RECOMMENDATIONS FOR MEANINGFUL INTEGRATION OF PRIORITY NEEDS AND CONCERNS OF KEY POPULATIONS IN ASIA AND THE PACIFIC

INTO THE 2021 POLITICAL DECLARATION ON ENDING AIDS

Ahead of the 2021 High-Level Meeting on HIV and AIDS to take place from 8 to 10 June 2021, 125 stakeholders representing community and key populations from 18 countries across Asia and the Pacific [1] came together to develop a set of collective recommendations for the 2021 Political Declaration on Ending AIDS by 2030.

We, the undersigned key populations and communities living with and affected by HIV in Asia and the Pacific, remain disappointed over the many unmet commitments from the 2016 Political. In particular, we are deeply alarmed over continued criminalisation and discrimination which hinders our access to life-changing HIV services. We express our concern that HIV services for prevention, testing and treatment continues to be widely inaccessible due to limited resources, decreasing space for communities, and failure in addressing structural and legal barriers. These barriers were further exacerbated by the COVID-19 pandemic.

We, therefore, call on Member States and National Governments to honour the commitments made in the 2016 Political Declaration to end AIDS by 2030, despite the setbacks of the COVID-19 pandemic on the economy and government resources. We welcome the recent report from the UN Secretary General: **"Addressing inequalities and getting back on track to end AIDS by 2030"** and its comprehensive recommendations, and its specific references to key populations. We also welcome UNAIDS' ambitious **"Global AIDS Strategy 2021-2026 - End Inequalities. End AIDS".**

We urge that words are put into immediate action, and that adequate attention be paid and allocation of resources be made available towards preventive measures, protection and promotion of human rights, community empowerment, overall well-being and wider access to life-saving interventions tailored and directed towards key populations in Asia and the Pacific. The key populations are population groups who experience high impact and mostly affected by HIV, namely, people who inject drugs (PWID), gay men, other men who have sex with men (MSM), transgender persons, sex workers and prisoners.

While we note that, in Asia and the Pacific, a number of notable actions were taken to affect positive legal and policy changes, implementation is slow or completely lacking. This inaction has allowed HIV epidemics to expand and AIDS-related deaths to mount. In many countries, a conservative turn in the legal, policy and public spheres has resulted in decreased protection for key populations. The same is true about the severe lack of political will to prioritise and deliver comprehensive and sustainable solutions towards ending HIV and AIDS. Of particular concern is the continued inattention to the needs of key populations, who continue to be marginalised and criminalised based on their sexual orientation, gender identity and/or expression, behaviour, livelihoods, dependencies or for simply living with HIV. In 2019, a staggering 98 per cent of the new infections occurred among key populations in Asia and the Pacific.

1. Convened by APCOM through two webinars held on 28 and 29 April 2021, and an online survey, with inputs from participants from East Asia, South Asia, Southeast Asia, and the Pacific. 66 participants attended the online webinars and 59 participants completed the survey.

In light of the 2021 Political Declaration on Ending AIDS 2030, **we, Asia and the Pacific Key Populations, call for accountability** among the Member States to realise each and all of the commitments for scaling up equitable, equal and accessible HIV services, upholding community leadership, and promoting and protecting the fundamental and human rights of the key populations. **We urge Member States and relevant UN agencies to adopt our recommendations below** in preventing HIV and ending AIDS, while ensuring protection and promotion of human rights and opportunities for key populations in Asia and the Pacific:

1. The Declaration must specifically and expressly name key populations and vulnerable groups most affected by HIV. These are: people who inject drugs, gay men and other men who have sex with men, transgender persons, sex workers and prisoners. Each key population group must be named, recognised and respected. Specific targets should be developed and set explicitly for each key population group which will result in effective and tailored solutions. The Declaration must also specifically and expressly address and recommend effective measures against discrimination on the grounds of sexual orientation;

2. Governments, relevant UN agencies, funders and other stakeholders must identify, expose and take immediate action to remove legal, social, and structural barriers preventing key populations in accessing sustainable services and solutions, and must have effective measures in place to counter human rights violations, gender-based violence, stigma and discrimination;

