Regional Expert Group Meeting on Reviewing Implementation of Commitments from the Asia Pacific Intergovernmental Meeting on HIV and AIDS beyond 2015

November 27, 2018

Bangkok, Thailand

SUMMARY OF COMMUNITY AND CIVIL SOCIETY INPUTS

Contents

Executive summary: Key findings and recommendations

Immediate priorities

Roadmap to 2030

The Economic and Social Commission for Asia and the Pacific (ESCAP) should define a new Roadmap for the next decade with a greater focus on action, not just consultations and reviews.

The new Roadmap to 2030 should focus on specific priorities essential to ending AIDS by 2030 (e.g., scaling up 'treatment as prevention' and PrEP approaches), commit to human rights protection for key populations as a cross-cutting theme for all Pillars, ensure that the 95-95-95 targets are met, allocate sufficient and sustainable domestic resources, and include a Pillar on community and civil society participation and engagement.

A forward-looking and action-oriented Roadmap for the future of the region's HIV/AIDS response is essential for achievement of the interlinked Sustainable Development Goals in Asia and the Pacific. The Roadmap should align and coordinate with broader efforts in support of the 2030 Agenda for Sustainable Development to ensure that HIV/AIDS remains a key priority for the region.

Pillar 1: Legal and policy barriers faced by key populations

- An end to brutal police crackdowns and extrajudicial killings of key populations.
- Accelerated efforts to decriminalize key populations and enact and enforce laws that protect key populations from violence and discrimination.

Pillar 2: Access to medicines, diagnostics and vaccines

- Universal implementation of the 'test and treat' approach, which provides treatment to people with HIV upon diagnosis, regardless of CD4 count.
- Provision of PrEP at scale for key populations.
- Ensure governments support access to generic medicines through the use of TRIPS flexibilities and that trade agreements do not include TRIPS-plus provisions.

Pillar 3: Financing and sustainability

- Transition planning must recognize the imperative to ensure sustainable funding of community organizations to deliver HIV services to key populations. Failure to place key populations at the centre of transition and sustainability planning will result in failed HIV responses

Key findings

Pillar 1: Legal and policy barriers faced by key populations

There has been patchy progress in improving the legal and human rights situation of key populations:

- Most respondents confirmed only slight improvements in addressing legal and policy barriers.
- There is political resistance to removal of harsh criminal penalties for drug use and sex work.
- Enforcement of drug laws is highly punitive. Extrajudicial killings are reported from Bangladesh and the Philippines. This 'war on drugs' approach is ineffective in preventing drug use, compounds HIV vulnerability of marginalized communities and is associated with gross human rights violations.
- In most countries, transgender people cannot obtain identification documents that reflect their gender identity. Transgender people's dignity, equality, privacy and security are compromised because their gender identity and expression are not recognized through legal and administrative processes.
- Many countries criminalize transgender people's gender expression, either through criminalizing 'cross-dressing' or by enforcement of other penal provisions relating to immorality, public indecency, vagrancy and loitering. Other forms of criminalization that marginalize transgender people include the criminalization of sex work, same-sex sexual activity, and begging.
- There has been a lack of progress in removing HIV-related travel restrictions, in part due to the negative narrative migration has taken.
- Many countries have laws that prevent adolescents from independently accessing HIV testing, condoms, harm reduction services, and other health services.

However, there were also some important examples of legal and policy progress since 2015:

- The new Philippine AIDS Act was passed in 2018 to overhaul the legal framework on HIV, expanding human rights protection for people living with HIV, providing key populations access to redress mechanisms, and removing legal barriers to HIV services for young people.
- India also passed a comprehensive law prohibiting HIV-related discrimination. This law came into force in 2018, and a redress mechanism has also been established to assist enforcement.
- Homosexuality was decriminalized in India as a result of a Supreme Court ruling in 2018.
- Laws protecting the rights of transgender persons were passed in India (2016) and Pakistan (2018), and Nepal's 2015 Constitution recognizes the rights of gender and sexual minorities. In parts of this region, there has been some significant progress in guaranteeing the right to legal gender recognition, including through Supreme Court decisions in India and Nepal. Supreme Court judgments or cabinet decisions in Bangladesh, India, Nepal and Pakistan recognize third gender status. A new Civil Code gave transgender people the right to register their change of gender in Viet Nam in 2017.
- There is progress in removing legal barriers to harm reduction services in India and Myanmar. Myanmar's drug law was updated in 2017 to end mandatory registration of people who use drugs and introduce diversion to treatment services. Myanmar also drafted an AIDS Bill prohibiting discrimination.

Recommendations

(i) Criminal penalties relating to homosexual conduct, sex work and drug use should be abolished. Law enforcement should focus on protecting key populations against violence, exploitation and discrimination. Governments should recognize and address the severe negative health and human rights impacts of criminalizing sex work, same-sex sexual activity, drug use, irregular migration and begging.

(ii) Governments should ensure laws are enacted to protect and promote the personal security and rights of people living with HIV, key populations and vulnerable groups, including those not recognized as citizens and with sensitive social status such as migrants, refugees and stateless people, especially their access to basic services, social welfare, and employment, and to prohibit any form of discrimination. Legal redress mechanisms should be put in place and made accessible in cases of violations of personal security and any kind of discrimination.

(iii) Police and other law enforcement agencies should partner with health authorities to support provision of health services to key populations, including through peer-based outreach. Enforcement of criminal laws relating to sexuality, drug use and sex work should not drive key populations away from health services.

(iv) Governments should abandon the 'war on drugs' approach and instead apply human rights, public health and harm reduction principles to drug control efforts.

(v) Governments should close compulsory drug detention centres and implement voluntary, evidence-informed and rights-based health and social services for people who use drugs in the community.

(vi) Governments should promote alternatives to conviction and punishment for drug use and drug possession offences, including diversion to treatment in the community.

(vii) Governments should ensure that transgender people are protected under human rights and anti-discrimination provisions of the constitution and relevant laws. Gender, gender identity and gender expression should be prohibited grounds for discrimination. Definitions in laws and policies of terms such as 'gender', 'gender identity', 'gender expression', 'transgender' should be inclusive of diverse genders, gender identities and expressions, and based on self-determination.

(viii) Governments should guarantee legal recognition of gender identity based on self-determination.

(ix) Governments should harmonize non-discriminatory national HIV policies with immigration policies to ensure that non-citizens have the right to remain and have full access to HIV services and treatment.

(x) Laws and policies should recognize the evolving capacity of children and adolescents to understand and independently consent to harm reduction, HIV and sexual health services. Governments should ensure that sexual and reproductive health services especially HIV testing, counselling, treatment and care are youth-friendly, accessible and affordable for young key populations.

(xi) Governments should reform immigration policies that discriminate based on HIV status among migrants, refugees and non-citizens to enable access to treatment and services.

