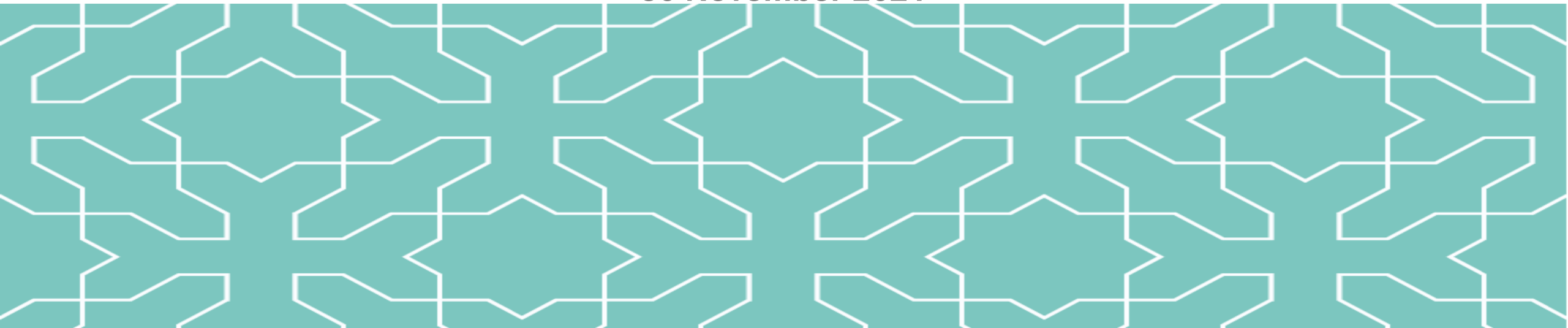


Regional Launch of the World AIDS Day Report, 2021

UNEQUAL, UNPREPARED, UNDER THREAT
WHY BOLD ACTION AGAINST INEQUALITIES IS NEED TO END AIDS,
STOP COVID-19 AND PREPARE FOR FUTURE PANDEMICS

Taoufik Bakkali
Regional Director, UNAIDS Asia and the Pacific
30 November 2021

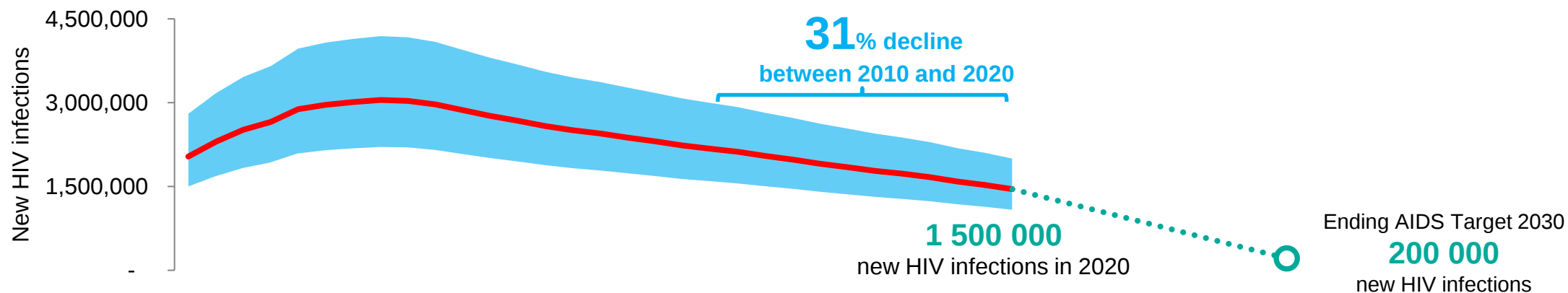


Global and regional summary of the AIDS epidemic | 2020

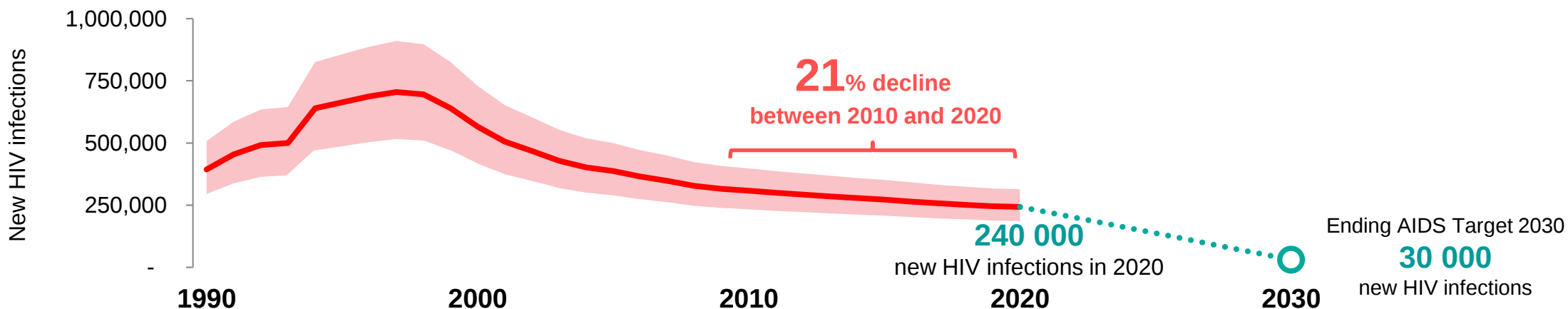
		Global	Asia and the Pacific
People living with HIV	Total	37.7 million	5.8 million
	Adults	36 million	5.7 million
	Women (15+ years)	19.3 million	2.1 million
	Children (<15 years)	1.7 million	120 000
People newly infected with HIV	Total	1.5 million	240 000
	Adults	1.3 million	230 000
	Children (<15 years)	150 000	13 000
AIDS-related deaths	Total	680 000	130 000
	Adults	580 000	130 000
	Children (<15 years)	99 000	6 500
People receiving antiretroviral therapy	Total	27.5 million	3.7 million
		28.2 million (June 2021)	
	Adults	26.6 million	3.6 million
	Children (<15 years)	920 000	98 000

Progress in declining new infections globally and regionally, but during the past 10 years the decline in new HIV infections has stalled

