

**AIDS
2020**

Reflection on Rights, Resources, Resilience in Asia Pacific – and opportunities to collaborate with North America

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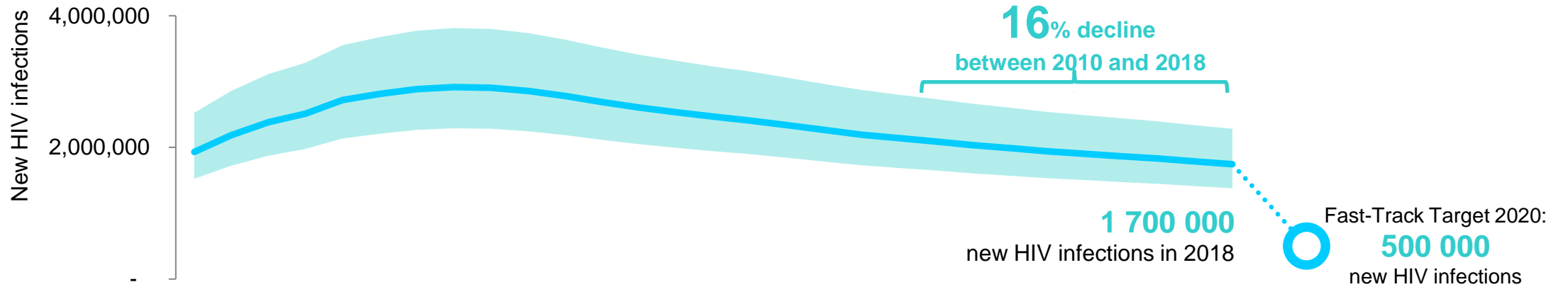
3rd July 2020

PRE-CONFERENCES
30 JUNE - 3 JULY

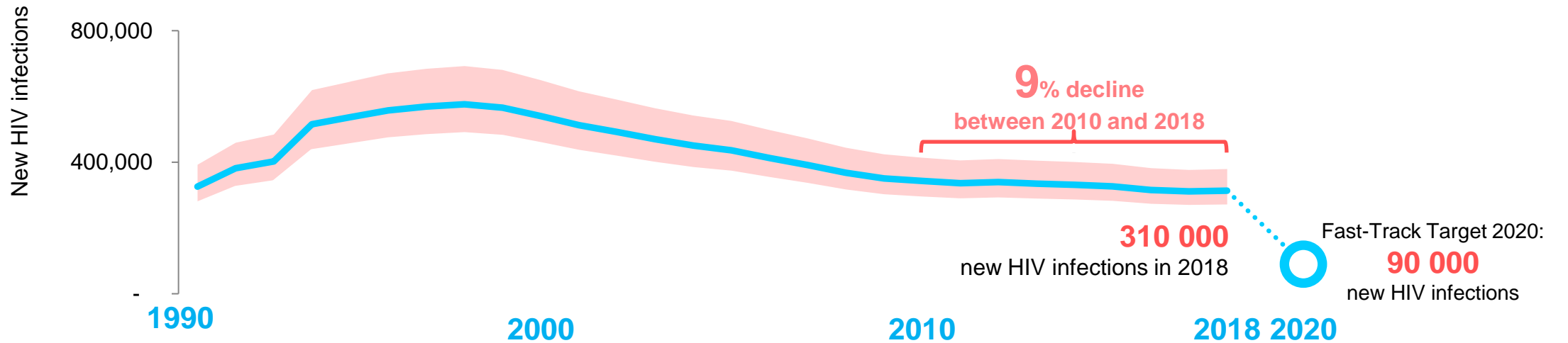
VIRTUAL

HIV response has achieved notable success in declining new infections globally and regionally, but during the past 8 years the decline in new HIV infections has stalled