Pillar 2: Access to medicines, diagnostics and vaccines

Although governments have committed on paper to the 90-90-90 targets, most respondents reported that access to medicines and diagnostics had either only slightly improved or not improved at all. Examples of progress since 2015 in expanding access included:

- Several countries reported that access to HIV medicines is being considered in the context of their government's commitment to Universal Health Coverage (UHC). Bhutan, Thailand and India have taken important steps towards inclusion of HIV in UHC, while others are in the planning stage (e.g. Myanmar).
- Least Developed Countries (LDCs) are now able to take advantage of the extended World Trade Organization transition period for introducing pharmaceutical patents (January 2033). This will allow ongoing access to affordable generic HIV medicines in these countries during the transition period.
- Government funding of antiretroviral therapy (ART) has supported expanded access to medicines in Myanmar.
- From 2018, India is providing free HIV viral load testing and expanded government-funded health insurance for all poor families.
- There is also expanded access to hepatitis medicines in some countries (e.g. India and Myanmar).
- PrEP is a new and highly cost-effective HIV prevention tool that was not available in 2015. Evidence confirms that PrEP has the potential to revolutionize HIV prevention among key populations. When PrEP is implemented at scale, it contributes to substantial reductions in HIV transmission at a population level. PrEP is already available in Thailand, but elsewhere most governments have not yet included it in their national HIV plans and programmes. In Australia, PrEP has been subsidized by government and is universally accessible.
- Recognising the importance of ensuring treatment for co-infections, in 2017 the government of Malaysia issued the world's first compulsory license on a treatment for hepatitis C, sofosbuvir.

Recommendations

(i) A commitment to implement scaled-up PrEP programmes targeted at key populations should be given a high priority in national HIV/AIDS strategies as an essential addition to the HIV prevention package. Antiretroviral drugs (Truvada or generic equivalents) should be approved for use as PrEP within national health insurance schemes.

(ii) Governments should support community-based HIV testing and treatment delivery models to ensure greater coverage of key populations and hard to reach vulnerable groups so that countries can meet their 90-90-90 and 95-95-95 targets.

(iii) National HIV/AIDS strategies should implement WHO recommendations on PrEP and linking people diagnosed with HIV to treatment regardless of CD4 count. HIV testing and treatment should be included in Universal Health Coverage programmes that mobilize new health funding from domestic sources.

(iv) Governments should amend their patent laws to ensure inclusion of the full range of TRIPS flexibilities including rigorous patentability criteria, preventing

evergreening, and patent oppositions by public interest groups including people living with HIV, easy to use compulsory license provisions and parallel and personal import of medicines. In particular, LDCs in the region should urgently adopt (through law or government order) the pharmaceutical transition period of 2033.

(v) *Governments must commit to using these TRIPS flexibilities to ensure access to generic versions of current and new treatment for HIV, Hepatitis C and Tuberculosis for adult and paediatric treatment, including ARVs, Directly Acting Antivirals (DAAs) and MDR-TB medicines recognizing that generic competition often enables drastic price reductions, improves availability for current and new diagnostics, treatment and vaccines and contributes to financial sustainability of treatment programmes i.e. Pillar 3.*

(vi) *Governments must reject all TRIPS-plus demands in ongoing free trade agreement (FTA) negotiations including in the ongoing Regional Comprehensive Economic Partnership (RCEP) Agreement negotiations as well as those with developing countries like the European Union. These TRIPS-plus demands hamper the ability of countries to use TRIPS flexibilities and should be rejected to ensure government commitments under SDG Goal 3b, the 90-90-90 targets and regional and international commitments on HIV and AIDS.*

(vii) *Ensure that laws and policies focus on eliminating discrimination and violence against key populations in health care settings.*

(viii) *Develop national clinical guidelines for gender-affirming health services building on international guidance from the World Professional Association for Transgender Health and the World Health Organization, and the Asia Pacific Trans Health Blueprint.*

Pillar 3: Financing and sustainability

- Transitioning to domestic financing of national HIV responses poses a threat to programmes for key populations, which continue to rely heavily on external support from international donors such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Most respondents reported some improvements in financial sustainability since 2015. However, there is very slow progress in the transition to domestic financing.
- In some countries the government is contributing more from domestic budgets to cover treatment costs. However, governments are less willing to use domestic budgets for work with key populations or to fund community organizations or civil society organizations perceived as controversial.

Recommendations

(i) *Governments must increase public spending for their HIV, tuberculosis and hepatitis responses. This includes ensuring sufficient investment in services for key populations and human rights programmes for law reform and access to justice. Governments should also use all legal and policy tools at their disposal (including TRIPS flexibilities mentioned in Pillar 2) to decrease costs of medicines and diagnostics.*

(ii) *Governments should provide civil society organizations and key population networks access to domestic funding for outreach activities, community mobilization, advocacy, stigma and discrimination reduction and prevention activities and core operational costs.*

(iii) *Government should commit to fund innovative HIV prevention approaches under national HIV/AIDS strategies including pre-exposure prophylaxis (PrEP), HIV self-testing and voluntary partner notification. A high priority should be given to scaling up PrEP among key populations at high or medium risk of HIV given the significant savings to health budgets of this intervention.*

(iv) *Governments should involve representatives of key populations in planning for transition from external to domestic funding of HIV. Governments need to plan for domestically financed programmes that reach key populations to ensure these populations have ongoing access to health services and protection of their human rights when donor support ends. Government should also ensure that there are existing legal mechanisms to allow for the transfer of public funds to CSOs that implement interventions for various health responses, including HIV.*

(v) *Governments should ensure that the integration of HIV services into their universal health coverage frameworks is inclusive of key populations and should not lead to the defunding of community-led interventions.*

(vi) *Planning of HIV services should be based on reliable data. Few countries collect reliable data on young key populations and transgender people. This results in lack of dedicated funding for HIV services targeting these populations and failure to include them in policy and planning discussions at the national level. Governments and development partners should disaggregate data based on sex, gender and age and make it available for national policy and planning processes. Both countries of origin and destination should recognize migrants or those who have returned from migration and are living with HIV and include them in HIV services planning at the national and local levels.*

Community engagement and gender

Over 2/3 of respondents reported some improvements to community engagement, gender responsiveness and gender inclusivity since 2015. However, most respondents reported only slight improvements.

Recommendations

(i) *Key populations should be meaningfully engaged in health governance. Governments should observe the following elements for meaningful community engagement:*

   a. *Representation of key populations and vulnerable groups in the bodies responsible for planning, implementing and evaluating HIV/AIDS responses;*
   b. *Transparency in decision making processes and implementation of national HIV/AIDS strategies including creating accountability mechanisms that enable representatives of key populations to provide feedback on national programme areas that impact on effective programme implementation.*

c. *Young people from key populations should be provided with enabling platforms so that they can engage meaningfully in national HIV responses.*
d. *Returned migrants and their communities affected by HIV also need representation in National planning in countries of origin especially when they comprise a significant percentage of the population living with HIV.*

(ii) *Governments should support organizations of sex workers, people who use drugs, gay men, MSM, transgender people and migrants to mobilize their communities to implement peer-led HIV prevention, treatment, legal protection and community empowerment measures.*

(iii) *Governments should promote and protect the freedom of association of sex workers, people who use drugs, gay men, MSM, transgender people and migrants, and ensure laws and polices do not infringe the rights of community-based organizations representing these populations to register and operate under national laws.*

(iv) *Governments should ensure gender responsive planning and budgeting approaches are applied in HIV programming.*

(v) *National strategies on HIV and national strategies on violence and discrimination against women should be linked, so that the vulnerabilities of marginalized women (including sex workers, women who use drugs, transgender women, migrant women and key populations and their intimate partners) to gender-based violence and HIV are understood and addressed.*

Background

The purpose of the Expert Group Meeting is to review progress in meeting the commitments of the Asia Pacific Regional Framework for Action on HIV and AIDS Beyond 2015.

The Asia Pacific Intergovernmental Meeting on HIV and AIDS adopted the Regional Framework at its meeting in 2015.

