

UNAIDS 2022

Asia and the Pacific

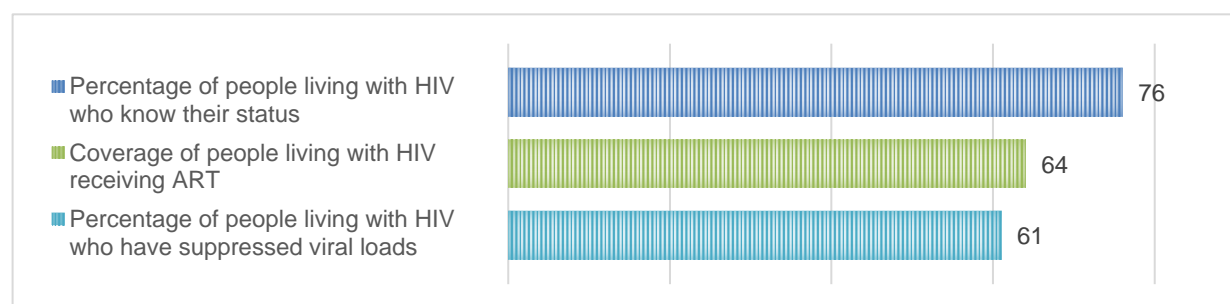
Regional report 2021

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HIV testing and treatment cascade in the Asia and Pacific region (2020)

Regional and country-level data are available on [AIDSinfo](#).



Source: Global AIDS Monitoring 2020

2021 reporting on selected 2016–2021 UBRAF indicators

Number of countries in the Asia-Pacific region where the Joint Programme operated that reported on UBRAF indicators from 2016–2021: **13**

2016–2021 UBRAF Indicators	2021
1.3: Countries adopting quality health-care services for children and adolescents	6
2.1: Countries implementing latest EMTCT guidance	9
3.1: Countries with combination prevention programmes in place (young people)	4
4.1: Countries with comprehensive packages of services for key populations defined and included in national strategies	11 (gay men and other men who have sex with men and sex workers)
	5 (prisons and closed settings)
5.2: Countries with laws and/or policies and services to prevent and address gender-based violence	4
6.2: Countries with mechanisms in place providing access to legal support for people living with HIV	8
8.1: Countries delivering HIV services in an integrated manner	7

Featured stories

- ASEAN cities protecting the gains of the HIV response during the COVID-19 pandemic ([link](#))
- What responses to HIV and COVID-19 in Asia and the Pacific led by civil society can teach us ([link](#))
- Key populations are being left behind in universal health coverage: landscape review of health insurance schemes in the Asia-Pacific region ([link](#))

Joint Programme contributions towards achievement of 2020–2021 regional priorities

The Joint Programme catalysed notable advances in scaling up facility- and community-led sexual and reproductive health (SRH) and combination HIV prevention services, including pre-exposure prophylaxis (PrEP), in the Asia and Pacific region. Out-of-school comprehensive sexuality education (CSE) programmes were expanded for young students with disabilities and young learners from the lesbian, gay, bisexual, transgender and intersex (LGBTI) community. A multicountry rapid needs assessment on the needs of young people from key populations was conducted and funds were mobilized to support youth-led organizations to scale up programmes and address identified needs.

Prevention of mother-to-child transmission of HIV (PMTCT) services were strengthened through remote visits, programme monitoring and capacity building, and South-South experience-sharing initiatives. People living with HIV, COVID-19 patients and their families received cash transfers to boost treatment adherence and health outcomes during the COVID-19 pandemic. Furthermore, several national laws and policies were revised to remove bottlenecks in the HIV response, and frontline law enforcement officers were trained to improve justice and legal services among key population groups, including people who inject drugs.

Combination prevention among young people and key populations

The Joint Programme provided technical and financial support to scale up access and uptake of PrEP services in 18 countries in the region. The regional Joint Team also collaborated in convening a two-day virtual multicountry dialogue, several workshops, and regional webinars to share knowledge and experiences, discuss challenges, and foster collaboration for the development and implementation of PrEP policies and programmes. These efforts contributed to the release of new or updated PrEP guidelines in several countries, including India, Indonesia, Lao People's Democratic Republic, the Philippines and Viet Nam; and to initiating PrEP programmes in Indonesia, Lao People's Democratic Republic, Mongolia, Myanmar, Nepal and Sri Lanka.

Eleven countries in the region were assisted to expand integrated HIV prevention and SRH services by using fixed sites and community programmes. Support areas included HIV, SRH and sexually transmitted infections (STIs) prevention and referral services, the compilation of HIV prevalence data on key populations in 19 countries and the dissemination of technical guidance for implementing services among key populations.

The regional Joint Team, in partnership with Burnet Institute in Australia, conducted a study on private sector engagement to enhance the delivery of health services, including integrated HIV and STIs services among adolescent people in Mongolia, Myanmar and the Philippines. Recommendations from this study will be used to foster private sector engagement and public-private partnerships.

