



UNAIDS 2022



IAS EDUCATIONAL FUND SYMPOSIUM FOR THE SOUTH ASIA REGION

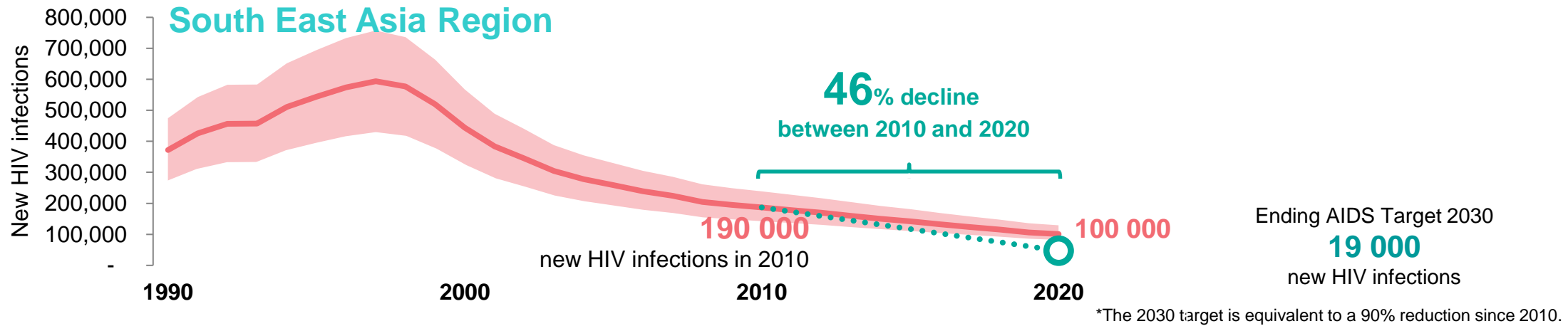
COVID-19 and HIV in South Asia: Regional overview of challenges and success stories

Taoufik BAKKALI,
Regional Director, UNAIDS Asia and the Pacific

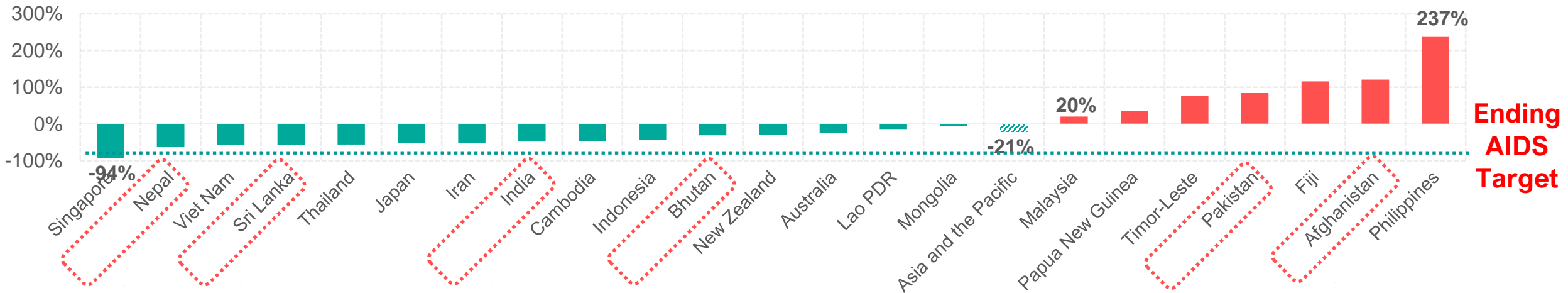




Ending AIDS is possible, but a course correction is needed to make it a reality



Percentage change in new HIV infections by country, Asia and the Pacific, 2010-2020





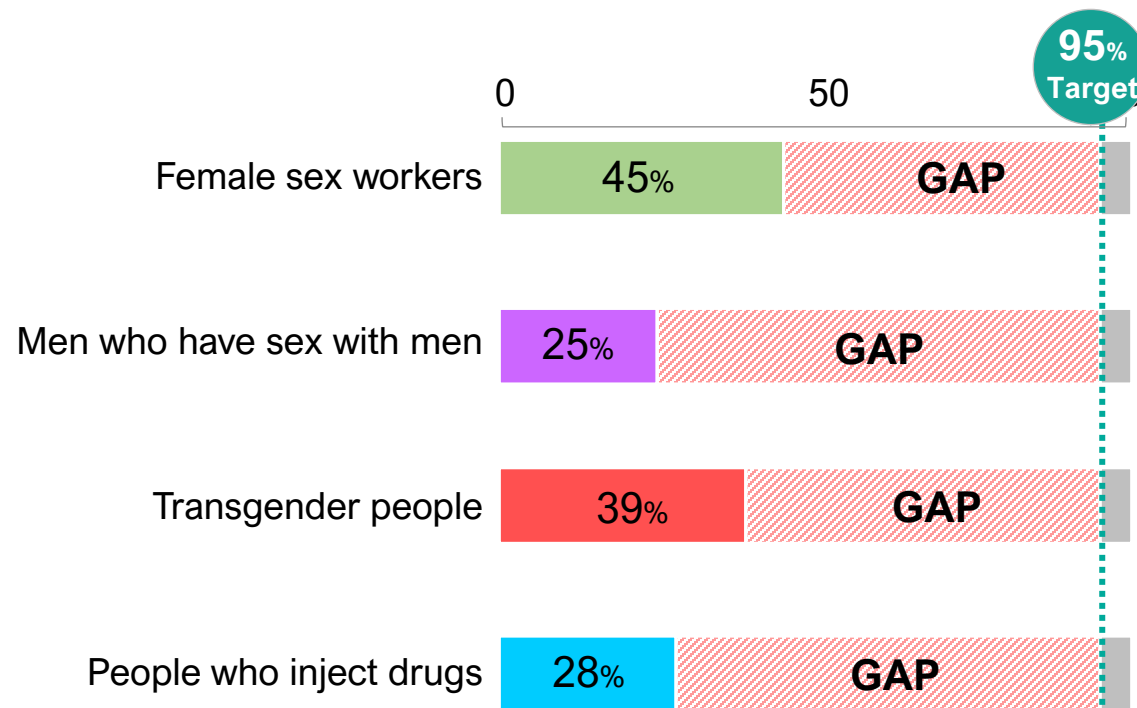
Inequalities in HIV service provision and access left many key populations underserved



