

UNAIDS 2024

Results in Asia and Pacific

2022-2023 Regional report

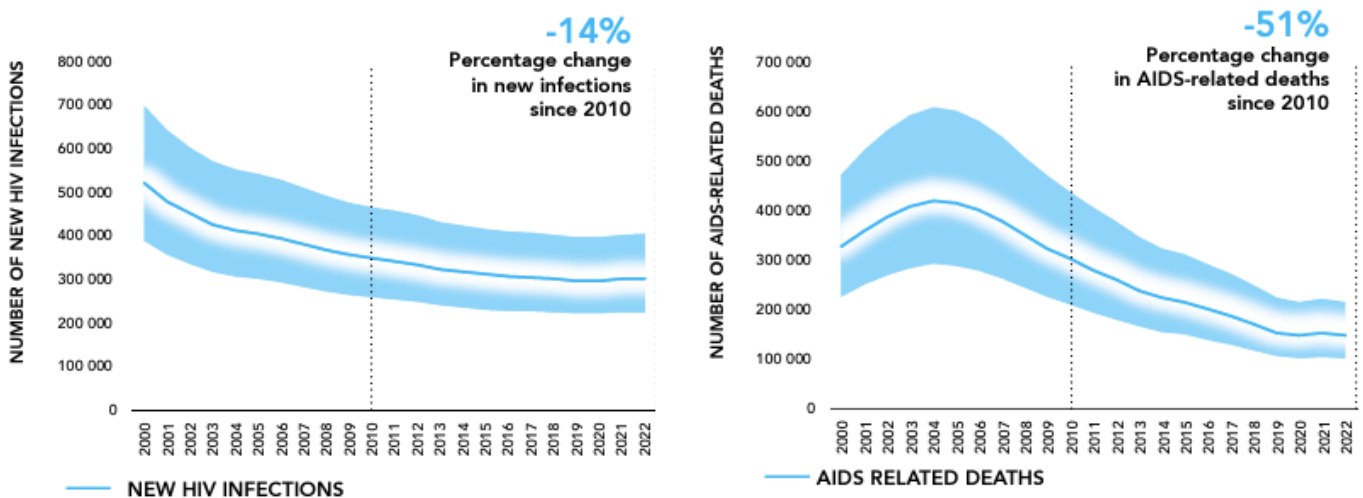
Results in Asia and Pacific

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

Total expenditures and encumbrances¹ of the Joint Programme (Cosponsors and Secretariat) in 2022–2023: **US\$ 90.8 million**

Progress towards saving lives

Number of new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2022



Source: UNAIDS epidemiological estimates, 2023 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2023

- **15** countries received support to scale up combination HIV prevention programmes.
- **12** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- **15** countries received support for the incorporation and expansion of community-led HIV responses.
- **13** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- **4** countries received policy, advocacy or technical support to implement gender-responsive HIV prevention, treatment, care and support services that are free of gender-based discrimination and violence.
- **8** countries have developed and report implementation of measures advancing full and sustainable HIV financing.
- **8** countries implemented interventions/services for key populations in humanitarian settings.
- **14** countries implement interventions/services for key populations in humanitarian settings.

¹ For more information on budget implementation breakdown, please see the executive summary of the 2022–2023 Performance Monitoring Report.

Overview

The Asia and Pacific region maintained progress in increasing treatment and prevention service coverage for key populations. Highly effective PrEP drugs are more widely available after being included in 19 countries' national guidelines and being provided as part of service packages in 17 countries. More than one million adolescents and young people were sensitized on HIV prevention and access to HIV testing services has improved for mobile populations. HIV self-testing was implemented in 18 countries, following technical support from the Joint Programme.

By the end of 2023, most countries in the region had transitioned to dolutegravir-based HIV treatment regimens and were working to transition all eligible people living with HIV to that regimen by 2024. Community-led monitoring and programme implementation were enhanced thanks to a new regional framework and improved evidence collection and analysis.