The regional Joint Team also provided technical support to expand CSE among learners with disabilities. This included: (i) tailoring of out-of-school CSE for young learners with disabilities and young people from the LGBTI community in Afghanistan, Cambodia and Lao People's Democratic Republic; (ii) commissioning CSE research to identify capacity building needs among teachers of learners with disabilities; and (iii) completing the 2020 regional status review of school-based CSE, with review findings translated into four languages and disseminated widely.

In 2021, the Inter-Agency Task Team on Young Key Populations completed a regional resource mapping and needs assessment on digital literacy, safety and participation among young key populations. This effort also sought to identify and counter mis/disinformation and harmful content on digital platforms and to empower vulnerable young people to engage safely in digital spaces. Findings from the study have informed the development and roll-out of an online course on digital safety and security in collaboration with youth-led LGBTI and young key populations networks in the Asia and Pacific region.

HIV testing, treatment and integration

Following a 2019 HIV outbreak in Larkana, Pakistan, the Joint Programme, in partnership with the Communicable Disease Control Sindh and other stakeholders, supported the review of Larkana's HIV response. This resulted in a plan to mainstream the outbreak response across the overall health system.

The regional Joint Team implemented intensified capacity building through South-South learning for government representatives to support progress towards the elimination of mother-to-child transmission of HIV (EMTCT), syphilis, and hepatitis B in six countries in the region. This included information provided on the AIDS Data Hub website, as well as training on the experiences regarding triple elimination in China. In collaboration with national and subnational counterparts, the regional Joint Team carried out remote visits and monitored progress in EMTCT programmes. This led to the identification of challenges and achievements related to the global EMTCT validation criteria, as well as recommendations to guide plans for the subnational validation. The regional Joint Team supported the Global Validation Advisory Committee to complete a virtual evaluation of progress towards EMTCT in Malaysia, anchored in human rights, gender equality and community engagement.

During the COVID-19 pandemic, the Joint Programme supported the procurement and distribution of personal protective equipment, vaccines, test kits, and antiretroviral therapy (ART) in Cambodia, Indonesia, Lao People's Democratic Republic, Mongolia, Papua New Guinea and the Philippines. To support households of vulnerable people living with HIV and COVID-19 patients, the Joint Programme also provided cash transfers to 699 915 people in 2020–2021.

While the COVID-19 pandemic continues to affect the region, partial recovery in the disruptions of HIV and other health services was reported at the end of 2021. The regional Joint Team provided technical support to implement renewed local and regional guidelines, including a regional reproductive, maternal, new-born, child, and adolescent health guide to ensure continuity of antenatal, postnatal, HIV testing, care and treatment services during the pandemic. Other key support areas included capacity building and monitoring via virtual platforms; delivery of home and community-based HIV testing and treatment services;

distribution of cash vouchers in India, Myanmar and the Philippines; translation of information materials on COVID-19 prevention and control in Lao People's Democratic Republic, Myanmar and Thailand; and the provision of technical support and guidance for regional networks of key populations to enhance their advocacy efforts.

Legal environment, stigma and discrimination, gender inequality and gender-based violence

High rates of stigma and discrimination towards key populations and shrinking space for human rights continue to undermine the ability of marginalized groups to respond to HIV and hold governments accountable. The regional Joint Team prioritized initiatives to address stigma and discrimination towards people living with HIV and key populations, and to promote access to justice. For example, a mobile application is being developed in Malaysia to improve access to legal aid for people who use drugs and people living with HIV when they are detained by law enforcement officers. The Joint Programme supported countries in the region to review and address laws and policies challenging their national HIV responses, leading for example to the amendment of the HIV law in Viet Nam, and the revision of drug laws in Thailand and Viet Nam.

Successful advocacy by the Joint Programme resulted in the inclusion of HIV-related recommendations in the Human Rights Council's Universal Periodic Review in selected Asia and Pacific countries. In Bhutan, those recommendations were used to increase support for the LGBTI community and other key populations. Especially during the COVID-19 pandemic, the experience underscored the importance of using the Universal Periodic Review as an entry point for dialogue with governments, for assessing national HIV responses, for identifying opportunities to protect the rights of people who are left behind, and for following up on related commitments.

Following the establishment of a regional expert advisory group in 2020, the Joint Programme collaborated with advocacy partners to promote the transition from compulsory treatment and rehabilitation for people who use drugs in Asia and Pacific towards voluntary, community-based drug dependence treatment, harm reduction and social support services. The regional Joint Team developed a regional report on compulsory drug treatment facilities in East and South-East Asia, which shows the status of countries that are shifting from compulsory to voluntary evidence-based treatment and care services.

In the Solomon Islands, 20% of all frontline health-care workers were trained to recognize, medically manage and refer gender-based violence (GBV) survivors to appropriate services. Service providers and representatives of women and community networks were also trained to improve GBV support and services among vulnerable women, including women living with HIV, in Cambodia, China, Indonesia, Papua New Guinea, and Viet Nam.