Global



Asia and the Pacific



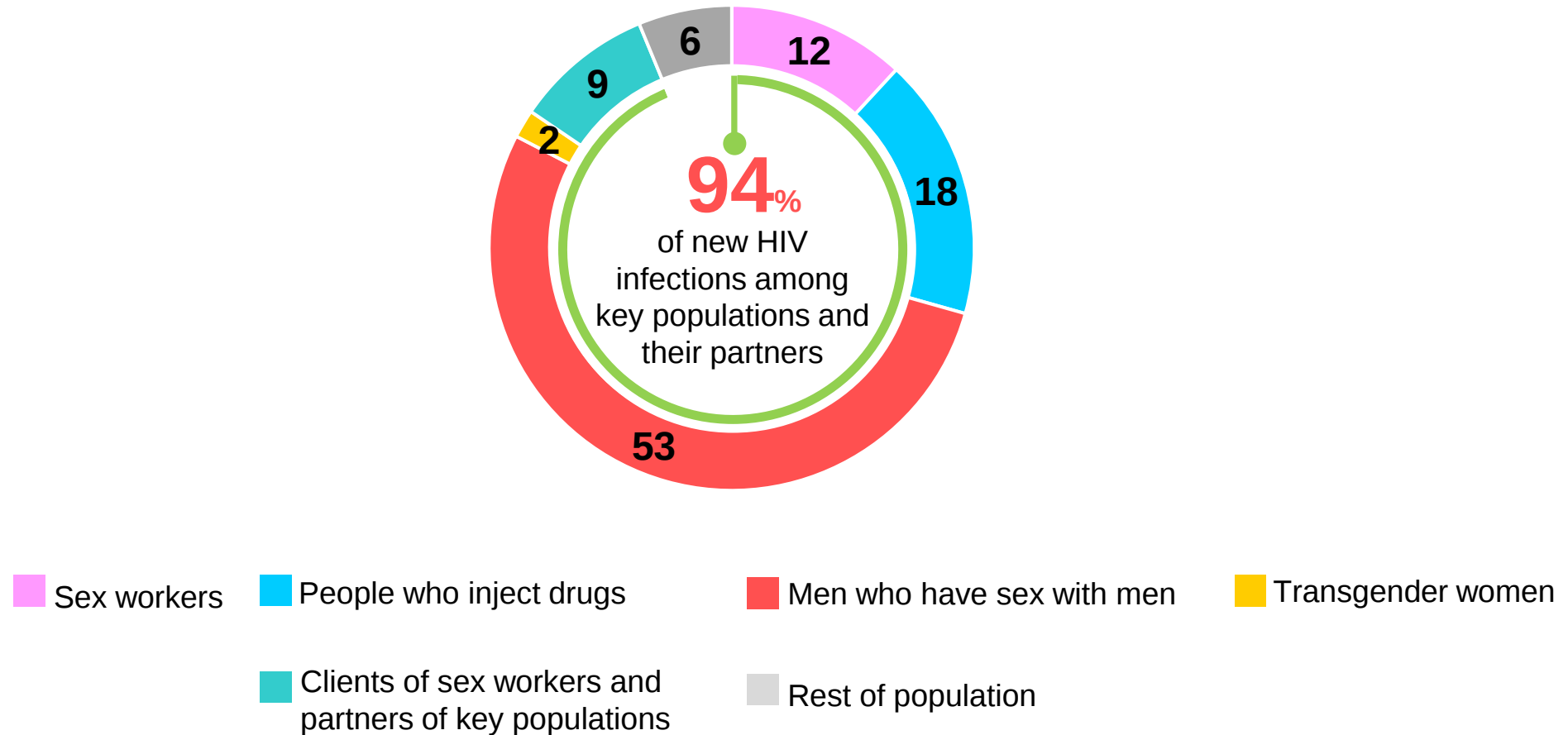
— New HIV infections

○ 2030 Fast-Track target*

*The 2030 target is equivalent to a 90% reduction since 2010.

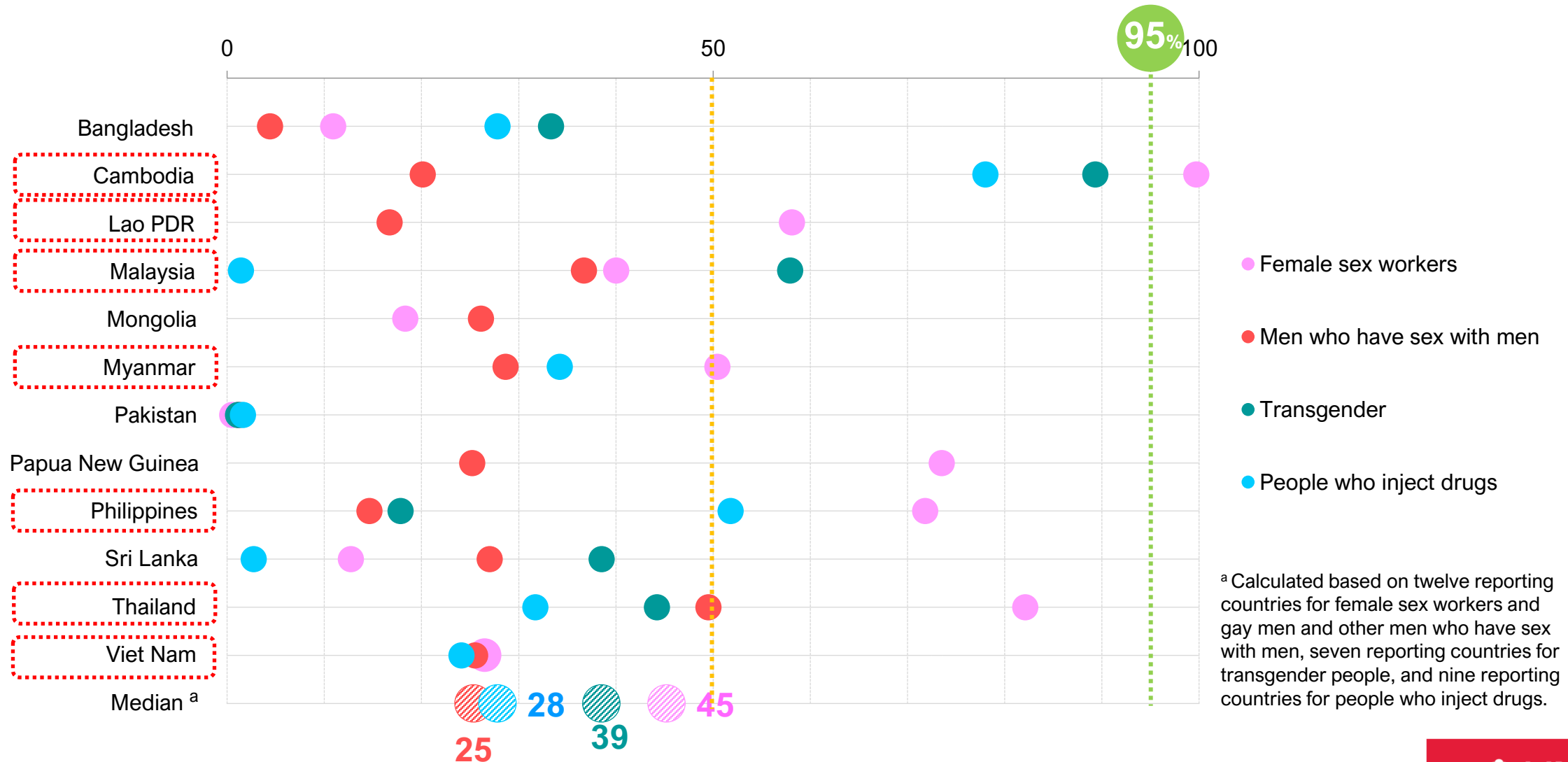
Need for focused response in HIV: Epidemic mostly affecting key populations and their partners

