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Progress towards the Fast-Track targets

Regional priorities/ targets (by end of 2021)	Status	Results (by end of 2020)
The number of new HIV infections reduced to below 150 000 in the Asia and Pacific region by 2021, with a focus on key populations and young people.	SLOW PROGRESS	By end-2019, there were an estimated 300 000 new infections in the region, same value as of 2018.
Regional coverage of prevention of mother-to-child transmission (PMTCT) services increased to 75% by 2021 (from 56% in 2017).	SLOW PROGRESS	PMTCT coverage in Asia and the Pacific region was an estimated 56% in 2019, much less than global coverage of 85%. Seven countries in the region have attained over 80% PMTCT coverage in 2019.
At least four additional countries in the Asia and Pacific certified for elimination of mother-to-child transmission (eMTCT) of HIV and syphilis.	WITHIN REACH	In June 2016, Thailand became the first country in the region to be validated for eMTCT of HIV and syphilis, followed by Malaysia in 2018, and Maldives and Sri Lanka in 2019.
At least 40 000 people accessing pre-exposure prophylaxis (PrEP), with at least three countries implementing PrEP interventions at large to national scale.	ACHIEVED	Over 70 000 people are estimated to have used PrEP in 2020 in the region. Countries such as Australia, Cambodia, New Zealand, Thailand and Viet Nam are proceeding with large-scale or national roll-outs.
85% of people living with HIV who know their HIV status, receive antiretroviral therapy (ART) (up from 71% in 2017) and 90% of them are virally suppressed.	WITHIN REACH	By end-2019, 80% of people living with HIV who knew their status were on treatment; 91% of people living with HIV on treatment were virally suppressed (GAM 2020). During the COVID-19 pandemic, in many countries, people were able to remain on HIV treatment thanks to multimonth dispensing (MMD) and decentralized ART services managed by community-based organizations (CBOs).

<p>Regional median of HIV testing among key populations increases to at least 70% for each key population by 2021, using a combination of HIV testing approaches (2017 values: female sex workers 42%, gay men and other men who have sex with men 54%, transgender people 55%, people who inject drugs 44%).</p>	<p>WITHIN REACH</p>	<p>In 2019, regional median values for HIV testing were: 52% for female sex workers; 54% for gay men and other men who have sex with men; 42% for transgender people; 49% for people who inject drugs.</p>
<p>Financial and programmatic sustainability road maps developed and implemented in at least five countries in the region.</p>	<p>WITHIN REACH</p>	<p>During 2020, six countries received support sustainability and financial transitions: Bhutan, India, Indonesia, Sri Lanka, Thailand and Viet Nam.</p>
<p>At least 10 countries have systems in place for monitoring and responding to stigma and discrimination in health-care settings.</p> <p>Average proportion of people living with HIV reporting being denied health services in Stigma Index studies reduced to less than 5% by 2021 (14% in 2017).</p> <p>All countries remove HIV-related restrictions on entry, stay and residence.</p>	<p>SLOW PROGRESS</p>	<p>Several countries (e.g. Cambodia, Lao People’s Democratic Republic, Malaysia, Philippines, Thailand and Viet Nam) have systems in place for monitoring and responding to stigma and discrimination in health-care settings, though the scale and effectiveness of the systems tend to vary greatly.</p> <p>No recent data on HIV-related stigma and discrimination.</p> <p>HIV-related travel restrictions are still widespread in Asia and the Pacific. Five countries (Brunei Darussalam, Malaysia, Maldives, Marshall Islands, and Singapore) still impose HIV-related travel restrictions on people living with HIV. In at least 11 other countries, HIV tests are mandatory for some entry, residence and travel permits. At least 14 countries require compulsory HIV testing for some groups.</p>

The regional aggregated proportion of domestic funding for prevention increased to at least 60% (40% in 2017).	SLOW PROGRESS	Domestic funding represents 81% of the overall HIV spending in the region in 2019. However, for prevention, it is estimated that the share remains at lower level. New evidence is not yet available.
HIV response is integrated into Universal Health Coverage and social protection systems in at least five countries.	SLOW PROGRESS	Progress is slow, however some countries are making gains and space. For example, Pakistan has included all HIV services as part of their Universal Health Coverage plan.