Health system strengthening for integrated HIV and health services through efficiency gains in HIV investments

To mitigate the impact of COVID-19 on HIV service access, the Joint Programme encouraged new partnerships and innovations, such as linkages to primary health care, home delivery of ARVs, and virtual programme monitoring. Community networks were supported to provide community-based HIV services, although inadequate resources hampered their ability to

serve their communities. The regional Joint Team worked closely with the Association of Southeast Asian Nations and the Inter-Agency Task Team on Young Key Populations to ensure continuity of HIV services, taking into account diverse country needs. The regional team strengthened countries' capacities for resource mobilization and efficient use of resources.

The Joint Programme worked to meet growing demands for real-time data. District-focused monitoring of progress on EMTCT targets in Gujarat, India, highlighted the importance of using subnational level data in large countries as an effective addition to national programme monitoring in the short-to-medium term. Support was provided to Bangladesh, Indonesia, Papua New Guinea, Thailand and Viet Nam to use data to pinpoint bottlenecks, improve efficiency and increase retention of people in care.

A subnational AIDS spending assessment tool was developed in the Philippines by the Joint Programme to track HIV spending, guide decision-making and promote efficient allocation and use of resources, including focusing interventions on key populations. The Joint Programme also supported the Government of the Philippines to launch an online open course on the development of local investment plans for HIV to improve the efficiency of the national response.

Contribution to the integrated SDG agenda

The Joint Programme continued to support efforts to reduce stigma and discrimination towards people living with HIV and key populations and to uphold human rights in the region. For instance, in July 2021, the UN launched a three-year joint programme on human rights to implement Human Rights Council Resolution 45/33 to protect the basic human rights of all people, including people who use drugs, in the Philippines. The regional Joint Team also intensified technical support and coordinated advocacy efforts to ensure implementation of rights-based drug policy in Thailand—a direct contribution towards SDGs 3, 5 and 16.

Technical support was provided to the governments of Afghanistan, Maldives, Nepal and Pakistan to finalize the costing of an integrated primary health-care package that includes HIV services to ensure successful implementation of the 2018 Astana Declaration on Primary Health Care, in line with SDG 3.

The regional Joint Team, in partnership with the Inter-Agency Task Team on Young Key Populations, Youth Lead, Youth Voices Count and civil society, conducted several community dialogues for knowledge sharing and for amplifying the voices of community members who support vulnerable populations, including people living with HIV, sexual and gender minorities, women and girls, and people living with disabilities.

A rapid assessment of the needs of young people from key populations revealed that many young people living with HIV were excluded from national COVID-19 responses due to stigma and discrimination. In response, the Joint Programme mobilized funding to support ongoing COVID-19 relief led by young key populations in 12 countries, including food assistance, HIV and COVID-19 prevention commodities, and mental health support in line with the "leave no one behind" principle. The regional Joint Team partnered with UN Girls' Education Initiative and UNiTE campaign to develop information materials and organize virtual experience-

sharing events for national and regional education partners. This helped increase awareness of CSE and of violence in school settings, including bullying and GBV, thereby contributing to regional progress on SDGs 3, 4 and 5.

INDONESIA – Social protection and economic support for vulnerable youth and key populations

The Joint Programme supported Indonesia across its national response in 2020–2021, with particular attention to supporting national partners in identifying and addressing inequalities and vulnerabilities that drive the epidemic.

The Joint Programme supported the assessment of the HIV vulnerability of young workers and their access to social protection. This assessment identified behaviours putting young workers aged 15–24 years at high risk of acquiring HIV and STIs. Less than half of young workers had access to social protection, with the lack of access notably greater among young informal workers. Key study recommendations included the need to improve comprehensive knowledge and attitudes about HIV among young workers, and for such efforts to be integrated into the national HIV workplace strategy, with young workers and informal workers as a priority.

UN-led analysis and advocacy also helped the government mitigate COVID-19's disruptive impact on vulnerable households. As part of the *Employment and Livelihood: An inclusive approach to economic empowerment of women & vulnerable populations in Indonesia* funded by the UN Multi COVID-19 Multi-Partner Trust Fund in 2021, the Joint Programme contributed to the broad UN support to the government for expanding social protection for vulnerable groups. This included assessing the efficacy of the cash assistance programme to vulnerable villages, and the piloting of a gender-responsive entrepreneurship programme to generate income through the production of essential goods. In 2021, over 35 million people indirectly benefitted from UN support to strengthen social protection programmes in Indonesia. More specifically, 1180 people from key populations (including 180 members of the LGBTI community and 276 people living with HIV in seven provinces) who were affected by COVID-19 received socioeconomic support in the form of food supplies, hygiene packages, ARVs delivery, and self-quarantine support. Business coaching was provided to 115 transgender small business owners in five cities, with participants increasing their business income between 20% and 900% (average increase of 178%). Four transgender persons owning business were trained as business assistance coaches for the transgender community.

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