3. Governments must decriminalise substance use, sex work, sexual orientation, gender identity and/or expression and guarantee an enabling environment in which key populations can live a life without fear, in freedom, free from discrimination and reach their full potential. In countries where key populations continue to be criminalised, data protection with safeguards must be guaranteed;

4. Governments must assume leadership and accountability, prioritise and make funds available in the continued fight against HIV and AIDS. In view of the approach and inaction of some governments in the region, HIV and AIDS continue to be a significant challenge leading to severe detrimental effects on key populations. Member States should reaffirm and guarantee the access to safe, effective and affordable medicines and commodities for all key populations, without discrimination, in the context of HIV epidemic. These are fundamental to the full realisation of the right to enjoy the highest attainable standard of physical and mental health;

5. Governments must enable and accelerate full, equal and meaningful participation of affected communities at all levels and in all steps in preventing HIV. At least 40 per cent of resources committed for AIDS programmes should flow into high impact prevention among key populations who are bearing the maximum brunt of new infections and deaths. The intention of a people-centred political declaration must translate into the direct engagement of the community at all levels, including policy development, practice, planning, implementation and monitoring of progress. Communities must be empowered and be connected with various stakeholders, including relevant government ministries and agencies, UN agencies, donors and other relevant stakeholders. Broadening the space for communities to become partners in HIV, health and social-protection-related decision-making processes and execution of practices also requires openness, commitment and adequate resources from governments and other stakeholders;

6. Member States must ensure that services comply with human rights standards and that all forms of violence, discrimination and coercive practices towards key populations in health-care settings are prohibited and further eliminated. There is a need to modernise service delivery. Virtual interventions must be promoted and further developed, not just in the context of COVID-19. In addition, the implementation of differentiated service delivery (DSD) must be expanded to increase community-led distribution and delivery of HIV services including prevention, testing and treatment;

APCOM Foundation | 48 Soi Udomsuk 13, Bangna Bangkok 10260 Thailand
+66 2399 1145
www.apcom.org
apcom@apcom.org

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7 National governments must ensure wider access by key populations to scientifically-proven innovative HIV prevention tools such as Pre-Exposure Prophylaxis (PrEP), and HIV Self-Testing (HIVST), including immediate and increased access to Antiretroviral treatment (ART), and adherence among People Living with HIV (PLHIV) as Treatment as Prevention (TasP), using the principles of 'Undetectable = Untransmittable' (U=U);

8 Adequate financial support from governments and donors must be guaranteed and set in motion to key population communities and organisations to respond to HIV and AIDS. In the past year, in particular, but even before the onset of the COVID-19 pandemic, networks and organisations working to prevent HIV and AIDS, experienced struggles and other negative impact due to the national government's de-prioritisation of HIV and AIDS response, coupled with a lack and/or redirection of funding by international donors. The large demands on national health budgets occasioned by consequences of the COVID-19 pandemic must not impede achieving an end to HIV by 2030. Similarly, in order to achieve the 2030 SDG Goal 3, it will be essential that donor countries maintain the established high levels of financial support;

9 There must be enhanced international cooperation to support the efforts of Member States to achieve health goals, with a particular focus on those who remain at high risk, namely key populations, towards ending the AIDS epidemic by 2030, implement universal access to health-care services and comprehensively address health, development and human rights challenges;

10 At national level, governments must implement a multisectoral approach that goes beyond health for a more effective HIV response. Cross-sectoral coordination among relevant ministries and/or state agencies in response to HIV must be built and strengthened to tackle related health and development issues. Essential components of such an approach requires re-establishing strong political commitment, with adequate resources and improving governance structures. There should be strong and effective coordinating bodies, such as the National AIDS Commissions, to lead the multisectoral response, and the Commissions should be empowered to allocate resources to priority programmes and be accountable for tangible outcomes. There is also a need for more stakeholders, including the private sector, to actively participate in prevention and control of HIV;

