PEPFAR ASIA REGIONAL PREPARATION MEETING – February 7-9, 2022

REGIONAL STRATEGIC APPROACH AND TECHNICAL PRIORITIES

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End Inequalities. End AIDS. Global AIDS Strategy 2021-2026

Applying an inequalities lens across the strategic priorities

- Acknowledges the pressing challenges and opportunities, recognizes <u>key shifts are needed to end</u> <u>AIDS.</u>
- Keeps <u>people at the centre</u> to ensure they benefit from services, to remove social & structural barriers that prevent people from accessing HIV services
- Calls on governments, development & financing partners, communities & the UNAIDS to identify and <u>address these inequalities</u>
- Aligned to Decade of Action & makes explicit contributions to advance goals and targets across 10 <u>SDGs</u>

2021 END INEQUALITIES. **END AIDS.** GLOBAL AIDS STRATEGY 2021-2026

Ending AIDS is possible, but a course correction is needed to make it a reality: Progress in declining new infections globally and regionally



New HIV infection trends vary greatly by country, by population and by age group in Asia and the Pacific



Clients of sex workers and partners of key populations infections among

key populations and

their partners

52

Rest of population

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2021 HIV Estimates

key populations

and their partners

53

Unequal progress in treatment progress and reducing AIDS related mortality among Asia Pacific countries, 2020



Proportion of new ART initiations, people on ART and treatment gap among people living with HIV, 2020



Prepared by www.aidsdatahub.org based on Source: UNAIDS epidemiological estimates, 2021; UNAIDS Global AIDS Monitoring, 2021; and National AIDS Control Organization (2020). Sankalak: Status of National AIDS Response (Second edition, 2020). New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

Population zoom-in: how far are we with ending AIDS as a public health threat by 2030?

HIV prevalence among key populations in select geographical locations in ASEAN countries, 2015-2020



Regional overview: Treatment target and gaps

HIV testing and treatment cascade, Asia and the Pacific, 2019 & 2020





FULLY RESOURCE AND SUSTAIN EFFICIENT HIV RESPONSES: Resource availability and resource needs in Asia and the Pacific



Emphasize rights-based approaches in policies and programmes, and tackle harmful social norms, stigma and discrimination in all settings

•Key populations including younger cohort and partners of key populations are at high risk of HIV infection

•In 2020, key populations and their sexual partners accounted for 94% of HIV infections in Asia and the Pacific

•Adolescent young women and men aged 15–24 years, accounting for only 19% of the region's total population, but 26% of new infections occur among young people aged 15-24

Source: Prepared by <u>www.aidsdatahub.org</u> based on Integrated Biological and Behavioural Surveys, UNAIDS 2021 HIV Estimates, and National Commitments and Policies Instrument of Global AIDS Monitoring (GAM) 2017,2018, and 2019

- criminalize some aspect of sex work*
 - criminalize same-sex relations



18

36

Law does not allow for possession of a certain limited amount of drugs for personal use



14

criminalizing the transmission of, non-disclosure of or exposure to HIV transmission

restricting the entry, stay and residence of people living with HIV

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



Young key populations are at profound risk of HIV but NOT reached with HIV services



Source: Prepared by www.aidsdatahub.org based on Integrated Biological and Behavioural Surveys, and UNAIDS 2021 HIV Estimates

Scale up innovative interventions and differentiate HIV services across the continuum of care cascade

- Need to modernize differentiated service delivery, including scale-up of combination HIV prevention (particularly PrEP and harm reduction interventions), self-testing, multi-month dispensing, and maximizing the benefits of U = U (Undetectable = Untransmittable).
- Uptake of PrEP remains very slow despite the overwhelming evidence of its effectiveness
- Innovative solutions for service delivery are not disseminated and are not scaled up enough.



Sources: Prepared by <u>www.aidsdatahub.org</u> based on UNAIDS. Global AIDS Update 2021: confronting inequalities; WHO PrEP reporting for June 2021 (unpublished)

Inequalities in innovative HIV testing service provision left many key populations underserved



Source: www.aidsdatahub.org based on National Commitments and Policies Instrument and Global AIDS Monitoring (GAM) Reporting

Close the funding gap and mobilize sustainable domestic financing for prevention and treatment.

- The overall HIV funding in the region is only 38% of its 2025 target and there is 5.7 billion resource gap to reach 2025 resource needs
- HIV resource availability from domestic sources has increased significantly between 2010 and 2020. By contrast, all international sources of HIV funding are declining during the same period.
- These declines mostly affect HIV prevention services for key populations, which are heavily dependent on international funding, while domestic resources often prioritize funding for HIV treatment and care.

