

# Asia-Pacific Regional Civil Society Statement for the 2021 High-Level Meeting on HIV and AIDS

The Asia-Pacific region was home to an estimated 5.8 million people living with HIV in 2019. The HIV epidemic in Asia and the Pacific is largely concentrated and spreading within key population groups. Sex workers and sexual partners of key populations, people who inject drugs, men who have sex with men, transgender people, migrants, people in prisons and other closed settings, and young key populations aged 10-24 years are among those most affected.

The COVID-19 pandemic has brought inequalities to the forefront and exposed the fragility of the gains the region has made so far. Challenges include limited or lack of government support for key populations who are experiencing loss of income and household, increased gender-based violence (GBV), stigma and discrimination, disruption to HIV and other health services, criminalisation of key populations, shrinking space for civil society, cuts in HIV funding and shifting funding priorities.

Ahead of the 2021 UN High-Level Meeting on HIV and AIDS, regional and national key population networks, and organisations and groups in Asia and the Pacific came together to develop this collective statement to highlight the key issues and concerns affecting our communities.

We call on the Member States to adopt the recommendations presented in this statement and commit to guaranteeing the fundamental human rights of all people, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Below are the key issues we jointly want to recommend.

## 1. Access to HIV prevention and treatment services

Access to HIV prevention and treatment services need to be urgently strengthened in Asia and the Pacific, where there are clear signs of a second wave of HIV epidemics.

The region is falling short on prevention programming, and key populations and their partners are not accessing the HIV services they need. The vast majority of new HIV infections in the region are among people from key populations and their partners or clients (98%, compared with the global estimate of 62%). In particular, young people are falling behind. In 2019, around a quarter of total new infections occurred among people aged 15–24 years, with 99% of all new HIV infections among young people from key populations and their partners.

An increased focus on HIV prevention is critical in this region because, if countries lower their guard in the HIV response, it will be difficult to keep the HIV epidemic under control. There is an urgent need to prioritise and scale-up innovations and proven prevention methods, including pre-exposure prophylaxis (PrEP), self-testing, harm reduction and comprehensive sexuality education in and out of school.

Furthermore, service delivery needs to be modernised, with increased national investments to improve coordination and managerial capacity to transfer domestic funding to community-led and civil society organisations directly and integrate key population-led service delivery into the health system. There must be a greater focus on differentiated care to cater to the needs of all key populations, including young people.

## Urgent call to action

- Member States need to refocus their efforts on intensifying prevention and improving the quality of treatment and care. This includes the scale-up of pre-exposure prophylaxis (PrEP), self-testing, same-day antiretroviral therapy, updating treatment literacy, hepatitis testing and treatment, multi-month dispensing of ARVs, telemedicine, comprehensive sexuality education in and out of school, and adequate mental health support.
- Member States must ensure access to combination HIV prevention for gay men and men who have sex with men, transgender people, sex workers, people who use drugs and other key populations.

- Member States must implement and support comprehensive harm reduction services— including needle–syringe programmes, opioid substitution therapy, naloxone and safe consumption rooms—on a scale that can be easily, voluntarily and confidentially accessed by all people who use drugs.
- Member States must ensure that HIV programmes, including HIV prevention, are mainstreamed into Universal Health Care schemes, fully funded and sustainable.
- Member States need to strengthen partnerships with civil society and community-based organisations to expand the reach of service delivery.
- Member States must use social contracting modalities and simplify eligibility requirements for engaging civil society and community-led organisations for the delivery of community-led services.
- Member States need to institutionalise community capacities to provide a differentiated approach across prevention, treatment, and care cascade for key populations.
- There is a need for differentiated service delivery models for transgender people, including integrating gender-affirming care services (e.g. gender-affirming hormone therapy or GAHT and transition-related counseling).
- Differentiated and youth-friendly HIV services must be integrated into sexual and reproductive health services.