The Joint Programme supported several initiatives to reduce stigma, discrimination and human rights violations against key populations, including the establishment of legal aid desks and case-reporting mechanisms, as well as capacity building and policy reforms. People from key populations, including transgender persons, are increasingly empowered to advocate for their rights and to address barriers that prevent them from accessing health-care and social protection services. Thousands of people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from other key populations in 10 countries also received US\$ 2.2 million worth of financial support through mobile and bank transfers, cash in-hand and block-chain vouchers to improve their livelihoods.

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.

Access to HIV prevention, including PrEP services, was scaled up with significant support from the Joint Programme. PrEP is now included in national guidelines for comprehensive prevention packages for all people who are at higher risk for HIV in 19 countries and PrEP services are provided in 17 countries (UNDP, WHO, UNAIDS Secretariat).

In the Lao People's Democratic Republic, over one million adolescent and young people were sensitized on HIV prevention, gender equality, protection and climate change via comprehensive sexuality education (CSE and digital programmes. As part of the "railway cities programme", which is linked to the extension of the Pan-Asia Railway Network from China to southern Asia, 300 young people at higher risk of HIV accessed HIV prevention services. In addition, key and mobile populations in Indonesia and Timor Leste received HIV testing services and condoms through national HIV and sexually transmitted infections (STI) prevention programmes implemented in border areas (UNFPA).

Health services, including HIV and harm reduction programmes, were expanded in prisons in Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, in line with new standard operating procedures on prison health and benefiting from the training of prison health-care providers. A prison health information system was introduced in Indonesia and is now linked to the country's national health information system, creating a unified information system across the country. In addition, 305 health-care providers and peer outreach workers from seven countries improved their capacity to deliver harm reduction, HIV prevention and care services among people who use stimulant drugs (UNODC).

By the end of 2023, HIV self-testing was implemented in 18 countries in the region. Bhutan, Indonesia, Pakistan, the Philippines, Sri Lanka, Thailand and Viet Nam have also included HIV self-testing in their respective national HIV testing guidelines, following joint advocacy and technical support by the Joint Programme. India and Indonesia rolled out an HIV self-testing pilot programme that includes capacity building on HIV self-testing kits registration and orientation of manufacturers (WHO, UNAIDS Secretariat).

Most countries in the region have now 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 2024 (WHO, UNAIDS Secretariat). The "Prevent HIV, test, and treat all" strategy was incorporated in refugee operations in eight countries, while refugees and returnees were able to access national HIV services, including treatment, in more than five countries that host forcibly displaced people, thanks to sustained advocacy and support from the Joint Programme (UNHCR, WHO). In Malaysia, 201 refugees and asylum seekers living with HIV also received antiretroviral treatment and viral load monitoring services (UNHCR).

Lighting up the path to EMTCT

The regional validation team (UNICEF, UNFPA, WHO, UNAIDS Secretariat) for triple elimination of vertical transmission of HIV, syphilis and hepatitis B assessed progress in 21 countries in the Asia-Pacific region. Findings informed the development of the regional roadmap for the elimination of vertical transmission of HIV, hepatitis B and syphilis in the Asia-Pacific region for 2024–2030. It provides guidance for decision-makers and health professionals in implementing a people-centred, human rights-based and integrated approach towards triple elimination.

At the end of 2023, Malaysia, Maldives, Sri Lanka and Thailand had maintained their elimination validation status with strong support from the Joint Programme, while Bhutan, Cambodia and Indonesia completed the pre-validation assessment.

