

ASIA-PACIFIC: FIRST EDITION

HIV PREVENTION **HANDBOOK**



BEST PRACTICES FOR LEGISLATORS

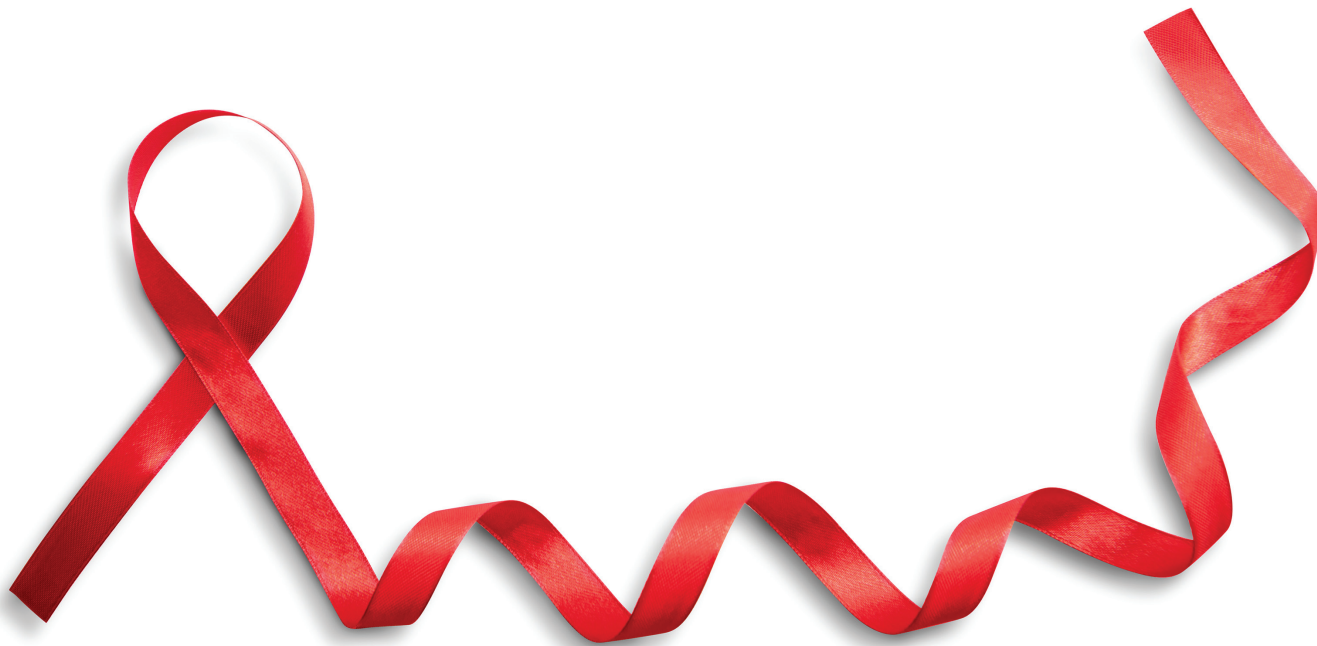
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The HIV Prevention Handbook

is a product of the Global Equality Caucus, part of a wider programme to bring the impact of the HIV epidemic on LGBT+ populations to the attention of legislators. The handbook outlines different prevention strategies and how legislators can advocate in their assemblies for policies that will end the epidemic.

This handbook focuses on the Asia-Pacific region.

First Edition
February 2023

The Global Equality Caucus (<https://www.equalitycaucus.org>)

is an international network of parliamentarians and elected representatives dedicated to tackling discrimination against LGBT+ people. Membership is open to any current or former elected official who supports LGBT+ equality, regardless of their sexual orientation, gender identity or sex characteristics.

Our members, in partnership with civil society organisations, LGBT-inclusive businesses, and our global network of public supporters, push for laws in their jurisdictions that aim to improve the lives of LGBT+ people. Our work covers multiple strands, including advocating for decriminalisation, anti-discrimination laws, improved data monitoring, better funding for LGBT organisations, and higher standards in the provision of healthcare for LGBT+ people.

ViiV Healthcare

is a specialist pharmaceutical company dedicated to HIV medicines and research. This work is supported by a ViiV Healthcare grant.

The Caucus would like to thank Brent Allan, Matthew Halse, James Holland, Ta-Fen Hwang, Michelle O'Connor, Josephine Osikena, Heath Paynter, Midnight Poonkasetwattana, Inad Quiñones Rendon and Anjali Radcliffe for providing additional resources and expertise during the drafting of this handbook.

Research by Global Equality Caucus
Written by Andrew Slinn on behalf of Global Equality Caucus

Contents

Foreword	06
The HIV epidemic: facts and figures	08
The HIV epidemic in Asia-Pacific	10
HIV prevention in Asia-Pacific	12
Testing	14
Tackling stigma	16
PrEP	18
U=U	20
Condoms	22
Youth engagement	24
Improving trans healthcare	26
Ending the epidemic in Asia-Pacific	28
References and further resources	29

Foreword

Representative Geraldine Roman Member of the Philippines Congress

Countries in Asia and the Pacific have made good progress on HIV prevention efforts over the past decade, but the region continues to have one of the fastest growing epidemics in the world. The response will remain limited until we address lingering social stigmas attached to HIV and create a legal environment that centres public health solutions.