The 2018 Expert Group Meeting provides representatives of key population communities and civil society organizations with an opportunity to report progress against the three pillars of the Regional Framework:

Pillar 1: National reviews and multisectoral consultations on legal and policy barriers
Pillar 2: National consultations to promote access to affordable medicines, diagnostics and vaccines
Pillar 3: Evidence-based national HIV investment cases and sustainability plans

This report summarizes responses to a survey distributed to community and civil society organizations in October 2018, and submissions provided by regional networks to the Coalition of Asia-Pacific Regional Networks on HIV/AIDS (7 Sisters) in November 2018.

Substantive civil society and community inputs were received from the following:

Regional organizations	Asia-Pacific Network of People Living with HIV/AIDS (APN+); International Drug Policy Consortium (IDPC); APCASO; Asia Pacific Transgender Network (APTN); APCOM Foundation, Youth LEAD; Youth Voices Count; CARAM Asia; Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters)
Australia	Australian Federation of AIDS Organisations (AFAO); Family Planning NSW (FPNSW)
Bangladesh	IDPC
Bhutan	Lhak-Sam (BNP+)
Cambodia	HIV/AIDS Coordinating Committee of Cambodian NGOs (HACC); Khmer HIV/AIDS NGO Alliance (KHANA); IDPC
Fiji	UNAIDS Youth Alliance for Sexual and Reproductive Health Rights
India	Swasti; Indian Drug Users Forum
Indonesia	ACASO; Youth LEAD; APTN
Malaysia	Malaysian AIDS Council; APTN
Marshall Islands	Gay community member
Myanmar	Myanmar Positive Group; Radanar Ayar Association; Drug Policy Advocacy Group; PLHIV community member; Burnet Institute Myanmar
Nepal	Blue Diamond Society; Suruwat; Youth LEAD; APTN
Papua New Guinea	Kapul Champions
Pakistan	Association of People Living with HIV Pakistan; Youth Association for Development; Humraz Male Health Society

Philippines	Association of Transgender Men of the Philippines; Youth Voices Count Philippines; International Community of Women Living with HIV (ICWAP); National Council of Churches in the Philippines; IDPC; APCASO
Singapore	APTN; Gay PLHIV community, Singapore
Thailand	Youth LEAD; Planned Parenthood Association; MAP Foundation
Viet Nam	APTN; LGBT community member

1 PILLAR 1: Legal and policy barriers faced by key populations

1.1 Survey findings

Respondents were asked to nominate activities that have been undertaken in each country. Of the 30 respondents who answered this question, 21 reported that there has been a national review of legislation to identify legal and policy barriers; 17 reported that there have been multisectoral consultations on legal and policy barriers; and 15 reported legislative or policy reforms to address legal and policy barriers.

Respondents were also asked to rate the change in the legal and human rights situation of key populations since 2015 in their country. Most reported that it had either only slightly improved or there had been no change. Of the 30 respondents who answered this question:

- 4 reported that the legal and human rights situation had greatly improved
- 18 reported that it had slightly improved
- 6 reported no change
- 1 reported that it had slightly deteriorated
- 1 reported that it had greatly deteriorated[1]

1.2 Country progress in addressing legal and policy barriers

Australia: AFAO reported that the legal situation had slightly deteriorated. Australia is witnessing the adoption of mandatory testing laws, for people who bite or spit on emergency services personnel. These laws provide law enforcement agencies with increased opportunities to harass and charge minority communities (First Peoples, culturally diverse and sexually and gender diverse people).

Bangladesh: IDPC reported that more than 130 people have been killed and more than 13,000 people arrested since Prime Minister Sheikh Hasina launched a nationwide anti-drugs campaign in May 2018. Bangladeshi police justified these killings as supposedly happening during 'gunfights' with rival gangs or police acting in self-defence during anti-drug operations. The government has also closed down health and harm reduction

[1] This response was provided by Youth LEAD, but it was unclear if it related to a specific country or the Asia Pacific region as a whole.

services for people who use drugs and some clients have disappeared. The government is considering introduction of the death penalty for drug offences.

Bhutan: Lhak-Sam (BNP+) reported that the legal situation had slightly improved. A costed action plan for the legal environment assessment was developed. Advocacy has been initiated for law reform which had received positive feedback from policymakers and legislators. This has focused on proposals to decriminalize homosexual conduct by amending the Bhutan Penal Code. There is support from various platforms to address the problems the criminalization is causing to LGBT people. However, there is resistance to decriminalization of sex work.

> "*A costed action plan for the legal environment assessment was developed through national stakeholder consultations. It gave us hope and confidence for repeal of section 213 and 214 (to decriminalize homosexual conduct)*." Lhak-Sam (Bhutan)

Cambodia: KHANA reported that the legal and human rights situation had slightly improved, though the space for civil society and community organizations is shrinking because of the lack of resources and domestic investments. Cambodia conducted a national review to identify legal and policy barriers. An important initiative was the Most-at-risk Populations Community Partnership Initiative Standard Operation Procedure. Outcomes from this activity include the increased engagement of key stakeholders, localization of the HIV response at commune level and promotion of community partnerships.

HACC's perspective was more positive than KHANA. It reported that the legal situation had greatly improved in Cambodia as indicated by a reduction in arrests of key populations. As a result, stigma affecting key populations has also reduced.

The International Drug Policy Consortium (IDPC) raised concerns that there are still very high rates of arrest and imprisonment of people who use drugs. However significantly increasing rates of arrest for drug-related offences, and subsequent detention or imprisonment, in recent years indicate the use of punitive measures that pose barriers to implementation of voluntary treatment and harm reduction services. Annual rates of arrests for drug-related offences (including of people who use drugs) in Cambodia have increased three-fold over three years: from 3,142 in 2014, to 9,933 (including 964 women) in 2016. During the first six months of 2017, more than 9,600 people were arrested for drug-related offences—almost the same number of people arrested in the previous year—of whom more than 50% were reportedly people who use drugs. Furthermore, in 2016, the government declared that 2,599 people who use drugs were detained in public and private rehabilitation centres.

IDPC also pointed out that in a speech made in 2016, Cambodia's Prime Minister Hun Sen has emphasised the role of local communities and authorities in responding to drug-related issues, and strongly encouraged the promotion and strengthening of quality community-based treatment and rehabilitation services. His apparent support for a shift towards drug dependence treatment services that do not involve coercion and detention, seemed to align with the government's approval of Cambodia's first five-year National Strategic Plan for Harm Reduction 2016-2020.

Fiji: UNAIDS Youth Alliance for SRHR reported that Fiji's HIV Decree was passed in 2011, which prohibits discrimination. However there has been only slight improvement to the legal and human rights situation since 2015. There has been progress on gender inclusion, which will impact the key populations.

"*The political and legal environment has improved in the country with policy and legal barriers being addressed – but the implementation of the laws and policy is yet to percolate to the ground, in terms of the experience of key population groups*." (Swasti, India)

India: Swasti reported that the legal and human rights situation in India had slightly improved with legal barriers addressed for some populations (MSM and transgender), but implementation of the laws is yet to benefit key populations. Reviews and consultations have occurred with participation of key populations.

