

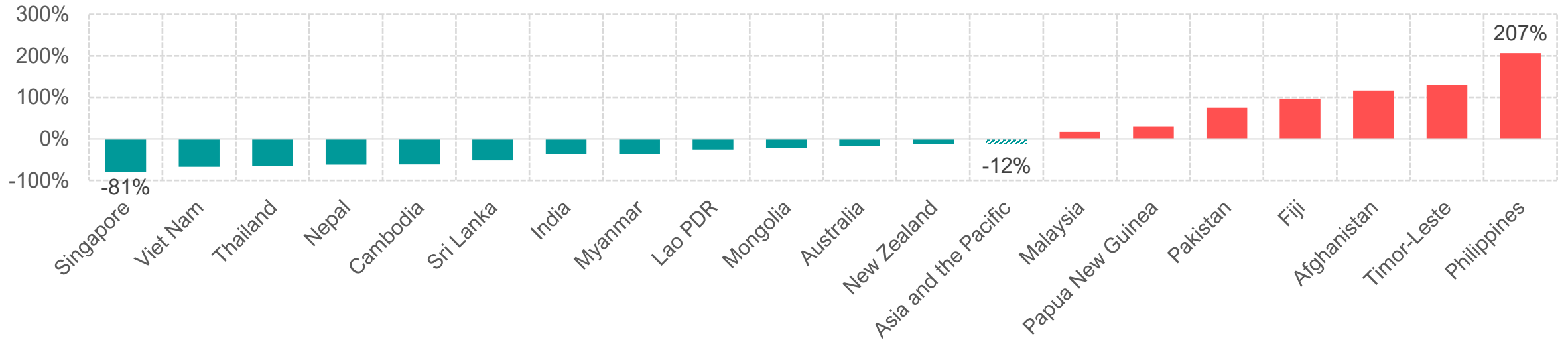
Overcoming the impact of COVID-19 on HIV and STIs in Asia and the Pacific

Eamonn Murphy, Regional Director – UNAIDS Asia and the Pacific
28th November 2020

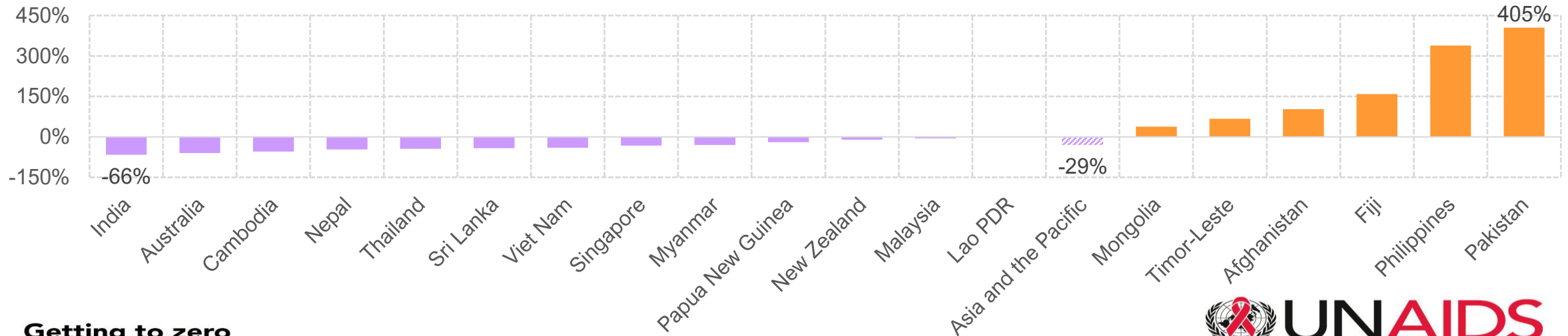


New HIV infection and AIDS-related death trends vary greatly in Asia and the Pacific countries

Percentage change in new HIV infections by country, Asia and the Pacific, 2010-2019



Percentage change in AIDS-related deaths by country, Asia and the Pacific, 2010-2019



