UNAIDS 2026

Results in Asia and Pacific

2025 Performance Monitoring Report

The 2025 Regional Joint Programme Report for Asia and the Pacific highlights substantial progress in expanding HIV prevention, strengthening community led responses, advancing gender equality, and ensuring sustainability amid funding constraints. Across the region, the Joint Programme supported governments, civil society and communities to scale up people centred, rights based HIV services. Major achievements include accelerated roll out of pre-exposure prophylaxis (PrEP), including preparation for long-acting options, strengthened harm reduction systems, expanded gender responsive services, and significant advances in sustainability, domestic financing and service continuity in emergency settings.

The Joint Programme enabled major advances in combination HIV prevention. The Secretariat led the regional PrEP scoping study which supported countries' preparation for long-acting PrEP such as lenacapavir, while regional advocacy platforms strengthened momentum for equitable access. Through the Joint Programme support, Cambodia scaled up oral PrEP and introduced long-acting cabotegravir and the dapivirine vaginal ring; the Philippines expanded HIV testing and saw over 72 000 people access PrEP. WHO and the Secretariat prioritized support that enabled countries including Indonesia, the Philippines and Thailand to begin formal preparations for lenacapavir introduction in 2026, while Fiji and Papua New Guinea initiated feasibility and access planning. Harm reduction services expanded through updated methadone guidance in Viet Nam, community led models in Indonesia and Thailand, and a regional practitioner training. In Pakistan, WHO supported community based HIV prevention and testing, including PrEP and HIV self testing, strengthened treatment optimisation through the national HIV drug resistance survey, and supported the HIV response in selected provinces. To boost continuity of services, in Bangladesh, the Joint Programme facilitated HIV testing of over 3400 people. WHO supported digital transformation which expanded virtual HIV, hepatitis and STI services, including social media outreach, tele counselling, digital referrals and HIV self-testing, with hybrid models in India, Thailand and Bangladesh. WHO validated the Maldives as the the first country to achieve the triple elimination of vertical transmission of HIV, syphilis and hepatitis B, a groundbreaking achievement made through integrated antenatal care, immunization and testing. Additionally, UNICEF, WHO and the Secretariat spearheaded the launch of the Asia-Pacific Triple Elimination Roadmap, receiving progress data from 21 countries to guide implementation.

HIV-related Community-led and rights-based actions were strengthened across the region. The Secretariat worked with partners to establish a new LGBTQI+ Emergency Fund which supported organizations facing financial crisis related to HIV services. Furthermore, UNDP and the Secretariat supported literature review and focus group discussions led by communities to develop a training manual on preventing technology-facilitated gender-based violence (GBV) to enhance digital resilience. UNDP also worked with national authorities to reduce HIV related legal, administrative and social barriers in India enabling 400 clients to access legal aid services and facilitating transgender ID card issuance which expanded access to HIV, health and social services. UNDP further supported access to services for young people in the Philippines, where youth officials were trained to integrate HIV prevention into local plans. Across the region, gender responsive HIV outcomes were strengthened through UNESCO, UN Women and partners working towards a gender-responsive HIV response. Over 20 000 women received survivor-centred services, while in multiple countries, HIV and GBV services were integrated. There was prioritized support for comprehensive sexuality education (CSE), teacher training and youth leadership,

reaching millions of learners and enabling safer school environments. In Pakistan, HIV sensitive approaches were embedded within provincial education and health systems, while in Viet Nam teacher education reforms systematically integrated gender equality and CSE.

The Joint Programme provided political, technical and financial support to countries to protect essential services and strengthen long-term sustainability. The Secretariat's strategic advocacy, led to safeguarding of grants to support continuity of HIV services and mobilized domestic resources in countries with rising epidemics, including Philippines, Fiji and Papua New Guinea. Domestic financing progressed in Cambodia, Thailand and Viet Nam, with new funding mechanisms and sustainability roadmaps supporting long term HIV responses.

Integration of HIV services was a priority, and UNDP and the Secretariat aided the registration of over 50 600 people in social protection schemes in Cambodia, while the Government committed to fully domestically finance HIV treatment. In Viet Nam, the National Assembly approved a new Disease Prevention Fund and an investment policy for the National Target Programme on Health Care, Population and Development (2026–2035), both expecting to boost domestic resources accessible to the HIV response. In humanitarian and transition settings, UNODC and partners maintained access to HIV, hepatitis and drug treatment services. For example, in Myanmar, volunteers received the necessary training to provide HIV, hepatitis and drug treatment, including methadone for internally displaced people and host communities while testing services and referral systems for refugees were expanded in Bangladesh.

WHO Southeast Asia Regional Office midterm review of the Integrated Regional Action Plan for Hepatitis, HIV and STIs generated consolidated evidence on regional progress - showing strong declines in HIV mortality alongside persistent gaps in hepatitis diagnosis, STI surveillance and service integration for key populations. Regional political commitment on HIV and substance use was strengthened through a joint WHO–UNAIDS session at the seventy sixth WHO Regional Committee for the Western Pacific, engaging 38 countries and areas and catalysing shared priorities and coordinated responses. Furthermore, the Secretariat led regional consultations for the Global AIDS Strategy (2026–2031) which aligned 23 countries around prevention scale up, service integration and institutionalized community leadership.

2025 Expenditures and Encumbrances in Asia and Pacific against allocated funds (in US$)

Core		Non-core		Total	
Core Allocated Funds	Expenditures and encumbrances	Non-core estimates	Expenditures and encumbrances	Total allocated funds	Total Expenditures and encumbrances
18 282 669	17 649 488	31 375 900	18 355 809	49 658 569	36 005 297

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