In the Philippines we have passed a new law which integrates HIV treatment into universal healthcare and expands access to prevention strategies. This approach has helped community-based organisations deliver services to those impacted by the epidemic, and we have piloted PrEP in urban areas. Lawmakers need to ensure these programmes are funded and implemented so the response can be scaled up, and make sure laws are in place that ease delivery.

We also need to pass inclusive legislation if we are to tackle stigma and discrimination, so our Congress continues to work on enacting the Sexual Orientation and Gender Identity Expression Equality Bill. Enshrining a culture of anti-discrimination across the region through our laws will help to challenge HIV inequalities, and combined with targeted prevention efforts will put us on track to meet global targets.

ABOUT GERALDINE ROMAN

Geraldine Roman has represented the 1st district of Bataan in the Philippine House of Representatives since 2016. She is the first openly transgender person elected to the Congress of the Philippines and is the Chair of the House Committee on Women and Gender Equality.

Midnight Poonkasetwattana Executive Director, APCOM

Community-driven initiatives must be scaled up to improve regional outcomes of the UNAIDS Fast-Track 95-95-95 targets if we are to end the HIV epidemic by 2030. The achievement of this goal also depends on effective mechanisms addressing structural and human rights barriers.



The Global AIDS Strategy new 10-10-10 targets states that by 2025 less than 10% of countries should have punitive legal and policy environments that deny or limit access to services, less than 10% of people living with HIV and key populations will experience stigma and discrimination, and less than 10% of women, girls, people living with HIV, and key populations will experience gender inequality and violence.

Support and political will from legislators is needed to ensure that enabling laws and policy environments are in place to support the sustainability of key population-led interventions and service delivery. We learnt from Covid-19 that the most marginalised groups are being reached through services for and by the community, and legislators will need to make laws that grow such interventions at scale to end the epidemic in Asia and the Pacific region for key populations.

ABOUT APCOM

Founded in 2007, APCOM is a leading Asia-Pacific non-profit organisation working with community-based organisations across 35 countries in the region on Education & Innovation, Advocacy & Research, and Community Engagement & Empowerment. They highlight and prioritise issues that affect the lives of people regarding their sexual orientation, gender identity, expression, and sex characteristics and can fully participate in and achieve sustainable development in all aspects of their health, rights and wellbeing.

The HIV epidemic



FACTS & FIGURES

Current state of the epidemic

The HIV epidemic is now into its fifth decade. Since the first identified cases in the 1980s, **around 40 million people have died of HIV-related illnesses globally.**

Due to advances in science and medicine, HIV is now a manageable chronic condition if treated properly and it cannot be transmitted if a person living with HIV is virally suppressed.

Through a combination of prevention strategies, we can end the epidemic if they are deployed effectively.

Ongoing epidemic: global statistics

- 38.4 million** people living with HIV
- 1.5 million** people newly infected with HIV
- 650,000** people died from AIDS-related illnesses
- 28.7 million** people accessing antiretroviral therapy
- 84.2 million** people infected with HIV since the start of the pandemic

Source: UNAIDS 2021

Why is the LGBT+ community disproportionately affected?

DISCRIMINATION!

- Laws that restrict access to healthcare, employment and housing for LGBT+ people
- Cultural shame & difficult family relationships can drive individuals into engaging in risky behaviours
- Fear of harassment or prejudice dissuading people from getting tested or treated

Ending the epidemic: 95-95-95

We can end the HIV epidemic within a matter of years but it will take a concerted push by lawmakers to ensure governments are meeting international targets. All countries are committed to achieving the 95-95-95 targets by 2025, agreed by the UN:

- 95%** of people living with HIV should know their status
- 95%** of people who know their status should be accessing treatment
- 95%** of people accessing treatment should be virally suppressed

In **2021**, these percentages stood at **85-88-92**. There is work to do.