The Indian Drug Users Forum (IDUF) had a different perspective and reported that the legal and human rights situation had greatly improved since 2015. Positive developments that IDUF referred to included:

- The HIV and AIDS (Prevention and Control) Act 2017 came into force in September 2018. The Rules issued under the Act provide a mechanism for people to seek redress for discrimination, disclosure of HIV status and other grievances. It defines the process for lodging complaints against employers, health care services and others.
- India's Transgender Persons (Protection of Rights) Act 2016 prohibits discrimination in education, employment and healthcare. It directs governments to provide welfare schemes and recognise the rights of transgender people to be register as a separate gender. Changes to the narcotic drugs law support harm reduction services and provide people who volunteer for drug treatment with immunity from prosecution.
- IDUF also referred to India's National Strategic Plan for HIV/AIDS and STI 2017-2024, which has guiding principles of 'equity, gender and a rights-based approach'. The Plan recognises 'critical enablers' which include community engagement and a discrimination-free environment. Priorities include addressing discrimination; decreasing gender inequality and violence against women as well as harmful norms of 'masculinity' and 'femininity'; lowering the age required to access harm reduction services; addressing criminalization of key populations.

The Plan requires legal protection mechanisms (legal aid) for people living with HIV and key populations.

- As a step towards achieving universal health coverage, India has announced health insurance for families below the poverty line. The responsibility for overseeing implementation of the Sustainable Development Goals has been assigned to the National Institution for Transforming India (NITI Aayog), which is chaired by the Prime Minister of India.

Malaysia: The Malaysian AIDS Council reported its advocacy for abolition of the death penalty. The Dangerous Drugs Act was amended in 2017 to give judges the discretion to impose a sentence other than the death sentence. There is optimism that the new government will provide a platform for advocacy. There is interest in drug law reforms that aim to reduce the number of people who use drugs who are imprisoned.

APTN reported that Malaysia's National Strategic Plan for Ending AIDS 2016-2030 includes transgender people as a key HIV-affected population. It enshrines their right to obtain comprehensive HIV prevention, care, and treatment, but does not discuss transition-related health needs in terms of HIV-related care. However, in regard to HIV data, the Ministry of Health does not record transgender women as a distinct population. Transgender women are grouped together with men who have sex with men. HIV among transgender men is not included in Ministry of Health data.

"*Removing criminal records and having non-punitive approaches towards people who use drugs will eventually reduce stigma and discrimination, remove fears to access the existing treatment and will create an enabling environment for health care services.*"
Malaysian AIDS Council

Marshall Islands: A gay community member from Marshall Islands reported that there has been no change in the legal and human rights situation, which has not improved since 2015.

Myanmar: Radanar Ayar Association reported that the situation for key populations had slightly improved. Myanmar Positive Group also reported that the legal and human rights situation had slightly improved. An HIV Law has been drafted to address discrimination and other issues. A Sex Worker Law is being revised by the Ministry of Social Welfare in consultation with the community. A new Drug Law has been approved by parliament in 2018, with an emphasis on harm reduction and changes from criminal case to social penalties for use of drugs.

Myanmar's Drug Policy Advocacy Group reported that the situation had slightly improved. Myanmar's new national drug policy is comprehensive with balanced approaches to drug use prevention, demand and harm reduction. About the same time

there was an amendment to the drug law, which reduces prison penalty for people who use and diverts them to treatment and rehabilitation programmes. However, there are gaps such as police arrests and crackdowns on people who use drugs at the implementation level. The central government reviewed and revised the existing harsh drug laws, and also developed a new drug policy with balanced strategies. Some of the outdated laws are under review and some have been amended. However, the actual situation on the ground has not been improving. For example, many people who use drugs have been arrested this year although the narcotic law was amended in February 2018.

Burnet Institute Myanmar reported that the legal situation had slightly improved. The first National Drug Policy was issued February 2017. The new Narcotic and Psychotropic Substance Law was enacted in 2017, which removed the mandatory registration of people who use drugs. People who use drugs will not be sentenced to prison and will instead be encouraged to access treatment. However, possession of any amount of drug can still result in lengthy imprisonment. There is growing pressure on the government to allow people to possess small quantities of drugs for personal use while they are receiving treatment.

A person living with HIV from Myanmar reported that the legal situation had slightly improved as a result of the new drug laws and increased treatment options for people who use drugs.

> "*The central government reviewed and revised the existing harsh drug laws, and also developed a new drug policy with balanced strategies. There are some obstacles in implementing the amended law and policy since local police are arresting drug users with no or very little amounts of drugs.*"
> Drug Policy Advocacy Group, Myanmar

Nepal: Blue Diamond Society reported that the legal and human rights situation had slightly improved. The law has been improved on paper, but implementation is slow and the lives of key populations have yet to be improved. Suruwat reported that there has been a national review of existing legislation to identify legal and policy barriers. The legal situation has slightly improved but there is no legal action at the local ward level. The 2015 Constitution of Nepal guarantees the right to a citizenship certificate that reflects a person's gender identity, including third gender. Youth LEAD noted that Nepal has issued an identity-based national ID card. APTN reported that Nepal's constitutional commitment to third gender recognition is gradually being rolled out across a range of government documents. It remains, however, focused on third gender identity, with no options for transgender women to be recognized as female or transgender men to be recognized as male.

Pakistan: Humaraz Male Health Society reported that the legal situation had slightly improved in Pakistan. Transgender Protection Bill was passed in 2018 but there is no

progress in implementation as yet. The Association of People Living with HIV Pakistan reported no significant changes to the legal and human rights situation of key populations in Pakistan. The Youth Association for Development the Pakistan government is lagging in implementing legal protection for key populations, with no concrete impact of legal changes so far for key populations. APTN reported that the province of Khyber Pakhtunkhwa has committed to ensure access to health facilities and services for transgender people. A committee has been set up to formulate a mechanism for the 'Sehat Insaf Card' to be issued to transgender people, and to include transgender people in programmes for HIV and other health priorities.

Papua New Guinea: Kapul Champions reported that they are still working on the bill to lodge for updating the national AIDS legislation and for criminal laws affecting key populations to be repealed. There has been no change in the legal situation since 2015.

The Philippines: The Association of Transgender Men of the Philippines, Youth Voices Count Philippines and the National Council of Churches, and APCASO reported that the legal situation had slightly improved in certain areas. APCASO noted, however, that the ongoing 'war on drugs' undermines the human rights climate in the country. Developments they highlighted included:

- In October 2018, the House of Representatives and the Senate ratified a bill that overhauls the Philippine legal framework on HIV. The bill is expected to be enacted before the year ends. The bill allows for the operationalisation and funding of evidence-based, human rights-informed, and gender-transformative strategies under the national strategic plan on HIV and AIDS, reforms the Philippine National AIDS Council, and expands human rights protection for PLHIVs and key population. However, there has been a budget cut in the national health budget.
- The sexual orientation, gender identity and expression (SOGIE) anti-discrimination bill was approved by the House of the Representatives but is currently stalled in the Senate, with the Senate leadership refusing to the put the bill to a vote.
- The Philippines received a Global Fund matching fund grant that focuses on human rights and addressing legal barriers.
- The Philippines has designated a Migration Health Unit in the Department of Health. There is now also the Philippine Migrant Health Network (PMHN), a multi-stakeholder network for migrant health. The creation of these bodies resulted in the enactment of the Joint Memorandum Circular on Medical Repatriation in 2017.

IDPC reported that the 'war on drugs' has led to gross violations of human rights. The escalation of punitive drug policies has resulted in the extrajudicial killings of over 27,000 people since 2016.