HIV services remain largely inaccessible for most vulnerable populations

- In 2020, comprehensive prevention coverage for Key populations remain very low
- Criminalization, harmful gender norms, inequalities, and stigma and discrimination restrict access to HIV and sexual and reproductive health, and harm reduction services
- Inadequate policies and service delivery models do not respond to the needs of vulnerable populations

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.

The Global Strategy on AIDS, 2021 - 2026

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

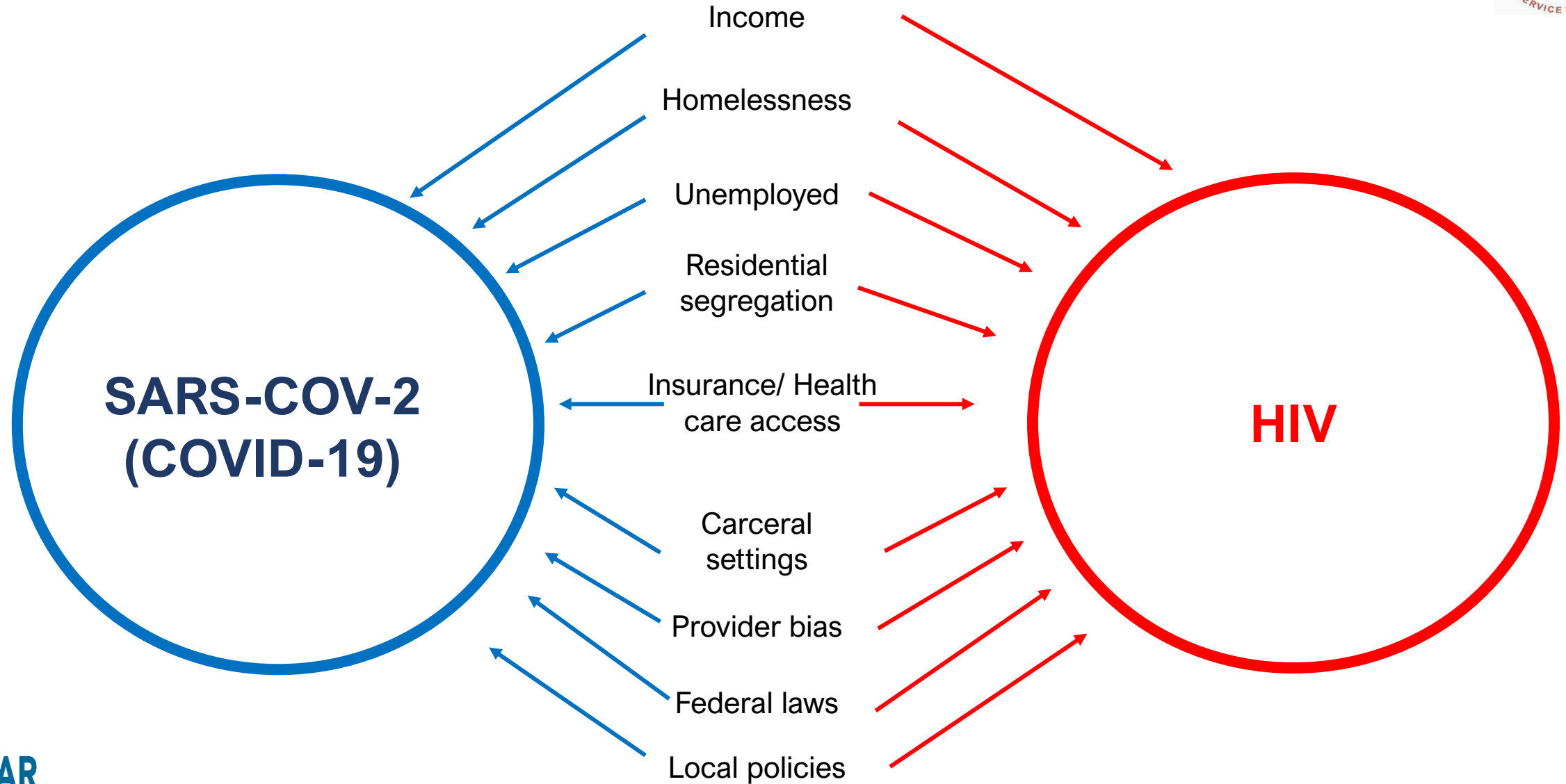
95% coverage of services for
eliminating vertical transmission