RISK OF ACQUIRING HIV IN GBT POPULATIONS

28 x higher

in men who have sex with men than general adult male population

14 x higher

for trans women than general adult woman population

66 x higher

for trans women than general population aged over 15

7 x higher

for trans men than general population aged over 15

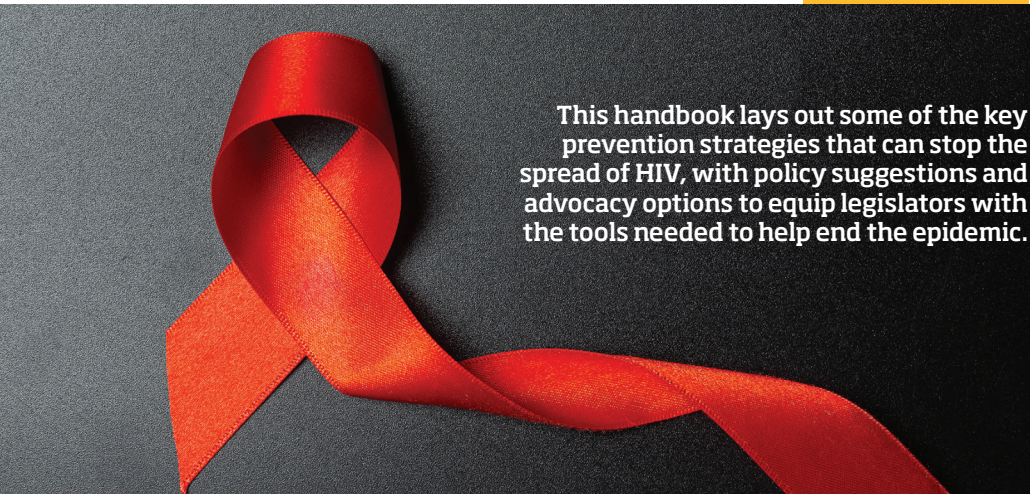
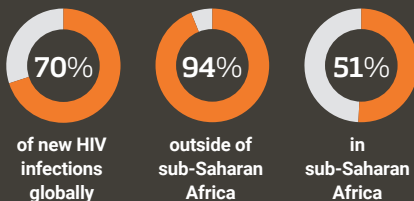
Source: UNAIDS, PLOS One

KEY POPULATIONS

Certain communities are disproportionately impacted by HIV:

- Gay & bisexual men and other men who have sex with men (MSM)
- Transgender people
- Sex workers and their clients
- People who inject drugs

In 2021, key populations and their sexual partners accounted for:



This handbook lays out some of the key prevention strategies that can stop the spread of HIV, with policy suggestions and advocacy options to equip legislators with the tools needed to help end the epidemic.

The HIV epidemic



IN ASIA-PACIFIC

The Asia-Pacific region is geographically vast with a diverse population, encompassing the countries of East Asia, Southeast Asia, the island nations of the Western Pacific, Australia and New Zealand.

The COVID-19 pandemic has affected global reporting on HIV as well as access to services such as testing, and is only now beginning to recover. Despite these challenges in reporting, UNAIDS data from 2021 shows the Asia-Pacific was the world region with the second highest number of **new HIV infections at 260,000**. It is estimated there are **6 million people living with HIV** based on available data.

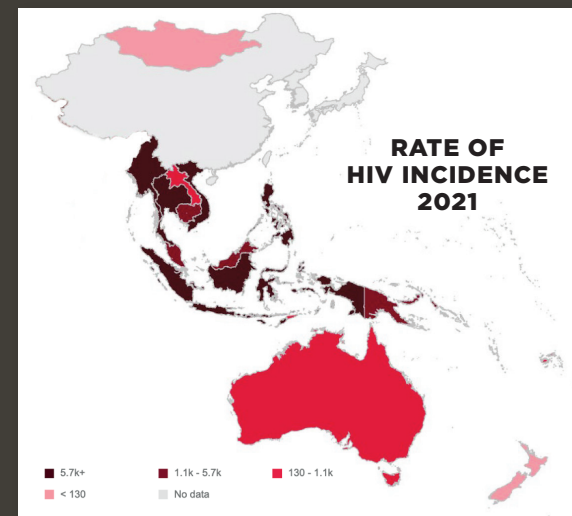
What is driving new infections in Asia-Pacific?

- * While the overall HIV prevalence rate among the general population aged 15-49 remains low at 0.2%, this masks **high infection rates among key populations**.
- * Of the 260,000 new infections in 2021, **young people aged 15-24 accounted for 26% of cases**. In some countries – including Indonesia, the Philippines and Thailand – youth accounted **for more than 40%** of new cases.
- * In the 15-24 age group, **99%** of new infections regionally were among people from **key populations and their partners**.



A TAILORED RESPONSE FOR A DIVERSE REGION

Regional diversity – including different cultures, health infrastructures, government institutions, economies and population density – means the epidemic has affected different countries at varying degrees.



Source: AIDSinfo, UNAIDS

Context matters in the Asia-Pacific response and different prevention strategies are needed based on the epidemiological, legal and structural circumstances of a country. The region has made commendable progress in HIV treatment, but challenges such as **stigma attached to HIV** and **restrictive, punitive laws** continue to have an impact in some states.

Data from the World Health Organisation, which divides the region into Southeast Asia and Western Pacific, also illustrates where the epidemic is concentrated:

	WHO SOUTHEAST ASIA REGION	WHO WESTERN PACIFIC REGION
New infections per 100,000 population	6	6
People living with HIV (2021)	3.8 million	1.9 million
95-95-95	74-63-55	88-79-76

HIV prevention

IN ASIA-PACIFIC

Ending the epidemic by preventing new infections

The rate of new infections among key populations means that countries should **implement prevention strategies that primarily target those most affected by the epidemic**. This includes a **combination of healthcare interventions and structural interventions** to create an environment that limits exposure to HIV, widens access to treatment for people living with HIV, and dismantles stigma and discriminatory attitudes.