According to IDPC, the 'war on drugs' has also led to a rapid rise in the numbers of people held in detention and prison facilities. The most recent Universal Periodic Review of the Philippines has highlighted this problem. In this Review, the UN High

Commissioner for Human Rights took note of the inadequate standards of medical care in prisons. Prisons are no longer able to ensure the health and safety of prisoners or meet minimal standards under international law. The UN Committee Against Torture has echoed these observations, noting that the incidence of infectious diseases was 'extremely high'. Treatment for health conditions for communicable diseases if grossly inadequate in prisons. HIV/AIDS and hepatitis C have become critical problems for the prison population. HIV incidence among prisoners has been increasing. The head of the Public Attorney's Office claimed that as many as 'one to three in every jail cell' are infected.

"*Since the anti-discrimination law for LGBTQ+ is not yet passed, only some establishments recognize or respect our rights. People of the Philippines still have to be well educated and informed about LGBTQ+ individuals, that we exist*."
Association of Transgender Men of the Philippines and Youth Voices Count

Singapore: A gay man living with HIV reported that there have been no improvements to legal and human rights environment in Singapore. APTN reported that transgender people are not a priority in national HIV policy or funding for HIV programmes

Thailand: MAP Foundation reported that migrants now need to be documented to access health insurance, which will provide first line ARV. But migrants need an employer to get proper documentation, which includes a work permit. If migrants are too ill to work, no employer will hire them, which means they are unable to register or get insurance. Therefore, they cannot access treatment unless they pay out of pocket. Moreover, there are those who have no home to return to, leaving them in limbo, unable to register or access treatment unless they receive assistance from CSOs.

Viet Nam: A LGBT community representative from Viet Nam reported that the legal and human rights situation had slightly improved due to the government introducing a law allowing transgender people to register a new gender identity.

Regional network observations:
IDPC reported that many countries retain highly punitive 'war on drugs' approaches that are highly stigmatizing. For example, many operate drug detention centres which raise human rights concerns and threaten the health of detainees (e.g. Brunei Darussalam, Cambodia, China, Indonesia, Lao PDR, Malaysia, Myanmar, Russia, Singapore, Sri Lanka, Thailand and Viet Nam).

IDPC also raised concerns about the imposition of the death penalty for drug offences in many countries. In addition to the serious human rights implications, evidence shows that the death penalty has no measurable impact on deterring involvement in drug-related offences, the prevalence of drug use and drug-related health harms. In fact, despite widespread use of death penalty, Asia is one of the regions where drug use overall is increasing. IDPC reported that only a few countries have taken steps to

reduce or eliminate the use of capital punishment for drug offences including India, Malaysia, and Thailand. Some countries are considering reinstating the death penalty, with bills in progress in Bangladesh, the Philippines and Sri Lanka.

Youth LEAD reported that the laws of many countries restrict adolescents under 18 years from independently HIV testing, harm reduction and other health services. Most countries require either citizenship card or parental consent to use the services. Laws that prevent young people accessing services result in failure to collect data on adolescents. If collected, the data are available for analysis at the official level. Laws that prevent adolescents accessing services skew data collection to older populations, resulting in lack of strategic interventions targeted to adolescents from key populations.

Asia Pacific Transgender Network reported the following concerns:
Despite laws and constitutional protections against discrimination, access to health care remains difficult for transgender people. Health care providers are often judgmental, dismissive or abusive towards them. Transgender women are disproportionately affected by HIV, yet there are still insufficient programmes targeted to meet their specific needs. Where medications are made available, transgender people often do not have a way to access due to lack of legal documentation of their gender to receive social benefits, lack of income to purchase medicines (if they are not free), and inaccessibility of clinics. National guidelines in some countries have prioritized PrEP and post-exposure prophylaxis for transgender people, however most transgender people are unaware of what these interventions are and where to access them.

How laws and policies define the word ‘transgender’ or local terms for ‘third gender’ identities has a significant impact on whether the human rights of transgender people are protected under the law. Gender recognition in regulations and policies also influences whether transgender people’s rights are respected, protected and fulfilled. Criminalization of sex work, begging and same-sex sexual activity makes transgender people a target for arbitrary arrest, harassment, coercion and the deprivation of liberty.

Many transgender people continue to face discrimination in healthcare settings, and do not have protection of anti-discrimination laws that encompass gender identity and expression. This is compounded when a person’s gender identity or expression does not match their gender marker.

The main barriers to the implementation of targeted HIV programming for transgender people are that programmes are not transgender-specific, transgender people are subsumed under the label of MSM, and are deterred from being involved because of stigma and discrimination. There is a huge unmet need for HIV and health services that are culturally and clinically competent in responding to the needs and rights of transgender people. Most community-based organizations are narrowly focused on HIV, without links to integrated gender-affirming health care services.

There is a lack of data about transgender people and their health. Existing data is limited primarily to data about transgender women, HIV and sexually transmitted

infections. Governments obscure data about transgender women by including it under the category of 'men who have sex with men'. As a result, governments fail to address the disproportionate impact of HIV on transgender women. Data on HIV amongst transgender men is lacking. It is important that data is collected on masculine transgender people to identify the overlap with other groups at higher risk of HIV, such as people who use drugs and sex workers.

Governments should develop confidential data collection methods that enable the diversity and size of transgender populations to be measured accurately in order to monitor and address barriers to realization of human rights. Transgender people are often harassed and arrested based on inaccurate profiling of them as sex workers simply because of their gender identity and expression.

CARAM Asia highlighted the fact that some countries in Asia and the Pacific still have HIV-related travel restrictions in place. This policy is linked to mandatory health screening in both origin and destination countries and can result in denial of a visa or immediate deportation. This includes the Gulf Cooperation Countries in the Middle East, which are major destination countries for many migrants from Asia and the Pacific and require that migrants submit to testing by clinics accredited by the Gulf Approved Medical Centres Association. When migrants return to their home countries infected with HIV, many of whom have been deported, there is a lack of referral mechanisms to testing and treatment services and support networks. This is important as many countries now have decentralized ARV dispensaries reaching rural areas where migrants come from, but the gap is that returning migrants are not aware of these services or are afraid of being stigmatized when accessing them.

2 PILLAR 2: Access to affordable medicines, diagnostics and vaccines

2.1 Survey findings

The survey asked respondents to rate the change in access to medicines, diagnostics and vaccines in their country since 2015. Of the 24 who answered this question, only 4 respondents reported that access has greatly improved. 16 reported that access has slightly improved and 4 reported no change. No respondents reported deterioration in access.

Other findings include:

- 14 respondents reported that there have been national stakeholder consultations on access to medicines, diagnostics and vaccines.
- 11 reported that there has been review and/or amendment of patent laws or other relevant laws
- 7 reported policy or legal measures for addressing cost/prices of medicines, diagnostics and vaccines to ensure accessibility and affordability.
- 7 reported that there were processes to assess the cost effectiveness of essential medicines.

2.2 Country progress in expanding access to medicines, diagnostics and vaccines

Australia: AFAO reported that the widespread introduction of PrEP since 2015 has been highly significant for HIV prevention. PrEP is now government subsidized and universally accessible in Australia through the Pharmaceutical Benefits Scheme. PrEP is available to key populations including gay and bisexual men. People living with HIV can also access ART, irrespective of CD4 count. Modelling demonstrates that when 70% of gay men/MSM at high or medium risk of HIV infection take up PrEP, HIV incidence is driven down as a result of a powerful 'herd immunity' effect. This has been demonstrated very clearly in New South Wales, where a 30-40% reduction in new infections was achieved in the first 12 months after a PrEP study was launched (EPIC-NSW PrEP Study). FPNSW reported that access to medicines has greatly improved in Australia.

