

UNAIDS 2025

Results in Asia and Pacific

2024 Regional Report

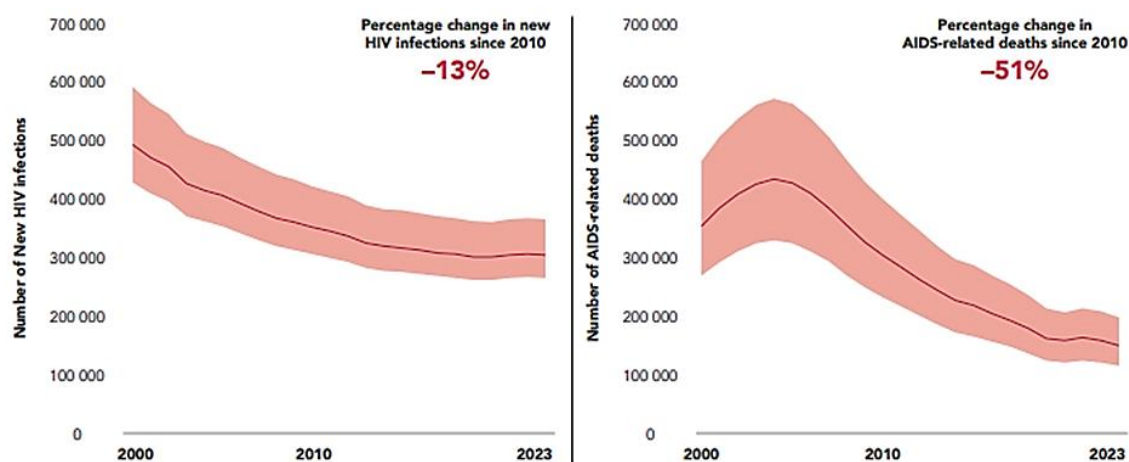
Asia and Pacific

16 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 2024: **US\$ 41.0 million**

Progress towards saving lives

Number of new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2023



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Selected UBRAF indicators progress in 2024

- 15** countries received support to scale up combination HIV prevention programmes.
- 14** countries have a national plan for the elimination of vertical transmission of HIV and implement the “treat-all” policy for pregnant and breastfeeding women.
- 14** countries received support for the incorporation and expansion of community-led HIV responses.
- 14** countries received support to remove or amend punitive laws and policies, and/or develop protective ones affecting the HIV response.
- 6** 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.
- 9** 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.

¹ For more information on budget implementation breakdown, please see the Executive Summary of the 2024 Performance Monitoring Report.

Key results

- *Better targeted HIV prevention programmes to close the gaps and Regional HIV Prevention Task Force established to guide and monitor progress.*
- *Oral PrEP provision expanded, including through community-based delivery, and feasibility and acceptability study of dapivirine ring piloted in select countries.*
- *Regional roadmap for Triple elimination of mother-to-child transmission of HIV, hepatitis B and Syphilis finalized.*
- *First chemsex toolkit for healthcare providers and people-centered harm reduction services promoted.*
- *Key populations and people living with HIV empowered through new regional media network and community paralegal support to reduce HIV-related stigma and discrimination.*
- *Networks and organizations of women living with HIV and women in key populations supported and accessing decision-making spaces in the HIV response.*
- *Updated HIV estimates informed national strategic plans in 23 countries and HIV expenditure tracking used in seven countries to inform HIV financing.*

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.

HIV prevention access increased thanks to better targeted programmes, including expansion of prevention options. Eleven countries developed HIV prevention action plans, and a new Asia-Pacific HIV Prevention Task Force now coordinates, guides and monitors progress (UNFPA and Secretariat).

The regional dissemination of findings on feasibility and acceptability study of the Dapivirine Vaginal Ring (DVR) led to commitments from Cambodia, Indonesia, Papua New Guinea, and the Philippines to pilot it (UNAIDS Secretariat). In Cambodia, DVR and long-acting cabotegravir (CAB-LA) were introduced, and PrEP and HIV self-testing services were scaled up. The Philippines saw increased PrEP coverage supported by a government budget allocation. Thailand expanded PrEP services to 28 777 users through hospitals and key population health services. Pakistan introduced community-based PrEP delivery in Sindh province. PrEP guidelines were also updated and access expanded in Lao PDR, the Philippines, and Viet Nam (WHO and Secretariat). In Indonesia, a PrEP expansion plan, including community-based HIV self-testing, was established and policy briefs on DVR and CAB-LA were developed (WHO and Secretariat).