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

HIV and COVID-19 Intersectionality



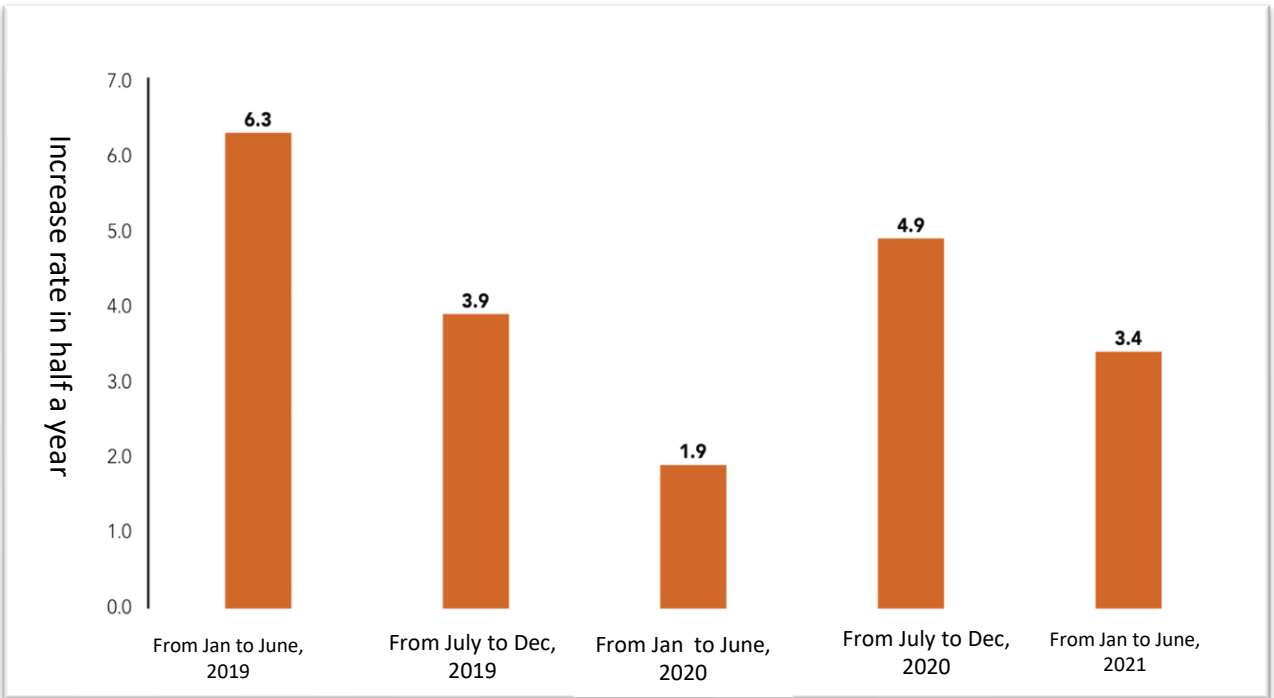
The impact of COVID-19 on AIDS prevention and control programs varies in different countries:

- 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:

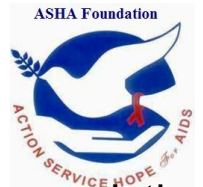
- Exposes the inadequacy of public health investment
- Threatens livelihoods of key populations
- Increased violence against women and KPs
- Increased vulnerability to humanitarian crises

Percentage change in the number of global antiretroviral treatments from January 2019 to June 2021

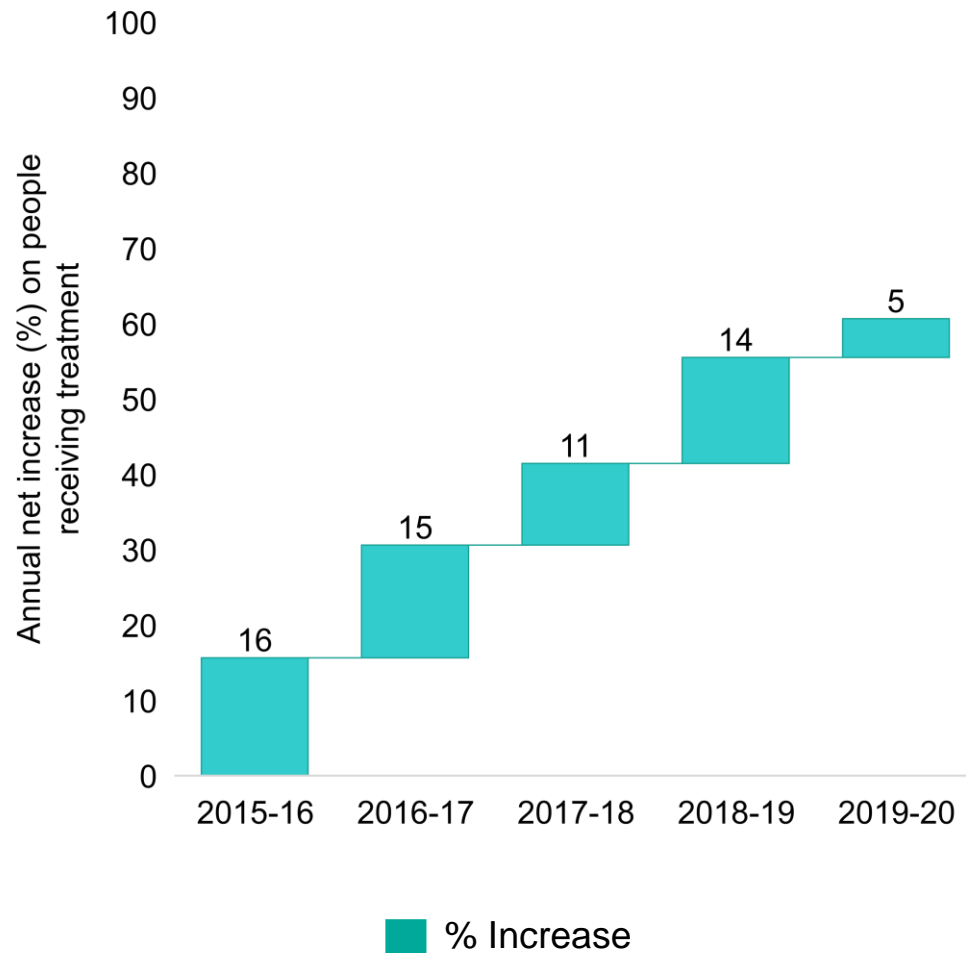


In the first half of 2020, many countries entered their first lockdown. The number of PLHIV receiving antiretroviral treatment increased by only 1.9% from January to June, 2020