> "*Communities have been very active in supporting awareness of PrEP availability and access paths*." Australian Federation of AIDS Organisations

Bhutan: BNP+ reported that all diagnostics, vaccines and treatments are provided free by the government in accordance with the Constitution of Bhutan. Some medicines are made available through the Bhutan Health Trust Fund. All people have availability and access to free treatment and health services.

Cambodia: HACC reported that access to medicines and diagnostics had slightly improved as a result of commitments of the Ministry of Health, provision of free HIV medicines, and plans to reduce drug stockouts. APTN reported that there are plans to strengthen HIV outreach programmes for transgender people to promote positive behaviours using social and behavioural change, partner notification, testing, and responses to sexual and gender-based violence responses including the provision of post-exposure prophylaxis (PEP) to survivors of gender-based violence. APN+ reported that an important development in Cambodia has been the adoption of optimal paediatric products (e.g., LPV/r oral pellets and ABC/3TC (120/60 mg) disp. tablets).

India: Swasti reported that access to medicines had slightly improved and there is increased funding for diagnostics and procurement of medicines. From 2018, people living with HIV will be provided an annual free viral load test. There is still variability across the states in terms of access to medicines and diagnostics. There is commitment at the national level and policy changes have been made. However, funding is still a constraint. Further integration with the National Health Mission is required.

The Indian Drug Users Forum reported that access to medicines, diagnostics and vaccines had greatly improved. The National Health Mission and the Integrated Child Development Services provide access to primary health care for key populations. The

National Viral Hepatitis Control Program has been launched with the goal of ending viral hepatitis as a public health threat by 2030. The central government is implementing several health insurance schemes to support progress towards universal health coverage. India has over one-third of the total global generic drugs industry. However, there are ongoing barriers to access to medicines including: unreliable supply systems; poor quality of drugs; irrational prescription, dispensing and use; unaffordable pricing; unfair health financing mechanisms; inadequate funding for research in neglected diseases; and a stringent product patent regime.

APTN reported that PrEP studies for transgender communities are underway in India.

APN+ reported that India has adopted the 'test and treat' approach to HIV, making ART available for all patients. They also shared that in 2017, the government of Malaysia issued the world's first compulsory license on a treatment for hepatitis C, sofosbuvir. The compulsory license resulted in dramatically more affordable prices and facilitated the sustainable rollout of the government's viral hepatitis treatment programme, leading to huge savings in the country's health budget.

Indonesia: APCASO reported that Indonesia continues to struggle with the high procurement costs of ARVs, which has hindered the inclusion of treatment services into Indonesia's social health insurance scheme. APTN reported that PrEP is not available and transgender people have proven to be difficult to track with high mobility within the country and limited access to healthcare services. YouthLEAD reported that there are gaps in age breakdowns of HIV prevalence data, which impacts how services are planned.

Marshall Islands: A gay community member from Marshall Islands reported that there have been only slight improvements in access to medicines and diagnostics since 2015.

Myanmar: Myanmar Positive Group, Radanar Ayar Association, Burnet Institute Myanmar, and Myanmar's Drug Policy Advocacy Group all reported that access to medicines and diagnostics had slightly improved. Burnet Institute Myanmar reported that the Ministry of Health has committed to provide a basic essential package of health services as the first step towards Universal Health Coverage.

A person living with HIV from Myanmar reported that although access to medicines was slightly improved, people still lack access to second-line ART and treatment for multi-drug resistant tuberculosis.

Myanmar's Drug Policy Advocacy Group reported that coverage for ART has improved and the public sector has enrolled more HIV patients. Access to ART is supported by decentralization. Also, the government developed a National Action Plan for Viral Hepatitis in 2017. There have been some initiatives on expanding access to hepatitis C medicines, but there are affordability constraints. Some NGOs provide hepatitis C medication in collaboration with the government. The Myanmar National Health Plan was launched in 2016 aiming towards Universal Health Coverage.

Myanmar Positive Group reported that access to medicines will be improved by the proposed Property Bill. This Bill will support Myanmar to use TRIPS flexibilities to access generic drugs. It will also enable Myanmar to take advantage of the extended WTO transition period for introducing pharmaceutical patents, which is allowed for Least Developed Countries. Myanmar Positive Group reported that access to medicines has greatly improved, supported by the government's increased contribution of funds for ART.

> "*Although the government is setting the goal to achieve universal health coverage, long-standing issues such as insufficient health financing, inadequate human resources in the public sector and poor infrastructure are barriers to achieve UHC.*" Drug Policy Advocacy Group, Myanmar

Nepal: Blue Diamond Society reported that there has been some progress in national systems for access to medicines and health services. The government has scaled up services. Service centers have been created and there have been improvements to logistic systems. Youth LEAD reported that the situation has slightly improved, there is increased commitment to treat key populations and the government is planning to treat Hepatitis C through the government budget. However, Suruwat reported that in Nepal there has been no real change in access to medicines, and this is not good enough. APTN reported that National HIV Guidelines have prioritized PrEP interventions among transgender people.

> *"Even to get post-exposure prophylaxis (PEP), we need to go through many procedures and there are a lot of steps to go through to access the medicine."* Transgender respondent, Nepal

Pakistan: Humaraz Male Health Society reported that the access to medicines had slightly improved as a result of a national consultation on self-testing and PrEP. The Association of People Living with HIV also reported that access to medicines and diagnostics had slightly improved. Youth Association for Development reported that access to HIV medicines in Pakistan is an ongoing struggle

Papua New Guinea: Kapul Champions reported that access to medicines had only slightly improved.

Philippines: ICWAP reported that access to medicines had slightly improved. ARVs are not available in drug stores and there have been drug stock-outs for several ARVs (nevirapine, lamivudine and tenofovir).

Thailand: MAP Foundation reported that documented migrants with health insurance coverage can access free HIV treatment. In isolated cases some undocumented migrants have been provided HIV treatment as well. However, it is not with the generic combination ARV drugs available to Thais. Some hospitals refuse to dispense ARVs to migrants. As a result, some migrants have to choose their employment based on proximity to a clinic where they can access HIV treatment.

Regional network observations:
Youth Voices Count called on governments to support the addition of Comprehensive Sexuality Education, which includes modules on HIV/AIDS, behaviour change and sexuality and gender, in private and public educational institutions for young people.

APN+ reported that priorities for expanding access are:

- Use of TRIPS flexibilities (patent oppositions and compulsory licenses) by networks of People living with HIV and governments in the region to ensure access to affordable treatment for HIV, hepatitis C and TB.
- Encourage LDCs in the region to make full use of the pharmaceutical transition period including for local production such as in Bangladesh which produced the first generic version of sofosbuvir, which is a critical medicine for PLHIV co-infected with hepatitis C.
- Government registration of ARVs as well as medicines for hepatitis C and MDR TB.
- Countering the negative impacts of voluntary licenses and pricing deals that exclude patients in key middle income countries. Although voluntary licenses have been issued by the Medicines Patent Pool on DTG (Dolutegravir) and TAF (Tenofovir Alafenamide) and UNAIDS announced a pricing deal for DTG, key middle income countries in the region are excluded from these deals.
- Resisting trade agreements by developed countries that impose restrictions on TRIPS flexibilities and prevent access to generic versions of key medicines.
- Advocate for increased domestic health budgets for medicines and for international agencies funding the HIV response such as the Global Fund to support the use of TRIPS flexibilities in medicines procurement by governments to ensure financial sustainability.
- Making paediatric formulations of new ARVs available at affordable prices.