The prevention priority identified by UNAIDS is to **modernise differentiated service delivery**, including scale-up of combination prevention, self-testing and multi-month dispensing.

This handbook highlights several prevention options that most effectively deal with the epidemic in Asia-Pacific:



Expanding access to testing for both HIV and other sexual transmitted infections pp.14-15



Tackling stigma and reforming laws that discriminate against key populations pp.16-17



Increasing the availability of PrEP pp.18-19



Promoting condom use and making condoms more widely available pp.20-21



Effectively treating people living with HIV so their viral load is undetectable and untransmissible pp.22-23



Engaging young people on HIV prevention through education and awareness initiatives pp.24-25



Ensuring systems are meeting the healthcare needs of trans people pp.26-27

ROLE OF LEGISLATORS

Legislators have a key role to play in tackling the epidemic in Asia-Pacific. They have the power to pass laws, vote funds, influence debate, and hold governments to account.

By exercising these powers, legislators can help to improve understanding about HIV, broaden access to HIV services, institute prevention options, and ensure governments are implementing programmes effectively.

Pass Laws	Vote Funds	Influence Debate	Accountability
Destigmatise & decriminalise HIV.	Ensure HIV testing and treatment services have adequate funding.	Dispel misunderstandings about HIV to media and by educating colleagues.	Make representations to ministers to ensure they are implementing programmes.
Introduce anti-discrimination laws for key populations, including trans people.	Ensure health budgets have ringfenced funding to meet HIV targets.	Give a platform to community voices and raise their concerns in parliament.	Push for transparency & objectivity in surveillance data.

Following these general principles, in the pages that follow we identify tailored policies and options for legislators for each of the key prevention strategies.

Each information sheet draws on the experiences of communities and lawmakers in Asia-Pacific and uses data specific to the region. Headline suggestions and principles may still be of use to legislators elsewhere.

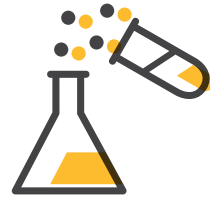
Testing

The importance of testing

In Asia-Pacific, nearly all new HIV infections are among key populations and their partners. Across the region it is estimated by WHO **only 75% of people living with HIV are aware of their status**, compared to 81% globally.

Testing for HIV is an entry point to treatment and care.

Transmission can be prevented by getting more people onto effective treatment and through tracing their contacts.



THE CHALLENGES OF TESTING

Knowing one's HIV status is the most fundamental part of prevention, yet multiple barriers stop people from accessing testing services:

- Cultural attitudes that stigmatise people diagnosed with HIV
- Legal barriers and discriminatory policies against key populations
- Lack of sexual health services, especially in rural areas, and of standardised care
- Lack of anonymised testing and fear of prejudice from local doctors
- Limited funding for free testing
- Laws restricting at-home testing

How to widen access to testing

The COVID-19 pandemic has made it difficult for people to access HIV testing, with resources diverted to other frontline health services. The WHO recommends diversifying access, with **lawmakers encouraged to implement a range of HIV testing approaches:**



There has been limited implementation of differentiated approaches in the Asia-Pacific. Self-testing in particular is limited by regulatory and legal barriers, which some countries are now seeking to address – including Cambodia, Laos, Indonesia, the Philippines and Timor-Leste.

CASE STUDY

DIFFERENTIATED TESTING DELIVERY IN THE PHILIPPINES

- * The Philippines has one of the fastest growing rates of infection in the world, with a 237% increase in HIV incidence between 2010 and 2020.
- * COVID-19 has impacted services, with HIV testing decreasing by 61% in 2020.
- * HIV testing is generally free with facility-based testing as the main model of delivery.
- * A 2018 HIV law – which expanded rights for people living with HIV – and a new strategy to diversify testing models are helping to address gaps in diagnosis.
- * Community-based testing has been piloted in metropolitan centres. Civil society health providers have provided services to key populations in stigma-free environments.
- * An online self-testing pilot has helped to reach MSM and trans women, with self-testing helping to address concerns about anonymity and stigma.
- * The focus is now on scaling-up differentiated models nationally and ensure testing is linked to other prevention strategies.



What can legislators do

- Approve a national testing strategy that incorporates a monitoring and evaluation framework
- Provide resources for clinics and NGOs to expand community-based testing
- Approve a regulatory framework for testing outside of clinical settings, legalising self-testing and online delivery models
- Address stigma of HIV testing through dialogue with community-based organisations
- Ensure home testing kits are affordable and available
- Normalise routine HIV testing in all healthcare settings, such as in primary care



Tackling stigma



Stigma is one of the biggest barriers to the HIV response across the Asia-Pacific region.

Stigma significantly impacts the health and well-being of people affected by the HIV epidemic, with key populations facing additional prejudice through laws and attitudes that discriminate against sexual orientation, gender identity, drug use and sex work.

HIV-related stigma and discrimination persists due to misinformed perceptions about HIV and the populations who are disproportionately impacted by the virus.