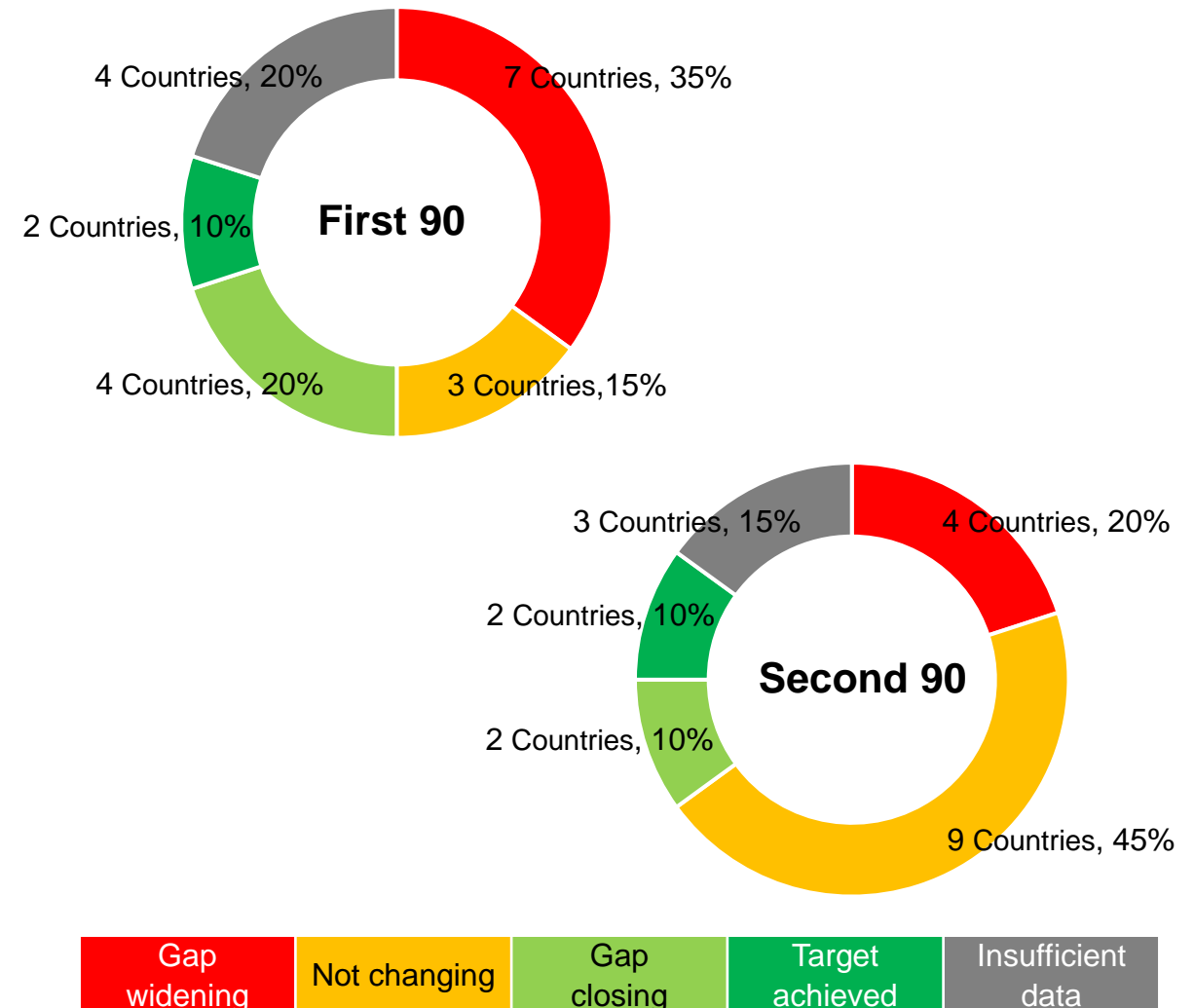
IAS **RIAS** The pace of treatment scale up is not fast enough to catch up with the treatment targets: uneven progress in Asia Pacific countries



Annual net increase on people receiving treatment in Asia Pacific region, 2015-2020



Distribution of countries (n=20) with respect to the evolution of gaps to the first and second 90s

