

## PRESS RELEASE – GLOBAL AIDS UPDATE 2019

### ASIA AND THE PACIFIC

#### **In Asia and the Pacific progress in reducing new HIV infections is slowing down and HIV programmes are not keeping pace with growing epidemics**

*In Asia and the Pacific, new HIV infections are rising in 7 countries. Over three quarters of new HIV infections are among key populations and their partners, who are still not getting the services they need.*

**Bangkok, 16 July 2019** —The pace of progress in reducing new HIV infections in Asia and the Pacific is slowing down, according to a new report released today by UNAIDS. The UNAIDS' Global AIDS Update, *Communities at the centre*, shows a mixed picture with some countries in this region making important gains while, in others, the epidemic is outpacing the response and new HIV infections are on the rise.

In the Asia Pacific region, 310 000 people became newly infected with HIV in 2018, a 9% decline since 2010. However, that number has barely changed since 2016. This is a sign that prevention programmes are faltering in some countries, notably in Pakistan and the Philippines where new HIV infections have increased by 57% and 203% respectively, in the past 8 years.

UNAIDS analysis indicates that more than three quarters of new HIV infections in this region are among key populations and their partners, with about 30% of new infections occurring among men having sex with men (MSM). Across the region, MSM are experiencing rapidly growing HIV epidemics, with young men especially at risk. Steep increases in HIV incidence and prevalence are occurring among young MSM in countries like China, Indonesia, Malaysia, the Philippines and Thailand.

As the report shows, we have seen progress in the number of people accessing treatment since 2010, reaching 3.2 million of the 5.9 million people living with HIV in this region. However, these gains are not uniform, with low HIV treatment coverage in Indonesia and Pakistan being a particular concern. In 2018 an estimated 200 000 people died from AIDS-related illnesses in Asia and the Pacific, a 24% reduction since 2010, but the epidemic is claiming a growing number of lives in Bangladesh, Indonesia, Pakistan and the Philippines.

“Asia and the Pacific boasts some of the earliest successes in responding to the HIV epidemic. Today progress is too slow, key populations are left behind and complacency risks squandering the gains made thus far,” comments Eamonn Murphy, UNAIDS Regional Director for Asia and the Pacific.

#### **Access to combination prevention services**

The UNAIDS report *Communities at the centre* warns that key populations are not being considered enough in HIV testing and prevention programming in this region. In Bangladesh, Malaysia, Pakistan, the Philippines and Sri Lanka, for example, less than half of key populations living with HIV knew their HIV status, according to survey data between 2016–2018. Similarly, access to HIV prevention services ranged from poor to almost non-existent in 8 of the 12 countries in Asia and the Pacific reporting these data for 2018.

Access to harm reduction services remains a challenge in a region marked by hostile and highly punitive approaches to drug use. Cambodia and India have been comparative success stories, achieving high coverage of needle and syringe services and moderate coverage of opioid substitution therapy (OST) services. In contrast, coverage of needle and syringe services in Indonesia and Thailand was exceptionally low in 2018. OST services were either unavailable or rare in several countries with high HIV

prevalence among people who inject drugs, including Bangladesh, Pakistan, the Philippines and Thailand.

Pre-exposure prophylaxis (PrEP) is becoming increasingly available to key populations in this region. The large-scale, rapid rollout of PrEP has already made a big impact in Australia. This additional prevention option is also available nationally in New Zealand, and on a growing scale in Thailand and Viet Nam. There were also smaller pilot or demonstration projects in China, India, Nepal, the Philippines and Malaysia. Unfortunately, awareness and access to PrEP remains far below what is needed to end the epidemic and political commitment is required to quickly expand PrEP across the region.

### **Stigma and discrimination**

In Asia and the Pacific, increasing stigma and discrimination is turning people away from services and having a negative impact on effectiveness of HIV prevention programmes. Discrimination by health-care workers, law enforcement, teachers, employers, parents, religious leaders and community members reinforced by punitive laws are preventing young people, people living with HIV and key populations from accessing HIV prevention, treatment and other sexual and reproductive health services.

“Ending AIDS will not be possible without addressing discrimination, violence and exclusion. We need to place the rights and the meaningful participation of the most marginalized at the centre of the HIV response,” stresses Mr. Murphy.

### **Financing**

Disconcertingly, the report shows that the gap between resource needs and resource availability is widening. In Asia and the Pacific, the US\$ 3.5 billion available in 2018 fell short of the estimated US\$ 5 billion needed to reach the 2020 Fast-Track targets. Bridging that gap implies an increase of about 40% in HIV resources by 2020.

In the region, the domestic share of HIV funding grew from 53% in 2010 to 81% in 2018, meanwhile international contributions diminished by 48% over the same period.

### **Focus on communities**

UNAIDS report highlights how communities are central to ending AIDS. Across all sectors of the AIDS response, community empowerment and ownership has resulted in a greater uptake of HIV prevention and treatment programmes, a reduction in stigma and discrimination and the protection of human rights. However, insufficient funding for community-led responses and negative policy environments impede these successes reaching full scale and generating maximum impact.

With concrete examples, the UNAIDS report shows that in Asia and the Pacific communities often support fragile public health systems, filling critical gaps; they come from and connect effectively with key populations; they provide services that bolster clinic-based care and they extend the reach of health services into the community at large. They also hold decision makers to account.

“Adequate investments must be made in building the capacity of civil society organizations to deliver HIV prevention and treatment services,” affirms UNAIDS Regional Director for Asia and the Pacific.

“Unleashing the potential of communities is the key to gaining the momentum we need to make faster progress towards reaching the UNAIDS Fast-Track targets and getting the region firmly on the right path to end AIDS.”

**Contact**

UNAIDS Regional Office for Asia and the Pacific | Michela Polesana | tel. +66 268 04184 | [polesanam@unaids.org](mailto:polesanam@unaids.org)

**About UNAIDS**

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at [unaids.org](http://unaids.org) and connect with us on [Facebook](#), [Twitter](#), [Instagram](#) and [YouTube](#).

Additional data are available at [aidsinfo.unaids.org](http://aidsinfo.unaids.org) and [www.aidsdatahub.org](http://www.aidsdatahub.org).