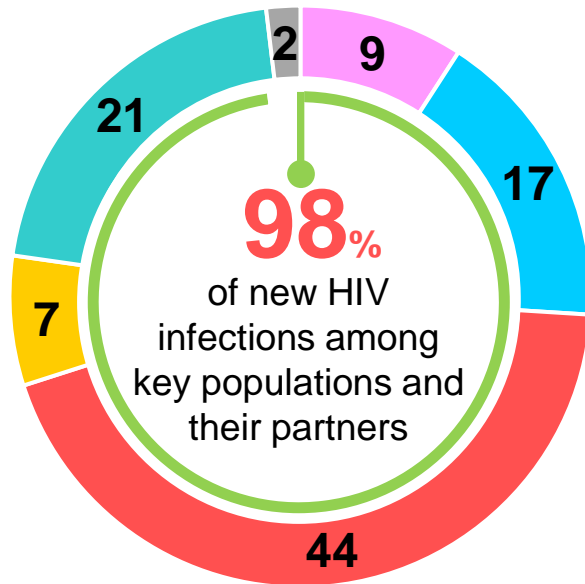
Getting to zero



Source: Prepared by www.aidsdatahub.org based on UNAIDS 2020 HIV Estimates and National AIDS Control Organization & ICMR-National Institute of Medical Statistics (2020). India HIV Estimates 2019: Report. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India

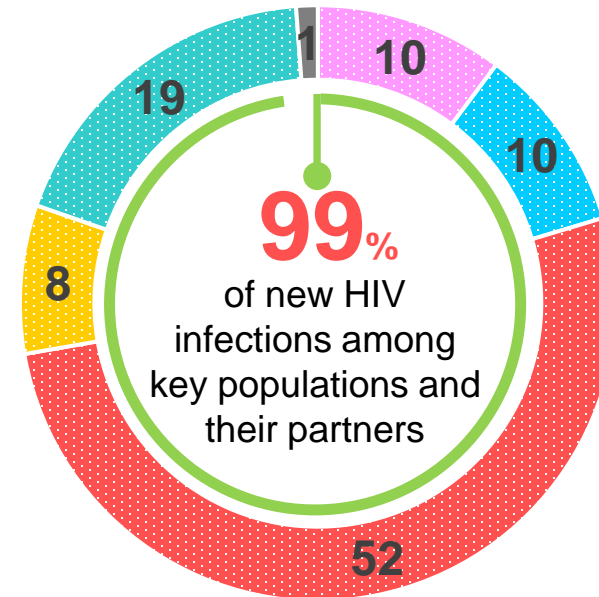
Need for focused response: Epidemic mostly affecting key populations and their partners

Distribution of new HIV infections by population, 2019



- Sex workers
- People who inject drugs
- Clients of sex workers and partners of key populations

Distribution of new HIV infections among young people (15-24 yr) by population, 2019



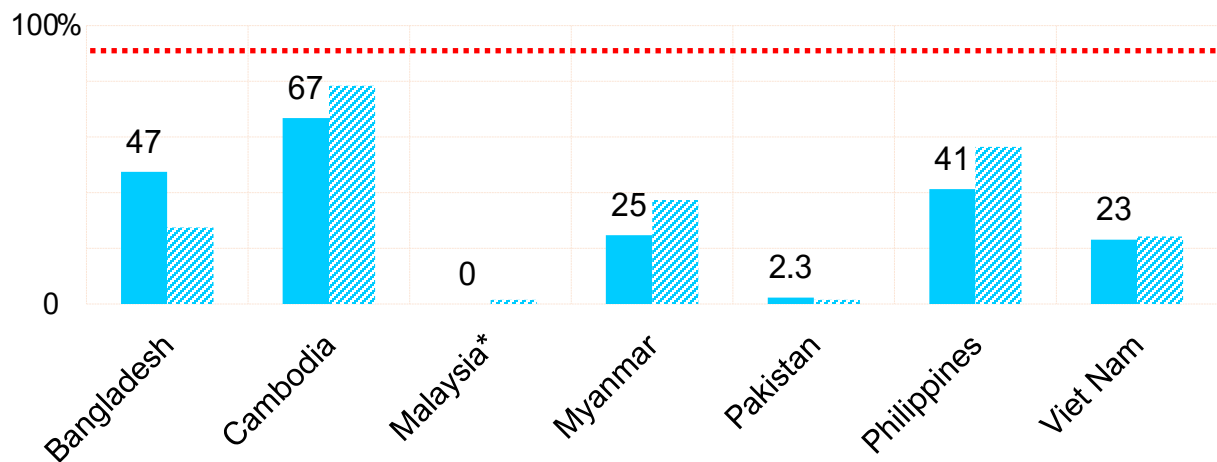
- Men who have sex with men
- Transgender
- Rest of population

