

Asia and the Pacific regional report

Unified Budget Results and Accountability
Framework (UBRAF) 2016-2021



the first two years of life, and the third year of life is the most difficult for the child.

The first year of life is the most difficult for the child because the child is completely dependent on the mother for all his needs. The child is completely dependent on the mother for all his needs.

The second year of life is the most difficult for the child because the child is beginning to explore the world around him. The child is beginning to explore the world around him.

The third year of life is the most difficult for the child because the child is beginning to assert his independence. The child is beginning to assert his independence.

The fourth year of life is the most difficult for the child because the child is beginning to develop a sense of self. The child is beginning to develop a sense of self.

The fifth year of life is the most difficult for the child because the child is beginning to develop a sense of responsibility. The child is beginning to develop a sense of responsibility.

The sixth year of life is the most difficult for the child because the child is beginning to develop a sense of achievement. The child is beginning to develop a sense of achievement.

The seventh year of life is the most difficult for the child because the child is beginning to develop a sense of accomplishment. The child is beginning to develop a sense of accomplishment.

The eighth year of life is the most difficult for the child because the child is beginning to develop a sense of pride. The child is beginning to develop a sense of pride.

The ninth year of life is the most difficult for the child because the child is beginning to develop a sense of respect. The child is beginning to develop a sense of respect.

The tenth year of life is the most difficult for the child because the child is beginning to develop a sense of honor. The child is beginning to develop a sense of honor.

The eleventh year of life is the most difficult for the child because the child is beginning to develop a sense of dignity. The child is beginning to develop a sense of dignity.

The twelfth year of life is the most difficult for the child because the child is beginning to develop a sense of nobility. The child is beginning to develop a sense of nobility.

The thirteenth year of life is the most difficult for the child because the child is beginning to develop a sense of grace. The child is beginning to develop a sense of grace.

The fourteenth year of life is the most difficult for the child because the child is beginning to develop a sense of beauty. The child is beginning to develop a sense of beauty.

The fifteenth year of life is the most difficult for the child because the child is beginning to develop a sense of charm. The child is beginning to develop a sense of charm.

The sixteenth year of life is the most difficult for the child because the child is beginning to develop a sense of wit. The child is beginning to develop a sense of wit.

The seventeenth year of life is the most difficult for the child because the child is beginning to develop a sense of humor. The child is beginning to develop a sense of humor.

The eighteenth year of life is the most difficult for the child because the child is beginning to develop a sense of wisdom. The child is beginning to develop a sense of wisdom.

Contents

Achievements	2
HIV testing and treatment	2
Elimination of mother-to-child transmission (eMTCT)	2
HIV prevention among young people	3
HIV prevention among key populations	3
Gender inequality and gender-based violence (GBV)	3
Human rights, stigma and discrimination	4
Investment and efficiency	5
HIV and health service integration	6
Humanitarian Emergencies	6
Challenges	8
Key future actions	9

Achievements

HIV testing and treatment

A national HIV, hepatitis and STI programme managers meeting in WHO's Western Pacific region in June 2017 reviewed progress on global goals. Recommendations informed the regional operational plan for 2018–2019. Similarly, a meeting earlier in 2017 led to an action plan to guide provision of WHO and UNAIDS technical support for ending AIDS as a public health threat in south-east Asia. The action plan was launched on World AIDS Day 2017.

Technical support to adapt new WHO HIV treatment guidelines to national circumstances was provided in China, Cambodia, Lao People's Democratic Republic, Malaysia, Papua New Guinea and Viet Nam. The Philippines is at the last stage of adapting the guidance. A regional review in response to declining external funding for HIV programmes was carried out, and a country fact sheet on HIV financing status 2009–2015 published.

China, Myanmar, Papua New Guinea, the Philippines and Viet Nam received technical and financial support from WHO and the Regional Support Team to assess case-based and patient monitoring systems. Systems improvements have been made to better monitor HIV and sexually transmitted infections (STIs) responses. Eight countries also received support to validate data and develop the HIV treatment cascade to monitor progress towards the SDGs, which was shared on public websites and in a data visualization programme. Support to develop HIV drug resistance surveillance protocol was provided to China and Papua New Guinea.