Joint Programme contributions and results in 2020

HIV prevention—*policy dialogue; technical support; capacity building (UNFPA, UNODC, UNESCO, WHO, UNAIDS Secretariat)*

PrEP access and uptake among key populations continued to expand, with increasing numbers of sites and users in Cambodia, the Philippines, Thailand, and Viet Nam. PrEP projects were initiated in 2020 in Myanmar, Nepal and Sri Lanka. PrEP continues to be available in several other countries including Australia, China, Japan, Malaysia, New Zealand and Singapore.

A regional online consultation brought together civil society and government partners to discuss harm reduction interventions for chemsex, which resulted in an agreed roadmap with actions. Support was provided for countries to increase uptake of take-home opioid substitution therapy (OST) doses for up to two weeks (India, Myanmar and Viet Nam) which has been critical for continued access in the context of COVID-19.

Significant progress was made in promoting digital sexuality education and communities of practice in 2020. The regional Joint Team organized bilateral meetings and two virtual community events (reporting an increase of initiatives related to digital sexuality education from 19 in 2019 to 62 in 2020), provided support for direct collaborations between 40 platforms, and contributed to developing more sustainable and quality sexuality education content.

Access to treatment—*policy advice; technical support; capacity building (WHO, UNAIDS Secretariat)*

Significant efforts were made to increase access to ART and improve retention in care through increased coverage of ART sites and differentiated models of care, with multimonth dispensing (MMD) for stable patients. Almost all countries in the region have included dolutegravir in their national HIV treatment guidelines, and by the end of 2020, dolutegravir was being used in first-line regimens in Cambodia, Lao People's Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam, and in second-line regimens in Malaysia. Continued support was provided on HIV drug resistance surveillance in countries, focusing on Papua New Guinea, Philippines and Viet Nam.

Access to differentiated HIV testing (including community-based testing, self-testing, and assisted partner notification) has been expanded. For example, Viet Nam was supported to integrate community-based HIV self-testing with syphilis and viral hepatitis B and C testing, especially targeting key populations in the roll-out, while self-testing pilot studies were successfully implemented in Cambodia and Philippines.

Gender equality, human rights, stigma and discrimination—*policy advice; technical support; partnership (UNDP, UNODC, UN Women, UNAIDS Secretariat)*

Technical support was provided for the drafting of legislative proposals and for legal expert opinions of court judges, as well as for expert witness and legal case consulting to tackle financial barriers to women prosecuting gender-based violence cases in China. In India, the Joint Team supported wide-ranging consultations on the Transgender Persons (Protection of Rights) Rules 2020, resulting in the Ministry of Social Justice and Empowerment incorporating most recommendations into the final rules.

The Global Partnership to end all forms of HIV-related stigma and discrimination has been rolled out, with four countries joining (Lao People's Democratic Republic, Nepal, Papua New Guinea and Thailand). Anti-stigma and anti-discrimination messaging was included in development of social media campaigns (Malaysia and Viet Nam), subnational strategies (Pakistan) and study recommendations on substance use (Thailand). Viet Nam adopted a revised HIV law, which was largely informed by a UN analysis and recommendations.

An Advisory Group of independent experts from the region is supporting the transition from compulsory centres for drug users towards voluntary, evidence-based treatment and care services that are aligned with international standards.

Sustainable and integrated response—*technical support; capacity building; coordination (UNDP, UNAIDS Secretariat)*

Technical assistance worth nearly US\$ 200 000 was provided for the development and implementation of new national strategic plans (NSPs) in three countries and for the development of Global Fund grant proposals for 2021–2023 (14 countries).

Catalytic grants were provided to regional networks to strengthen the capacity and leadership of lesbian, gay, bisexual, transgender and intersex (LGBTI) youth networks to advocate for rights and inclusion at national and regional levels, equipping young LGBTI and key populations with organizational management skills to engage in developing youth-friendly programmes and packages of integrated HIV and sexual and reproductive health rights (SRHR) services at country level.