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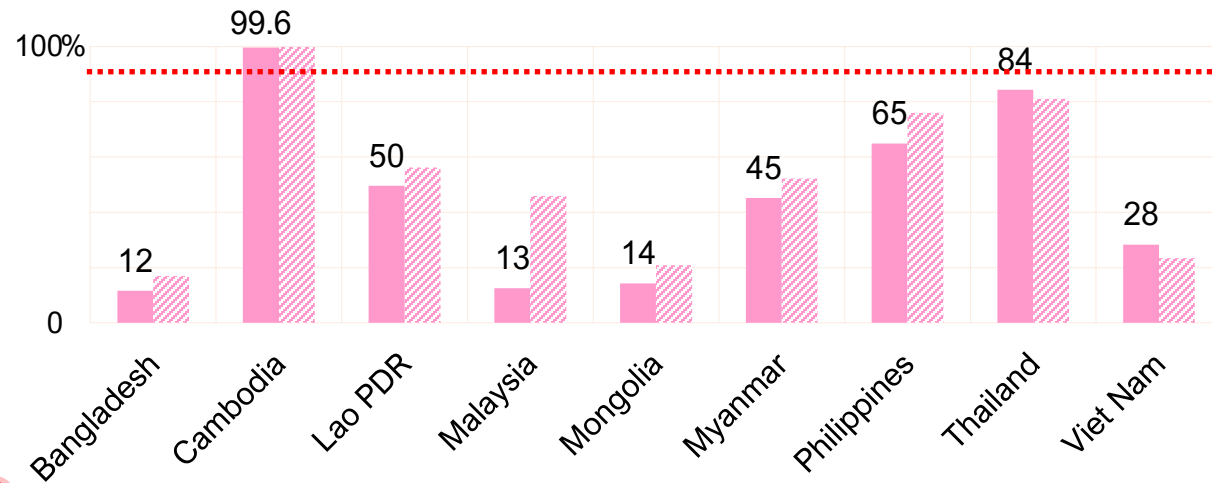


Lagging behind Fast-Track prevention targets: time to re-energize and make use of innovations and advances in HIV prevention