WHAT CAN STIGMA LOOK LIKE?



Social stigma
Negative public attitudes about HIV, including misguided fears about people living with HIV



Self-stigma
The internalisation of negative beliefs due to HIV diagnosis, resulting in feelings of shame and guilt



Structural stigma
Laws and national policies that discriminate against key populations, such as criminalisation

STRUCTURAL DETERMINANTS OF DISCRIMINATION

Criminalisation of HIV transmission and exposure, which can scare people into not testing for HIV or disclosing their status

Gaps in healthcare provision, with sexual health services often inadequate

Lack of information about HIV, both in educational settings and for health practitioners

Inadequate rights for people living with HIV, such as lack of legal protections and limited access to justice

Intersectional prejudices, for example discriminatory laws against LGBT+ people and racial prejudice

Socioeconomic factors, such as poverty, unemployment and homelessness

CASE STUDIES

LEGAL REFORM & EDUCATION EFFORTS IN SINGAPORE



- * Social stigma and self-stigma affects gay & bi men in Singapore, who contend with attitudes that attach shame to HIV.
- * The government has worked with community groups on education programmes to tackle stigma, including through television drama and workplace education.
- * Homosexuality has been decriminalised and sex work is technically legal.
- * Multiple legal barriers remain including the criminalisation of HIV non-disclosure and lack of anti-discrimination laws in the workplace.

SLOW PROGRESS TO ADDRESS PERVASIVE STIGMA IN SOUTH KOREA

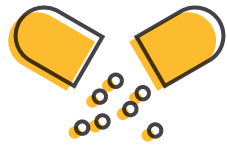


- * People impacted by HIV in South Korea face discriminatory barriers in employment, and stigma is linked to high suicide rates.
- * There has been limited action from the government and no national HIV campaign since 2004.
- * There are plans to focus on awareness campaigns for and training for healthcare professionals, and there are efforts to legislate for improved anti-discrimination measures.
- * Major barriers still need to be addressed, including discrimination in healthcare settings, and lack of protections for LGBT+ people.

What can legislators do



- Repeal laws that criminalise key populations, such as laws that restrict same-sex intimacy and discriminate against trans people
- Repeal laws that criminalise HIV transmission & exposure, moving towards a public health approach
- Pass anti-discrimination protections for marginalised people in health services, housing and employment
- Meet with community leaders and people living with HIV to identify their priorities, then advocate for them in your assemblies
- Fund campaigns that normalise HIV, such as those that promote testing, treatment and condom use
- Use the media to talk openly about HIV to dispel myths



PrEP

WHAT IS PrEP?

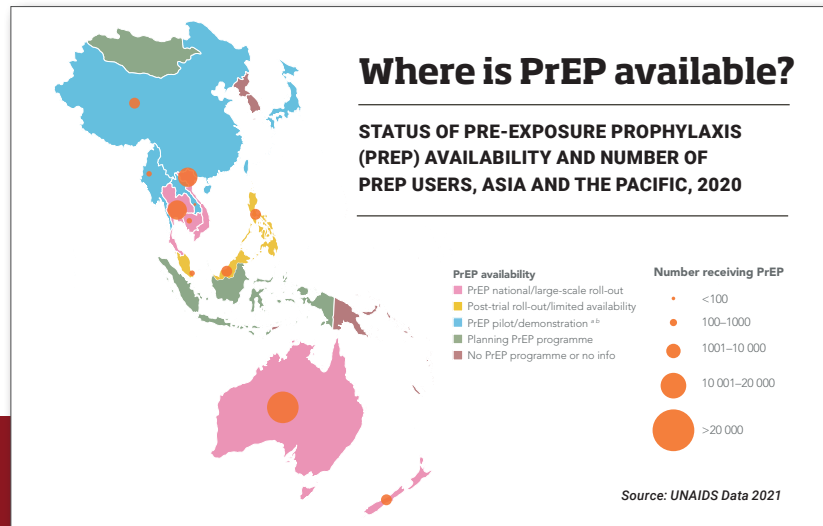
Pre-exposure prophylaxis (PrEP):

a combination drug taken as a single tablet by HIV-negative people to prevent HIV infection. A longer-acting injectable version has also been approved in some countries.

If taken as prescribed, studies show PrEP is 99% effective in preventing HIV infection.

Where is PrEP available?

STATUS OF PRE-EXPOSURE PROPHYLAXIS (PREP) AVAILABILITY AND NUMBER OF PREP USERS, ASIA AND THE PACIFIC, 2020



Making sure PrEP reaches underserved communities

The vast majority of PrEP users are gay and bisexual men..

Health authorities need to consider ways to improve PrEP uptake among other disproportionately impacted groups, including trans people sex workers, migrants, drug users, and Indigenous communities.

Possible solutions include targeted education campaigns, in partnership with NGOs; equipping civil society to provide PrEP to key populations who may not wish to engage with state authorities; peer navigation; and improving online services for people that live far from participating clinics.