Bangladesh, Cambodia, India, Indonesia, Iran, Timor-Leste and Viet Nam integrated HIV and syphilis testing in antenatal care services, while China, India and Indonesia benefited from cross-country exchanges of experiences and technical support provided by the Joint Programme to advance their elimination agenda. In follow-up, China completed a subnational validation exercise in six provinces. Inputs from this exercise and recommendations from the Joint Programme's regional mission are being used to scale up services for preventing vertical transmission of HIV in the region and towards achieving the elimination goal in China by 2025 (UNICEF, WHO, UNAIDS Secretariat). In addition, Papua New Guinea and Sri Lanka received HIV and syphilis dual test kits to prevent disruption of PMTCT services (UNICEF, WHO).

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.

Community-led monitoring performed by key populations has expanded across the region, thanks to the support of the Joint Programme. By end-2023, community-led monitoring was being carried out in 15 countries. An “action-point” agenda was developed by 120 representatives of government, civil society and international organizations from 12 countries to further strengthen community-led monitoring in the region (UNAIDS Secretariat).

The [2022 analytical report on the status of compulsory facilities for people who use drugs in Asia](#) showed that seven countries had at least 886 compulsory facilities, contrary to international public health evidence and human rights guidance. Promising examples of evidence-based treatment of drug dependence were documented by academic, government and civil society experts and used to inform advocacy efforts in China, Indonesia, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam (UNODC, UNAIDS Secretariat). In Thailand, harm reduction is now officially included in the national community-based treatment model, thanks to sustained advocacy by the Joint Programme, and discussions are now aimed at ensuring implementation (UNDP, UNODC, UNAIDS Secretariat). In Myanmar, HIV and hepatitis prevention, treatment and care services for people who use drugs were integrated into existing community-led services for internally displaced people and people in host communities (UNODC, WHO, UNAIDS Secretariat).

Work to reduce stigma and discrimination continued, including efforts to address legal and policy barriers that prevent vulnerable and key populations from accessing HIV services. Regional consultations with 67 participants from government, civil society and media organizations, people living with HIV and key populations identified discrimination reduction intervention models in six countries (UNDP, UNFPA, UNESCO, UNAIDS Secretariat). The Asian Population and Development Association (APDA) oriented parliamentarians across the region on the challenges faced by people from the LGBTQI+ community and empowered them to advocate for their rights, advance inclusion and stop discrimination (UNDP, UNFPA). Legal aid desks have been established in all four provinces of Pakistan to improve access to legal services among vulnerable and key populations, including people living with or at risk of HIV. In 2023, more than 730 cases of legal assistance in the Punjab and Sindh provinces were reported, and people were able to access legal advice, guidance and assistance (UNDP).

The Government of Pakistan launched the Transgender Citizens Complaint Management System, which is aimed at strengthening reporting of discrimination, legal and economic exclusion, marginalization, violence against transgender people and barriers to HIV and other health services (UNDP). The independent movement “Love is diversity” intensified advocacy for the rights of people from the LGBTQI+ community, primarily in Cambodia, with support from the Joint Programme. During 2022–2024, its social media platforms mobilized 28 000 followers and received 1.5 million views (UN Women). In addition, Viet Nam developed its first gender affirmation law, with support from the Joint Programme and others (UN Women), and China reduced the requirements related to the type and extent of surgical procedures and the minimum age for legally changing one’s gender (UNDP, UNAIDS Secretariat).

People from the LGBTQI+ community and women living with HIV in six countries were empowered to access services and voice their concerns about stigma and

discrimination and gender-based violence. For example, over 600 women living with HIV and LGBTIQ+ persons who faced gender-based violence accessed legal and essential services in China (UN Women), and 80 sex workers in Thailand received orientation on available health and social services that are inclusive and free of discrimination (UNDP). In Cambodia, 777 women—including women living with HIV, migrants and gender-based violence survivors—were empowered to seek assistance, while communities in Rohingya refugee camps in Bangladesh were sensitized on the rights of gender-diverse people and informed on mechanisms for addressing violence against transgender people (UN Women).