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



Note: Regional median calculated based on twelve reporting countries for female sex workers and gay men and other men who have sex with men, seven reporting countries for transgender people, and nine reporting countries for people who inject drugs.



Investment mismatch – unequal investment on key population HIV

prevention programmes



Resilient HIV response in humanitarian settings, and current and future pandemics and other shocks

The impact of COVID-19 on AIDS prevention and control programs varies in different countries:

- PLHIV have higher risks of COVID-19 morbidity and mortality
- Some AIDS-related services were forced to interrupt
- The pace of HIV testing declined
- Fewer PLHIV initiated treatment

COVID-19 crisis aggravates inequalities:

- Exposes the inadequacy of public health investment
- Threatens livelihoods of key populations
- Increased violence against women
- Increased vulnerability to humanitarian crises

Cambodia example: Innovations and differentiated service delivery – Solutions to address inequalities and barriers during pandemic

Same-day ART initiation scale-up in time of COVID-19 pandemic



MMD scale-up in time of COVID-19 to minimize service disruption



Baseline (pre-COVID) Additional PLHIV on MMD ---MMD coverage

COVID-19 PANDEMIC DISRUPTS THE GLOBAL AIDS RESPONSE: Resilient responses are needed to ensure access to HIV services



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



Systems for health, service integration and community-led response

- Enhance people-centered systems for health that ensure health and community systems, and social and structural enablers optimize the impact and sustainability of HIV programmes.
- Integrated service packages tailored and delivered in people-centered approach to reduce inequalities in the HIV response as well as to support Universal Health Coverage.
- Support community-led responses and inclusive HIV and health governance as a central strategy to improve service provision.
- Integrate community- led responses to strengthen national systems for health and social services at all levels.

Countries with approved Social Protection Strategy, Policy, Framework



Countries with laws, regulations, policies providing for CSO/CBO operation



INTEGRATE HIV INTO SYSTEMS FOR HEALTH: Integrated efforts are needed to close the health service gaps

Proportion of tuberculosis patients living with HIV who are on antiretroviral therapy





WAY FORWARD:

Asia Pacific Regional Priorities to End Inequalities and End AIDS

10%

LESS THAN 10%

of PLHIV and key populations experience stigma and discrimination

LESS THAN 10%

of PLHIV, women and girls and key populations experiencing gender-based inequalities and gender-based violence

LESS THAN 10%

of countries have punitive laws and policies

2025 HIV targets



People living with HIV and communities at risk at the centre

95%

95% of people at risk of HIV use combination prevention

95-95-95% HIV testing, treatment & viral suppression among adults and children

95% of women access sexual and reproductive health services

95% coverage of services for eliminating vertical transmission

90% of PLHIV receive preventive treatment for TB

90% of PLHIV and people at risk are linked to other integrated health services

Ambitious Targets and Commitments for 2025



USAID: Sustainability of HIV services for key populations in 4 countries in the Asia-Pacific region

Goal

The overall goal of the project is to expand effective public financing for community-led responses and create a solid foundation for sustainable HIV responses that consider the six components of sustainability in Cambodia, Indonesia, the Philippines and Thailand.

Objectives

- Developing or reviewing country sustainability roadmaps with a greater focus on community-led services, community involvement and increased spending for CBOs;
- Strengthening the organizational capacity of CBOs to increase their access to government schemes and domestic funding;
- Creating a community of practice and fostering opportunities for sharing best practices, lessons learned and South-to-South collaboration in the PEPFAR Asia Region

Outcome

Improved sustainability frameworks for community-led HIV responses in 4 countries that are more financially shockproof to changes in the international donor landscape.

Budget 200 000 USD

CDC support to the Asia Pacific Region on CLM initiatives

Objectives

- Map existing CLM initiatives and identify barriers and enablers for CLM in nine countries in Asia and the Pacific
- Guide and set the basis for a CLM strategy in Asia and the Pacific, including the development and testing of a regional toolkit on CLM tailored to the needs of KP networks and CBOs that considers the specificities of the HIV response in the region
- Facilitate the engagement of country and regional KP networks, CBOs and other partners in CLM initiatives; and
- Tailor the CLM toolkit developed to country situations, including peer support and training initiatives between and amongst the participating nine countries (four supported by DFAT and four five through CDC).

This investment will contribute to the focus area related to the greater engagement of civil society and CBOs in the provision of HIV testing, prevention and onward services, driving demand and advocating for a diversified range of high quality, evidence-based, KP accessible services.

Budget ≈100 000 USD



THANK YOU!

www.aidsdatahub.org



