

UNAIDS 2023

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# Results in Asia and Pacific

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**2022 Regional report**

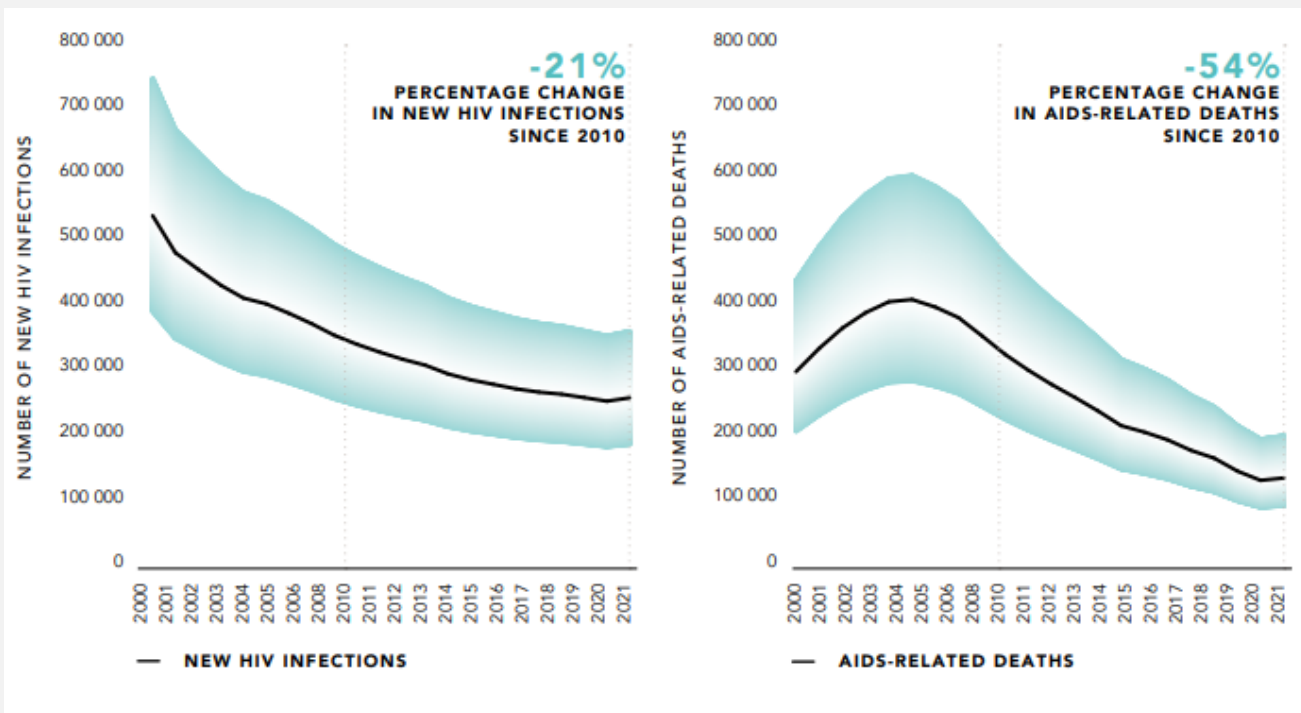


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# Results in Asia and Pacific

## Progress towards bending the curves and saving lives<sup>1</sup>

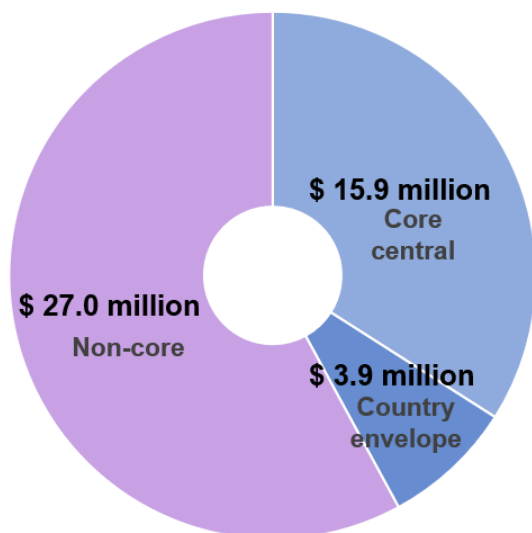


### Key results in the region thanks to support from the Joint Programme:

- 37,552 people used PrEP
- 66% [54-79] of all people living with HIV in the region are accessing antiretroviral therapy
- **17 countries** improved national policies and/or strategies for scale-up of combination HIV prevention
- **16 countries** have stronger community-led HIV responses
- **17 countries** reduced stigma and discrimination in at least one of the six settings defined under the Global Partnership for action to end all forms of HIV-related stigma and discrimination for HIV prevention and treatment services to reach more people
- **5 countries** implemented gender-responsive HIV services free of gender-based discrimination and violence
- **5 countries** implemented measures advancing full and sustainable HIV financing