Distribution of new HIV infections by population, 2020



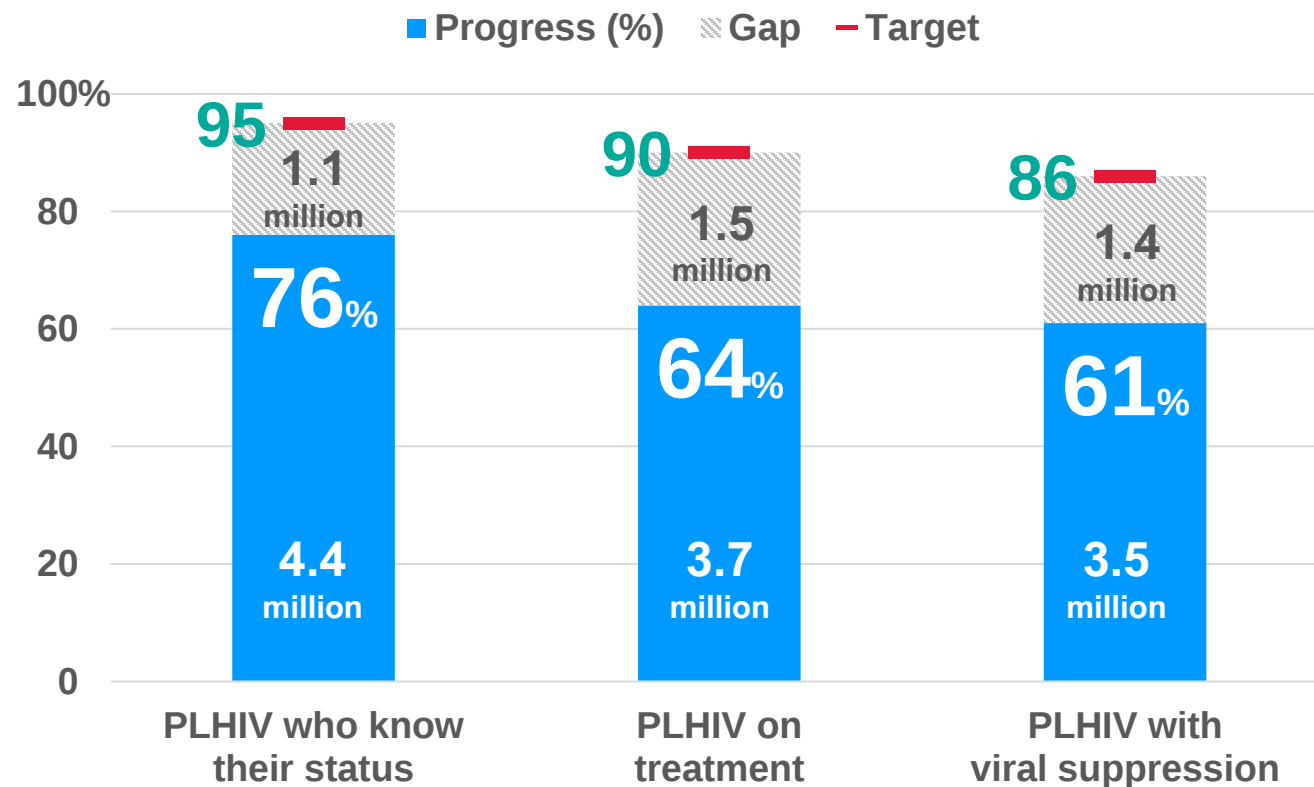
Lagging behind prevention targets : time to re-energize and make use of innovations and advances in HIV prevention

Prevention intervention coverage among key populations, select countries, Asia and the Pacific, 2016–2020



