to the perpetuation of stigmas against LGBTQ+ identities, as it reinforces the notion that their health concerns are primarily rooted in disease transmission, rather than encompassing a full spectrum of sexual and reproductive well-being and rights. Consequently, it is essential to broaden the scope of research endeavours to encompass the multifaceted dimensions of LBQ+ health and to ensure that their unique experiences and needs are not overlooked or marginalised within the larger discourse on sexual and reproductive health."*[115]

Lack of comprehensive laws protecting people of diverse SOGIESC from stigma and discrimination, criminalisation and hate crimes

In many countries in Asia-Pacific, comprehensive laws that can protect PoDS are still lacking. This includes lack of legal recognition of same-sex marriages and gender identity, and existence of laws that targets and criminalises LGBTQI+people. Examples of countries in Southeast Asia without national SOGIESC anti-discrimination laws include Brunei, Indonesia, Malaysia, the Philippines, and Singapore.[116] In Papua New Guinea, under Article 212 of the Criminal Code, consensual same-sex activities between males are explicitly prohibited, and Article 210 of PNG's Criminal Code criminalizes sexual relations that are against the "order of nature," including consensual sexual relations between two females.[117]

Lack of comprehensive sexuality education

Comprehensive sexuality education is anchored on putting emphasis to gender norms and addressing gendered power relations. Currently, laws or regulations that require schools and educational institutions to incorporate sexuality education curricula to address harmful stereotypes and prejudices against sexual and gender minorities remains a gap in the educational system of most countries in Asia-Pacific.

In Southeast Asia, only the Philippines promotes inclusion of sexual and gender minorities through the adoption of "a regulation DO No. 32, S. 2017—Gender-Responsive Basic Education Policy of 2017 (entry into force in June 2017), that regulates the Department of Education to incorporate concepts of gender and sexuality in their totality and to institutionalize comprehensive sexuality education in school curricula for grades K–12.32 Further, DO No. 31, S. 2018 calls for the implementation of comprehensive sexuality education that is gender-responsive and rights-based".[118]

Limited systematic integration of intersectionality into HIV, TB, and malaria programme design

The systematic integration of intersectionality in programme design for HIV, TB, and malaria is considered a gap, especially modalities for addressing gender-disaggregation of data, sexual and reproductive health, and systemic barriers like stigma, limited access to resources, financial capacity, cultural norms, and environmental factors such as climate change that disproportionately affect women, girls, and PoDS. The Breaking Down Barriers initiative, launched by the Global Fund in 2017, intended to dismantle human rights and gender-related barriers that are crucial to improving access to quality health services. However, this is not entirely the case in government-led programmes for the three diseases.

In Asia-Pacific, the right to manage one's reproductive health remains out of reach for key and vulnerable populations, especially women and girls due to a myriad of intersecting socioeconomic, political and cultural factors with gender and sexuality. Hence, despite the progress in sexual and reproductive health following the adoption of International Conference on Population and Development (ICPD) Programme of Action in Cairo, Egypt in 1994, its full realization in the region is constrained by restrictive laws, underfunded health systems, lack of political will, poverty and cultural norms.

Lack of sexual and reproductive health and rights (SRHR) information tailored to LGBTQI+ communities

Existing SRH information primarily caters to the heterosexual population. For example, information pertinent to LBQ individuals and trans men is not readily accessible due to its limited availability. A study in the Philippines cited the comment of a member of LBQ community regarding SRH information: "Most available SRH information is really targeted towards the hetero population. So, you really have to look for information that can be used by LBQ women. For example, sometimes, I get asked whether it's true that being LBQ means

that our testosterone might be higher. And these questions are coming from friends who are college graduates, so that means that the information is not popularised yet. Most narratives are really heterocentric."[119]

5.3 CHALLENGES IN INTEGRATION AND PROMOTION OF GENDER JUSTICE AND SEXUAL RIGHTS IN HIV, TB, AND MALARIA

Gender justice and sexual rights integration and promotion in programmes and services is continuously challenged by key factors that include deeply ingrained stereotypical and archaic beliefs, and cultural norms, deteriorating social and political environment, institutional and implementation weaknesses, and lack of dedicated financial investment on gender justice and sexual rights programmes.

Deeply ingrained stereotypical and archaic beliefs, and cultural norms hinder the full participation and empowerment of women and girls, and PoDS in all aspects of life. Women with limited access to resources are severely affected.