### 18 countries with Joint UN Plans on AIDS aligned to national priorities and the Global AIDS Strategy

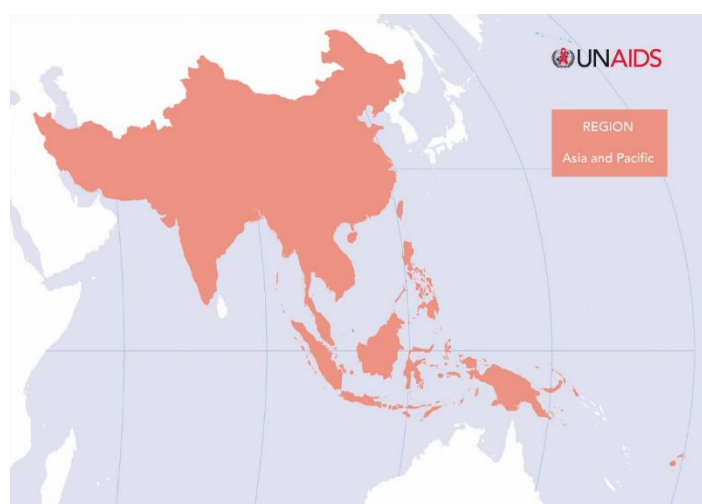
**Asia Pacific:** 2022 Core and non-core expenditures and encumbrances by funding source (in millions of US\$) - Cosponsors and Secretariat total of **US\$ 46.8 million**



<sup>1</sup> Source of data on prevention and HIV treatment coverage (2021): UNAIDS global data on HIV epidemiology and response, see <https://aidsinfo.unaids.org/>.

*Several countries in the Asia and Pacific region made considerable progress in scaling up HIV prevention, testing, treatment and care services. In November 2022, the Association of Southeast Asian Nations adopted a Leaders' Declaration on ending inequalities and getting on track to end AIDS by 2030, in which 10 Member States reaffirmed their determination to achieve that target. The commitment includes strengthening community responses, ending inequalities and increasing financing to ensure the sustainability of national HIV responses.*

*With Joint Programme support, PrEP and HIV self-testing services are expanding, though too slowly. Virtual HIV and sexual and reproductive health and rights (SRHR) programmes are more widely available and are empowering and engaging young key populations. Following advocacy, guidance and knowledge sharing with law-makers, several new pieces of approved legislation and policies improved the enabling environment, and communities are more empowered to reduce stigma and discrimination. The economic impact of the COVID-19 pandemic and other global challenges affected external and domestic investments in the HIV response and social protection programmes. Hence, the Joint Programme led efforts to strengthen the sustainability of the HIV response and improve the inclusion of key populations, people living with HIV and people in humanitarian settings in social protection and emergency assistance programmes.*



**UBRAF Outcome 1: People living with, at risk of and affected by HIV obtain equitable access and reap equitable benefits from HIV prevention, treatment, care and support services.**

The Joint Programme supported the expansion of HIV prevention, including PrEP and harm reduction programmes, and the scale up of HIV self-testing and dolutegravir-based treatment regimens.

Highly effective PrEP is available for people who are at high risk of HIV infection, as part of the comprehensive HIV prevention package in 15 countries (WHO, UNAIDS Secretariat). Preliminary data showed a 34% increase in the number of people accessing PrEP services in this region in 2022, with notable gains in Viet Nam (about 30 500 new clients). Thailand also rolled out a key populations-led PrEP programme for people who inject drugs.

Young people, including from key populations, accessed HIV, sexually transmitted infections (STIs), and gender-based violence prevention information and services. Through the railway cities programme, which was linked to the extension of Pan-Asia

Railway Network from China to southern Asia, awareness activities were organized with active participation from 5,500 adolescents and young people to advance the 2030 Agenda, with a focus on HIV prevention, climate change, the protection of vulnerable young people and the promotion of gender equality. Over 1 million young people were also reached through social media. In Indonesia and Timor Leste, key and mobile populations received HIV testing services and condoms through national HIV and STI prevention programmes implemented in border areas (UNFPA).

Virtual interventions that are critical for reaching key populations, especially young people, also expanded. A regional policy brief to guide countries on these virtual programmes was disseminated worldwide (WHO, UNAIDS Secretariat). Joint Programme support enabled Bhutan, Cambodia, China, the Philippines and Sri Lanka to develop new national strategic plans or guidelines for virtual HIV, STI and hepatitis programmes.