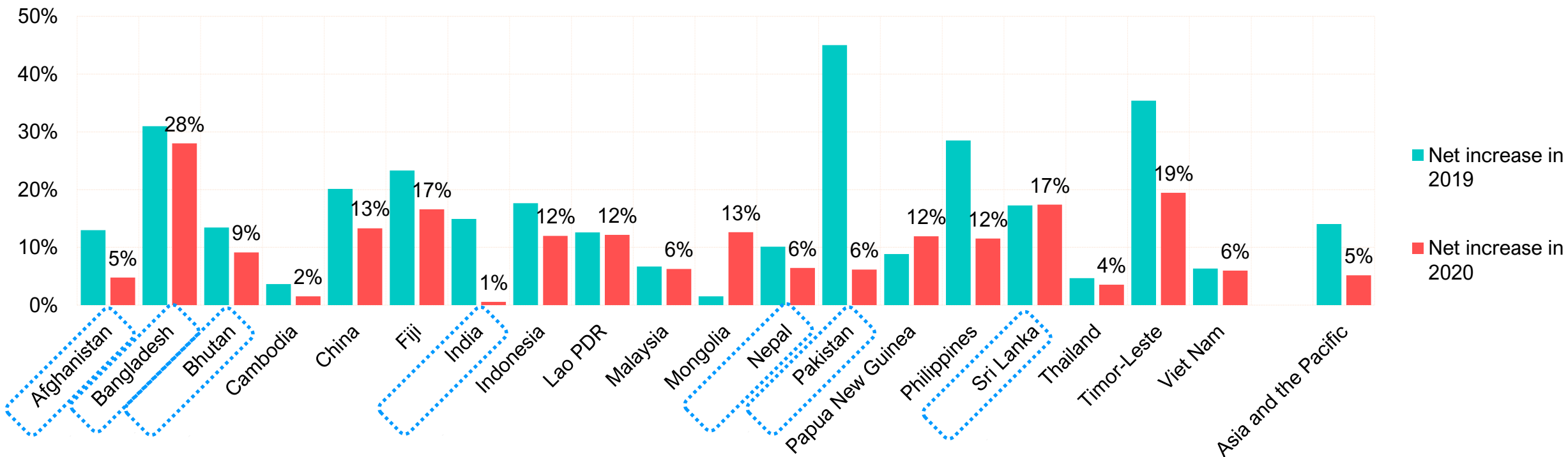




COVID-19 PANDEMIC DISRUPTS THE GLOBAL AIDS RESPONSE: Resilient responses are needed to ensure access to HIV services



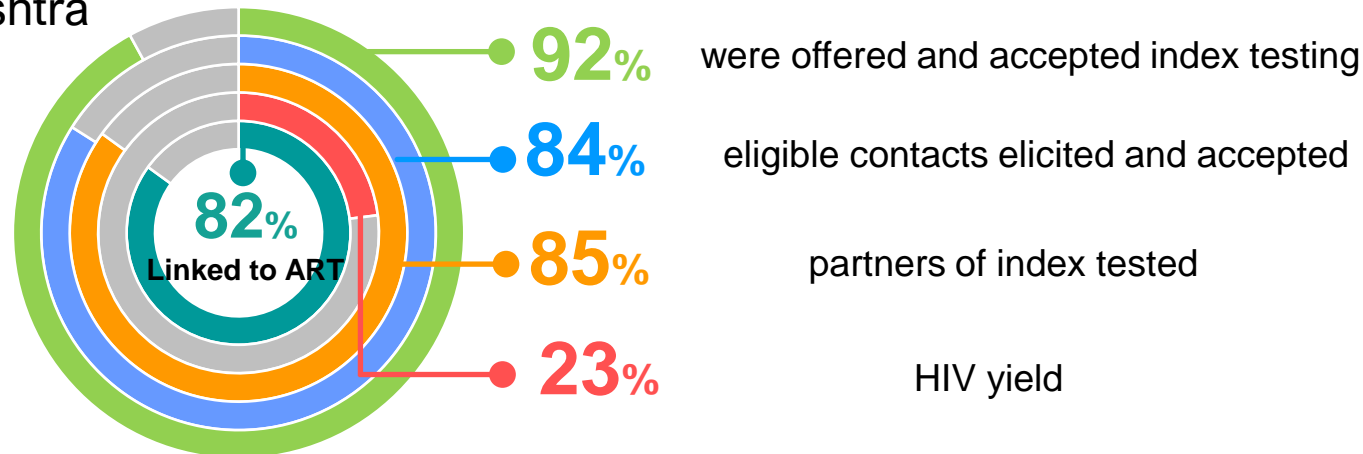
Comparison of net treatment scale-up in 2019 and 2020 by country



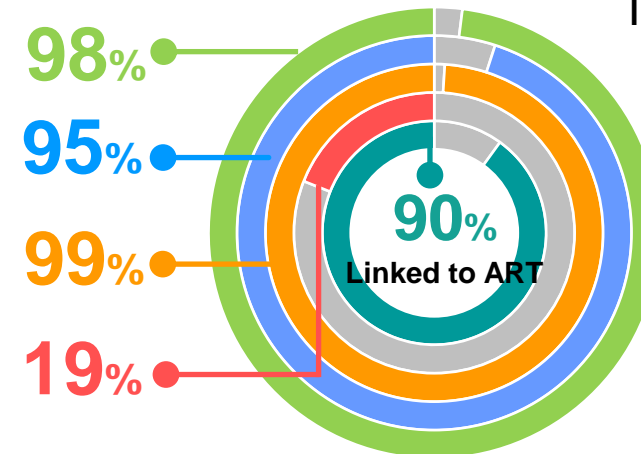
India: Innovations and differentiated service delivery – Solutions to address inequalities and barriers in access to HIV service