Elimination of mother-to-child transmission (eMTCT)

Joint work with WHO's maternal and child health and immunization units and other partners resulted in the Regional Framework for Triple Elimination of Mother-to-Child Transmission of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018-2030, which was endorsed by member states in October 2017. The framework sets the norm and momentum for an integrated and coordinated approach to eliminating mother-to-child transmission of the three diseases. Dedicated support to help countries validate eMTCT was provided. Malaysia, in particular, was supported by WHO, UNAIDS and UNICEF in preparing the national elimination report for the elimination of mother-to-child transmission of HIV and syphilis, including a pre-validation review and internal validation of data.

Following a national consultation in China in September 2016, UNICEF, WHO and UNAIDS supported the launch in September 2017 of a demonstration programme on validating elimination of HIV, syphilis and hepatitis B. UNICEF, UNAIDS and WHO, in partnership with the International Training Center, Thailand's Ministry of Public Health and the Centers for Disease Control and Prevention, organized a South-South learning and exchange workshop on the country's validation of eMTCT. This helped in building the commitment, and capacity,

of the governments of China and Myanmar. A global webinar on the experience and lessons from Thailand was organized in March 2017.

HIV prevention among young people

The Inter-Agency Task Team (IATT) on Young Key Populations, which includes UNFPA, UNICEF, UNESCO and the UNAIDS Secretariat, helped provide leadership and life skills on HIV, SRH, laws and policy to improve young people's access to HIV and other health services. UNFPA, UNICEF and UNAIDS supported the launch of TeenGen, a leadership training workshop for adolescents from key populations. The IATT has also supported Youth Voices Count in a study on PrEP preparedness among adolescent men who have sex with men and transgender people.

UNFPA, UNESCO, UNICEF and UN Women held a regional technical consultation to push the agenda on comprehensive sexuality education (CSE) in the region. UNFPA and UNESCO backed the development of a legal advocacy toolkit to help youth-led organizations understand legal and policy barriers in accessing SRHR services and advocate for their removal. The NGO Youth LEAD held country initiatives on the toolkit in Myanmar and the Philippines with support from UNAIDS, UNICEF and UNFPA.

HIV prevention among key populations

UNFPA and APMGlobal Health developed a web-based curriculum, The Connect Effect, (connect-effect.com). The site helps national health programmes and communities to better meet the integrated HIV and sexual and reproductive health and rights (SRHR) needs of key populations, especially their sexual and reproductive health (SRH), choice about pregnancy, safety from violence, financial security and overall well-being. The curriculum was rolled out in Bangladesh, China, Mongolia, Myanmar, Papua New Guinea, Philippines and Viet Nam among key populations, policy-makers, health planners and service providers, and community organizations.

To address the rising HIV epidemic in the Philippines, a demonstration project for pre-exposure prophylaxis (PrEP) for men who have sex with men and transgender women was initiated by the WHO regional office with support from their country office. By the end of 2017, 250 people had enrolled

Gender inequality and gender-based violence (GBV)

To support national and local planning to implement the SDGs, UN-Women, UNDP, the UNAIDS Secretariat and other partners supported engagement of women living with HIV. Unzip the Lips and the International Community of Women Living with HIV (ICW)-Asia/Pacific, with support from UN-Women, UNDP, the UNAIDS Secretariat and other partners, launched

and disseminated the video and Unzipping Agenda 2030 for Key Affected Women and Girls in the HIV Epidemic in Asia and the Pacific, identifying the opportunities for monitoring and tracking of the progress towards SDGs for women and girls in the context of HIV.

UN Women, UNFPA, UNDP and the UNAIDS Secretariat launched a regional Policy and Programme Guidance: HIV and GBV Preventing and responding to linked epidemics in Asia and the Pacific. UN Women developed a regional Guidance on Gender Responsive Budgeting (GRB) for the HIV response in Asia and the Pacific to offer top management, national planners, and civil society organizations a resource on how to integrate gender equality into HIV policy and planning.

Building on UNDP research, and collaborating with networks of women and people living with HIV, UNDP and UNAIDS supported civil society initiatives in Cambodia and Nepal to protect the rights of women and people affected by HIV in health-care settings.

The UN Refugee Agency UNHCR worked with UNFPA and the Women's Refugee Commission and NGO partners to address sexual and gender-based violence, including child marriage and spousal rape, faced by Rohingya-speaking female refugees in Malaysia, India and Indonesia. Throughout the region, activities have been conducted to prevent sexual and gender-based violence, notably by engaging all actors to end violence against women and strengthening community-based protection.