For example, a study in Jharkand, India, demonstrated that "women, especially those aged 35-40 years, have faced harassment from their husbands and in-laws for expenses incurred in relation to their illness and their inability to continue household work'.[120] Similarly, in Cambodia, Chbab Srey, a traditional code of conduct, has a strong influence in reinforcing patriarchal norms. "This code directly impacts women's health by pressuring them to prioritize household duties, leading to delayed disease diagnosis and treatment."[121]

The Social Institutions and Gender Index (SIGI) Report in 2024, for example, cited that with "a SIGI score of 39, Southeast Asia has levels of discrimination against women and girls in social institutions estimated to be medium and close to high, which is markedly higher than the averages for the world (29) and for Organisation for Economic Cooperation and Development (OECD) countries (15)."[122] In Brief presents a summary of discrimination in social institutions:[123]

IN BRIEF

- Southeast Asia has made significant institutional strides towards gender equality. Yet, with a Social Institutions and Gender Index (SIGI) score of 39, levels of discrimination against women and girls in social institutions remain estimated to be medium and close to high. This score is substantially higher that the global (29) and OECD (15) averages.
- Southeast Asia's score is similar to that of Africa (40) but below those of Latin America and the Caribbean (21) and Europe (14), where levels of discrimination are low and very low.
- Levels of discrimination vary substantially across the region. At the country level, they range from low to very high, as measured by the SIGI. Nevertheless, the vast majority of the region's women — 70%, which represents 340 million women — continue to live in countries with high and very high levels of discrimination.
- As in the rest of the world, discrimination in the region is the highest in the family. In Southeast Asia, discriminatory personal status laws are at the heart of the severe legal restrictions that women and girls face in the family sphere. They weaken women's status in the household, limit their rights to inheritance and divorce, and contribute to perpetuating the early marriage of girls.
- Views across the region largely support a traditional gender-based division of roles whereby men should be the breadwinners while women should remain confined to care and reproductive roles. These attitudes translate into Southeast Asian women dedicating 3.1 times more time than men to unpaid care and domestic work, or 14% of their day compared to 4% for men.
- Although the legislation tends to protect women in the workplace, societal expectations of gender roles and norms of restrictive masculinities related to men's leadership limit women's labour inclusion and their representation in managerial positions.

- As a result, Southeast Asian women's participations in labour market is lower than men's and is concentrated in specific sectors. Women's participation in the labour market is also characterised by informality, hampering their access to social protection benefits, and by vulnerable forms of employment such as that of contributing family workers.
- Women's physical integrity remains restricted. In 2023, 21% of women had experienced intimate-partner violence at least once in their lifetime, and 7% during the previous 12 months. In this context, one-third of the population thinks that it is acceptable for a man to beat his spouse under certain circumstances, and laws continue to fail to comprehensively protect women and girls form all types of violence, from intimate-partner violence to sexual harassment, rape and female genital mutilation and cutting.
- Women's and girls' access to sexual and reproductive health and rights — notably for adolescents — is hampered by restrictive laws, unequal power dynamics in the household, limted access to services and a lack of comprehensive sexuality education.

Box 16. Discrimination in social institutions remains widespread in Southeast Asia

A study conducted by APCASO on gender and malaria in the Greater Mekong Subregion captured the deeply ingrained cultural norms based on this narrative:

> *"Both men and women in malaria endemic areas are vulnerable to malaria. Men may be more vulnerable as they can spend more time in the forest for days or weeks at a time. However, women can also be vulnerable when they stay overnight in the field. Women are also less likely to have all their skin covered, as they wear the Lao sinh, or skirt, that can leave their legs exposed, compared to men who are more likely to wear long trousers. While men and women receive equal health care in Taoi district,*

women's access to that care is more constrained than men's for three main reasons. Firstly, women are less likely than men to speak the Lao language, which is the language that all malaria informational materials are available in – and some health care workers may not speak the local ethnic language. Secondly, women are less likely than men to be able to ride a motorbike, and they therefore face greater transportation barriers to reaching health centres. Thirdly, women can have lower decision-making power, and may need their husband's permission to seek health care, or need to be accompanied to a health centre." [124]

Deteriorating social and political environments are big challenge as noted in the Global Fund's Summary Report on Breaking Down Barriers Initiative for HIV, TB, and malaria. The rising anti-rights and anti-gender movement coupled with a closing space for civil society engagement was underscored, and response required to counter human rights violations against key and vulnerable populations in the three diseases.