Index testing cascade with high HIV yield and linkage to treatment, 2021

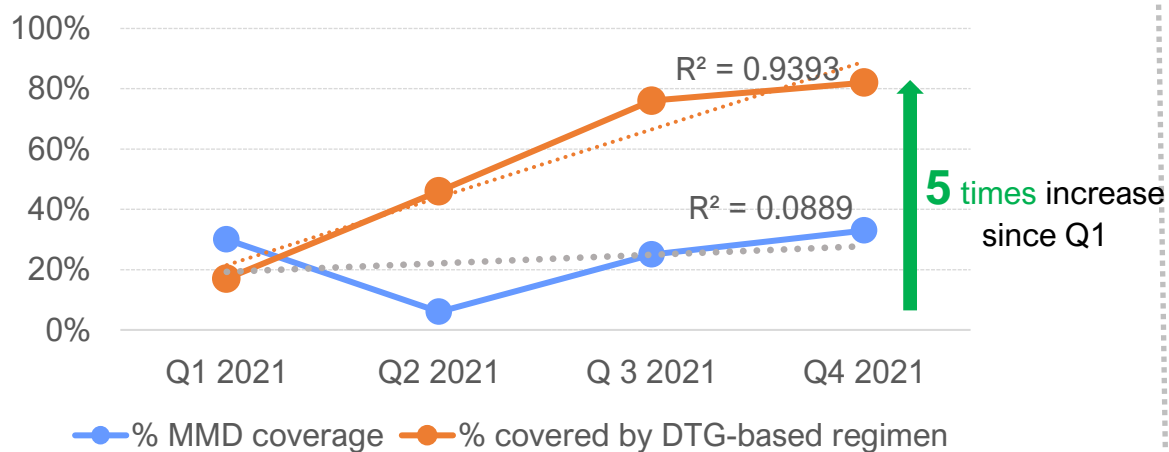
Maharashtra



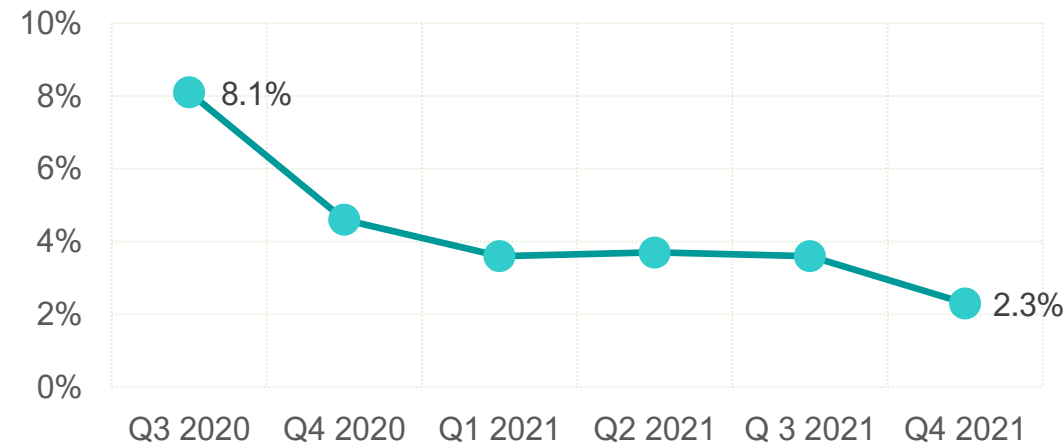
Telangana



MMD and DTG-based treatment regimen scale-up in time of COVID-19, Andhra Pradesh



Decline in interruption of treatment, Andhra Pradesh

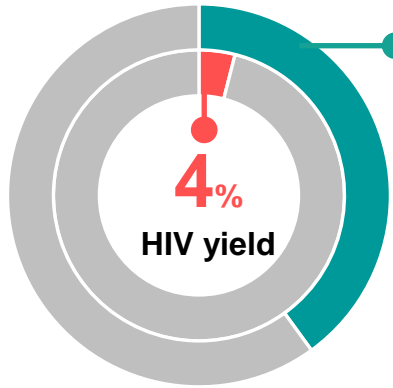


Nepal example: Innovations and differentiated service delivery – IAS Solutions to address inequalities and barriers in access to HIV service



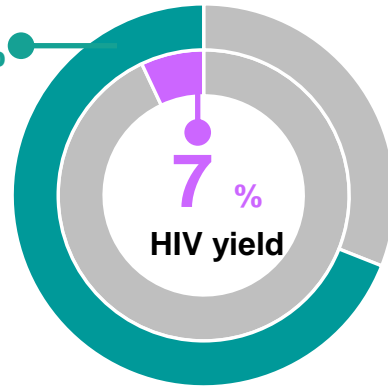
Increased HIV testing and yield through self-testing