Human rights, stigma and discrimination

Together with USAID, UNAIDS and partners, UNDP convened a regional consultation on HIV-related stigma and discrimination in health-care settings. The consultation, in May 2017, provided a platform for representatives from 12 countries to achieve tangible objectives, with technical assistance from partners. It led to country action plans for implementation in 2017–2018. UNDP provided support to review and draft transgender inclusion laws in Pakistan, Thailand and Viet Nam, the adoption of the HIV law in India, and to parliamentary review processes in Nepal, Cook Islands and Palau.

In partnership with the Asia Pacific Transgender Network (APTN), UNDP completed an assessment of laws, regulations and policies on legal gender recognition of transgender people in nine countries in Asia (Bangladesh, China, India, Indonesia, Malaysia, Nepal, Pakistan, Philippines and Thailand). The study informed policy debate in China, Hong Kong Special Administrative Region (SAR), India, Nepal, Thailand and Viet Nam. In October 2017, a multicountry round table brought together policy-makers, transgender activists and technical experts to discuss the status, opportunities and obstacles in advancing legal gender recognition. UNDP facilitated South-South learning exchanges between Viet Nam and Thailand to encourage sharing of good practices in legal gender recognition.

Over the two years, UNDP and the Asia Pacific Forum of National Human Rights Institutions (APF) trained national human rights Institutions (NHRIs), national human rights experts and lesbian, gay, bisexual, transgender and intersex (LGBTI) civil society representatives from 16 countries in south Asia, south-east Asia and the Pacific to increase their capacity to promote and protect the rights of key populations. In 2017, UNDP and APF developed a manual and blended learning training (combines online digital media with traditional classroom methods) for national human rights institutions on protecting the rights of sexual and gender minorities. From 2015 to 2016, UNDP, through the Being LGBTI in Asia Programme, engaged in policy dialogue with 130 government departments, 357 civil society groups, 17 national human rights institutions and 88 private sector organizations across 33 countries, contributing to better awareness and knowledge of LGBTI inclusion issues, increased political will and support, and progress towards more protective legal and policy environments for key populations. This was achieved through South-South engagement and providing technical support to regional and national partners.

Through UNDP support, The Time Has Come training package, developed with WHO to reduce stigma and discrimination against LGBTI people in health-care settings, was adopted in national HIV training programmes in Bhutan, India, Indonesia, Nepal, Philippines and Timor-Leste. UNDP backed trainings of trainers in 12 countries, reaching 400 health-care providers in 2016, and almost 1500 since 2014. Training roll-out was supported through the Multi-Country South Asia Global Fund HIV Programme and the ISEAN-Hivos Multi-Country HIV Programme. UN Women supported the International Community of Women Living with HIV on strategic plan development during a workshop in Bangkok in November 2017. The workshop focused on strengthening gender advocacy in the HIV response for women living with HIV in the Asia and Pacific region.

Investment and efficiency

UNDP supported countries to build capacity, strengthen legal and policy environments and undertake assessments to improve access to affordable medicines, as well as helping with regional collaboration and experience sharing. In Thailand, for example, this was achieved through a South-South collaboration report on the lessons drawn from achieving universal ART access under the universal health coverage (UHC) system; in Indonesia, via capacity building of government officials to address access to affordable medicines in the context of UHC and financial sustainability, and the use of medicine price comparison methodology as a tool for decision-making; in Bhutan, through support for a review of intellectual property law and international negotiations; and in Cambodia, with a study to assess the gaps, threats and opportunities related to intellectual property rights, trade and access to medicines.

An ASEAN-wide regional consultation, organized by UNDP with the Malaysia Competition Commission, helped build the capacity of government officials, including competition

authorities and ministries of health, on using competition law to promote access to health technologies. An issue brief was also developed..

HIV and health service integration

Through the Global Fund-supported Multi-Country Western Pacific Programme, UNDP helped to strengthen national HIV and tuberculosis (TB) programmes in 11 Pacific countries. It provides technical assistance, lab support, and medicines and diagnostic procurement and supply management. It also builds capacity of civil society and strengthens community engagement in health programmes. As a result, 63% of TB patients have been tested for HIV, 83% of pregnant women know their HIV status, 87% of pregnant women have been tested for syphilis, and 100% bed-net coverage has been reached in Vanuatu contributing to malaria elimination, with one province declared malaria free in 2017.

To improve access to social protection for people living with and affected by HIV, UNDP and the Government of Myanmar conducted a nationwide study on the socioeconomic impact of HIV at household level. In Cambodia, UNDP provided support to develop survey instruments for identifying HIV-affected poor households in urban areas to increase access to social protection. UNDP also supported the Philippines and Viet Nam to review aspects of their health procurement and supply management systems, providing training for the Philippines Department of Health.