CASE STUDY PREP DELIVERY IN AUSTRALIA

- * Large-scale PrEP trials conducted in New South Wales and Queensland from 2016 – 2018, with most participants Australian-born gay and bisexual men.
- * New South Wales reported a notable decline in new HIV infections, although the decline differed between Australian-born participants (48.7%) and non-English speaking immigrants (21%).
- * The Queensland study, which included significant community outreach and awareness, reported increased testing for HIV and other STIs by linking this care to PrEP provision.
- * Since April 2018, PrEP is available nationally with the cost subsidised.
- * In 2021, more than 38,000 people were accessing PrEP in Australia, the highest number per capita in the world.
- * With PrEP now widely available, delivery strategies now focus on overcoming barriers to access, including:
 - targeting underserved groups such as Aboriginal & Torres Strait Islander peoples, trans people and Medicare ineligible people;
 - improving knowledge and understanding of PrEP provision and STI testing amongst general practitioners;
 - widening access outside of clinical settings including pharmacy dispensing.

What can legislators do

- ▶ If necessary, vote to make PrEP available through public health systems at subsidised costs
- ▶ Scale up local pilot programmes and approve funding for national delivery models
- ▶ Ensure the government is buying PrEP at the best market price
- ▶ Tell your colleagues about PrEP and collectively push for targeted education campaigns
- ▶ Approve funding for community NGOs who can work with impacted groups and act as PrEP providers where appropriate
- ▶ Sustain investment in initiatives that have targeted groups with high uptake rates
- ▶ Support delivery models that are simplified, demedicalised and digitalised





Condoms

Studies show condoms reduce the risk of HIV transmission by 85-91% when used correctly.

Effectiveness in reducing risk

Condoms serve as an effective physical barrier to the exchange of bodily fluids during sex and help prevent transmission of various STIs, including HIV.

Risk of transmission is further reduced when condoms are used with other prevention tools such as PrEP.

Condom distribution programmes

Condoms and lubricant are available commercially at supermarkets and pharmacies. However some people may not have access to condoms due to economic instability, limited understanding of their benefits, or cultural stigma around sex.

Condom distribution programmes (CDP) can help to **widen access** by providing free condoms to groups impacted by HIV. They also help to **educate** and **connect at-risk individuals with support services**.

Governments can fund CDPs via civil society organisations, who work within communities on outreach and education. International donors like the Global Fund have also supported community-based initiatives such as testBKK in Thailand.

TESTBKK: MORE THAN JUST FREE CONDOMS

Project run by APCOM based in Bangkok which partners with sexual health clinics to increase awareness of HIV prevention amongst gay & bisexual men.

Distributes free condoms and lubricant alongside educational materials about HIV testing and harm reduction.

Individuals can request packs on social media and receive them in plain packaging.

Supported by online campaigns and utilises 'influencers' to target key audiences.

CDPs can be a useful intervention by increasing **availability**, **accessibility** and **acceptability** of condom use.

CASE STUDY

"100% CONDOM USE" PROGRAMME IN CAMBODIA



- * Several Asian countries incorporated a '100% condom use' programme into their national HIV/AIDS strategies during the 1990s.
- * The Cambodian programme initially focused on sex workers and their clients but expanded to other key populations.
- * The Cambodian government promoted the availability of condoms in pharmacies, convenience stores and guest houses.
- * NGOs including AIDS Healthcare Foundation Cambodia have also worked in-community to distribute free condoms alongside HIV prevention messaging.
- * HIV prevalence in Cambodia has decreased from a peak of 2% in 1998 to around 0.5% today, but is higher for key populations and new infections increased in 2022 after a decade of progress.
- * There is concern of 'condom fatigue', in part due to the lack of sustained public health messaging, apathy and lack of youth awareness.

What can legislators do

- Subsidise the cost of condoms in state health budgets
- Approve funding for condom distribution programmes and work with NGOs on community outreach and education
- Ensure governments are promoting condom use in national HIV strategies and public health messaging
- Support sex education programmes for young people
- Remove stigmatising and/or punitive restrictions on key populations who rely on condoms for prevention, including sex workers
- Promote initiatives that provide free condoms in hotels, gay clubs and saunas



U=U

UNDETECTABLE = UNTRANSMISSIBLE



When a person diagnosed with HIV is on effective treatment and their **viral load is suppressed** to undetectable levels, **they cannot pass on HIV** during sex.

Antiretroviral therapy

HIV prevention should not be targeted solely at HIV-negative people. The spread of the epidemic can also be controlled by **ensuring people living with HIV are on effective treatment**.

Antiretroviral therapy (ART) has existed since the 1990s. If ART is taken properly and the level of HIV in the blood is **undetectable** then a **person living with HIV effectively has no risk of passing the virus on to an HIV-negative partner** even if a condom isn't used.

This only applies to sexual transmission, and other STIs can still be passed on if sex is unprotected.