Global



Asia and the Pacific



— New HIV infections

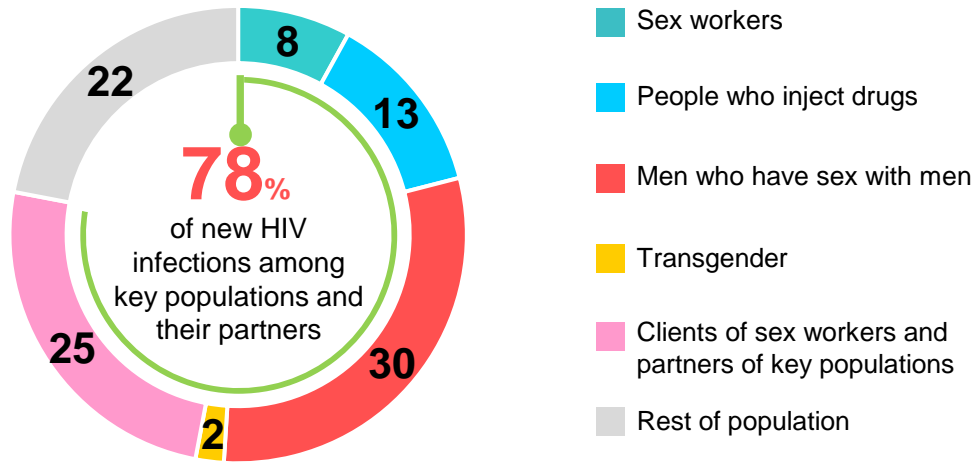
● 2020 Fast-Track target*

*The 2020 target is equivalent to a 75% reduction since 2010.

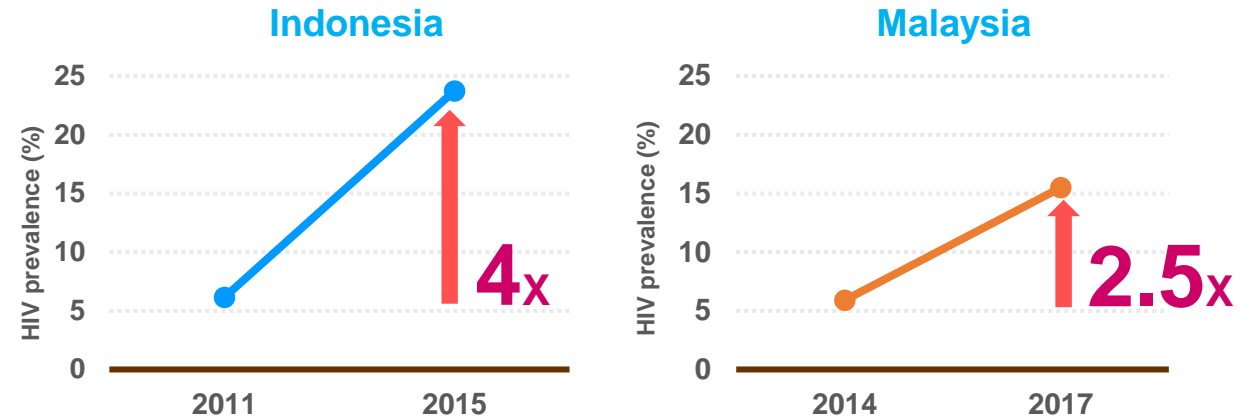


Snapshot of HIV in Asia-Pacific

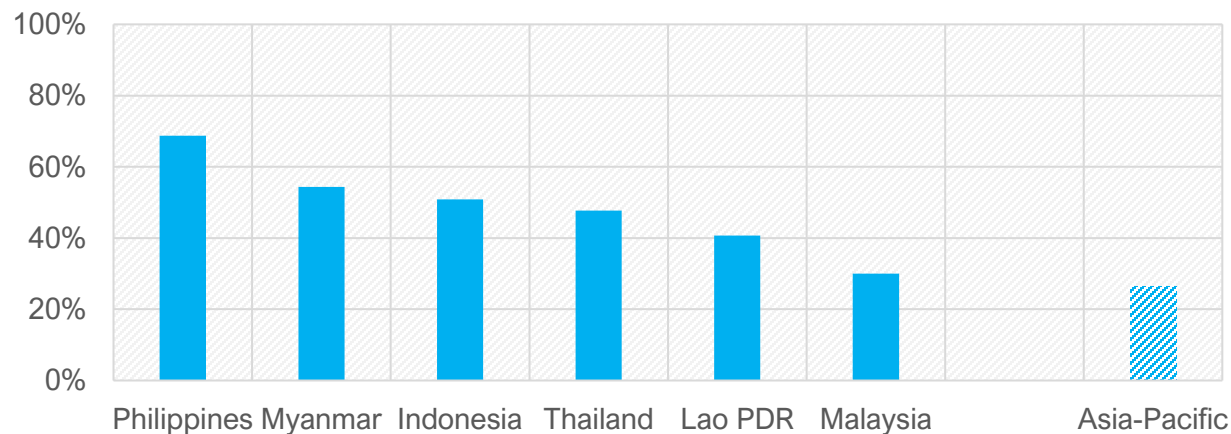
Share of new HIV infections by population in Asia and the Pacific