In 2017, the World Bank continued to finance major health-system strengthening projects with HIV components, particularly in India, where the Bank provides funding for prevention. Support for programmes on multisectoral determinants of health in education, transport, gender and HIV-sensitive social protection in the region led to institutional development and capacity building for the response and increased access to health and social protection services for people living with HIV and those most at risk.

Humanitarian emergencies

UN Women, together with APCOM, an advocacy coalition for men who have sex with men and transgender people, the International Planned Parenthood Federation (IPPF) and Edge Effect, which encourages organizations to work with sexual and gender minorities, organized a session on ending violence and discrimination against lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ) people in humanitarian settings at ILGA Asia 2017. The session looked at barriers to accessing services, including SRH/HIV, and ending stigma and discrimination, which makes people more vulnerable in disaster and crisis contexts.

UNHCR ensures refugees and persons of concern can access HIV and reproductive health services, mainly through referrals to national services, including those delivered by community-based organizations run by key affected populations. Many countries in the region

are not party to the 1951 UN Refugee Convention and therefore do not extend their national HIV policies to refugees. To achieve sustainable financing for services for these populations, local arrangements for HIV testing, procurement and provision of ART and viral load testing have to be negotiated on a yearly basis. The biennium report for Malaysia illustrates areas of ongoing advocacy and success, and the lifesaving assistance still required to maintain an equitable balance between refugee and national HIV rights.

Challenges

Lack of enabling legal and policy environments for effective HIV responses together with punitive laws, policies, institutional practices and other human rights violations against key populations continue to act as major barriers to prevention and treatment efforts. Stigma and discrimination still hinder access to HIV services, especially for key populations who are disproportionately affected by the epidemic. This is a challenge in the Pacific region, in particular, where the epidemic is relatively small but fear is high.

Rising extremism and shrinking civil society space is impacting on the ability to advance the policy/advocacy agenda; for example, police confiscation of condoms in China, and rising anti-LGBT sentiment and a bill proposing to criminalize extramarital sex.

The impact of declining external financing is becoming apparent in several countries, including in the reduced number of national programme staff and community workers, and lack of funds, which may seriously affect programme implementation. Shrinking HIV resources for UN Cosponsors requires innovative approaches to carrying out mandates, and the requisite country support. Several agencies have been required to integrate HIV work within other programmes. UNFPA, for instance, is deepening HIV/SRHR integration work to ensure both outcomes for people living with and at higher risk of HIV.

The underinvestment and lack of strategic prioritization to address gendered dimensions of the response, particularly those facing women, is a concern. In many countries, HIV transmission from people from key populations to their female intimate partners is rising. Without proper diagnosis, and a response in place to address the trend, getting to zero will be impossible.

Key future actions

Countries require continuing support on financial transition to sustain achievements and progress to date. The Regional Framework for Action on transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific Region endorsed in October 2017 may support this process. There is also a need to revisit current service delivery models to consider integration, coordination and normalization within existing health services.

The magnitude of the humanitarian situation facing Bangladesh since 2017 with the Rohingya refugee crisis has increased vulnerabilities to HIV and requires an integrated multisectoral response. UNAIDS, UNHCR, UNFPA, WHO, UNICEF and IOM are working together to support the government to use the challenges as an opportunity to develop prevention and integrated HIV care services that will benefit refugees and host populations.

Tailored approaches to local contexts are imperative. Working with local municipalities and cities results in faster, more effective programming that provides communities with what they need. To ensure practical solutions, and outcomes, this work needs to be strengthened as an approach for in-country action.

For young key populations, several key actions are planned. In 2018, the World Bank will organize a one-week capacity building workshop to improve data use for decision-making. The Big Data and Optimization Analytics training course in Bangkok will include countries from across the region. The Bank also plans new allocative efficiency studies in at least three countries. The Connect with Respect curriculum tool to address gender-based violence in schools will be piloted in the region. A brainstorming session, En Route to Adulthood, with adolescents at risk of HIV from nine Asia-Pacific countries will be convened by the IATT on Young Key Populations. Forming gender identities, socializing and the adolescent HIV vulnerability will be discussed.

Countries will be supported to strengthen data and analysis on adolescents and young key populations, and in-country discussions on PrEP will be organized for them. The TeenGen curriculum for adolescents from key populations will also be rolled out in India and the Philippines.

- .

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org