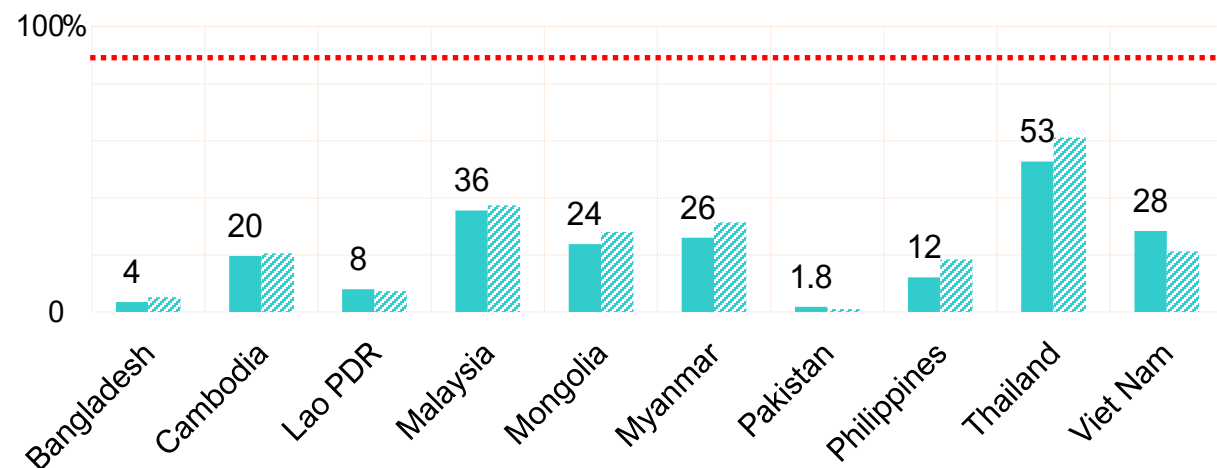
People who inject drugs



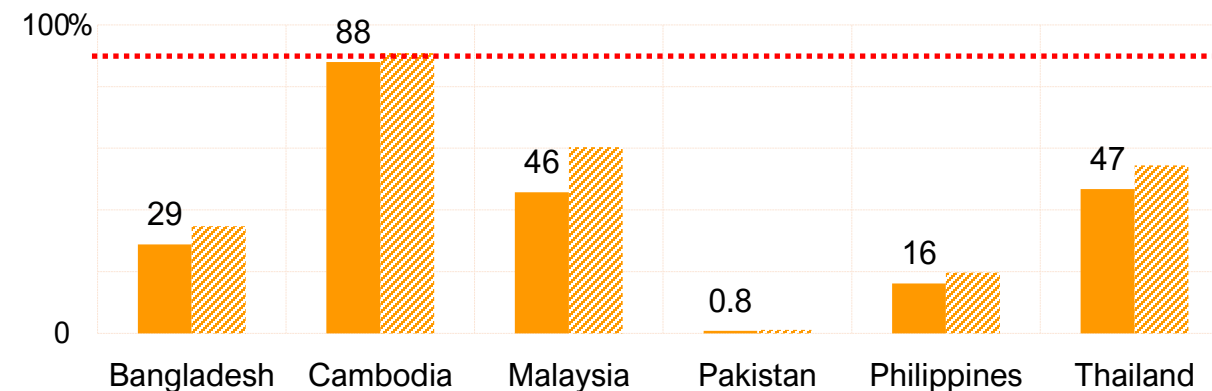
Female sex workers



Men who have sex with men



Transgender



*Young PWID sample size <50

● <25 years

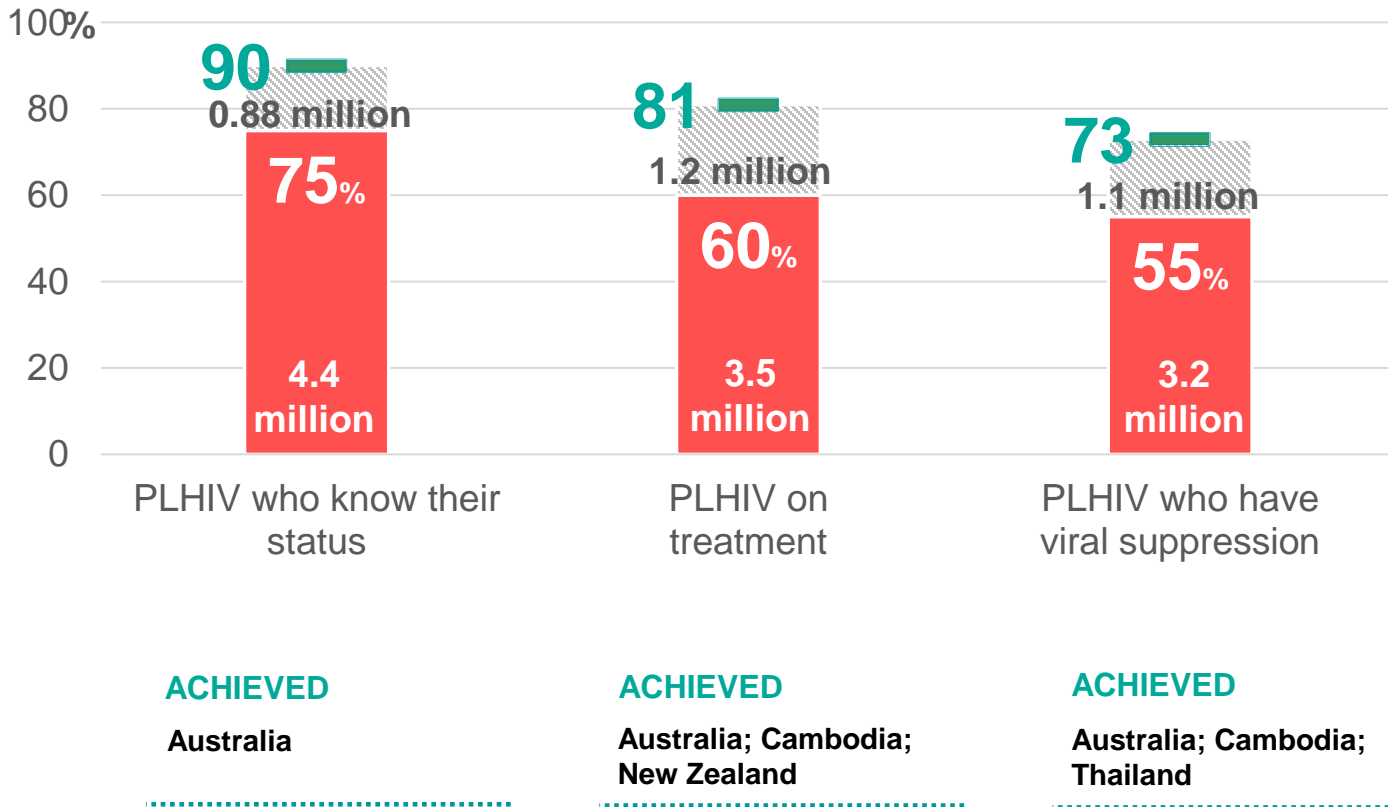
▨ 25+ years