Eighteen countries included HIV self-testing in their testing guidelines or developed new country specific guidelines for HIV self-testing. More than 15 countries adapted the virtual interventions approach to improve access to services, including some with guidelines or standard operating procedures (Secretariat and WHO). For example, introduction of the [Quickres](#) platform for virtual distribution aided scale-up of HIV self-testing in Pakistan (WHO). The HIV 3-test algorithm was introduced in Papua New Guinea, and HIV testing algorithm validation was implemented in Sri Lanka (WHO). In Thailand, access to self-testing increased thanks to a public-private partnership leading to the distribution of 260 000 free HIV self-testing kits through commercial stores (UNFPA and Secretariat).

In 2024, HIV testing coverage increased to 66% from 45% in 2019, reaching 3.2 million pregnant women in Indonesia. There was also procurement of the dual HIV/Syphilis rapid test kits for the testing of 50 000 pregnant women in Myanmar (UNICEF). Additionally, nine provinces in China passed the subnational elimination of vertical

transmission validation exercise, paving the way for international validation in 2026 (UNICEF, WHO and Secretariat).

The region's first Chemsex toolkit for healthcare providers was introduced, setting off a chain of results that enhanced harm reduction, sexual and mental health services among people who use drugs. In Viet Nam, a Chemsex toolkit for community outreach workers was developed, and the capacity of over 280 people was built for enhancing HIV services, including harm reduction for chemsex (UNODC and Secretariat). Myanmar developed training modules for managing chemsex-related challenges, benefiting 127 healthcare workers (WHO). The Philippines' ChemSex study provided critical data on chemsex behaviours and HIV risk among gay men and other men who have sex with men improving HIV programming (Secretariat). In Thailand, 80 national partners built their capacities to deliver comprehensive and gender-responsive services for people who use and inject drugs. In Afghanistan, 18 825 individuals received harm reduction services including viral hepatitis, HIV and STI testing and methadone treatment (UNODC).

The capacity of 27 master trainers in eight countries was built through the development of the TeenGen training manual, and over 100 students in Thailand and Singapore gained knowledge to champion HIV-related LGBTQI+-inclusive learning environments, reaching approximately 130 000 individuals through youth-led campaigns (UNDP, UNFPA and UNESCO).

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.

National action plans to integrate community-led monitoring and adopt digital solutions emerged from a regional dialogue with 119 participants from 17 countries co-organized by the Health Advocacy Coalition, Seven Alliance and Secretariat. In Indonesia, a national community-led monitoring mechanism, implemented in 21 additional districts is now also supported by the government (Secretariat).

Thanks to collaboration with the Interagency Task Team on Young Key Populations, in partnership with Chulalongkorn University, young people's concerns—including mental health—are now informing programme planning and design (WHO and Secretariat).

Multiple initiatives and innovations, including using social media, helped reach more young people at risk of HIV. For example, in Cambodia, the Youth Health Mobile app reached 312 000 adolescents and youth, including 100 000 active users, and Comprehensive Sexuality Education was integrated into the national Health Education curriculum, benefiting 306 950 students. In Lao PDR, youth-friendly health services reached 491 672 individuals, and outreach services expanded HIV care to 42 722 beneficiaries. Youth are better equipped for engaging in policy advocacy through the capacity-building of 500 young people, 184 teachers and 157 peer educators in Nepal. In the Philippines, 407 757 teachers also increased their capacity for presenting comprehensive sexuality education (UNFPA).

Thanks to Joint Programme support, in Cambodia, the "LovelsDiversity" is dedicated to advocating and promoting equality and protection for the LGBTQI+ community online platform and it reached over 1.8 million people through social media (UN Women). In Papua New Guinea, over 1,500 women market vendors increased their knowledge and gained skills in financial literacy and business development for financial independence. They have been able to make informed decisions on savings, expenditures and networking, which has helped them grow their business and other opportunities. In

Nepal, essential services and vocational training benefited almost 200 individuals engaged in sex work and 410 women living with HIV, with 87 of them starting small businesses (UN Women). In Indonesia, in support to the implementation of the Global Fund's proposal, and with leadership by women living with HIV, integrated HIV and violence against women service protocols, and a cost analysis for HIV and violence against women service delivery were developed which also informed the assessment of the Global Fund's Breaking Down Barriers programme (UN Women).