Men who have sex with men



40%
Increased in HIV self-testing in last quarter of 2021*

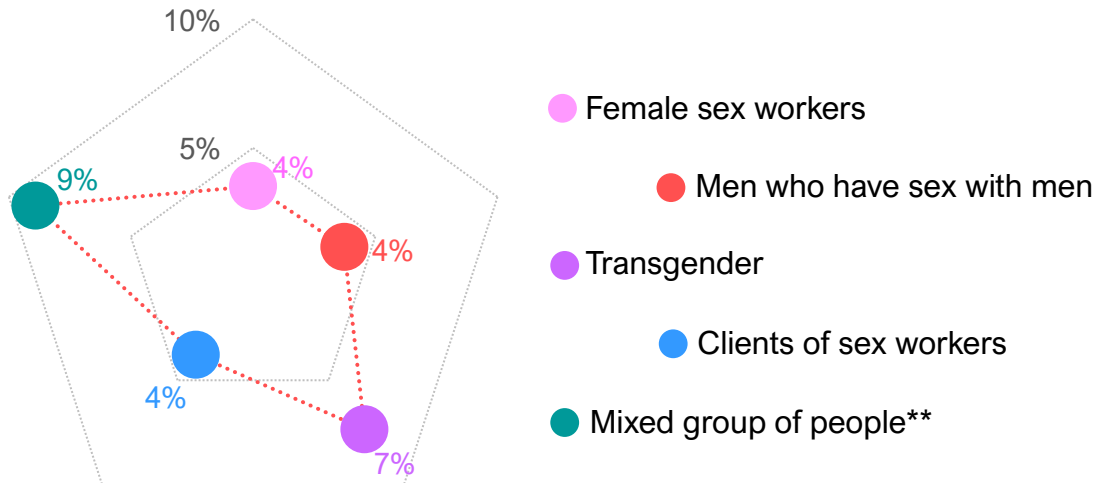
Transgender people



69%

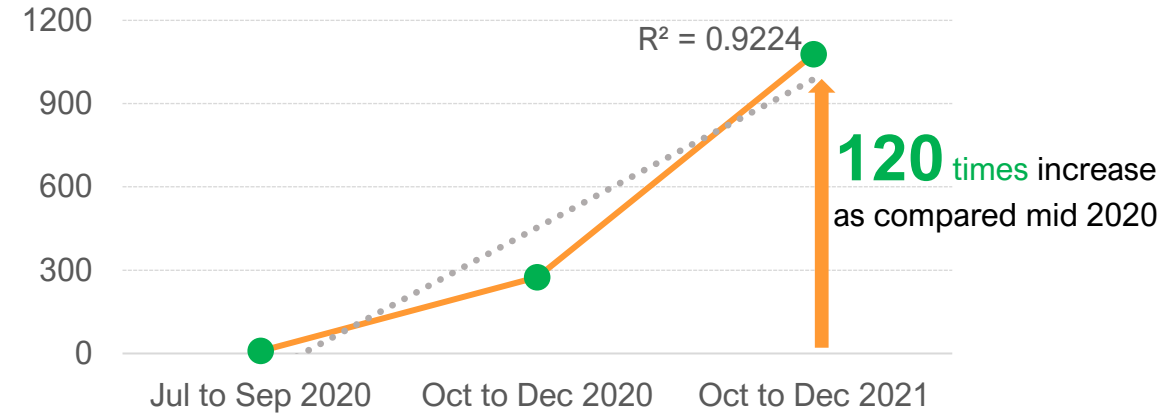
*comparing to same period of 2020

Increased HIV yield through self-testing by population

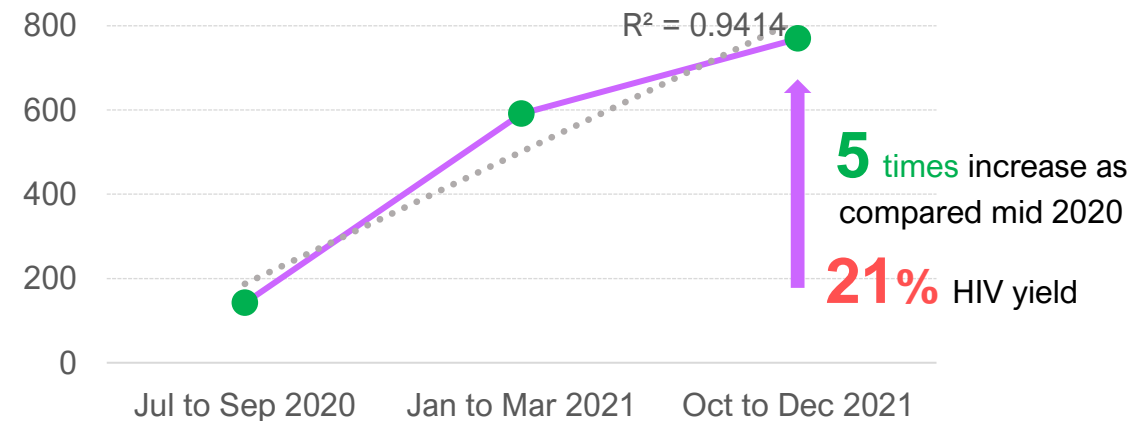


**partners of Index who have not disclosed their status, people who inject drugs, partners of key population, and migrants