The rise of authoritarianism in some parts of Asia-Pacific has significant implications not just for gendered experiences of public health. Right-wing and populist regimes have been curtailing civil liberties, withholding or censoring information, and muzzling marginalized voices elements that amplify health disparities along with compromising equal access to health care services.[125] "Authoritarian governance has also perpetuated gender stereotypes and reproductive roles, which make marked negative impacts on women and LGBTQI+ people invisible and silenced".[126]

SOGIESC-based hate crimes are examples of deteriorating social and political environments. They remain underreported as there are no formal mechanisms for reporting or monitoring hate crimes. Lesbian and bisexual women who are victims of SOGIESC-based hate crimes have also reported experiencing revictimization when they have attempted to report violent assaults, owing to prevalent patriarchal norms.[127]

Institutional and implementation weaknesses play a role. For instance, the knowledge level in gender-transformative programming, especially in relation to gender justice and sexual rights, is still limited. The Global Fund requires the integration of gender into HIV, TB, and malaria programmes, However, there are existing limitations at the programme implementers side in so far as knowledge of gender-transformative programming is concerned, which requires attention to the structural roots of gender inequality and human rights violations. Despite the existence of gender and SOGIESC-related policies, their roll-out, management, monitoring, and evaluation (M &E) remains challenging, not only because of inadequate capacity or competency, but also due to the lack of political will to address the root causes of gender inequalities and implement gender-just and sexual rights affirmative plans.

In the Philippines, the assessment report on 'Breaking Down Barriers' initiative highlighted these findings:

> *"There is also a lack of an M&E system to monitor whether the legal literacy trainings successfully transmitted knowledge to participants and whether participants went on to use that knowledge in their work. In addition, there are few meaningful M&E frameworks for human rights activities – either for the impact of programmes themselves or for measuring direct or indirect impact on reducing barriers to access to services. Most M&E frameworks remain at the output level, focusing on numbers trained and reached, rather than outcome level or above. Nevertheless, some activities did have basic M&E frameworks, such as a midterm evaluation of the CARE programme and the rapid assessment of the PRC. These types of M&E frameworks should be built upon and encouraged as these programmes progress, as well as in the next cycle of Global Fund support. Implementers should be encouraged to access technical assistance on these issues through the Global Fund's Human Rights Strategic Initiative, which provides support on such matters."*[128]

There is a lack of dedicated institutional financial investment for gender justice and sexual rights programmes. Except for the Global Fund's Breaking Down Barriers Initiative for HIV, TB, and malaria, there is limited funding for gender justice and sexual rights programmes. Oftentimes, the activities and budget addressing these focus areas are lumped together with the overall agency budget for HIV, TB, and malaria, which is already problematic because of the funding gaps. In TB, for example, the largest gaps were reported by countries in the African and South-East Asia regions. Of the 30 high TB burden countries, Indonesia (US$ 294 million), Bangladesh (US$ 289 million), and Viet Nam (US$ 138 million) reported the largest funding gaps. Among the Southeast Asian lower-middle-income-countries, only India has the biggest domestic funding allocated for TB programmes at almost 95%.[129]

6 CONCLUSIONS AND WAY FORWARD

Based on the findings of the situational analysis on the state of gender justice and sexual rights in relation to HIV, TB and malaria in Asia-Pacific, a summary of the conclusions is presented in relation to the following:

1. Key accomplishments in programming, policymaking and service delivery
2. Crosscutting gaps and challenges that need to be addressed to advance gender justice and sexual rights
3. Actions to be undertaken moving forward on gender justice and sexual rights, especially in HIV, TB and malaria programmes.

6.1 CONCLUSIONS

6.1.1 Key Accomplishments

a. **Programming** – a number of programmes apply the gender-transformative and sexual affirmative lens, such as:

   - Rights-based and gender responsive approach to HIV, TB, and malaria programmes in Asia- Pacific funded by The Global Fund. Integration of programmes to remove human rights-related barriers into prevention and treatment for key and vulnerable populations,

stigma and discrimination reduction activities, legal literacy, and access to justice activities, and community mobilization are components of HIV, TB, and malaria programming.