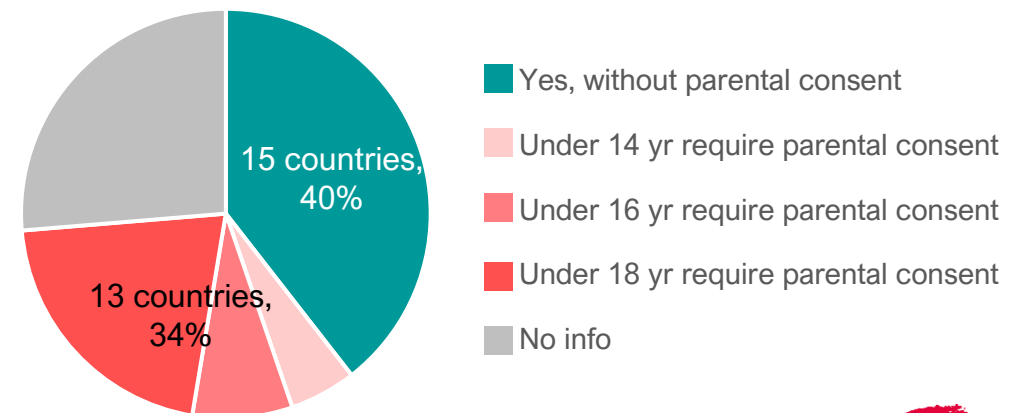
Rising HIV prevalence among young MSM (<25 years)



Countries with proportion of young people among total new HIV infections are higher than regional average