## **2. Uphold and protect human rights of key populations and vulnerable groups**

Stigma and discrimination and hostile legal and political environments in several countries continue to hinder access to HIV services among key populations and young people. Key populations are deterred from accessing HIV services out of fear of being recognised, discriminated against, judged and arrested.

In the region, 37 countries criminalise sex work, 11 have compulsory detention centres for people who use drugs, 15 have the death penalty for drug-related offences, and 16 criminalises same-sex relations (UNAIDS Data Hub, 2020). In 10 countries, transgender people are criminalized due to their gender identity and/or expression, using so-called ‘cross-dressing’, ‘impersonation’ and ‘disguise’ laws ([Human Dignity Trust](#)). In 31 countries, young people under 18 still need parental consent to access HIV testing and treatment ([UNFPA, 2020](#)).

The criminalisation of people who use drugs in many Asian countries has led to the downfall of the harm reduction approach leading to several challenges in the service delivery response towards HIV, hepatitis and TB.

### **Urgent call to action:**

- Member States must remove punitive and discriminatory laws, including the criminalization of drug use, sex work, and same-sex relations, and gender identity and/or expression.
- Member States must stop harmful practices and protect the right of women and girls to make informed decisions about their bodies and their sexual and reproductive health.
- Member States must close all compulsory detention and rehabilitation centres, where people suspected of using drugs or engaging in sex work are detained, in the name of voluntary treatment or rehabilitation.
- Member States must remove travel restrictions for people living with HIV.
- Member States must guarantee an enabling environment in which key populations and people living with HIV can live a life without fear, in freedom, free from discrimination, and to be enabled to reach their full potential.
- Member States need to urgently implement lines of action designed to sustain and ensure the continuity of the work of civil society and human rights defenders – the capacities existing within this sector must not be put in peril.
- Member States must ensure that available health services comply with human rights standards. All forms of violence, discrimination, and coercive practices towards transgender people, other key populations, people living with HIV, and women and girls in healthcare settings must end.
- Member States should use a human-rights-based approach to ensure that law enforcement officers focus on increasing safety rather than arrests, violence, surveillance or other coercive measures.

### **3. Address and prevent gender-based violence**

Pervasive gender inequality, patriarchy and discrimination undermine the progress in the HIV response and gender-based violence continues to be a global epidemic.

Quarantine and lockdowns during COVID-19 have seen communities limited to the confines of their homes and other places where they reside, which in some cases are unsafe or unsupportive. Emerging data suggest that sexual and/or physical violence perpetrated by an intimate partner or relatives has intensified cases of abuse targeting women and girls, as well as rape and harassment targeting LGBTIQ+ people.

Gender-based violence undermines a person's agency and well-being, their ability to access health services, psychological and mental health services, seek employment, and have financial autonomy. Gender-based violence also applies to the LGBTIQ+ community, who continue to experience discrimination and acts of abuse and violence on the basis of sexual orientation, and gender identity and/or expression.

#### **Urgent call to action:**

- Member States must reaffirm their commitment to end gender-based violence and address harmful gender norms and toxic masculinities.
- Member States should scale up, resource and sustain as essential services the support systems and mechanisms for reporting and responding to all forms of violence against women and girls, LGBTIQ+ people, key populations, domestic and intimate partner violence and gender-based violence.
- Member States must ensure safe housing, shelter and support for survivors to be separated and protected from perpetrators. In addition, laws protecting women and members of the LGBTIQ community from GBV should be in place and enforced, including legal means of redress and holding perpetrators accountable.
- Member States must use gender desegregated data and research to inform policies and advocacy for gender equity and equitable justice.

### **4. Responding to COVID-19 and ensuring social protection for all**

In the region COVID-19 is colliding with the ongoing HIV epidemic, resulting in disruptions in the continuity of HIV services in many places. COVID has not only undermined access to health services but has also exacerbated socio-economic inequalities.