Regional overview: 95-95-95 Treatment target and gaps

HIV testing and treatment cascade, Asia and the Pacific, 2020



95-90-86 target



78 - 81 - 69



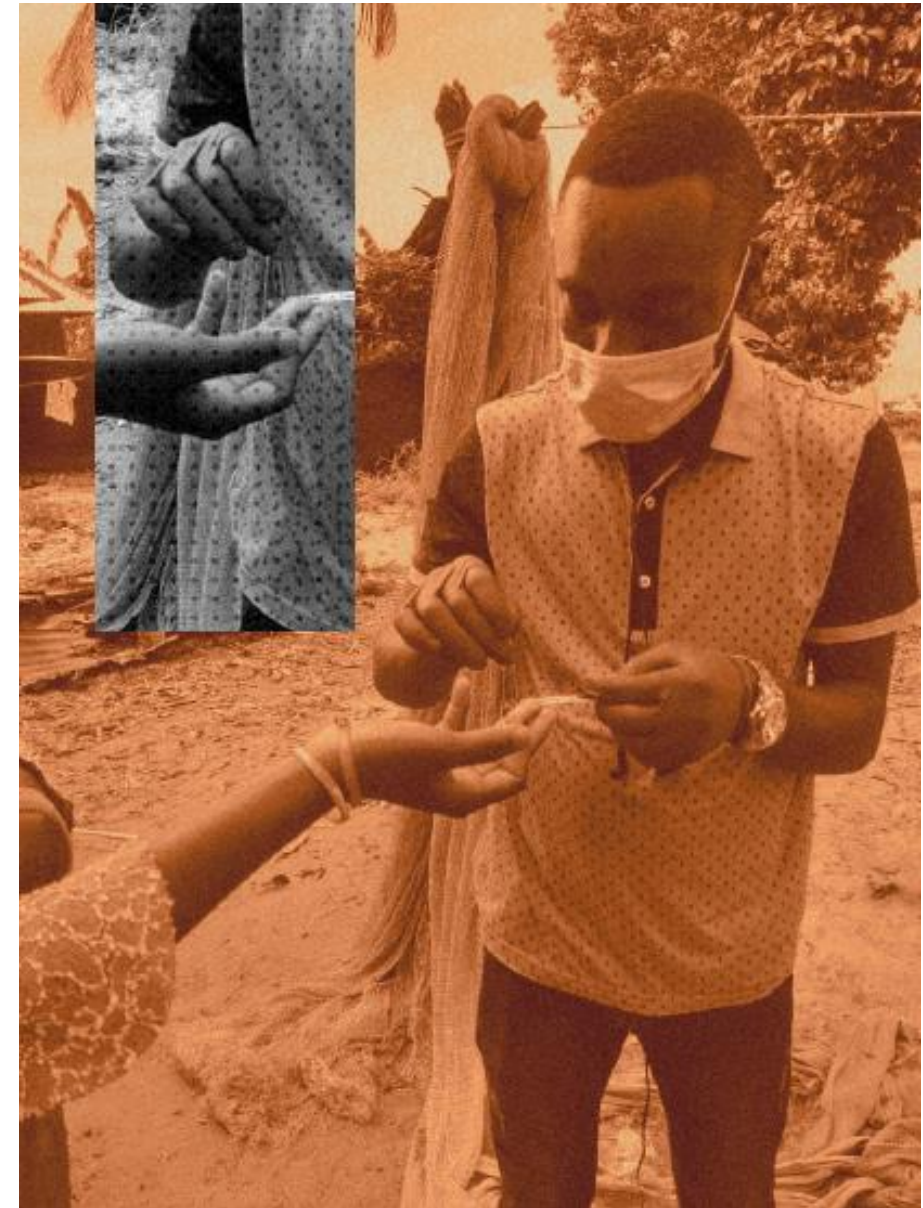
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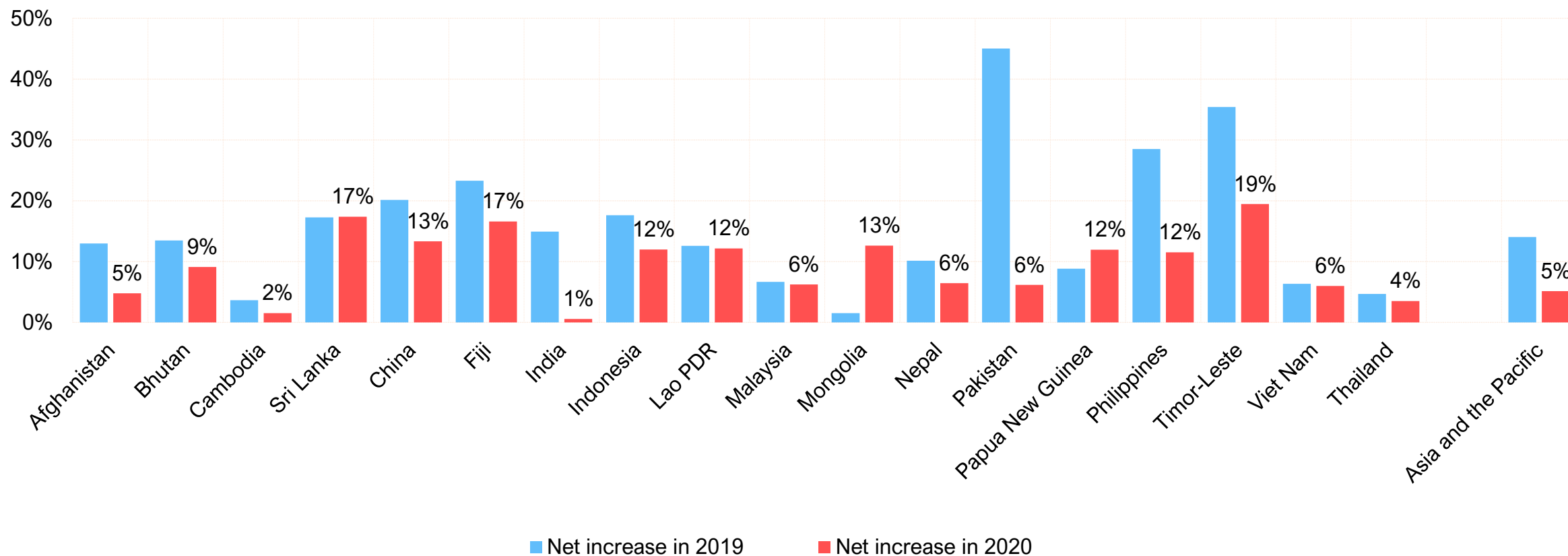
COLLIDING PANDEMICS

- Remarkable successes against AIDS for some locations and populations. They show what is possible.
- But entrenched inequalities are leaving millions behind.
- The colossal new challenges created by COVID-19 threaten the gains made against AIDS thus far.
- The Global AIDS Strategy and 2021 Political Declaration on Ending AIDS calls on countries to address inequalities and close gaps.
- With no time to spare, those agreed actions are not being made at the required speed and scale.
- The curves of HIV infections and AIDS-related deaths are not bending fast enough. A failure to build on the gains made thus far would result in 7.7 million AIDS-related deaths during this decade.



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

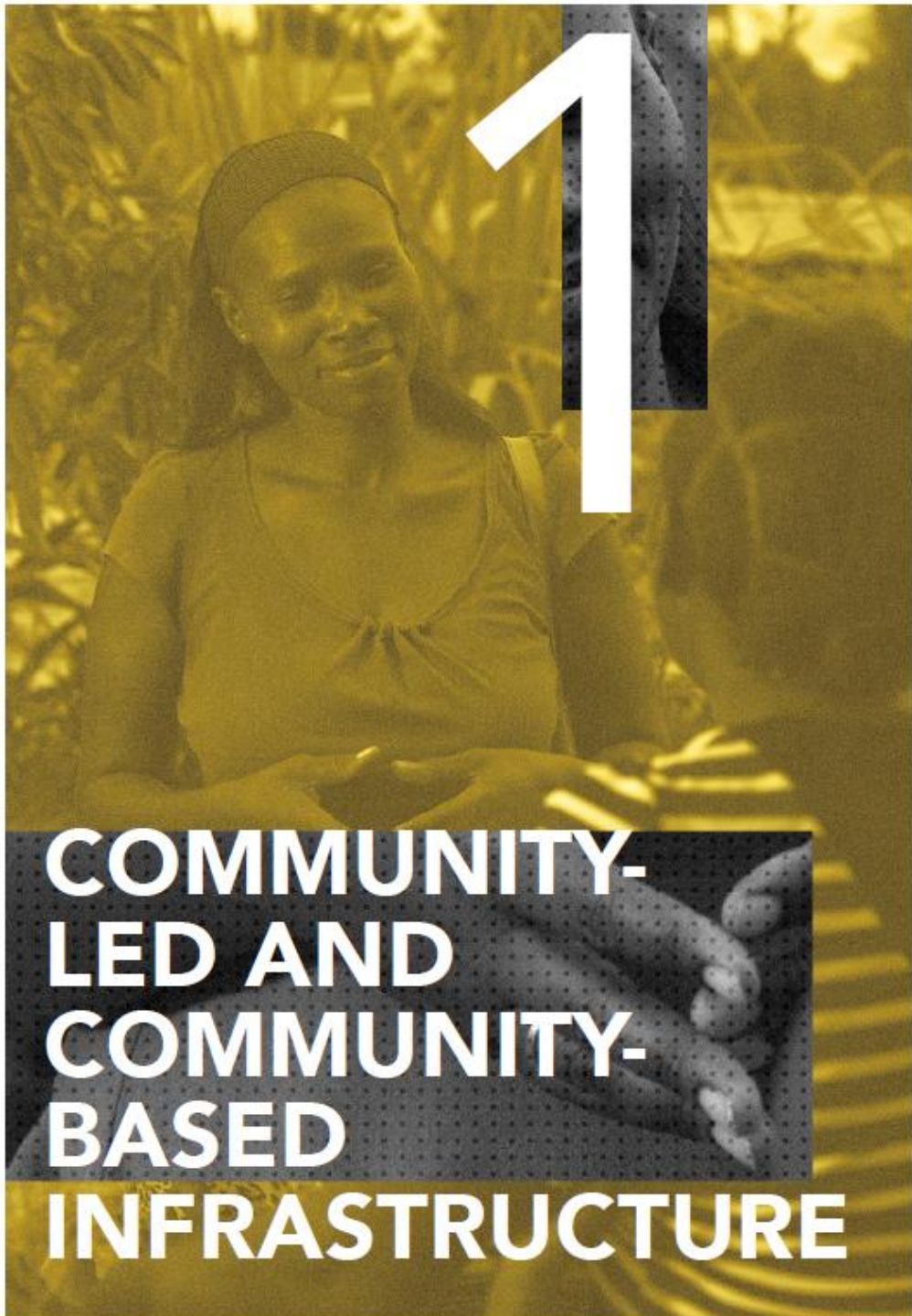
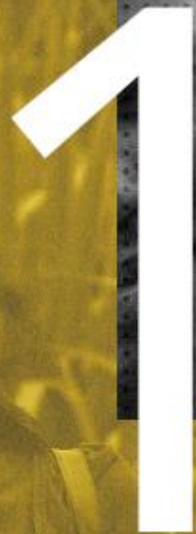
Comparison of net treatment scale-up in 2019 and 2020 by country