CASE STUDY ENDORSING U=U IN VIETNAM

- * The government in Vietnam endorsed U=U (known as K=K in Vietnamese) and from 2017 has incorporated messaging into its HIV strategy, running information campaigns on platforms widely accessible to the public.
- * Authorities have worked with and funded civil society organisations to target messaging at key populations. This includes outreach programmes, social events and televised discussions.
- * Healthcare providers were educated and trained to confidently provide simple information resources in clinical settings.
- * Advertising and awareness campaigns were initially targeted in major cities then scaled up to a national campaign. This campaign focused on health and wellbeing, tackling stigma, and ran across social media and physical advertising.
- * In 2019, 97% of people on ART in Vietnam had reached an undetectable viral load.
- * The goal is to now provide ART or PrEP based on client need, and to ensure equitable access to care for key populations – particularly MSM, where new infections have risen.



KEK KHÔNG PHÁT HIỆN
KHÔNG LÂY TRUYỀN

CDC



HAIVN

Quality HIV Care

Ensuring a baseline standard in HIV healthcare, with services resourced to treat HIV patients without stigma and discrimination

Testing & Treatment

Making testing and treatment accessible and affordable, with regular viral load testing for people living with HIV

Retention

Keeping people living with HIV engaged with health services and making sure they are taking ART as directed



What can legislators do

- ▶ Pass laws that remove discrimination, helping marginalised communities to access testing and treatment
- ▶ Scale up testing programmes, ensuring they are properly funded and community groups are supported in delivery
- ▶ Pressure governments to ensure HIV treatment is free and accessible for all who need it
- ▶ Promote U=U education campaigns – especially those targeted at communities with high rates of HIV incidence – and train clinicians to discuss U=U
- ▶ Support healthcare providers to make the pipeline from diagnosis to treatment as short as possible

Youth Engagement



More than a quarter of new infections across Asia and the Pacific are among young people aged 15 to 24 years.

Why are young people underserved in the HIV response?

Young people need to be better consulted in policymaking, but there are obstacles such as **poor visibility** and **inequities in education**. Young key populations – including young gay or trans people, and young injecting drug users – can also be constrained by legal discrimination and cultural stigma.

The emotional insecurities of adolescence may marginalise certain young people further – issues such as **low self-esteem**, **peer pressure** and **financial insecurity** can lead to increased HIV exposure and act as barriers to accessing prevention services.

STRATEGIES TO ENGAGE YOUNG PEOPLE ON HIV & SEXUAL HEALTH



EDUCATION

Providing comprehensive sex and relationships education in schools and communities, with accessible information about HIV and prevention options.



AGENCY

Involving young people in the design and operation of prevention programmes, creating a sense of ownership and responsibility.



PEER SUPPORT

Creating spaces such as youth centres and youth-led organisations where young people can discuss HIV and other issues in a stigma-free environment.



ADVOCACY

Including young people in discussions and decision-making, on both health policy and wider issues such as discrimination, violence and poverty.

CASE STUDY YOUTH INITIATIVES IN FIJI

- * Fiji – despite having low HIV prevalence – has one of the fastest growing epidemics in the Asia-Pacific among people aged 15-24, with an increasing rate of over 50% since 2010.
- * To address gaps in youth awareness of the risks of HIV, the Ministry of Education now includes sexual and family life education on the school curriculum, including teacher training on HIV.
- * The Ministry also works with the National Substance Abuse and Advisory Council to train school counsellors and in-school peer educators on sexual and reproductive health.
- * The Ministry of Health and Medical Services works with local civil society organisations to run awareness campaigns at youth-oriented events such as festivals and sports activities.
- * A youth advocacy network has been established in the country to identify outstanding issues that impact young people's sexual health, including stigma, access to condoms, and a lack of harm reduction programmes for young drug users.



What can legislators do

- Introduce comprehensive sex and relationships education in schools, including guidance on HIV prevention
- Support initiatives to support youth leaders to enhance engagement in advocacy & policy-making
- Approve funding to train and resource teachers to confidently support young people in HIV education
- Ensure that the law allows young people to anonymously and consensually access sexual health services
- Endorse community-led programmes that support young people who are disproportionately impacted by HIV, including harm reduction initiatives and support for homeless LGBT+ youth



Improving Trans Healthcare



Trans people are a key population impacted by the HIV epidemic.

A global study by the Public Library of Science has found that **trans women are 66 times more at risk of acquiring HIV** than the general population aged over 15, and the **risk to trans men is 7 times higher**.

In the Asia-Pacific region there is **uneven legal recognition and clinical support** for trans people, who face discrimination and health systems ill-equipped to meet their healthcare needs.

What barriers exist for trans people in HIV prevention?

- ▶ **Legal environment:** many countries do not recognise trans identities and have no mechanism for changing gender, meaning trans people can find it difficult to access public health services
- ▶ **Lack of healthcare access:** health insurance providers may not cover trans people, and discrimination may dissuade trans people from accessing resources such as PrEP and HIV testing
- ▶ **Lack of services for trans people:** clinics may lack specialisation in trans healthcare, and mental health services and harm reduction initiatives may not be targeted at trans populations
- ▶ **Wider stigma and discrimination:** familial and societal stigmas mean trans people are disproportionately affected by isolation and poverty, which increases exposure to drug use and sex work

ADDRESSING INEQUITIES

Targeted interventions for different key populations are the route to tackling inequities. Involving trans voices in policymaking and creating conditions that afford trans people autonomy when accessing healthcare can help to ensure a differentiated and equitable approach to HIV prevention.