This has been the case with sex workers, women who use drugs, women living with HIV and transgender people who did not have access to emergency social protection schemes in several countries to ease the financial burden of COVID-19. Key population groups and communities continue to be denied equal rights or not capable of accessing social protection.

Social safety nets are meant to provide those in need with the universal fundamental rights of health, shelter and food, and support so that individuals can eventually provide for themselves. Therefore, enabling social protection schemes and their accessibility is imperative.

#### **Urgent call to action:**

- Member States should remove legal and policy barriers that impede the provision of discrimination-free social protections. Member states should take immediate action, grounded in human rights principles, to protect the health and rights of all vulnerable and marginalised groups, including key populations and people living with HIV.
- Member States should include access to national social protection schemes for all, including vulnerable and marginalised populations, such as income support schemes and emergency social protection measures.
- Member States must put necessary legal, policy and programmatic measures in place to ensure legal gender recognition and address barriers on securing national identification cards to access social protection programmes.
- People of SOGI must have equal access to health, legal, financial services and social protection schemes free from stigma and discrimination.

## 5. Funding, sustainability and the meaningful engagement of civil society in the HIV response

Current investments in the HIV response in the region reflect inadequate HIV financing, particularly for key population programming. Domestic investments are often hampered by punitive laws against key populations, pervasive stigma and discrimination, lack of understanding of the most effective HIV epidemic control strategies, and financing systems that limit access to funding for key populations from the national budget.

In this context, many organisations that serve and address the needs of key populations in Asia and the Pacific are struggling to survive because their country is no longer eligible for grants from the Global Fund or has de-prioritised the fight against AIDS.

### Urgent call to action:

- Member States should ensure key population groups, including young key populations, are engaged at all levels of decision making to ensure an effective HIV response.
- Member states must agree to establish mechanisms and funding channels for civil society to access domestic resources for a sustained and effective HIV response.
- Member States should increase allocation and/or set a target allocation from their national health budgets to be coursed through civil society and community-led organisations.
- Member States must establish supportive mechanisms to strengthen community voices in decision making bodies, such as the CCM and national AIDS councils and committees.
- Member States must ensure TRIPS flexibility by providing opportunities for low-and middle-income countries to expand access to low-cost, assured quality pharmaceutical products that sustain affordable treatment.

### Key language on CSO and KP for the political declaration

Based on the points made above, we strongly implore member states to include the following language in the new political declaration on HIV and AIDS.

- Acknowledgement of the role that communities and key populations have and continue to play in ensuring a successful response to the HIV epidemic.
- Acknowledge that key population groups and their sexual partners disproportionately account for new HIV infections. Key populations include sex workers, gay men and other men who have sex with men, people who inject drugs, transgender persons, people in prisons and other closed settings.
- Acknowledge that young people are not a homogenous group and young key populations is a term for those most vulnerable to HIV infection.
- Acknowledge that adolescents and young women in all their diversity are a priority population.
- Acknowledge that evidence shows that people living with HIV who maintain an undetectable viral load cannot transmit the HIV virus to their sexual partners and promote U=U campaigns and messages.
- Acknowledge that treatment for HIV is more than antiretroviral therapy, and includes treatment for other health concerns including co-morbidities, mental health, and aged care so that people living with HIV can have the highest quality of life.
- Acknowledge that evidence shows that PrEP is understood to be almost 100% effective at preventing HIV transmission when taken correctly and consistently and is an important component of combination prevention efforts.
- Acknowledge that the COVID-19 pandemic demonstrates that global political will can be mobilised to address a public health crisis; that the response to the COVID-19 pandemic drew from lessons of the HIV epidemic, including community leadership.
- Acknowledge the importance of integrating HIV responses into broader health service and social protection, including the key role of primary care and universal health care.

This statement has been developed by the Regional Key Populations Networks from Asia and the Pacific.

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**Regional Key Population Networks leading on the development of this statement:**



**Other regional and national CSO and KP networks endorsing the statement:**