CRITICAL ELEMENTS

- What is at stake is bigger than AIDS.
- Many actions needed to end AIDS are also urgent to end COVID-19 and be prepared for future pandemics.
- Yet pandemic prevention, preparedness, and response efforts too often overlook critical elements of the Global AIDS Strategy.
- Without these elements, we remain unprepared to end AIDS and unprepared for future outbreaks.
- They must be funded and prioritized.

1. Community-led and community-based infrastructure
2. Equitable access to medicines, vaccines and health technologies
3. Supporting workers on the pandemic front lines
4. Human rights at the centre of pandemic responses
5. People-centred data systems that highlight inequalities



COMMUNITY- LED AND COMMUNITY- BASED INFRASTRUCTURE

- Civil society organizations, especially those led by people most affected can **complement** traditional health systems' pandemic responses: providing services and information; bringing community insights to planning and decisions; and supporting monitoring and accountability.
- In the COVID-19 era, communities and **networks of key populations** in dozens of countries have been working closely with their communities to provide essential supplies, information, and HIV testing and treatment services.
- Successful stories from different parts of the world demonstrate that community-led organizations are:
 - ✓ More **trusted** and more likely to understand the needs and to **reach most in need communities**;
 - ✓ Better placed to develop and introduce **effective** and collective responses;
 - ✓ Crucial for **adapting** interventions when other crisis hit.

Innovation, community solidarity and resilience HIV response 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 [APT](#)N and [Youth LEAD](#)

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/>

2

EQUITABLE ACCESS TO MEDICINES, VACCINES AND HEALTH TECHNOLOGIES

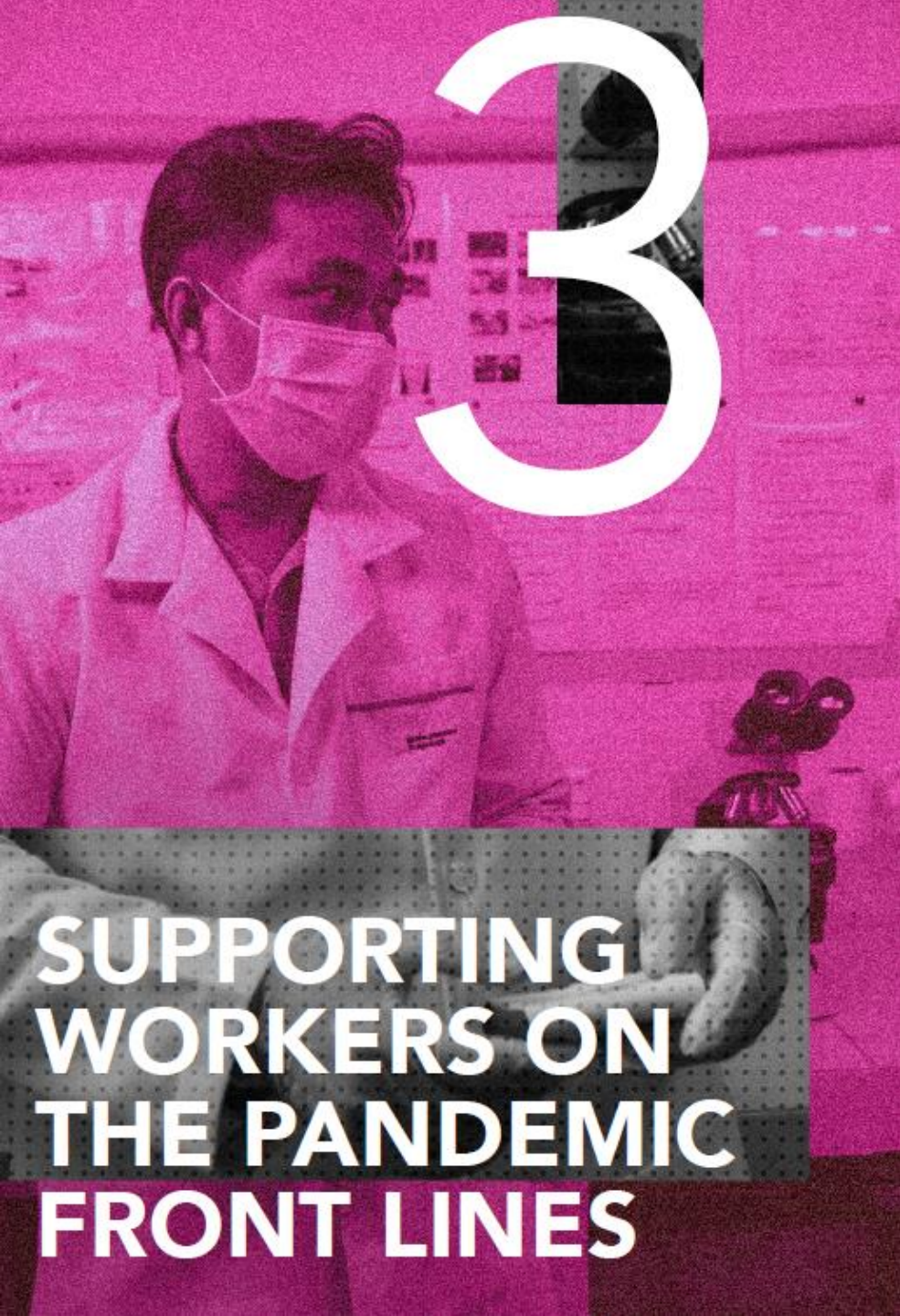
- Pandemic responses fail when health technologies are available to some but denied to others. It took the HIV response many years and millions of avoidable infections and deaths to learn that lesson.
- The policy options available for LMICs to make HIV medicines and diagnostics affordable and available worldwide are shrinking.
- Drivers of starkly unequal distribution of COVID-19 vaccines might also restrict availability, affordability and accessibility of:
 - New HIV treatment formulations for children.
 - Oral pre-exposure prophylaxis (PrEP), vaginal rings and long-acting antiretrovirals for HIV prevention.
 - HIV vaccines and cure.