Health services, including HIV and harm reduction programmes, expanded in prisons in Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, reflecting new standard operating procedures on prison health and the training of prison health-care providers. Health-care providers and peer outreach workers from Cambodia, Thailand and Viet Nam were trained on effective HIV prevention and harm reduction services for people who use stimulant drugs. Advocacy continued to ensure the inclusion in Global Fund grant proposals of health-care programmes, including HIV and other communicable disease and harm reduction services, for people who use stimulant drugs (UNODC).

By the end of 2022, HIV self-testing was being implemented in 18 countries in the region. Indonesia, Pakistan, the Philippines, Sri Lanka, Thailand and Viet Nam included HIV self-testing in their respective national HIV testing guidelines, following joint advocacy and technical support by the Joint Programme. India and Indonesia also rolled out an HIV self-testing pilot programme, including capacity building on HIV self-testing kits registration and orientation of manufacturers (WHO, UNAIDS Secretariat).

In 2022, all countries in the region transitioned to dolutegravir as the preferred first-line HIV treatment regimen, with most countries aiming to transition all eligible people living with HIV to that regimen by 2023 (WHO, UNAIDS Secretariat). The "Prevent HIV, Test, and Treat All" strategy has been incorporated in refugee operations in nine countries following sustained advocacy and support from the Joint Programme (UNHCR, WHO).

A regional validation team for triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis (EMTCT) is operational and the milestones have been set to support countries in the validation process (UNICEF, UNFPA, WHO, UNAIDS Secretariat). Stakeholders in China, India and Indonesia benefited from cross-country exchange of experience to advance their elimination agenda. Key data analyses and information related to triple elimination are available on a [regional webpage](#) to support countries. Sri Lanka received HIV/syphilis dual test kits to prevent disruption of prevention of services to mother-to-child transmission of HIV and syphilis and maintain its EMTCT validation status. Following a Global Validation Advisory Committee (GVAC) mission, Malaysia is awaiting the reconfirmation of its EMTCT validation status of HIV and syphilis in 2023. Thailand addressed the GVAC recommendations to maintain its EMTCT validation. Indonesia completed the EMTCT pre-validation assessment (UNICEF, WHO, UNAIDS Secretariat).

**UBRAF Outcome 2: Communities of people living with, at risk of and affected by HIV, including key populations, women and young people, are empowered, enabled and effectively resourced to lead HIV service delivery, advocate for and enjoy their right to health, and social and structural drivers of the HIV epidemic are removed.**

The Joint Programme boosted community-led programme implementation and monitoring; supported data collection and analysis and delivery of HIV and SRH services among young people; and made efforts to reduce stigma, discrimination and human rights violations of key populations through revision of discriminatory laws and capacity building of law-makers.

Cambodia, Indonesia, Papua New Guinea and the Philippines strengthened community-led monitoring to enhance the quality of and access to virtual and in-person HIV prevention services, under the Indo-Pacific HIV Prevention Programme and with technical support from the Joint Programme.

A new analytical report on the status of compulsory drug detention centres in Asia showed that seven countries have a total of at least 886 compulsory drug detention facilities, contrary to international public health evidence and human rights guidance. Promising examples of evidence-based treatment of drug dependence in China, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam were documented in a discussion paper developed by academic, government and civil society experts comprising the Asia-Pacific Expert Advisory Group on compulsory facilities for People Who Use Drugs (UNODC, UNAIDS Secretariat). In Thailand, a national harm reduction working group ensured the formal inclusion of harm reduction package of services offered within the national community-based treatment model (UNDP, UNODC, UNAIDS Secretariat).

Youth delegates from 14 countries developed a nine-point action plan for the Inter-Agency Task Team on Young Key Populations during the 2022 Asia-Pacific Youth Forum on "putting young key populations first". The action plan will guide the 2023 priorities and activities of the UN and the youth networks in the region (UNICEF, UNDP, UNESCO, UNFPA, UNAIDS Secretariat). Publication of an [advocacy report](#) equipped youth-led organizations with key data, case studies and recommendations, and further informed young key populations programming in the region (UNICEF, UNFPA, UNAIDS Secretariat).

The Asian Population and Development Association improved parliamentarians' understanding of challenges faced by people from the lesbian, gay, bisexual, trans and intersex (LGBTI+) community across the region, and empowered them to advocate for their rights, advance inclusion and stop discrimination (UNDP, UNFPA). The new [Asia and Pacific HIV-related Stigma and Discrimination Community of Practice platform](#) captures and disseminates experience, knowledge and innovative approaches to foster South-South dialogue and collaboration to overcome HIV-related stigma and discrimination in the region (UNDP, UNFPA, ILO, UNESCO, UNAIDS Secretariat).

