



SUMMARY OF QUESTIONNAIRE AHEAD OF THE UN HIGH LEVEL MEETING ON 8-10 JUNE 2021

Focus on South Asia, South East Asia, East Asia and the Pacific Islands

What follows below is a non-exhaustive summary of key points from a questionnaire that was sent to xx stakeholders across Asia and the Pacific, as part of our stakeholder consultation: **Key Population talks, on 28 and 29 April 2021.**

(Please see notes from the consultation).

59 stakeholders across the region answered one or more of the 9 questions. Question number 5 was the basis of the collective **statement** we produced.

Nb: No points have been attributed to any particular person, and the summary should be viewed as a collective summary of stakeholders' replies to the questionnaire.

Next steps: To share with all APCOM stakeholders and to be used as a basis for individual and joint advocacy, once the 2021 Declaration is adopted.





Q1: What are the successes and shortcomings of the implementation of the 2016 Political Declaration on HIV/ AIDS

Successes

Political Will and Commitment

The Indonesian government has budgeted financial support for the prevention and prevention of HIV & AIDS as well as a pro policy for people living with HIV in Indonesia.
The Transgender Person Act 2018 has resulted in trans diverse persons enjoying life openly, after the bill passed by the national assembly in Pakistan. We can reach the community easily and safely, by having an authority letter of the Govt of Pakistan

Funding

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) have made an impact at country level, through CBOs. The community has been reached with confidence to undertake service delivery

Capacity Building, Awareness Raising and Advocacy

Awareness and workshops are now key factors of identifying this disease, and how we can be outspoken about in term of check- up and treatment

Shortcomings

Political Will and Commitment

Lack of political support to ensure sustainability of programmes, and for example no implementation done in Fiji West

Funding

Finding donors to continue their support, and involving county funds in running of programs. Budget limitations for implementation of HIV programs.

Rights, Discrimination, Stigma and Decriminalisation

There is still stigma and discrimination for people living with HIV in their workplaces, schools, health services and living environment.

Particularly Marginalised Groups

There are no special intervention programmes for children with HIV

Prevention, Services and Service Delivery

Current programmes are mainly focusing on outreach services. Lagging in continual of care among PLHIV (e.g., Comorbidity and mental health issues)

In the implementation, and although also important, a lot of emphasis has been on the 90 90 90 goals, causing prevention to be less important. 90 90 90 has been embraced by a lot of countries, but it is more a medical response to the HIV epidemic

More shortcomings, latest ARV drugs such as Dolutegravir and other brands, is still not available in the Philippines.

Holistic Approach and Coordination (or lack thereof) – domestic and international

The many linkages and multisectoral approach that are mentioned in the Declaration, in practice have received a lot less importance. Coordination with all partners, including with donors, remains unclear





Q2: Which priorities for the global AIDS response need to be included in the Political Declaration?

Focus on Key Populations (or lack thereof)

More emphasis on key populations and their needs (per population, not only as a group)

Capacity Building, Awareness Raising and Advocacy

Awareness programmes and training knowledge of the disease and symptoms. Mandatory education of HIV and reproductive health

Continue building the capacity of MSM and TG communities to deliver HIV service programmes effectively. Income generation programs to PLHIV & key populations

Funding

Review of eligibility for the Global Fund

Key populations should be prioritised in budget allocations

Local funds must be considered by governments for HIV services

Political Will and Commitment

Commitment of the Heads of States and Governments and representatives of States and Governments to end the AIDS epidemic by 2030 as the legacy to present and future generations; to accelerate and scale up the fight against HIV and end AIDS to reach this target; and to seize the new opportunities provided by the 2030 Agenda for Sustainable Development

Ratification and amendment of the national law, research on ARV regimens, IHBSS and many more Ensuring rights and gender based programmatic approach

There is a commitment to reach 90:90:90 but it is not just a state commitment, a strong commitment is needed to ensure increased domestic funding and policies that can be realised in a country's strategic plan

Meaningful participation of key populations

GIPA/MEPA: Meaningful involvement of people living with, at risk of and affected by HIV.

Community-led organisations to engage in GF or the country level's decision-making processes, and place key populations at all levels of decision making

Outreach and community engagement

Start setting up/establishing national community advisory groups with a key population that includes MSM and TGW community members



Prevention, Services, Service Delivery and Social Protection

Fast track research and commercialisation of long-acting injectable antiretrovirals for HIV treatment and prevention. Re-brand prevention measures focussing on key populations

Comprehensive efforts to reduce new cases of HIV Public health and promotion (Prevention) .CARE and Support Centers to insure sustainability of HIV programs. Continuation of care (Comorbidity and Mental Health). Continuation of vertical HIV services to target groups

Reduced death rate of people with HIV. Increasing use of ARVs in people with HIV. Fast track the research work on a HIV vaccine and cure

Developing countries must be able to access better HAART medication affordably e.g., Dolutegravir. PrEP and PEP should be made accessible equitably to key populations

Clinical settings in community area. District Community Hospitals and decentralisation of centres and labs for viral load testing

Ease of access during the COVID-19 period

Health insurance for marginalized groups, and pension for PLHIV

Rights, Discrimination, Stigma and Decriminalisation

There should be access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of epidemics such as HIV and AIDS, which is fundamental to the full realisation of the right of everyone to enjoy the highest attainable standard of physical and mental health

Decriminalisation of substance use, sexual orientation and gender identity should be the cornerstone of creating an enabling environment.