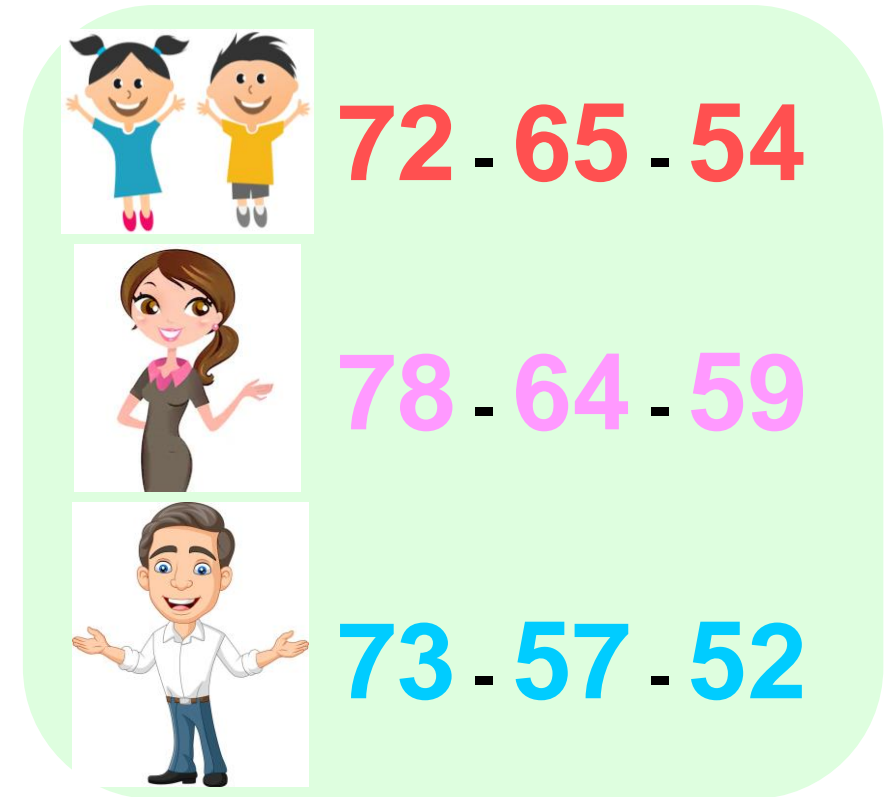
Regional overview: Treatment target and gaps

HIV testing and treatment cascade, Asia and the Pacific, 2019

■ Progress (%) ■ Gap — Target



90-81-73 target



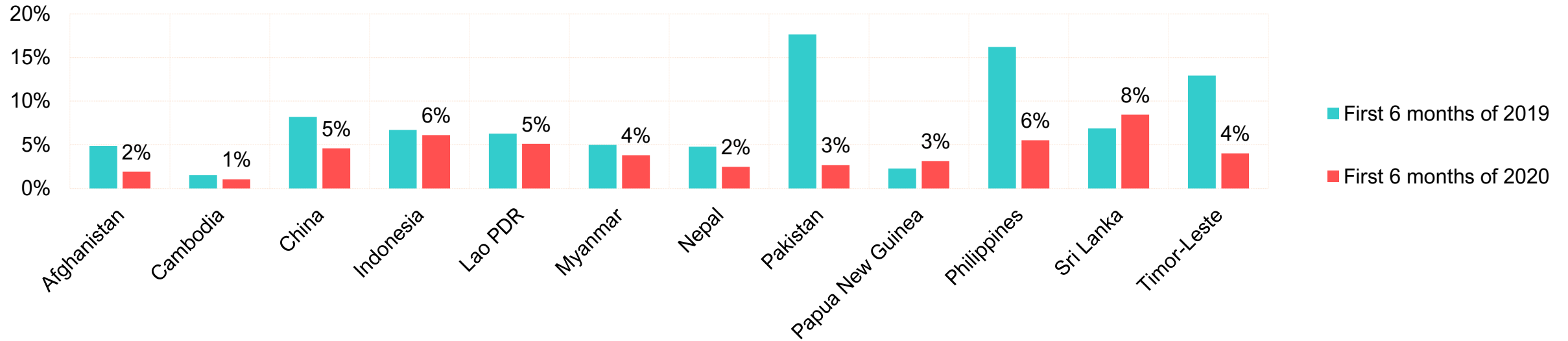
Note: India and China data not available