PrEP initiation scale-up in time of COVID-19 pandemic



Index testing scale-up in time of COVID-19 pandemic



Rights in the time of COVID-19

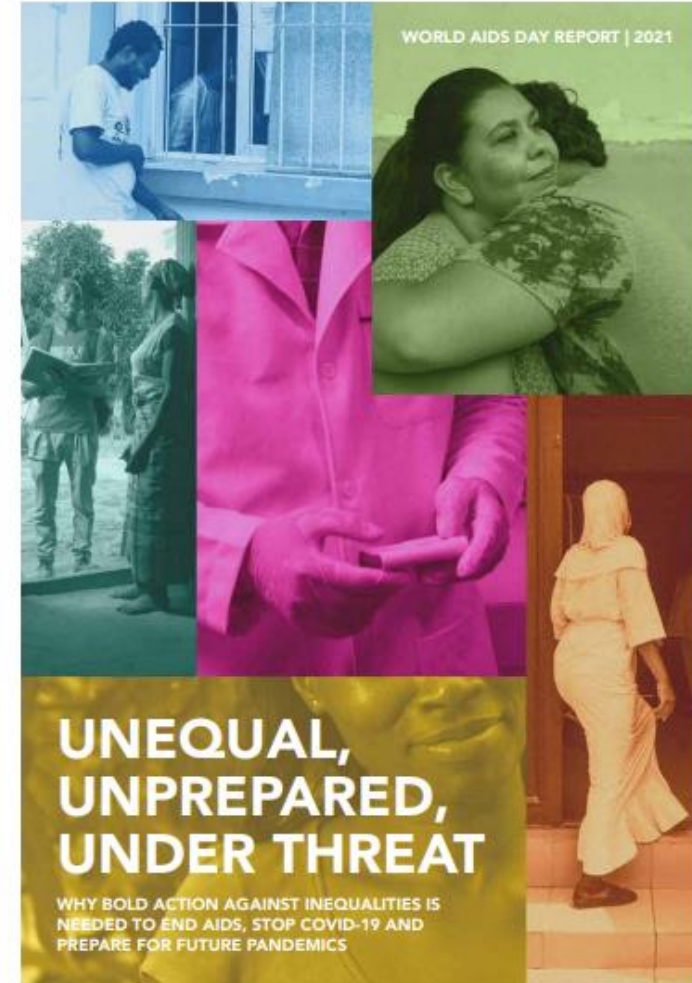
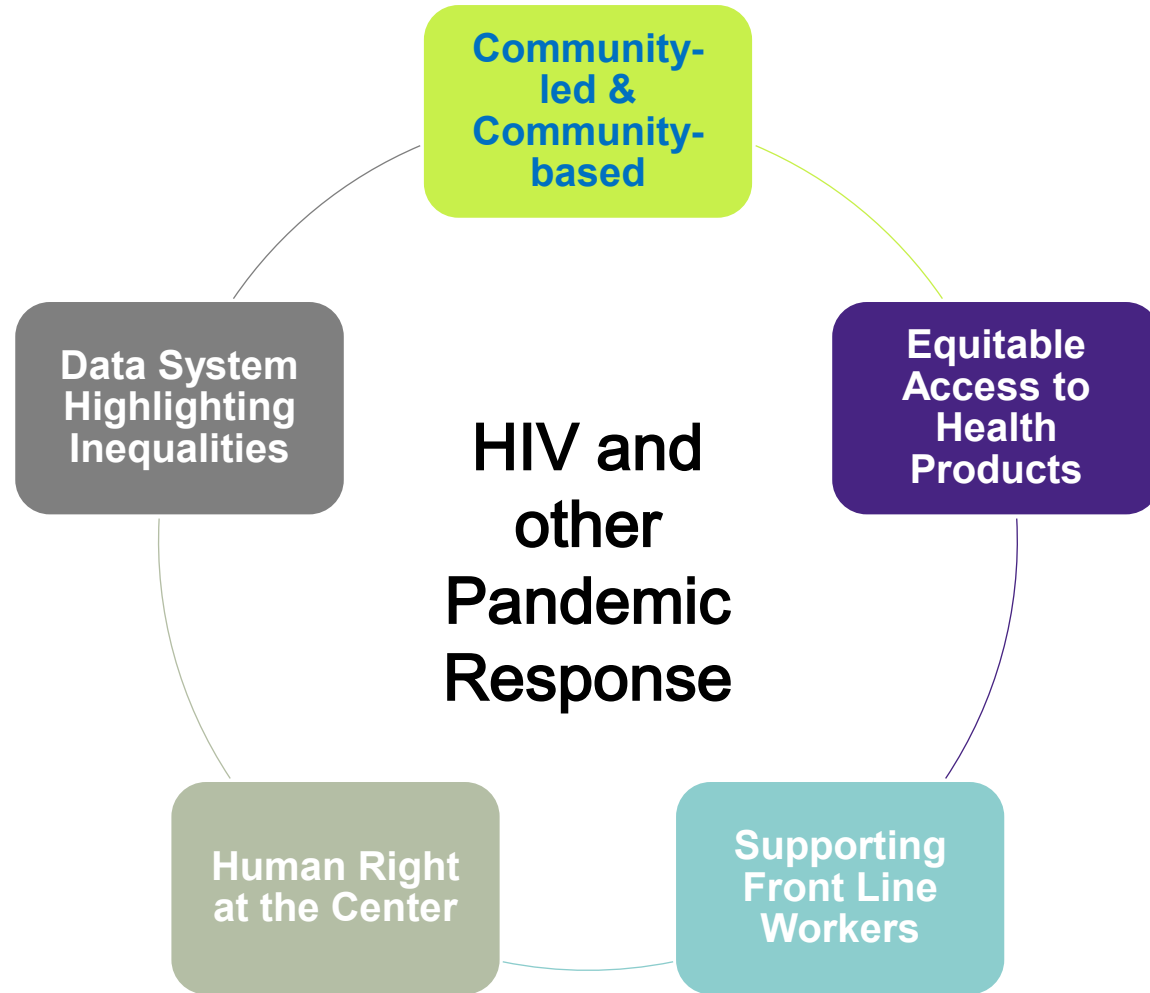
Takeaways from HIV for an effective, community-led response

- Communities are central in the response to pandemics.
- Combat all forms of stigma and discrimination.
- Support the most vulnerable.
- Remove barriers to people protecting their own health and that of their communities.
- No criminal sanctions - individuals should not be criminalized for breaching restrictions.
- International cooperation to ensure no country is left behind.
- Join and support efforts that build trust and amplify solidarity.
- Support and protect health care workers.





In the 40th year since the first case of AIDS, the Global AIDS Strategy put forward **five critical elements** for current and future pandemic response, that need more attention from world leaders:



**World AIDS Day Report
2021**



THANK YOU!

www.aidsdatahub.org