Contribution to the COVID-19 response (*UNICEF, UNDP, UNFPA, UN Women, UNESCO, WHO, World Bank, UNAIDS Secretariat*)

Almost US\$ 1 million in technical assistance was provided in the region to mitigate the impact of COVID-19. The regional Joint Team worked very closely with countries to regularly monitor and report on stocks of antiretroviral (ARV) and related commodities, and on HIV and other sexually transmitted infection services, and to work with partners to minimize disruptions and address gaps. Best practices for maintaining essential services were disseminated, including MMD and decentralized ARV refills by CBOs.

Innovations were key for protecting HIV services. Technical support was secured to integrate virtual interventions in HIV prevention activities to increase reach into communities. For example, training was delivered for 362 Indonesian health-care workers to increase access to health for people living with HIV through telemedicine services, and free tele-psychotherapy services were provided to 60 people living with HIV in the Philippines.

Through the Inter-Agency Task Team on young key populations, a rapid survey was conducted to assess needs, resulting in the mobilization of resources to support youth-led initiatives in 12 countries, including food relief, HIV commodities and COVID-19 protective equipment and mental health support.

Social protection services provided in the region included a government cash transfer scheme in Cambodia, which reached 2,542 households of people living with HIV (including 1,382 female-headed households), and livelihood and resilience support for LGBTI sex workers in Thailand. The Joint Teams assisted in conducting community consultations on the impact of COVID-19 on female sex workers, which resulted in the provision of food baskets and cash

transfers in Bangladesh, India and Myanmar, as well as financial support to national sex worker networks in Indonesia and Viet Nam. Several communication products on health education and COVID-19 were made available in Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

Contribution to the integrated SDG agenda (UNICEF, UNDP, UNFPA, UN Women, UNESCO, UNAIDS Secretariat)

The regional Joint Team published *Young people and the law: laws and policies impacting young people's sexual and reproductive health and rights in the Asia-Pacific region: 2020 update*. This review considers recent legal and policy developments that are supporting or impeding progress towards universal access to sexual and reproductive health services, thereby contributing to ending gender inequalities.

AIDS coordinating bodies increased their knowledge and understanding of the gender dimensions of the epidemic, integrated gender equality concerns into their planning, and implemented gender-responsive actions. For example, in Indonesia, gender expertise was provided to the Ministry of Health to shape the new National AIDS Strategy which prioritizes actions to end discrimination against women living and affected by HIV.

Challenges and bottlenecks

Progress towards HIV targets in the region is varied and the rate of decline in new HIV infections has slowed. The COVID-19 pandemic caused a shift in priorities for several governments, and added many new challenges for implementation due to international, national and/or local health-related restrictions and the overburdening of health systems, which caused some HIV programming to be delayed or changed.

Although more countries have introduced PrEP programmes, scale-up is hampered by slow, complex regulatory processes and high drug costs. Serious procurement and supply chain management challenges persist in several countries, creating risks of stock-outs of medicine and commodities.

Although young people are increasingly vulnerable to HIV and STIs, there is a lack of adolescent-friendly health facilities that provide comprehensive sexual health services. The trend towards a more punitive legal environment for key populations has led to the wide-scale use of extrajudicial measures in some countries, and has constrained civic space.

Many countries are expanding health insurance coverage for key HIV services. Remaining challenges include out-of-pocket payments and shortages of key commodities, as well as competing budget priorities, rising costs of medical care and, for some key populations, high levels of stigma and discrimination.

Key future actions

Service delivery needs to be modernized, with investments in better programme management, coordination and capacity. Best practices implemented or accelerated as a result of the COVID-19 pandemic (including and MMD of ART and OST) will be promoted for sustainable responses. Key activities for continued support include the roll-out of PrEP, scale-up of targeted and differentiated forms of HIV testing (including HIV self-testing and community testing), and strengthened implementation of interventions to ensure that partner notification occurs in a timely and safe manner.

Greater attention is needed on addressing structural barriers, including gender-based violence, gender inequality, stigma and discrimination. The Global Partnership to end all forms of HIV-related stigma and discrimination will be expanded to other countries in the region and early adopters will move towards action.

Funding to support UN human resources at regional and country levels to ensure the quality of technical support to countries will be required in order to transition from external funding to domestic funding mechanisms. Support will also continue in grant implementation of key donors such as Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR), and Australia.

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