Communities of people living with HIV in Bangladesh, Vietnam, Myanmar, India, Malaysia, Indonesia and Thailand are working on using TRIPS flexibilities to increase access to medicines.

Access to generic versions of new ARVs for both adult and paediatric treatment will be key to increasing access. Generic competition enables drastic price reductions for drugs, as illustrated by the successes achieved in making some new medicines for treating Hepatitis C available at affordable prices.

3 PILLAR 3: HIV financing and sustainability plans

3.1 Survey findings

The survey asked about activities related to HIV financing, national HIV investment cases and sustainability plans. Of the respondents who completed this question:

- 4 reported studies on costing of transitions to domestic funding for AIDS responses
- 13 reported national consultations on allocation of funding for AIDS responses
- 11 reported budget provisions for domestic funding for AIDS responses
- 8 reported that monitoring and evaluation measures have been taken for assessing impacts of funding decisions.

Respondents were asked to rate the change in HIV financing or sustainability in their country since 2015. Of those who responded to this question, 5 reported that it had greatly improved, 4 reported that it had slightly improved, 3 reported no change and 1 reported that it had slightly deteriorated.

3.2 Country progress in HIV financing and sustainability

> "*The roles and spaces of CSOs and community are becoming smaller because of lack of resources and national investments*." KHANA (Cambodia)

Australia: AFAO reported that the HIV financing situation had slightly deteriorated, with reduced investment in a nationally coordinated HIV response. To advocate for strategic investments, AFAO issued Australia's 'HIV Blueprint' which sets out the additional resources required to end HIV transmission in Australia. The Blueprint provides estimates of the cost savings from infections averted as a result of accelerating the implementation of evidence-based measures including PrEP for high risk men.

Bhutan: BNP+ reported no change to HIV financing. A Global Fund consultation with government on transition to domestic financing was held in 2016. The Government of Bhutan has recommended inclusion of HIV, TB and malaria treatment in the national budget. However, the Government is not interested in funding civil society organizations from domestic budgets.

India: IDUF found that HIV financing had greatly improved. A major reason for the country's successful HIV response is the sustained commitment of the government through the National AIDS Control Programme, which has been particularly effective at targeting key populations.

Indonesia: APCASO reported that due to Indonesia's membership in the G20, it almost became ineligible for Global Fund support. A subsequent Global Fund Board decision resulted in the retention of Indonesia in the Global Fund's eligibility criteria, but it highlighted the vulnerability of key population programmes to defunding due to

transition. Indonesia has also created a multisectoral task force on sustainability, led by the budget development agency and with representation from civil society organizations. A key strategy for sustainability in Indonesia is the inclusion of HIV services into its universal health coverage scheme, but this remains problematic.

Malaysia: APCASO reported that Malaysia is among the transition countries in the region. It has already conducted its transition assessment process and developed a transition plan, but its transition grant from the Global Fund is still under deliberation. A critical issue is how to sustain and enable the scale up of community-led interventions.

Myanmar: Radanar Ayar Association, Drug Policy Advocacy Group, Burnet Institute Myanmar and a person living with HIV from Myanmar all reported that HIV financing had slightly improved in Myanmar.

However, Myanmar Positive Group provided a more positive view, saying that financing had greatly improved due to the national budget contribution of USD 15 million dollars for purchasing ARVs. Myanmar's Drug Policy Advocacy Group confirmed that the government commitment on funding ART has been improved compared to previous years.

A person living with HIV from Myanmar reported that HIV financing is not yet sustainable as the country has weak institutions, especially in the research area. Burnet Institute Myanmar reported that the Ministry of Health is planning to include HIV treatment in the basic essential package of health services.

Nepal: Blue Diamond Society reported that a national consultation was conducted with civil society and the government is planning for national budget support to the HIV response. However, there has been no actual progress in HIV financing and sustainability since 2015. Suruwat reported that national consultations occurred on allocation of funding for HIV, but there has been no change to the HIV financing due to the bureaucracy.

Pakistan: The Association of People Living with HIV reported that financing had slightly improved with new community organizations for key populations and HIV centres in government hospitals. Youth Association for Development reported that as yet there have been few efforts from the government, civil society or donor agencies on the financing of HIV response in Pakistan.

The Philippines: ICWAP reported that sustainability of HIV financing had slightly improved. Local Government Units are trying to take ownership of programmes initiated by the Global Fund to ensure sustainability after support from the Global Fund ends. APCASO noted that the Philippines has developed a transition and sustainability plan, but it remains unclear how it will be implemented. The outpatient HIV package of PhilHealth, the Philippine social health insurance, is under review to address gaps in services.

Thailand: Planned Parenthood Association of Thailand reported that there have been studies on costing of transition to domestic funding for the HIV response. APCASO reported that one of Thailand's universal health coverage schemes, which is managed by the National Health Security Office and funded through government revenues, has started to channel government funding to a few grassroots key population organizations. There is, however, a need to clarify how this mechanism can be applied consistently.

> "*Domestic spending for HIV in middle-income countries in the region has increased, but this is in part due to donor conditions (such as the GF's co-financing requirement) and the overall increase in government budgets. However, these resources need to be allocated more efficiently to support effective and evidence-based strategies, especially to reach key populations.*"
> APCASO

Viet Nam: APTN reported that although Viet Nam has become a lower middle-income economy, its health services are not well integrated and most transgender persons cannot access services because of stigma and discrimination. The country relies on donors for both its HIV and TB responses and will need to ensure political commitment when planning for and implementing transition, co-financing and sustainability.

Regional network observations:
APTN reported that in spite of the increased government investment on health and HIV in middle income countries, the risk of not funding the key populations is vivid due to criminalization and other laws that do not recognize key populations as equal citizens. APTN emphasized that data on key populations including size estimations and disaggregated data by age and sex are not readily available which has direct implications for transgender people and adolescents who are left out without any data during the process.
The transition of countries based on economic indicators by the major donors including the Global Fund poses a threat to the gains made in national HIV responses. The meaningful engagement of key populations in developing national transition plans should be mandatory.

APCASO noted that middle-income countries in the region are increasing their domestic investment for their HIV responses, which can be attributed to their commitment to fulfill the co-financing requirements of donor funding. However, the region is still reliant on international aid to finance its HIV response. Furthermore, the total available resources for the region's HIV response comprise only 60% of the total funding needed to meet its 2020 targets. APCASO also reported that national budgets for HIV are often allocated for recurrent expenses for biomedical services, especially for the procurement of ARV drugs and salaries of health workers. To meet their targets, governments need to invest more for programmes that reach key populations, especially community-led interventions.

4 Engagement of communities and civil society

4.1 Survey findings

Respondents were asked to rate the change in the engagement of communities and civil society in the HIV response since 2015. Five reported that it had greatly improved, 10 reported that it had slightly improved, and 4 reported no change.

Respondents were also asked to rate the change in gender responsiveness and inclusivity of national HIV programmes and policies. Five reported that it had greatly improved, 10 reported that it had slightly improved, and 4 reported no change.