In the Lao People's Democratic Republic, a total of 806 500 students received comprehensive sexuality education (CSE) following the training of 554 teachers working in secondary, technical vocational education training, teacher training colleges and nonformal education training programmes (UNFPA). In the Lao People's Democratic Republic, Thailand and Viet Nam, nine videos on CSE and lesson plans for teachers and peer educators were published online, following cross-country collaboration with young people, educators and civil society. A study on the training needs of teachers delivering disability-inclusive CSE gathered evidence from 3,921 teachers across the region, as well

as qualitative data from Mongolia, Nepal and the Philippines, and will inform an online course on disability-inclusive CSE (UNFPA, UNESCO).

People from the LGBTI+ community and women living with HIV in six countries were increasingly empowered to voice their concerns about stigma and discrimination as part of advocacy and public engagement efforts. The first gender affirmation law in Viet Nam was developed through substantial technical support from the Joint Programme and other stakeholders.

Women living with HIV and vulnerable women, including migrants, accessed gender-based violence prevention services in China, Indonesia, Nepal and Viet Nam. For instance, 325 women living with HIV and members of the LGBTI+ community who faced gender-based violence accessed legal and essential services in China (UN Women).

**UBRAF Outcome 3: Increased availability of effective, equitable and sustainable systems to achieve and maintain the 2025 targets, through robust financing for national budgets and community responses, greater service integration for people-centred delivery, expanded HIV service access in emergency settings, and effective pandemic preparedness and responses.**

The Joint Programme's support improved the financial sustainability of national HIV programmes, the integration of communicable and noncommunicable disease services, and social protection and empowerment programmes for vulnerable and key populations, including people in humanitarian settings.

Across the region, services for key populations, such as PrEP, remain highly dependent on external resources. Promotion of sustainable financing and emphasis on sufficient and well-managed public revenues, oriented governments in the development of their national plans and budgets. This helped protect spending on education, health and social protection, and helped support programmes serving vulnerable people, including people living with or affected by HIV (World Bank).

Integration of HIV services under national health insurance schemes is progressing, although too slowly. A good example is Thailand's pilot PrEP project for people who inject drugs, which is partially embedded in the national health insurance coverage scheme. Lessons learned from this pilot project will inform advocacy on sustainable financing for PrEP across the region (UNODC, WHO, UNAIDS Secretariat).

The Integrated Regional Action Plan for Viral Hepatitis, HIV, and STIs in South-East Asia for 2022–2026 was finalized through an extensive consultative process with national programme managers and communities and disseminated across the region. Additionally, health-care providers from 11 Pacific Island countries improved their capacity to deliver integrated HIV, viral hepatitis, STI, tuberculosis (TB), and noncommunicable disease services in primary health-care facilities, in line with the latest global guidelines (WHO).

The Asia-Pacific Network of Sex Workers published a regional report on community-led responses during the COVID-19 outbreak. The report highlights the critical roles that sex workers-led initiatives played in mobilizing humanitarian support and linking sex workers affected by the pandemic to social protection mechanisms, despite their exclusion from public and private support systems. Report findings are being used to guide advocacy and implementation of social protection schemes (UNFPA, UNAIDS Secretariat).

Case studies in Cambodia, India and Pakistan highlighted good practices, lessons learned, challenges and opportunities for the implementation and scale up of social



protection programmes with and for people living with HIV, and key populations (UNDP, UNAIDS Secretariat).

Vulnerable groups were supported with direct cash and voucher assistance to sustain access to SRH and HIV services following the acute phase of the COVID-19 pandemic. In 2022, 84 000 people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from key populations in eight countries received US\$ 2.2 million through mobile and bank transfers, cash in-hand and block-chain vouchers (UNFPA). In Nepal, 500 female sex workers improved their livelihood skills, 280 of whom have already started their own businesses and have achieved improved access to social protection schemes (UN Women).

More than 1.26 million families affected by the conflict in Pakistan made use of the "early recovery package and child wellness package", which includes HIV testing and treatment services (World Bank). In Myanmar, vulnerable women, including female sex workers and internally displaced women, received livelihood and leadership trainings, referrals to gender-based violence services and psychosocial support. Communities in Rohingya refugee camps in Bangladesh were sensitized on the rights of gender-diverse people and informed about how to respond to violence against transgender people (UN Women). In Bangladesh, 98 facilities were also established to provide integrated HIV, SRH and family planning services to the Rohingya population (UNFPA, World Bank).

Under the World Bank's COVID-19 preparedness and response projects, 15 countries strengthened their national systems for public health emergency preparedness, including through urgent social, financial and safety net support to affected households of vulnerable populations, such as people living with HIV, while maintaining essential health-care services.

## Lessons learned

Virtual HIV services and other innovations, including community-led and inclusive social protection schemes introduced during the COVID-19 pandemic, supported the continuity of HIV services and established new ways to reach key populations, especially young people. Further improving, expanding and integrating those changes into national programmes holds great potential.

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