PILLARS FOR FAIR AND EQUITABLE ACCESS

to COVID-19 vaccines and other essential health technologies

- Public health-oriented management of intellectual property rights, including selective waivers.
- Broader use of voluntary licenses mechanisms, such as the MPP and WHO C-TAP.
- Pooled Procurement platforms to reduce prices and ensure more effective supply chains of medical technologies, which is made possible through immediate fulfilment of commitments made by governments and pharmaceutical companies (e.g. COVAX initiative).
- Strengthening of regional and national regulatory capacities and, wider and coordinated distribution of manufacturing and production of health products.





3

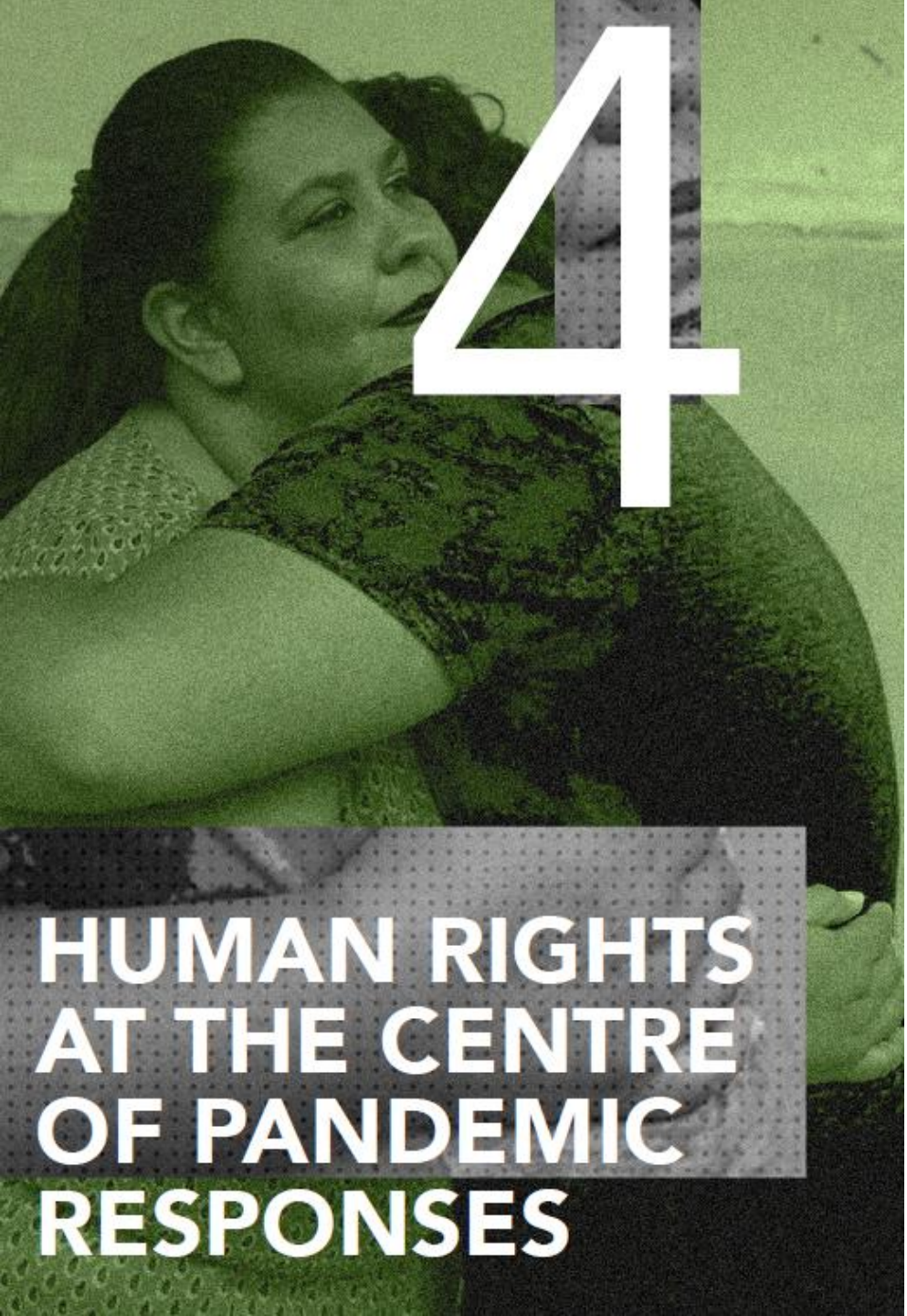
**SUPPORTING
WORKERS ON
THE PANDEMIC
FRONT LINES**

FRONTLINE WORKERS ARE HEROES

- They provide basic health care and more in their communities, acting as vital bridges between communities and health facilities.
- Task-sharing with community health workers have made HIV, tuberculosis, immunization and COVID-19 efforts more efficient.
- Positive and community support groups have expanded access to HIV services tailored to people's varied needs.
- Essential workers extend beyond the health system to social protection services that preventing wider inequalities between the powerful and the marginalized.
- *However, they are bearing heightened risk of burnout, distress, illness and death.*
- *They are chronically too few in numbers, under-resourced and overburdened and need mechanisms for the enforcement of rights as workers.*

WHAT IT TAKES TO SUPPORT FRONTLINE WORKERS TO RESPOND TO COLLIDING PANDEMICS

- Political commitment and investment
 - in training, deploying and remunerating much more community health workers, and integrating them into health systems and community structures
- Value and support the community-led response and contributions of positive and community support groups
 - Expand differentiated service delivery
- HIV-sensitive social protection
- Address inequalities to protect the frontline workers in order to protect everyone everywhere