Focus on breaking down barriers, including stigma and discrimination

Equal rights and opportunities in all sectors for the LGBTIQ community, including PLHIV

Ensure the elimination of stigma and discrimination, guaranteed by the state. Equal access to health care facilities and ARVs

Continue to advocate for creating an enabling environment for MSM and TG communities by calling governments to remove sec 377 in Pakistan

Holistic Approach and Coordination (or lack thereof) domestic and international

Emphasize that to guarantee the sustainability of HIV prevention, treatment, care and support services, information and education, which are mutually reinforcing, should be integrated with national health systems and services to address co-infections and co-morbidities

More focus on multisectoral response to tackle related development issues. The importance of enhanced international cooperation to support the efforts of Member States to achieve health goals, including the target of ending the AIDS epidemic by 2030

There should be long-term supportive mechanisms in place for people in need, and integration of HIV services for the general population in the health sector, by implementing universal access to health-care services and addressing health challenges.

Governments should cover health insurance for populations who use drugs, and broaden access of key populations to social protection schemes



Q3:
What are the specific challenges in the Asia Pacific region that needs to be brought to the attention of decision-and policy makers?

Focus on Key Populations (or lack thereof)

Enormous over-representation of key populations in the epidemic

Capacity Building, Awareness Raising and Advocacy

Limited knowledge of PLHIV and limited support by their families and communities

UNAIDS/GF should build the capacities of CBOs so they can expand their work in other areas of Pakistan. Expertise of previous staff should be more enhanced so that less funds can be utilised for the same projects, as for new organisations there is a problem of registration/bank accounts, as government has put a ban on them

Community empowerment by connecting communities with different stakeholders/ UN Agencies/ Law Enforcement Agencies/ Economic Development Affairs / Other Government Agencies

Funding

Lack of funding and health care professionals, HIV financing is decreasing, we need more donors

There is a need to review the eligibility criteria for funding from Global Fund countries, such as Fiji, to present its report regarding no implementation or prioritization by the Fijian government

Political Will and Commitment

In Pakistan, there are problems for all NGO's/CBO as the Economic Development Affairs Department is screening every organisational funding and freezing the accounts of those organisations who are getting funding from outside Pakistan. During the process there is a screening process and according to law and Sharia (Islamic Law) we can be stoned to death

Implementation of positive policy changes in some countries is very slow and unsatisfactory. Policymakers need to feel the impact the non-progress has on the lives, freedoms, and rights of key populations

Meaningful participation of key populations

Meaningful involvement of the affected community needs to be stronger and have and be given more space. Involve community as staff on a priority basis in all HIV related projects, because most of them are interested to work on this. However, organisations in charge of implementing projects are not willing to take them as staff, as stigma and discrimination continues in the society

Ensure community engagement in all decision-making processes and stop making their involvement only when community expertise is required

In Pakistan: The government's dominance in determining the direction of the program without strong community involvement is an important issue

Prevention, Services, Service Delivery and Social Protection

Increasing number of drug users, limited access to health services, especially for women and girls

Lack of PrEP and ARV adherence

Little attention to service delivery





Rights, Discrimination, Stigma and Decriminalisation

Security issues

Punitive laws on drug users make it difficult for them to access health services.

Holistic Approach and Coordination (or lack thereof) domestic and international

Proper consultations are essential in all Pacific countries, specifically in the fight to eliminate HIV/AIDS, so that all implementation is accommodating the Pacific and all of its underdeveloped and developed countries.

Socio-cultural and diversity approaches are often neglected.

Lack of cross-sectoral coordination among relevant ministries or state agencies in the response to HIV in Indonesia





Q4:
Are there specific challenges created by COVID-19 which should be highlighted?

Focus on Key Populations (or lack thereof)

All efforts of the community are now being neglected and all projects and programs are leaning towards COVID-19

COVID-19 has broadened the inequities of people who were already marginalised in society. In Nepal, most people from the LGBTIQ community were deprived of relief support. Many were jobless and their lives and survival were difficult. In the case of PLHIV people, they were dependent on office or project staff for their ARV drugs.

The absence of specific guidelines regarding the impact of COVID-19 on people with HIV in accessing health services and the resulting socio-economic impact.

Funding

There should be some emergency support fund for the CBOs to deal with such pandemics and emergencies, as we didn't have PPEs in place at CBOs at the start of COVID.