4.2 Country progress in engagement of communities and civil society

> "*National dialogues need to ensure meaningful engagement of transgender men, transgender women, women and girls, which means safe consultation spaces without fear of abuse, stigma, violence or arrest if they come from criminalized or marginalized communities.*"
> Asia Pacific Transgender Network

Australia: AFAO reported that community engagement had slightly improved. Communities have been very active in supporting PrEP availability. Women are included in national strategies.

Cambodia: HACC reported that NGOs and key populations are invited to participate in most meetings with government and development partners on HIV. HACC reported gender inclusion had slightly improved as a result of adoption of a national policy on Gender and HIV.

India: Swasti reported that engagement of communities and civil societies in India's HIV response has always been high. The HIV response has been gender responsive and inclusive even prior to 2015. The Indian Drug Users Forum reported that community engagement and gender inclusivity had greatly improved in India. Civil society organizations and NGOs have experience of community level work in enhancing people's participation. The National AIDS Control Programme IV addressed gender equality.

"*Community mobilization and empowerment are essential for successful transition of a programme to the communities. Civil society organizations and NGOs bring with them their experience of community level work in enhancing people's participation. They play a crucial role in preparing communities to take ownership of the programme, and thereby enhance the scope of prevention, care and support*."
Indian Drug Users Forum

Myanmar: Myanmar Positive Group reported that engagement is slightly improved because PLHIV can participate in the Country Coordinating Mechanism (CCM) and decision-making bodies in health. The gender responsiveness of the Ministry of Health and Sport is also greatly improved.

The Drug Policy Advocacy Group reported that community engagement had slightly improved. Key population representatives are members of the HIV/AIDS Technical Strategy Group at the national level. This is a coordinating body between the government, donors, and key populations. Gender responsiveness had also slightly improved, with representatives of women living with HIV and female sex workers who participate in the discussion of national HIV policy and program development. Gender equity and other gender issues are addressed in HIV response with the support of UNAIDS.

A person living with HIV from Myanmar reported that engagement and gender responsiveness had slightly improved. Policy and effective laws are still needed because women with HIV, working women and women who use drugs are still highly vulnerable due to punitive laws.

Burnet Institute Myanmar reported that community engagement had slightly improved. However, the community of people who use drugs is not strong. Women who use drugs were not involved in the latest population size estimates.

APTN reported that efforts are being made to ensure that MSM and transgender women are separated into two distinct categories for planning purposes, with formative research planned for 2018 that will begin to disaggregate data.

Nepal: Blue Diamond Society reported that there has been wider participation of civil society in the HIV response and slight progress in gender responsiveness.

"*Government has started some CBOs in different cities to improve HIV facilities for the communities in Pakistan.*" Association of People Living with HIV Pakistan

Pakistan: Youth Association for Development reported that the progress of Pakistan's government in addressing gender inclusivity is very weak.

The Philippines: ICWAP reported that engagement and gender inclusivity had greatly improved in the Philippines because the amendments of the AIDS law have passed in 2018 (Philippine HIV and AIDS Policy Act) which provides access to legal redress mechanisms. There is also a comprehensive package of HIV services provided for women and girls including transgender women.

Regional network observations:
Youth LEAD reported that community engagement had slightly improved in Thailand and the Asia region more broadly. People living with HIV and key population networks are participating in HIV responses through Country Coordinating Mechanisms (CCMs) and other mechanisms. Gender inclusivity is supported because gender responsive budgeting and planning are being taken into consideration.

However, the engagement of adolescents and young key populations is still weak. Governments still confuse young people with young key populations, resulting in less investment where the problem is greatest. Governments often do not comprehend the nuance that young key populations are much more vulnerable to HIV than other young people in the general population. The countries should not apply a blanket approach to key populations for their representation and engagement. Key populations have different facets. People who use drugs may be adolescents, young people, female, middle aged, elderly, sex workers etc., and there is no blanket intervention which effectively addresses these diversities.

CARAM Asia raised the point that migrants are often left out of National AIDS plans, especially in countries of origin or else they are only identified as "vulnerable populations." While this follows international delineations by UNAIDS and is partly aimed at reducing stigmatization of labour migrants, it has the effect of reducing funding opportunities for HIV programming targeting migrants and their communities and dilutes related interventions and strategies. It also reduces migrants' (and former migrants) role in related HIV initiatives, such as representation on national oversight or guidance bodies for HIV programmes.

Coalition of Asia Pacific Regional Networks on HIV/AIDS (7 Sisters) shared that while there are notable achievements in enabling communities and civil society to engage in the HIV response, within the Asia-Pacific region there is an emerging trend with regards to increased restrictions for civil society organizations to operate and function. These include: restrictions to receive foreign funding; censorship and prohibition of dissent; stringent requirements for registration, including threats to revoke registration for possible infractions or violations; and lack of support for funding, especially for community-based organizations. Criminalization of key populations is also a concrete barrier for community groups to organize and engage in the response, as the threat to their survival and lives is real. The issue of shrinking democratic space is of great

concern, not just at the country level, but even in regional and global intergovernmental platforms such as UN ESCAP.

Civil society and community engagement in the HIV response must be anchored on movement building and an understanding of how intersectional politics allow for a more holistic response. It is not enough to engage in projects or receive funding from the government when there are communities still being left behind or whose rights are being compromised.

5 Conclusion

HIV/AIDS is far from 'over' in Asia or the Pacific. Despite some progress in addressing legal and policy barriers and expanding access to HIV treatments since the Inter-governmental Meeting on HIV/AIDS was held in 2015, the HIV epidemic is still rapidly increasing among key populations in many countries. Punitive laws and atrocities perpetrated against marginalized key populations by law enforcement authorities drive those most at risk of HIV away from health services. There remains a very strong rationale to position communities of key populations at the centre of national HIV/AIDS responses, otherwise we will not end HIV/AIDS.

ESCAP should define a new Roadmap for the next decade with a greater focus on action, not just consultations and reviews.

The new Roadmap to 2030 should focus on specific priorities essential to ending AIDS by 2030 (e.g., scaling up ‘treatment as prevention’ and PrEP approaches), commit to human rights protection for key populations as a cross-cutting theme for all Pillars, ensure that the 95-95-95 targets are met, allocate sufficient and sustainable domestic resources, and include a Pillar on community and civil society participation and engagement.

A forward-looking and action-oriented Roadmap for the future of the region’s HIV/AIDS response is essential for achievement of the Sustainable Development Goals in Asia and the Pacific. The Roadmap should align and coordinate with broader efforts in support of the 2030 Agenda for Sustainable Development to ensure that HIV/AIDS remains a key priority in the region.

For the immediate future, high priorities of community networks for each Pillar are:

Pillar 1: Legal and policy barriers faced by key populations

- An end to brutal police crackdowns and extrajudicial killings of key populations.
- Accelerated efforts to decriminalize key populations and enact and enforce laws that protect key populations from violence and discrimination.

Pillar 2: Access to medicines, diagnostics and vaccines

- Universal implementation of the 'test and treat' approach which provides treatment to people with HIV upon diagnosis, regardless of CD4 count.
- Provision of PrEP at scale for key populations.
- Ensure governments support access to generic medicines through the use of TRIPS flexibilities and that trade agreements do not include TRIPS-plus provisions.

Pillar 3: Financing and sustainability

- Transition planning must recognize the imperative to ensure sustainable funding of community organizations to deliver HIV services to key populations. Failure to place key populations at the centre of transition and sustainability planning will result in failed HIV responses.