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# 2014 regional summary report

## Asia and Pacific

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## INTRODUCTION

This report provides a summary of the key UNAIDS achievements in 2014 in the Asia and the Pacific (AP) region, grouped by the three strategic directions of the UNAIDS 2011–2015 strategy. It lists major challenges and key future interventions and outlines the way the regional Joint Team operates. It can be read as a standalone report, although it is principally designed to complement other UNAIDS reporting at the country and global level.

## ACHIEVEMENTS

### **Strategic direction 1: revolutionize HIV prevention**

While new HIV infections in the Asia and Pacific region declined by 6% between 2005 and 2013, the number of new infections in the region has remained constant at approximately 350 000 per year for the last six years.

Mapping of projects on early diagnosis and immediate treatment has either been completed by the World Health Organization (WHO) or has been ongoing in Member States where key gaps have been identified. Initiatives to develop national capacity, through horizontal collaboration and regional centres of excellence on HIV research, were also taken forward.

In 2014, the Joint Programme, civil society organizations and other stakeholders strengthened collective efforts for targeted interventions for key populations, focusing on 12 high-burden countries. These efforts have included:

- conducting studies, research, modelling, development and adoption of toolkits, guidelines and standard packages of services for men who have sex with men, sex workers, people who inject drugs, transgender people, young key populations and migrants or mobile populations;
- promoting community-led interventions; and
- building the capacity of civil society organizations for increased uptake of prevention services.

Efforts on the part of the United Nation Office on Drugs and Crime and other UNAIDS Cosponsors resulted in a policy change for people who inject drugs, permitting community-based needle and syringe programmes in Cebu, the Philippines. Expansion of these programmes to other cities and countries is expected in the region, for example the rapid expansion of methadone maintenance treatment services in India.

In Afghanistan, with the support of a regional grant from The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), targeted interventions from UNAIDS provided prevention services for men who have sex with men through male health clinics, referral and outreach services. By the end of September 2014, these interventions had reached a

total of 7360 men with high-risk behaviours in the cities of Kabul and Mazar-i-Sharif. A major achievement by United Nations organizations in the Asia and Pacific region, in cooperation with the Secretariat of the Pacific Community, has been the development of the Pacific sexual health & well-being shared agenda 2015–2019, which is guiding integration of HIV and sexually transmitted infections and reproductive health services in the region, as well as serving as a platform for a multi-country Global Fund concept note.

### **Strategic direction 2: catalyse the next phase of treatment, care and support**

In 2013, approximately 1.6 million (33%) people living with HIV were receiving treatment in the Asia and Pacific region, complemented by a 27% decline in AIDS-related deaths since 2005. Some 74 000 pregnant women (19%) were receiving antiretroviral medicines and there was a 15% decline in new paediatric infections, with Option B+, a lifelong antiretroviral therapy, adopted in 15 countries in the Asia and Pacific region.

In 2014, WHO and the UN Regional Interagency Team on AIDS (UN–RITA) supported countries in adapting and implementing updated and consolidated guidance on antiretroviral therapy as well as reviewing and developing innovative HIV service delivery models, including community-based testing and counselling. Civil society organizations, community based organizations and nongovernmental organizations (NGOs) have also been engaged to strengthen uptake of HIV counselling and testing and adherence to antiretroviral therapy among key populations.

- India, Indonesia, Myanmar, Nepal and Thailand have all adapted or implemented the metrics framework for monitoring and improving the cascade of HIV testing, care and treatment services.

In 2013, the percentage of tuberculosis patients with HIV in the South-East Asia and western Pacific regions was 43% and 35% respectively, slightly lower than the global average of 48%. The number and prevalence of HIV infections among tuberculosis patients in the Asia and Pacific region has not increased since 2012.

WHO and other Cosponsors, along with the UNAIDS Secretariat and the Global Fund, , have continued their strong collaboration throughout 2014, supporting new funding model concept note development and implementation of new funding model projects in selected high-burden countries, including HIV-associated tuberculosis programming.

### **Strategic direction 3: advance human rights and gender equality for the HIV response**

Supported by UN–RITA, national HIV and law dialogues were held in 19 countries in the Asia and Pacific region. In Pakistan, the dialogue led to the passing of a law in Sindh to control the transmission of AIDS—the first AIDS law in South Asia—while the governments of Bangladesh, India, Nepal and Pakistan recognized transgender—hijra—as a third gender.

The International Labour Organization (ILO) research on working conditions, safety and access to health services for sex workers in the region led to the Cambodian Ministry of Labour issuing a policy of full protection to entertainment workers under national labour law.

The United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the UNAIDS Secretariat and the Asia Pacific Network of Sex Workers completed and launched “The right(s) evidence—sex work, violence and HIV in Asia: a multi-country qualitative study” in 2014, for which they were awarded the 2014 Robert Carr Research Award.

The regional support team (RST) analysis of laws, regulations and policies in Australia resulted in the Government of Australia confirming it does not enforce HIV-related travel restrictions.