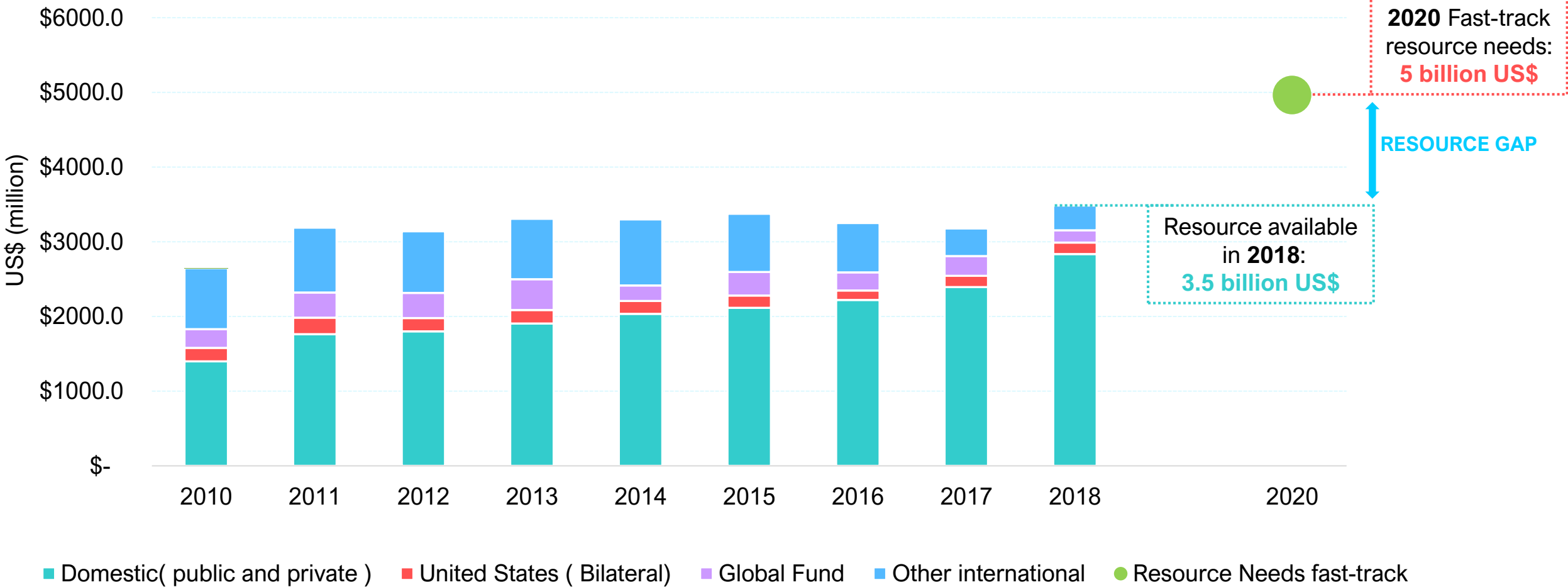


Laws and regulations that allow adolescents (10-19 yr) to seek HIV testing services without parental consent



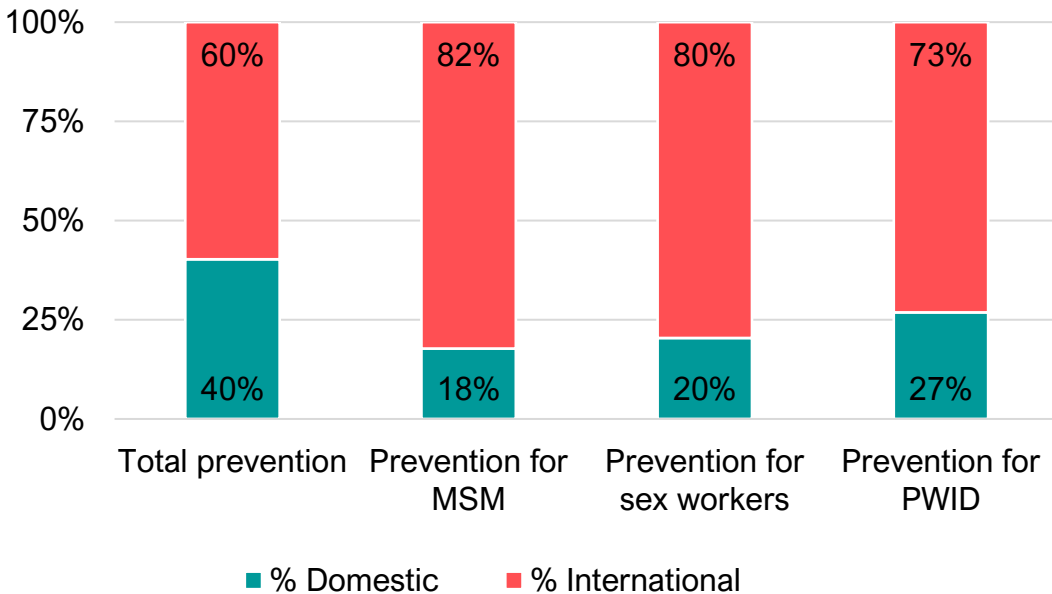
Resource availability and Fast-Track resource needs in Asia and the Pacific