The Joint Programme also strengthened young people's access to CSE in seven countries. In the Lao People's Democratic Republic, intensive advocacy and the development of a policy brief led to the revision of the national education law mandating CSE and to the update of a secondary school CSE curriculum. Over 806 000 students received CSE across the country following the training of 554 teachers (UNFPA). In Viet Nam, an assessment of the effectiveness of CSE e-learning course provided in 2021–2022 showed that 95% of teachers have applied their new knowledge/teaching skills and reached almost 65 000 school children with improved CSE sessions across 63 provinces and cities by the end of 2023 (UNESCO).

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.

During the 2022–2023 biennium, the Joint Programme played a key role in guiding, coordinating and streamlining effective implementation of Global Fund and PEPFAR grants and other partners' support. A total of US\$ 572 million was mobilized from the Global Fund for HIV and tuberculosis responses in eight countries for 2023–2026 (UNAIDS Secretariat).

Advocacy and technical support by the Joint Programme also contributed to improving the financial sustainability of health-care systems in several countries. Significant results include modifications made by the Ministry of Finance of the Lao People's Democratic Republic in the second phase of the Public Finance Management Reform to protect government spending on education, health and social protection, and support programmes serving vulnerable people, including people living with or affected by HIV (World Bank).

[A new Integrated Regional Action Plan for Viral Hepatitis, HIV, and STIs in South-East Asia for 2022–2026](#) was developed through an extensive consultative process with national programme managers and communities. It was widely disseminated and will help further strengthen the HIV response in the region through the promotion of service integration and a people-centred approach. In addition, a [regional landscape analysis on primary health care](#), including the integration of HIV prevention and care services in 16 countries, identified gaps in existing primary health-care policies and strategies, which continue to leave some populations behind. The findings informed strategic recommendations to advance primary health care and achieve universal health coverage. In addition, investment cases developed for Cambodia and Indonesia showed high returns on investment for the integration of adolescent health, including HIV prevention and care services, in primary health care (UNICEF).

A pilot key population-led PrEP programme for people who inject drugs in Thailand demonstrated the feasibility of community-led PrEP services that are partially embedded in

and financed through national health insurance schemes. This was achieved through technical assistance and capacity strengthening of service providers by the Joint Programme. Experiences from this programme will inform advocacy and sustainable financing for PrEP across the region (UNODC, UNAIDS Secretariat).

Strategic information for and access to social protection programmes have been improved in several countries with support from the Joint Programme. A regional report on sex worker-led responses and social protection schemes in six countries underscored the exclusion of sex workers from these programmes and identified barriers to services. The report further revealed that sex work-led cooperatives offered alternative mechanisms to mobilize resources and advocate for their rights (UNFPA, UNAIDS Secretariat). Cambodia, India and Pakistan documented opportunities, good practices and lessons learnt in the implementation of social protection programmes to improve and scale up these services with and for people living with HIV and key populations (UNDP, UNAIDS Secretariat). In India, 654 vulnerable women and women living with or affected by HIV built their skills for further employment. In addition, 500 female sex workers in Nepal improved their capacity to engage in income-generating activities; 280 of them started their own businesses (UN Women).

Vulnerable groups were supported with direct cash and voucher assistance and access to HIV and SRH services following the acute phase of the COVID-19 pandemic, conflicts and other humanitarian situations. A total of 84 000 people living with HIV, women, girls, survivors of gender-based violence, sex workers and people from key populations in 10 countries received US\$ 2.2 million through mobile and bank transfers, cash in-hand and block-chain vouchers (UNFPA). 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 (UN Women).

In 2022–2023, more than 1.26 million families and 80 000 children affected by conflict in Pakistan accessed the Early Recovery Package and Child Wellness Package, which includes HIV testing and treatment services (World Bank). In Bangladesh, 98 newly established facilities are providing integrated HIV, SRH and family planning services to the Rohingya population. By mid-2023, over 786 500 women and girls accessed gender-based violence related services and 652 899 people were sensitized through community mobilization initiatives (UNFPA, World Bank).

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