- Based on the National Beijing+25 reviews, good practices in gender mainstreaming are present in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand, and Viet Nam.

b. Policymaking

- International frameworks were promulgated and ratified by countries, which guide country programmes and policies on gender equality and human rights. These include:
    - The International Human Rights Framework (Universal Declaration of Human Rights) which underscored the 3 human rights obligations of States under international law: obligation to respect, obligation to protect, and obligation to fulfill. Stipulating nondiscrimination on the basis of gender & ensuring access to basic health care services.
    - Adoption of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1979 by the UN General Assembly and now has 182 Member State signatories, making it the most ratified UN convention. Member State signatories to CEDAW are obligated to implement policies and laws that will comply with the convention's articles on gender equality.
    - Adoption of the 2030 Agenda for Sustainable Development by all United Nations Member States in 2015 with Goal 5 aimed to Achieve gender equality and empower all women and girls.
    - Adoption of the International Labour Organization Convention No. 190 on Violence and Harassment in June 2019 aimed at eliminating violence and harassment at work, including sexual

and gender-based harassment that can affect both men and women. Ratified by 47 countries (and entered into force in 36 countries).

- Since 2002, significant regional frameworks have been enacted and served as platforms for regional engagement. These are the following:
  - 2013 Asian and Pacific Ministerial Declaration on Population and Development. This Ministerial Declaration, which was adopted by 38 countries, articulated a rights based, gender-sensitive, and non-discriminatory approach to population and development strategies, programmes and policies in the region.
  - Regional Convention on Preventing and Combating the Trafficking in Women and Children for Prostitution.
  - Social Charter of the South Asian Association for Regional Cooperation.
  - Declaration on the Elimination of Violence Against Women in the ASEAN Region (signed by 10 ASEAN member countries).
  - ASEAN Human Rights Declaration.
- Some progress in decriminalization of sexual and gender minorities in Asia and the Pacific, with at least 14 countries in Asia and the Pacific not criminalizing consensual same sex. These include Armenia, Bhutan, Cambodia, Fiji, the Kyrgyz Republic, Mongolia, Nepal, New Zealand, the People's Republic of China, the Philippines, the Republic of Korea, Thailand, Timor-Leste, and Viet Nam.
- There are examples of countries with labour laws that prohibit discrimination against sexual and gender minorities like Fiji, Mongolia, New Zealand and the Philippines.

- Adopted in 2006, the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity is considered "a landmark in the ongoing struggle for the recognition and protection of the rights of LBQ+ individuals, which have emerged as a pivotal framework for the application of human rights laws in the context of sexual orientation, gender identity and expression, and sex characteristics, collectively referred to as SOGIESC.

- Some countries in Asia-Pacific have good practices in gender-just and sexual rights affirmative programmes and policies, which cuts across HIV, TB, and malaria. Examples include:

    - Fiji was the first nation in the Pacific region to decriminalize consensual same-sex activities when it passed the National Crimes Decree in 2010 to remove all references to sodomy and "unnatural offenses" in its criminal laws.

    - Gender Equality Act B.E. 2558 in Thailand. This is recognized as an important milestone with regards to antidiscrimination law.

    - Countries like Fiji, Nepal, New Zealand, Philippines, Republic of Korea, and Thailand have laws that prohibit SOGIESC-based discrimination in education settings.

    - Good practices in protection from hate crimes were embedded in the Criminal Code/Penal Code of Mongolia, New Zealand and Timor-Leste.

c. **Service Delivery** – based on The Global Fund's Assessment Report on 'Breaking Down Barriers', the important results of rights-based and gender responsive approach to HIV, TB, and malaria programmes and services indicate that "Individually and together, human rights programmes have increased access to- and engagement with health services by key and vulnerable populations. Countries have reported significant reductions in stigma and discrimination, improved access

to legal support, and demonstrated stronger collaboration for comprehensive human rights responses between different sectors. Countries have demonstrated that addressing human rights barriers is not only a moral imperative but also a practical strategy for enhancing the effectiveness of health interventions and achieving broader public health goals."