CASE STUDY INTEGRATING TRANS HEALTHCARE WITH THE HIV RESPONSE IN THAILAND



- * Annual HIV incidence among trans women in Thailand is around 2.1%, compared to under 0.5% in the general population.
- * A law that bans discrimination on the basis of sexual orientation and gender identity was passed in 2015, but social stigmas remain.
- * The Tangerine Clinic in Bangkok has sought to address the gaps in comprehensive care for trans women, integrating gender-affirming care, counselling and hormone treatment with HIV testing, antiretroviral treatment and PrEP.
- * The clinic trains staff to provide care in a stigma-free environment, and has been used as a model in countries such as the Philippines and Vietnam.
- * There is increasing buy-in from authorities to improve outcomes for trans people, with targeted PrEP campaigns and endorsement of U=U messaging.

What can legislators do

- ▶ Pass laws that afford trans people dignity and autonomy, including easier processes to change legal gender and anti-discrimination measures
- ▶ Approve healthcare budgets that train and equip health practitioners to provide trans-specialised care
- ▶ Compel health systems and insurance providers to cover the healthcare needs of trans people
- ▶ Provide visibility to HIV prevention campaigns that reach trans people, including harm reduction initiatives and targeted messaging on PrEP, condoms and U=U
- ▶ Work with trans people and civil society organisations to identify trans inequities, not just in healthcare but in education, employment & housing





ENDING THE EPIDEMIC IN ASIA-PACIFIC

We have the tools to address inequities and end the HIV epidemic in Asia and the Pacific.

Many countries in the region continue to address the HIV epidemic with innovative and targeted prevention strategies.

Lawmakers should continue to support policies which:

- **Widen access to testing and diversifying testing options, ensuring services are free and anonymous**
- **Tackle HIV-related stigmas through education campaigns and normalising HIV in national conversations**
- **Fund PrEP and making it available to groups that need it**
- **Make condoms available and accessible, working with community groups**
- **Get more people living with HIV onto effective treatment**
- **Engage young people with HIV awareness campaigns and involving youth groups in decision-making**
- **Pass trans-inclusive laws and funding specialised healthcare that addresses the needs of marginalised groups**

Ultimately all UN Member States are committed to the 2021 Political Declaration on HIV/AIDS, which aims to end inequalities and HIV as a public health threat by 2030.

Legislators have a responsibility to ensure these tools are **funded, implemented**, and should **hold governments to account over monitoring and programming**.

Deploying the policy & advocacy suggestions in this handbook will move the region closer to a future with no new HIV infections.

REFERENCES AND FURTHER RESOURCES

GENERAL DATA AND SURVEILLANCE

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<https://www.who.int/southeastasia/health-topics/hiv-aids>
https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf
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TESTING

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<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-022-12761-5>
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TACKLING STIGMA AND DISCRIMINATION

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PREP

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<https://www.afao.org.au/about-afao/governance/members/theory-of-change/comeprepd-a-case-study-from-queensland-aids-council-quac/>
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CONDOMS

<https://www.healthline.com/health/hiv/do-condoms-prevent-hiv#condoms-and-hiv>
<https://www.aidsmap.com/about-hiv/do-condoms-work>
<https://www.cdc.gov/hiv/programresources/guidance/condoms/index.html>
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<https://lovecondoms.org/blog/2011/02/11/cambodia/>
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U=U

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<https://www.apcom.org/getting-to-zero-leveraging-uu-for-community-empowerment-eliminating-stigma/>
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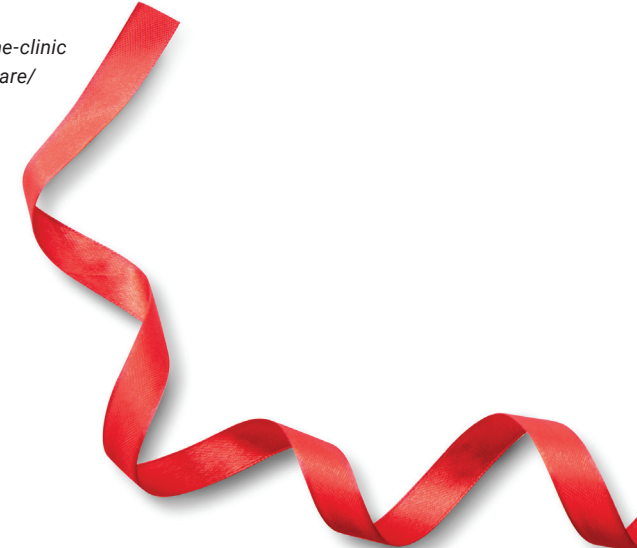
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YOUTH ENGAGEMENT & AWARENESS

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IMPROVING TRANS HEALTHCARE

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 <https://equalitycaucus.org>

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