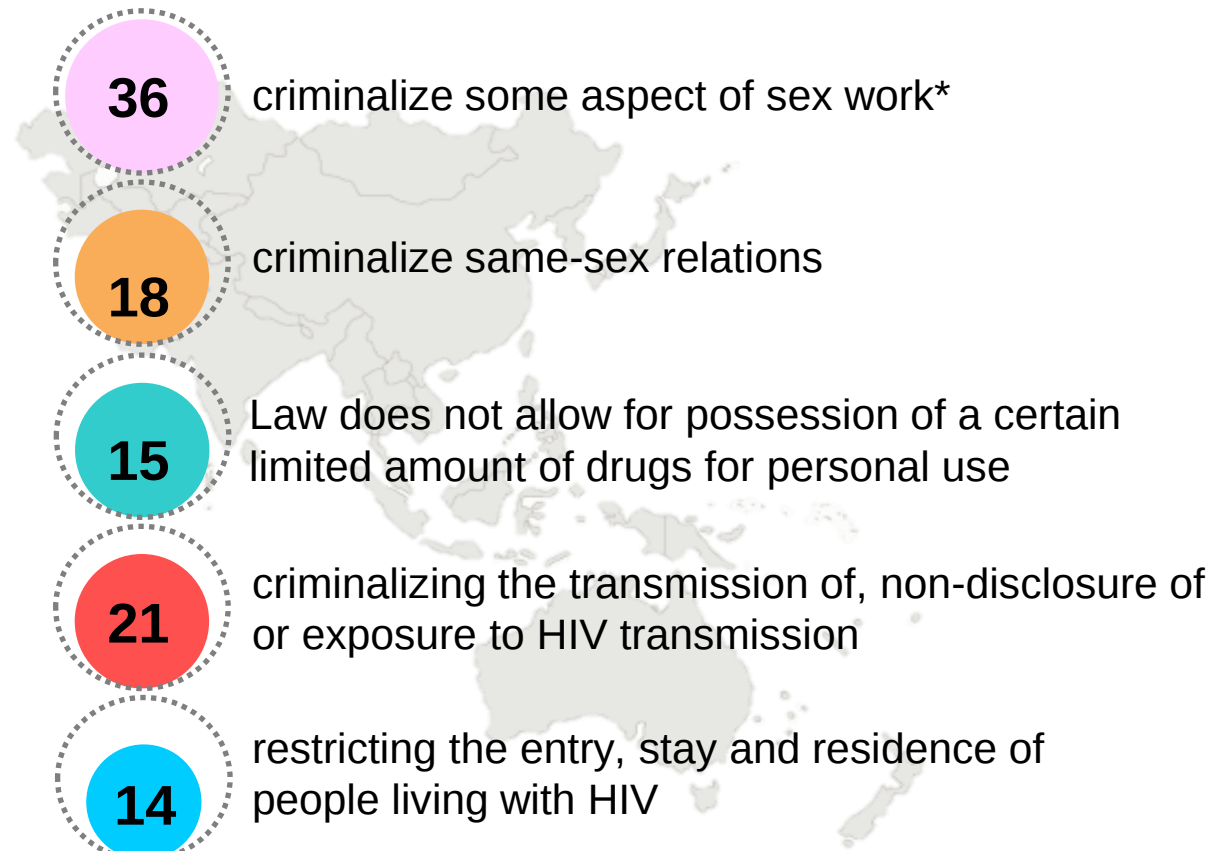
4

HUMAN RIGHTS AT THE CENTRE OF PANDEMIC RESPONSES

- Effective pandemic preparedness and response needs
 - specific, funded human rights work as an essential component.
 - attention to both the gendered impact of disease and the need for equitable, rights-based efforts to combat underlying inequities.
 - Building enabling legal and policy environments.
 - Strengthening independent judicial and human rights institutions.
 - Supporting civil society groups capable of holding governments and other actors accountable.
- Human rights infrastructure ensures that inequalities do not intensify and prolong pandemics, and that pandemics do not exacerbate inequalities

Response to pandemics must be guided by human rights principles and practices

Legal barriers to HIV response remain in 38 UN Member States in Asia Pacific



*Data for Timor-Leste not available

- Criminalization of same-sex sexual relations, sex work, drug possession and use, and HIV-exposure, non-disclosure and transmission have been shown to block HIV service access and increase HIV risk
- Criminalization leads to harmful outcomes in other pandemics, such as exclusion from social protection and harassment and discriminatory treatment by law enforcement.
- There is no evidence that incarceration is an effective tool for fighting pandemics.