6.1.2 Gaps and Challenges

In summary, the main gaps are:

- Limited research and data on people of diverse SOGIESC
- Lack of comprehensive laws protecting people of diverse SOGIESC
- Lack of comprehensive sexuality education
- Limited systematic integration of intersectionality into HIV, TB, and malaria programme design, planning, and implementation
- Lack of sexual and reproductive health and rights (SRHR) information tailored to LGBTQI+ communities

Key challenges faced in gender justice and sexual rights integration and promotion:

- Deeply ingrained stereotypical and archaic beliefs, and cultural norms that hinder the full participation and empowerment of women and girls, and PoDS in all aspects of life.
- The big challenge of deteriorating social and political environments, especially with rising anti-rights and anti-gender movements, and a closing space for civil society engagement, was underscored in The Global Fund's 'Breaking Down Barriers' report. The rise

of authoritarianism in some parts of Asia-Pacific has significant implications for gendered experiences of public health. SOGIESC-based hate crimes are examples of deteriorating social and political environments.

- Institutional and implementation weaknesses — such as knowledge-level in gender-transformative programming, especially in relation to gender justice and sexual rights — is still limited. Despite the existence of gender and SOGIESC-related policies, their roll-out, management, monitoring, and evaluation (M&E) remains challenging due to inadequate capacity or competency, and a lack of political will to address the root causes of gender inequalities and implement gender-just and sexual rights affirmative plans.

- Lack of dedicated financial investment for gender justice and sexual rights programmes. Except for the Global Fund's Breaking Down Barriers Initiative for HIV, TB, and malaria, there is limited funding for gender justice and sexual rights programmes.

6.2 WAY FORWARD

Considering the identified key accomplishments, gaps, and challenges in integration and promotion of gender justice and sexual rights, particularly in HIV, TB, and malaria programmes in Asia-Pacific, this situational analysis report suggests actions in the areas of advocacy, programming, capacity-building, and partnership-building as way forward for the REGENERATE Platform in the next three years (December 2025- December 2028). A summary of these way forward actions are presented on the following pages.

FOCUS AREAS	SUGGESTIONS FOR WAY FORWARD
1. **Scale-up advocacy of GJSR in HIV, TB, and malaria programmes**	• Develop a regional and country-specific advocacy plan on gender justice and sexual rights that is focused on policy change with respect to existing laws and legislations that obstruct access to education, labour markets, public services, social protection, and civil and political inclusion of people of diverse SOGIESC – with emphasis on decriminalization of sexual and gender minorities and protection from hate crimes. This should be mainstreamed in the advocacy plans of HIV, TB, and malaria programmes, and implemented on a sustained basis. • Strengthen the capacity of advocates or champions (along with CSOs and communities) of gender justice and sexual rights through training, exposure to LGBTQI+ communities, and leveraging media. REGENERATE, through its Leadership & Learning Institute and Platform, should be able to develop a core of GJSR advocates who are well-versed in data use for advocacy work.
2. **Programmatic mainstreaming of GJSR in HIV, TB, and malaria programmes**	• Develop intersectionality implementation guidance for HIV, TB, and malaria programmes. The REGENERATE Leadership & Learning Institute and REGENERATE Platform should work to strengthen the capacity of CSOs (particularly the LGBTQI community) to provide technical support to health providers, community health workers and programme implementers in conducting intersectional analysis and integrating intersectionality in programme design and implementation. • Track progress of countries' commitments and milestones vis a vis gender justice and sexual rights, with emphasis on identifying barriers as basis for programming. • Systematize assessment of the role of women and girls, and people of diverse SOGIESC in the implementation of community-led gender justice and sexual rights programmes.

3. **Capacity-building on GJSR in HIV, TB, and malaria programmes**	• Strengthen monitoring and evaluation of gender justice and sexual rights integration and promotion in HIV, TB, and malaria programmes. The REGENERATE Platform should support the development of M&E framework for gender justice and sexual affirmative programmes in HIV, TB, and malaria, including disaggregated data under the LGBTQI+ people, particularly non-heterosexual women, LBQ-identifying nonbinary individuals, and trans men. • Build capacity of CSOs in conducting research that is focused on women and girls, and LGBTQI+ people within Asia-Pacific countries. This should include skills-building on collection of data disaggregated by SOGIESC. Along with this is the compilation of best practices in integrating and promoting intersectional GJSR gender justice and sexual rights in programmes and policies, particularly in HIV, TB and malaria in the region. • Capacitate LGBTQI+ people in leading gender-transformative and sexual rights affirmative HIV, TB, and malaria programmes.
4. **Partnership-building on GJSR in HIV, TB, and malaria programmes**	• Strengthen the work in building partnerships between legal professionals, policymakers, civil society organizations, academics, and other decisionmakers and stakeholders to create a unified front for advocating for gender-just and sexual rights affirmative HIV, TB, and malaria programmes.