A new regional media network emerged from the 2nd Southeast Asia Workshop on HIV Related Stigma and Discrimination joined by 76 participants from six countries and various sectors. The initiative also empowered key populations and people living with HIV through community paralegal support (UNDP and Secretariat). In Thailand, a joint review documented significant reductions in stigma and discrimination in healthcare, with 400 facilities adopting anti-stigma interventions (Secretariat) and the Bangkok Metropolitan Authority implemented Undetectable = Untransmittable (U=U)² strategies. In India, over 500 individuals received legal support through the piloting of a legal aid clinic, the result from a roundtable on the HIV/AIDS Act (UNDP and Secretariat).

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.

Efforts to ensure the sustainability of HIV responses further intensified. In 2024, six countries started developing sustainability roadmaps and one country (Viet Nam) completed it. In Indonesia, six community-led or civil society organizations secured local government budget allocations signalling growing local resource mobilization through social contracting (Secretariat).

Additional resources were mobilized to support communities and governments to improve HIV testing and treatment, reduce stigma and discrimination, and lower HIV transmission in Cambodia, Fiji, Indonesia, Papua New Guinea and the Philippines and to support equitable and sustainable financing for national HIV responses and health in Cambodia, Lao PDR, Thailand and Viet Nam (Secretariat).

The China International Development Cooperation Agency's worked with UNAIDS to expand support to the HIV response in other low-income countries. The Forum on China-Africa Cooperation 2025–2027 outcome documents included recommendations on local production and Chinese private companies were increasingly engaged in local production initiatives in Africa (Secretariat).

In China, US\$ 700 000 was mobilized from the China AIDS Fund for Non-Governmental Organizations to support community engagement in the validation of the elimination of vertical transmission of HIV (ILO and Secretariat). The Philippines Senate approved an additional PHP 9 million to support the work of the National AIDS Council, and PhilHealth reimbursements for HIV outpatient care and treatment in Quezon City increased more than 15-fold between 2022 and 2024 (Secretariat).

In Viet Nam, two new Government circulars regulate economic and technical norms for HIV services in public health facilities, forming the basis for national and provincial HIV service price frameworks (Secretariat). Successful pilots were also implemented for decentralizing and integrating hepatitis C and HIV viral load testing (WHO). In

² U=U, or Undetectable=Untransmittable is a scientifically proven concept which refers to people living with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood— by taking antiretroviral therapy daily as prescribed, cannot sexually transmit the virus to others (Global AIDS Strategy 2021–2026, p.43)

Indonesia, a national action plan for tuberculosis (TB) and HIV in correctional settings is available (UNODC) and HIV screening and treatment integration was accessed through community-based services in 23 districts and TB-HIV one-stop services in 15 districts (WHO and Secretariat).

In Pakistan, over 6,300 refugees accessed integrated HIV and sexual and reproductive health services, while 230 refugees and asylum seekers in Malaysia accessed HIV services (UNHCR). In Myanmar, there is also increased harm reduction service acceptance after the integration of HIV and viral hepatitis services into community-based programmes for people who use drugs among internally displaced populations (UNHCR).

HIV programmes are increasingly integrated with broader health systems. For example, thanks to the Joint Programme's advocacy, programmes to eliminate vertical transmission of HIV are integrated into maternal and child health programmes in 13 countries (UNICEF). Programme reviews and new/updated guidelines, protocols and strategic plans are available in 17 countries (WHO).

National AIDS Spending Assessments and other expenditure tracking efforts were finalized and used in seven countries, with capacity built in 10 countries to generate and analyse expenditure data, focusing on key populations and community-led responses (Secretariat). Updated HIV estimates informed national strategic plans in 23 countries as well as planning and resource allocation for Global Fund grants (WHO and Secretariat).

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\$ 698 million was mobilized from the Global Fund for HIV response in 15 countries for 2023–2025 (Secretariat).

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