11 There is a need to urgently review the eligibility criteria for receiving grants from the Global Fund. There are many organisations who serve and address the needs of key populations in Asia and the Pacific who are struggling to survive because the country they are in, is no longer eligible for grants from the Global Fund, but whose government has de-prioritised the fight against HIV and AIDS. Countries which are middle income but carry a high disease burden, should be eligible to receive Global Fund grants until 2030;

12 Key populations need to be meaningfully included in addressing challenges and offering solutions caused by the COVID-19 pandemic. More than a year into the pandemic, there are still very few signs that key populations are being included. In addition to being marginalised in the political sphere, thousands of members of our communities, including key populations, continue to experience the ever- changing impact of COVID-19. We are also witnessing LGBTQI community organisations having to close operations due to lack of sustainable funding and many organisations have not received emergency funding. For those who manage to survive, the burden of community leaders is negatively affecting their mental health and abilities to perform.

APCOM Foundation | 48 Soi Udomsuk 13, Bangna Bangkok 10260 Thailand
+66 2399 1145
www.apcom.org
apcom@apcom.org

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	Name	Position	Organization
Australia	Darryl O'Donnell	Chief Executive Officer	Australian Federation of AIDS Organisations
Bhutan	Tenzin Gyeltshen	Executive Director	Pride Bhutan: "Celebrating Diversity"
Fiji	Bonita Qio	Executive Coordinator	Pacific Rainbow$ Advocacy Network
India	Gopi Shankar Madurai	Coordinator of Intersex	Srishti Madurai LGBTQIA student volunteer movement
India	Kumar Shetty	President	GAURAV
India	Rev Phumzile Mabizela	Executive Director	INERELA+
India	Yashwinder Singh	Director Policies	The Humsafar Trust
Indonesia	Rafael Hendrikus da Costa	Chair	GAYa NUSANTARA Foundation
Indonesia	Tengku Surya Mihari	Executive Director/ National Coordinator	GWL-INA
Japan	Kota Iwahashi	Administrative Director	AKTA
Laos	Viengakhone Souriyo	Executive Director	Community Health & Inclusion Association (CHias)
Malaysia	Datuk Dr. Christopher Lee	President	Malaysian AIDS Council
Malaysia	Raymond Tai	Acting Chief Operations Officer	PT Foundation
Malaysia	Mitch Yusof	Executive Director	SEED Malaysia
Mongolia	Myagmardorj Dorjgovot	Executive Director	Youth for Health
Myanmar	Dr. Min Thet Phyo San	Network and Programme Coordinator	Myanmar Youth Stars Network
Nepal	Sanjay Sharma	Program Director	Blue Diamond Society
Nepal	Yam Bahadur Rana(Aanik)	President	Sahasi kadam Nepal
Pakistan	Ali Raza Khan	Director	Institute of HIV Education & Research
Pakistan	Muhammad Usman	Program Director	Dareecha Health Society
Papua New Guinea	John Pukali	Program Coordinator *Sustainability of HIV Services for Key Population in Asia Program (SKPA)*	HETURA NCD LGBT GROUP
Philippines	Desi Andrew Ching	President	HIV & AIDS Suport House
Philippines	Erwin S. Espinosa	President	Tagum Advocates on HIV/AIDS, Inc.
Philippines	John Oliver Corciega	Program Manager	Love Yourself Inc.,
Taiwan	Cheng-Lung	Research Specialist	Taiwan Lourdes Association
Taiwan	Sih-Cheng (Sean) Du	Director of Policy Advocacy	Taiwan Tongzhi (LGBTQ+) Hotline Association
Tonga	Ms. Joey Siosaia Joleen Mataele	Executive Director/ Co-Founder	Tonga Leiti's Association
Vietnam	Doan Thanh Tung	Executive Director	Lighthouse Social Enterprise

APCOM Foundation | 48 Soi Udomsuk 13, Bangna Bangkok 10260 Thailand
+66 2399 1145
www.apcom.org
apcom@apcom.org

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Regional Networks

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www.apcom.org
apcom@apcom.org

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