Table 11: Focus areas and way forward

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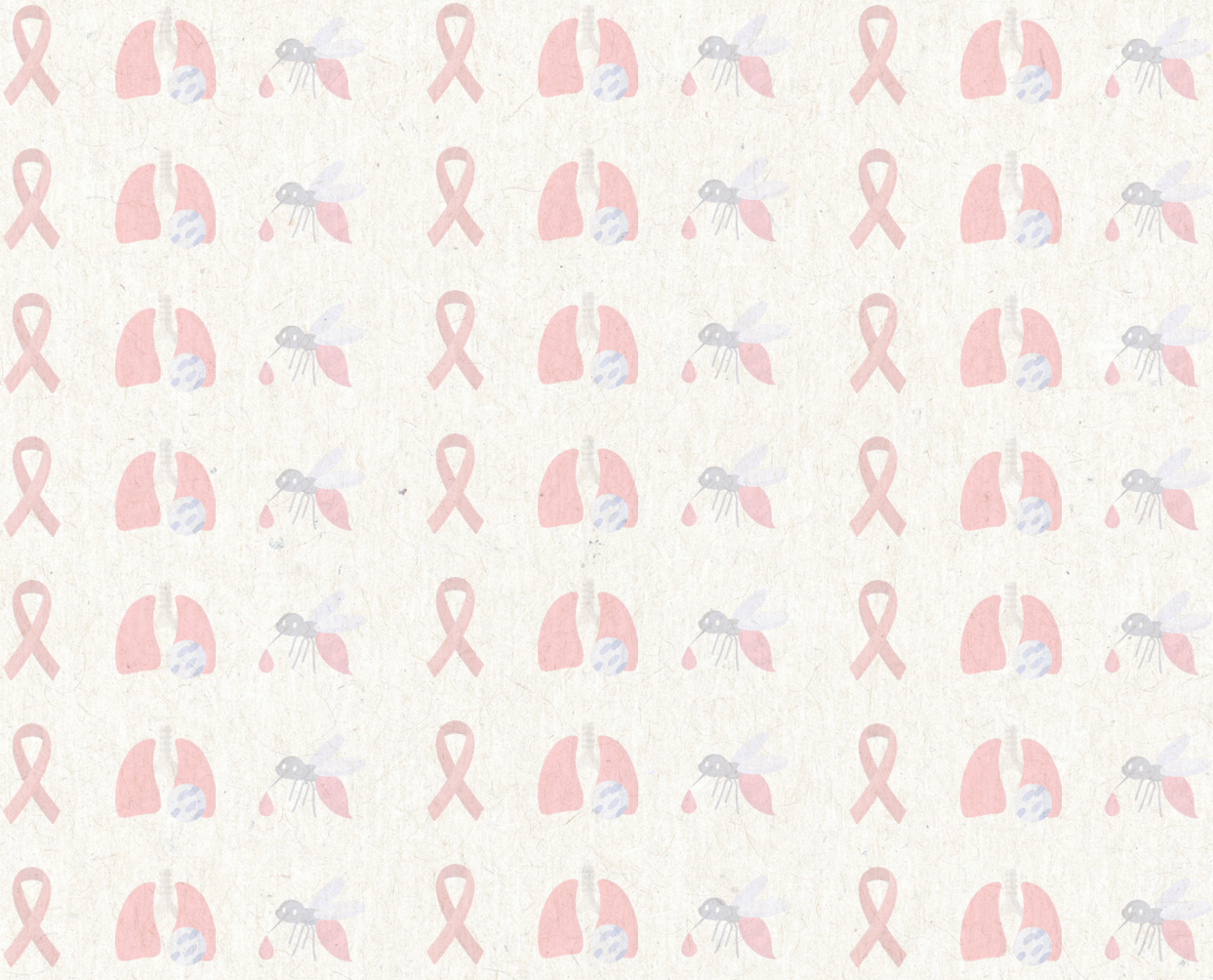

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