During 2014, the United Nations Children’s Fund (UNICEF), UNDP, UNFPA, UN Women and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the UNAIDS Secretariat continued to provide support to the Asia-Pacific Inter-Agency Task Team (IATT) on Women, Girls, Gender-Equality and HIV. Support has focused on ensuring that the voices of key HIV affected women and girls are heard and included in shaping regional and international policy decisions. The “UNZIP the Lips” campaign, supported by UN Women with technical contributions by the IATT partners in 2014, was successful in ensuring the voices of HIV affected women and girls were able to influence the outcomes of the Asian and Pacific Conference on Gender Equality and Women’s Empowerment: Beijing +20 Review, the 2014 International AIDS Conference, the ICPD beyond 2014 Global Report review and the post-2015 dialogues.

## **MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED**

A lack of quality strategic information on size estimates, knowledge and behaviours, testing and availability of condoms is proving challenging for prevention efforts. This is compounded by limited resources at country and regional levels to conduct specific epidemiological studies on key populations at higher risk.

In addition, there are major barriers in identifying pregnant women living with HIV. This is due to large numbers of pregnancies in the region, very low testing of women of reproductive age and pregnant women, as well as the slow rollout of point-of-care testing, compounded by persisting stigma and discrimination. Early infant diagnosis coverage also remains low in most countries in the region. The majority of women living with HIV in the Asia and Pacific region have acquired HIV from their long-term intimate partners, an issue which has yet to be adequately addressed.

Barriers to expanding access to community led, innovative service delivery for key populations of all ages are created due to country-level policies across a range of areas: sexual and reproductive health and rights, adolescent sexual and reproductive health,

gender diversity, decentralization, integration and task shifting for HIV testing, care and treatment services. This issue is being addressed through the UNFPA AIDS Projects Management Group country workshops.

Low coverage of HIV services for people who inject drugs continues to be an issue in the Asia and Pacific region, while punitive laws, policies and law enforcement operations continue to hamper access to HIV services by this group. Low HIV counselling and testing coverage also persists among key populations—sex workers, men who have sex with men, people who inject drugs and transgender people—and those who are tested have often already been tested, rather than people seeking their first test.

There is a lack of awareness and capacity for addressing the public health impacts of the Agreement on trade-related aspects of intellectual property rights (TRIPS) flexibilities and investment treaties. Maintaining momentum at country level to take forward implementation of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) Roadmap to 2015 and other regional and national recommendations is also proving challenging.

Human rights still remain an issue on the regional agenda as there are some countries that have not yet lifted travel restrictions, while some countries are criminalizing sex work and HIV-related stigma and discrimination persists. High level advocacy is being undertaken to try to redress the situation. The links between violence, homophobia and impacts on sexual reproductive health and rights and HIV, drug use and other risks are not well understood due to a lack of robust evidence. This is being addressed through The right(s) evidence—sex work, violence and HIV in Asia: a multi-country qualitative study.

## KEY FUTURE INTERVENTIONS

- UNFPA and its partners will conduct workshops on effective HIV and sexual reproductive health responses for key populations in four countries.
- UNICEF, UNDP, WHO, UNAIDS Secretariat, the Asia Pacific Coalition on Male Sexual Health and the Asia Pacific Transgender Network will be conducting country and regional dialogues in rolling out the 2014 consolidated key population guidelines to high burden countries and cities.
- Establishing and operationalizing an Asia and Pacific regional validation mechanism for elimination of mother-to-child transmission and keeping mothers alive.
- Providing technical assistance for scaling up implementation of 2013 and 2014 WHO guidelines on care and management of HIV, hepatitis and sexually transmitted infections as well as viral load testing for monitoring treatment.
- Developing innovative, evidence-informed and rights-based service models for HIV testing, care and treatment for key populations.
- Developing a framework for integrating HIV and sexually transmitted infections response within universal health coverage.

- Supporting countries to enhance HIV-associated tuberculosis collaboration.
- ILO advocacy to ensure people living with HIV and access by key populations to all social protection services in four countries.
- Strategic integration of Intellectual Property Rights access to medicines in policy dialogue on equity in universal health coverage.
- UNDP and UNAIDS Secretariat will support national dialogues on HIV and the law and legal reviews as well as monitoring progress, analysing and disseminating lessons learned. Support will also be given to countries to move forward with the ESCAP Roadmap to 2015 and other recommendations.
- UNFPA and UNESCO will coordinate development of a regional legal advocacy toolkit addressing barriers to young people's access to HIV and sexual reproductive health services for pilot trainings in 2015.

## THE UNAIDS REGIONAL COORDINATION MECHANISM

UN–RITA is composed of all 11 Cosponsors and UNAIDS Secretariat. It ensures harmonized United Nations support for country-level AIDS responses to implement the UNAIDS 2011–2015 Strategy, the UNAIDS Unified Budget, Results and Accountability Framework, and the targets set at the High Level Meeting on AIDS in 2011.

UN–RITA's key functions are to:

- coordinate efforts among UNAIDS Cosponsors and other entities in support of country responses;
- enhance joint efforts and alignment in setting regional priorities and provision of technical support to countries;
- discuss and propose solutions for programmatic and strategic issues that are common to a number of agencies; and
- promote human rights-based approaches and gender equality to the HIV/AIDS response.

UN–RITA meets approximately once per month and the RST serves as the secretariat. An extended regional partnership forum composed of UN–RITA members, donor representatives, civil society organizations and NGOs meets twice a year to discuss the implementation of agreed regional priorities.



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