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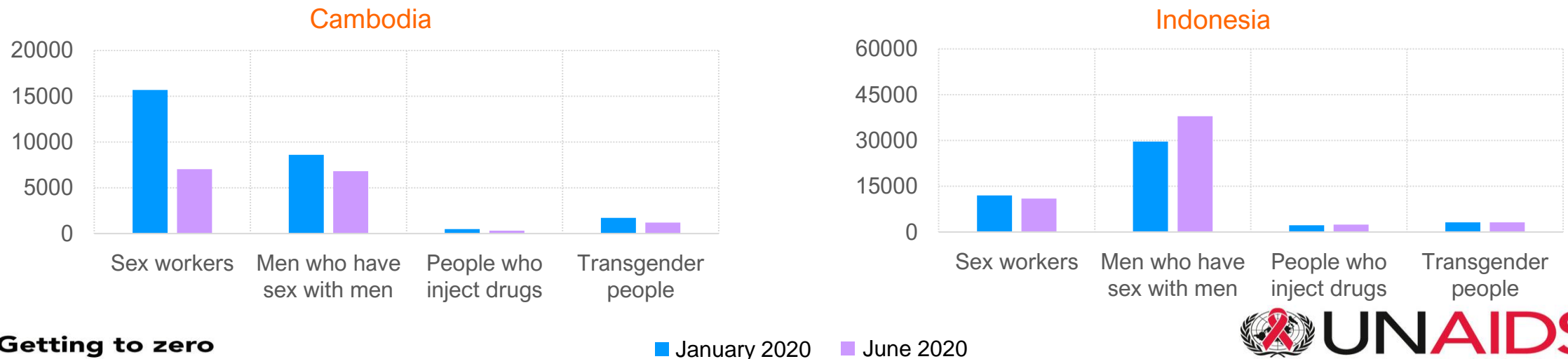


The 'new normal'- continued efforts are needed to ensure access to HIV services

Comparison of net treatment scale-up in the first 6 months of 2019 and 2020 by country



Key populations reached by HIV prevention programme in Cambodia and Indonesia, January and June 2020