Resource availability 2010-2018 vs needs by 2020



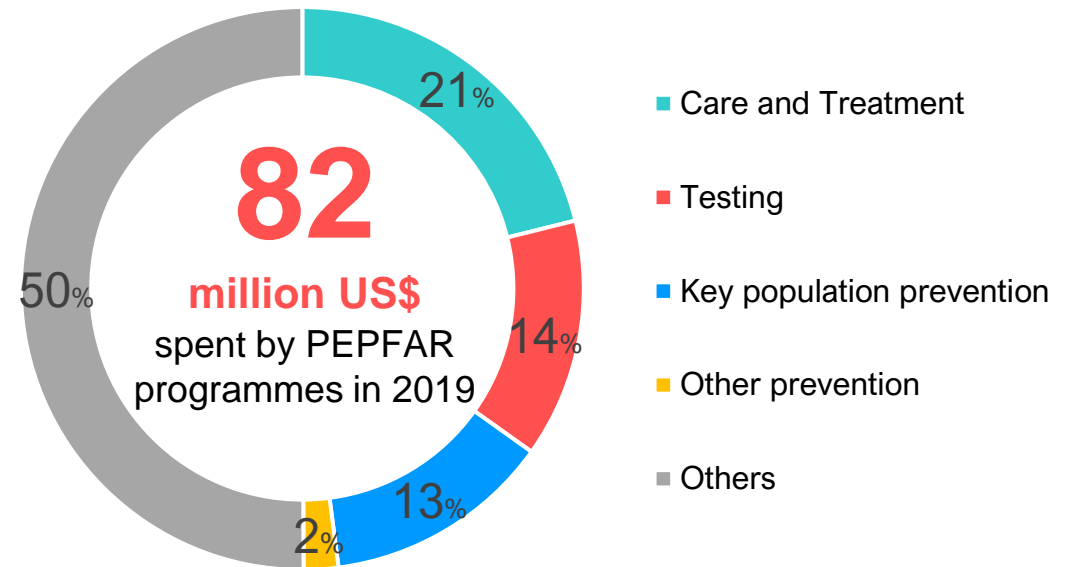
Though a certain proportion of donor contributions are spent for prevention, countries rely heavily on it with minimal contributions from domestic resources

Prevention spending by financing source, 2012 - 2017



Note: Regional aggregate based on available data from 12 countries - Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Viet Nam - between 2012 and 2017

PEPFAR expenditures by programme*, 2019



* Available expenditure data from Cambodia, India, Indonesia, Myanmar, Papua New Guinea, Viet Nam and Asia regional programme

Note: 76%, 95% and 87% respectively of care and treatment, HIV testing and prevention services of PEPFAR programmes were spent for key populations



Reduced Civil Society Space

- Insufficiency of funds available to achieve the whole package of HIV response requirements at scale.
- Lack of adequate financial support to CSOs for their advocacy and core activities.
- Increasingly difficult reporting requirements;
- Limited transition and sustainability investment;
- Decentralisation processes in a lot of countries in Asia and the Pacific.
- Impact of Covid-19 crisis with resources redirected, technical capacity diverted, restrictive movement of activists in lockdown.
- Increasingly limited space or capacity for activism on access to services, on the law, on abuse of rights.

Rights and enabling environment

Changing legal framework and mobilizing political commitment

- Recent Ground-breaking Decision by India's Supreme Court strikes down law criminalizing same sex behaviors
- Adoption of comprehensive HIV legislations in India and the Philippines
- Enaction of Transgender persons Act in Pakistan
- CCDUs: Renewed focus on transition to voluntary community-based treatment and care for drug use and dependence.
- Renewed political commitment to strengthen HIV response with focus on Prevention, Integration, Innovation and Sustainability

Challenges remain

- Stigma, discrimination and criminalization that prevent key populations, including LGBTI and MSM, from accessing safe and quality health services incl. HIV services.
- Fragile LGBTI rights due to restrictive laws and predominant conservatism that serve to further marginalize the people most in need (e.g. Family Law in Indonesia, same-sex sexual activity outlawed in many AP countries).
- LGBTI people being unjustly blamed and abused as “vectors” of disease during the COVID-19 pandemic.
- Misuse of emergency COVID-19 powers to target and arrest LGBTI people.

Way forward

Innovation matters – innovative tools and programmes such as PrEP and HIV self-testing that harness the advantage of virtual space and social media platforms (e.g. the human rights benefits aspect such as anonymity in accessing online services) are introduced, but these are needed to be at national scale

Community at the center of health response – Build on the innovation put into place by the community (eg Love yourself Programme) . Ensure meaningful involvement of community in design, implementation, and delivery of HIV services, and enable them to be more centrally involved in the broader health agenda.

Renew the fight for the human rights of key populations and people who are living with HIV, and tackle the systemic obstacles – punitive laws and policies, stigma, discrimination – that affect the rights of key populations and people living with HIV, and their access to health services

Sustainability and resilience – re-energize the existing and look for the new community-led models that are sustainable and resilient

Seize the opportunities of UHC – leverage the UHC agenda to ensure right to health for all; integrated and comprehensive health services that leave no one behind; and sustainable and resilient systems for health (Inc. community system)

THANK YOU!