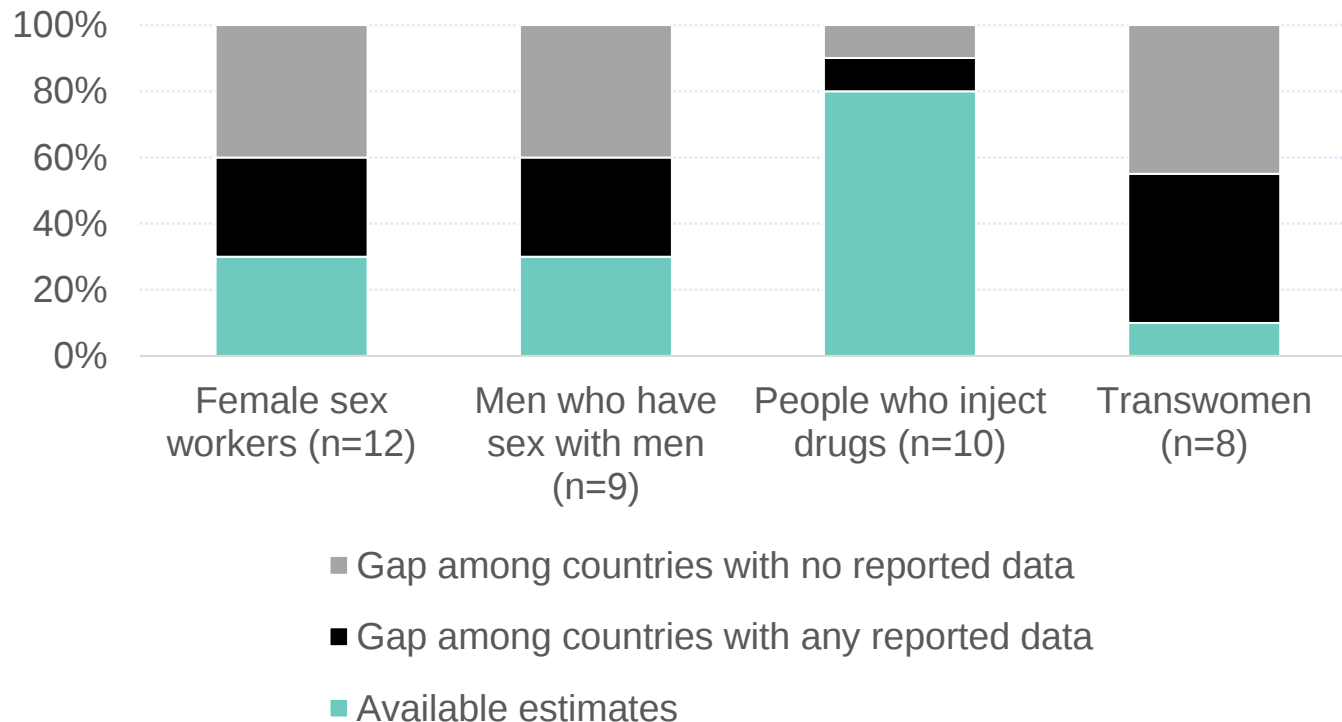
5

PEOPLE-CENTRED DATA SYSTEMS THAT HIGHLIGHT INEQUALITIES

- More granular data are needed to reveal the underlying disparities and inequalities that shape pandemics and their consequences.
- The HIV response is on the vanguard of community leadership and engagement in data collection and use.
- Some countries still lack the capacity to collect and effectively use timely, disaggregated health data.
- Many do not collect sufficient data on priority populations, which can leave important aspects of their epidemics hidden from the response.

Millions within key populations remain “INVISIBLE”: HIV programmes may have profound gaps in services for key populations in greatest need

Gap between country-reported key population size estimates and extrapolated sizes, Asia and the Pacific, 2020

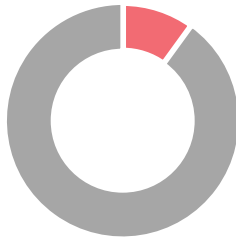


- Among countries that have reported key population size estimates to UNAIDS **more key populations** who would benefit from HIV prevention, care and treatment services are unaccounted for in population size estimates of reporting countries.
- In other words, the total number of female sex workers, people who inject drugs, gay men and other men who have sex with men and transgender women is probably double the current size estimates reflected in the HIV plans and strategies of these countries.

Source: UNAIDS special analysis.

Granular data looking at inequality in accessing HIV services: Young key populations are less accessible to HIV testing services

In Pakistan...



1 in 10

Young sex workers

know their HIV status that is **3 times lower** than their older counterparts

In Lao PDR...



Less than **1 in 10**

Young MSM

know their HIV status that is **2 times lower** than their older counterparts

In Malaysia...



Less than **1 in 3**

Young TG

know their HIV status that is **two-third** of the testing coverage of their older counterparts

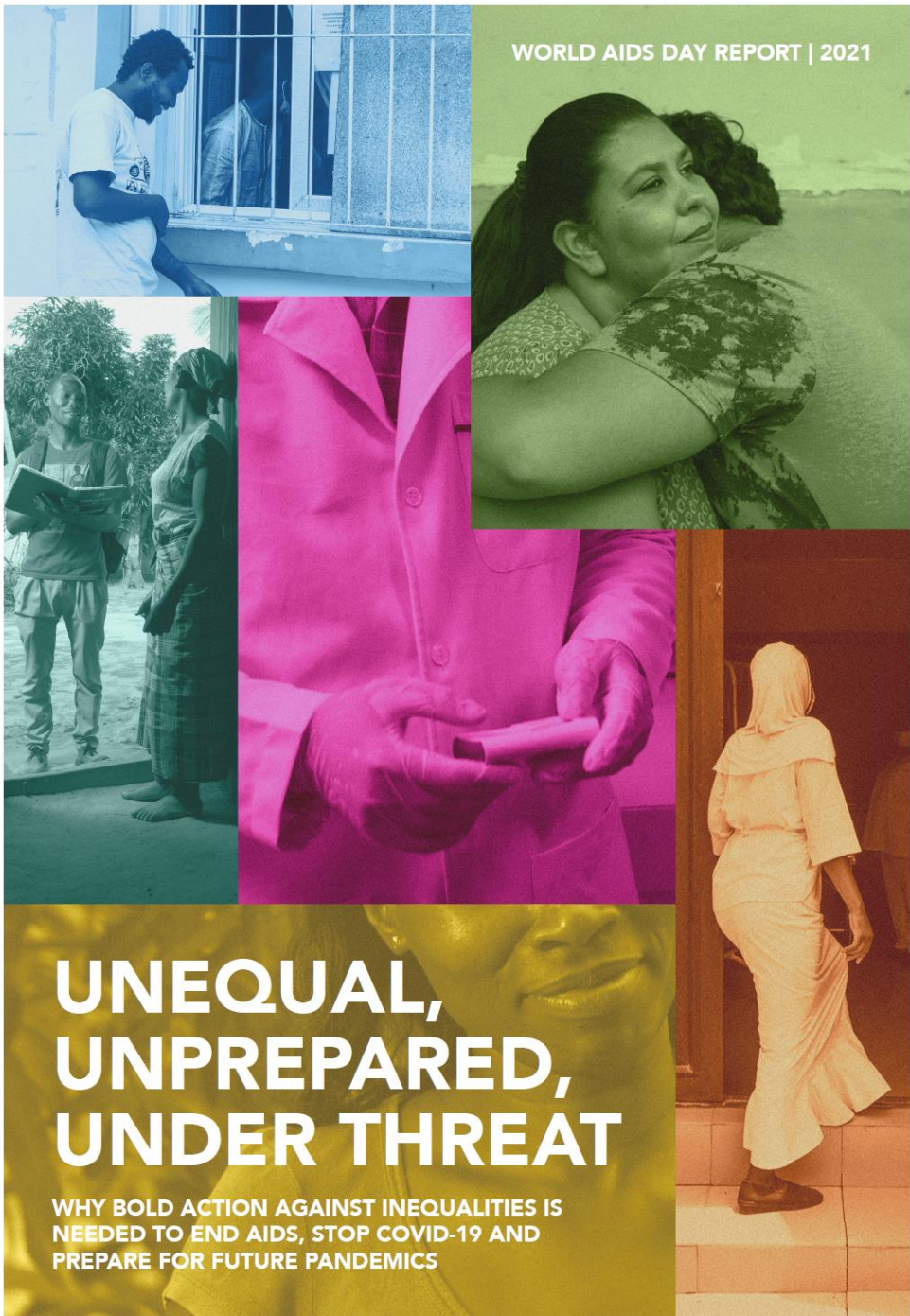
In Pakistan...



1 in 6

Young PWID

know their HIV status that is **3 times lower** than their older counterparts



WORLD AIDS DAY REPORT | 2021

WORLD AIDS DAY report 2021

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UNPREPARED,
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