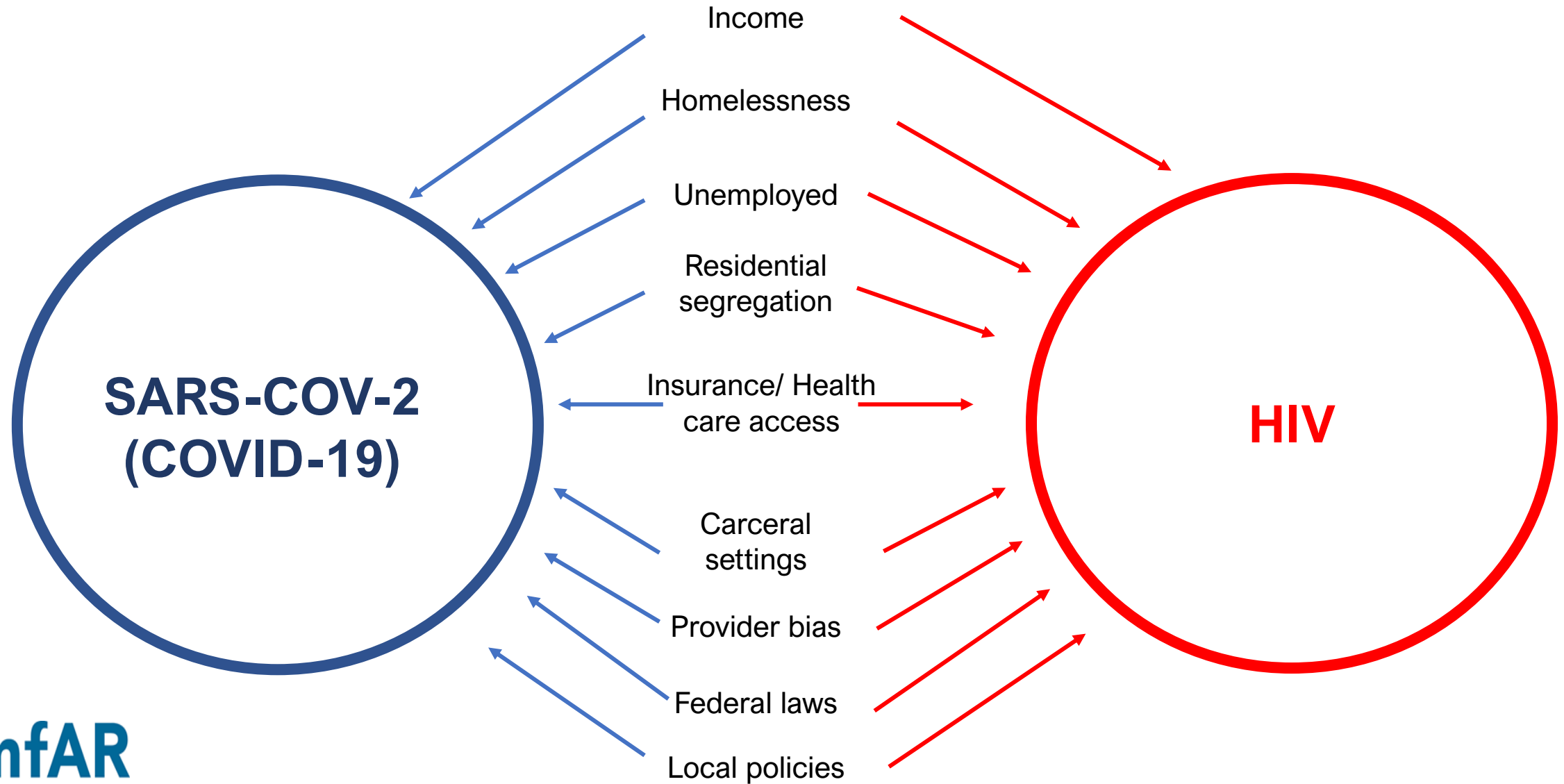


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■ January 2020 ■ June 2020



HIV and COVID-19 Intersectionality



Examples from Asia Pacific region: Cambodia I

- A country-level survey of people living with HIV found that
 - more than a third (37%) could not access contraception services,
 - 22% were unable to obtain condoms,
 - some respondents expressed the need for access to medications for opportunistic infections.

Examples from Asia Pacific region: Cambodia II

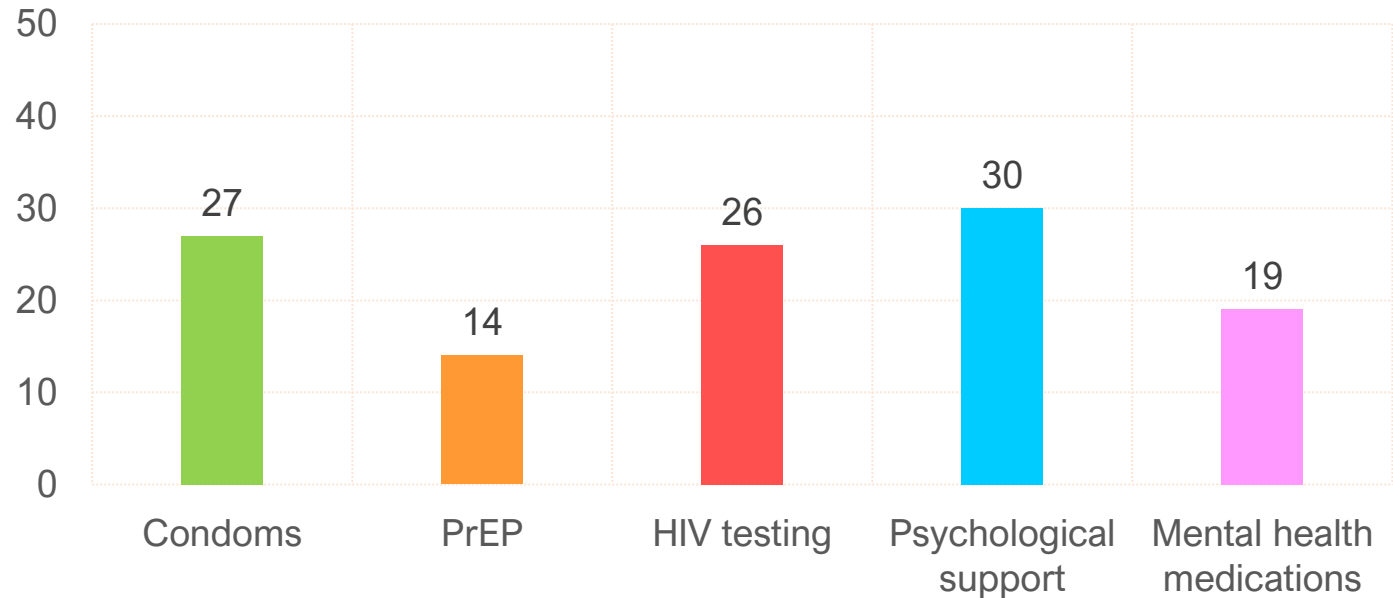
- According to a survey on key populations' needs and challenges:
 - 19% of respondents do not have information on condoms and lubricant,
 - 35% do not have information on diagnosis and treatment of sexually transmitted infections,
 - 50% lack information on psychosocial support,
 - 53% do not have information on pre-exposure prophylaxis.

Examples from Asia Pacific region: women living with HIV

More than eighty percent of women living with HIV reported that they lacked access to sexual and reproductive health and rights, including contraception, during COVID-19 lockdowns.

Examples from Asia Pacific region: young key populations

Proportion of young key populations who experienced delays or disruptions when accessing health services



Examples from Asia Pacific region: LGBTI people

- Laws that criminalize sexual orientation, gender identity and expression, exacerbate negative health outcomes as people may avoid accessing health-care services for fear of arrest or violence.
- Transgender women reported difficulties or delays in accessing hormone replacement therapy in Myanmar, the Philippines and Viet Nam.

Going forward I

- Explore alternative ways to provide sexual and reproductive health services, particularly diagnosis and management of sexually transmitted infections, and hormonal therapy for transgender people.
- Expand availability of HIV and STI prevention and contraceptive services through pharmacies, drug shops, online platforms and other outlets.
- Promote innovative solutions and non-traditional condom outlets to improve access for all, particularly sex workers and other key populations.



Digital growth

YOUNG PEOPLE



Barriers

PrEP

SRHR services

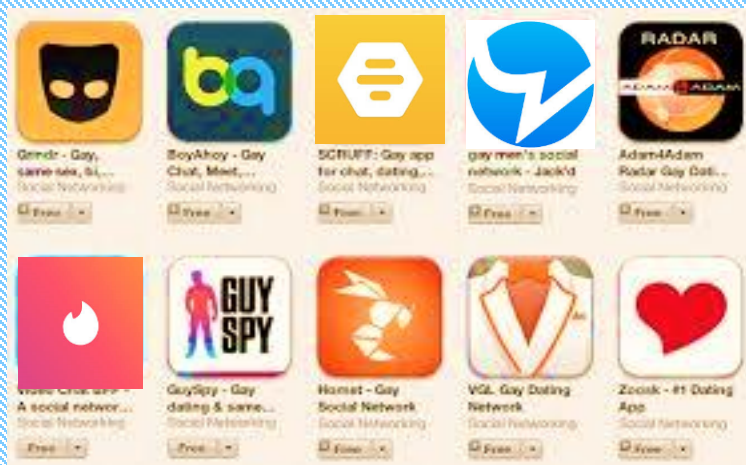
Unreachable

Traditional prevention outreach

VIRTUAL SPACE



Mobile phone & social media

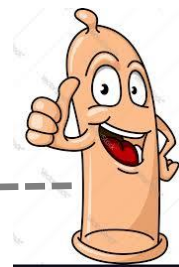


Dating apps



Cities

Party drugs and chem sex



Community solidarity and resilience in time of COVID-19 pandemic

Community-led innovations on DSD and MMD

- Home ARV Refill Delivery & Pick-up Assistance Service by “Oplan ARVayanihan” and diversified PrEP services through telemedicine and PrEP delivery by PrEP Pilipinas in Philippines
- Adapting service delivery to meet the needs for PrEP by Center for Applied Research on Men and Community Health (CARMAH) in Viet Nam
- Community ARV dispensing in India, Nepal, PNG, Philippines, and Thailand
- KP-led PrEP service delivery and PrEP MMD in Thailand and Viet Nam

Regional community networks amplify the impact of community-led responses to COVID-19

- Report on community led best practices by [ANPUD](#), and best practices community-led supports in advocacy and service delivery document by [APN+](#)
- Youth-friendly crowdsourcing website that pools available information and guidance on COVID-19 by [IATT-YKP](#)
- [APCOM's newsletter](#) serving as a virtual announcement board of available resources for community members
- A series of six feature stories - Dignity Amidst COVID-19: Trans youth leading the response - by [APTN](#) and [Youth LEAD](#)

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Source: UNAIDS Regional Office for Asia and the Pacific (2020). A rapid assessment of multi-month dispensing of antiretroviral treatment and pre-exposure prophylaxis in the Asia-Pacific region; UNIADS Philippines (2020). Innovations Amid COVID Crisis and Beyond: The Philippine Experience – Presentation at UNAIDS Quarterly Programme Branch Meeting on 7th October 2020; and <https://unaids-ap.org/2020/10/28/key-population-networks-in-asia-and-the-pacific-amplify-the-impact-of-community-led-responses-to-covid-19/>



UNAIDS

Universal Health Coverage (UHC)

IS

1. “systems for health” not “health systems”, including multisectoral responses.
2. Covering the spectrum not only treatment
3. equity, development priorities and social inclusion.
4. focused at the community level.

IS NOT

1. Just about health financing. It encompasses all components of the health system.
2. Only about a minimum package of services, but is anchored in the right to health for everyone.
3. about individual health (treatment) services, but puts the focus on people, not diseases.

THANK YOU

www.aidsdatahub.org