Political Will and Commitment

The government has developed a 15-year national strategic plan to end AIDS by 2030. The effects of COVID-19 on the economy and government resources are poised to derail this commitment

Prevention, Services, Service Delivery and Social Protection

Health facilities are only concerned with COVID-19 and there is little HIV/AIDS attention in terms of review check-ups and other treatment. Delays on supply needs items for PLHIV, less monitoring conducted by health facilities that provide HIV services to clients. We need to accommodate patients with HIV/AIDS even though we are going through a tough time, trying to fight the spread of Covid 19

Physical visitations are restricted and online platforms should readily carry out such tasks.

ARV home delivery system was not imagined during program preparation, so it should be highlighted for the future

Rights, Discrimination, Stigma and Decriminalisation

Increased gender-based violence and stigma and discrimination related to HIV

With the indiscriminate spread of COVID-19, PLHIV and PWUD are experiencing negative consequences such as job loss, food insecurity, and inability to manage existing medical conditions, and maintaining preventive measures such as social distancing and personal preventative equipment.

Lack of access to information, health care, food security and access to justice.

Significant negative effect on the economic conditions of PLHIV and their families

Increase in health care expenses for vulnerable populations



Q5: Which key recommendations should we bring to the high-level meeting?

(Please see the [Collective Statement](#) for elaboration on the 12 recommendation and the preamble. The statement was based on the answers to question 5, as well as the two consultations on 28 and 29 April).

Below are the headlines of the 12 recommendations:

1. The Declaration must specifically and expressly name key populations and vulnerable groups most affected by HIV;
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;
4. Governments must assume leadership and accountability, prioritise and make funds available in the continued fight against HIV and AIDS;
5. Governments must enable and accelerate full, equal and meaningful participation of affected communities at all levels and in all steps in preventing HIV;
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;
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;
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, implementing universal access to health-care services and comprehensively addressing 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;
11. There is a need to urgently review the eligibility criteria for receiving grants from the Global Fund.;
12. Key populations need to be meaningfully included in addressing challenges and offering solutions caused by the COVID-19 pandemic.





Q6:
Are there any good practices from your country/region to be shared and replicated?

Focus on Key Populations

ILO has been involved in some income-generating processes for key populations (Indonesia)

Political Will and Commitment

The government of Nepal has been changing at the policy level about the LGBTIQ community (although it is not enough)

Meaningful participation of key populations

Presence of the community from the national to local level

The movement and advocacy from PWUD which have made changes quicker and better

HIV service delivery at the grass root level through CBOs. All staff is of the community and working for the community.

The Transgender Person Act 2018 (Pakistan) gives freedom to the community. Inclusion of Trans Members in a CCM Body, and there is also a requirement to include a member of the MSM Community. NSEP and methadone program partnership between the state and NGOs

Prevention, Services, Service Delivery and Social Protection

Providing ART medicine for three months at the doorstep of the homes of KPs during the pandemic. VCT centres integrated in health service in 13 provinces of Afghanistan, and for the remaining provinces discussions are on-going





Q7: Why and how should governments and donors prioritise investment in the Asia Pacific region?

Focus on Key Populations

The voices of the community are becoming weaker

Increase of drugs users

Since the start of the pandemic, our community is going through a lot of problems as there is a ban on entertainment functions of the community. The community is bound to do sex work in this condition and vulnerability is quite high since last year. Two years back, if we were diagnosing 10 or 20 PLHIVs, we are currently receiving more than the double, so involvement of communities in most of the jobs can reduce this issue, or we can give them nutritional plans/monthly stipends.

Capacity Building, Awareness Raising and Advocacy

It's important to keep the awareness rolling and that the community is being educated in easy detection, and is seeking proper consultation and procedures to get tested and get treated with HIV/AIDS

Limited knowledge about HIV

By the use of advocacy through epidemiological evidence, by demonstrating the barriers to access, by showing what works and by stressing that HIV is very concentrated in certain populations, should make it easier to persuade decision-and policy makers to focus on the bigger impact, rather than on 'generalized' epidemics.

Funding

Much more funding and resources must be allocated to public health prevention programs, not just on treatment.

Political Will and Commitment

The HIV epidemic is still a major problem, while the attention of the authorities is becoming less and tend to neglect these issues

The unsuccessful triple 90 target and weak government commitment to investment

The failure of the government of Indonesia in meeting the targets 90 - 90 - 90, so that it needs to be reviewed in the implementation of programs that have been implemented in the previous year

Prevention, Services, Service Delivery and Social Protection

Reports from countries on HIV implementation for key populations

Care and support centres to be established, community health hospitals and increased nutrition support

Due to the high burden and increasing number of HIV and Covid-19 cases, Trade-Related Intellectual Property Rights (TRIPS) agreement on public health issues must allow local production of drugs, which will avoid delays in procurement due to bureaucratic processes. Granting licensing to local drug companies can save money that can be reallocated.

Rights, Discrimination, Stigma and Decriminalisation

If people with this disease are left unattended, it will lead to some dying from this deadly disease, if not detected.

Stigma, insecurity



Q8:
What are the key ingredients for meaningful and sustainable involvement of civil society in HIV and health decision-making processes?

Focus on Key Populations

Learning from and supporting KAPs and civil society. Collaboration with and support for key populations

Capacity Building, Awareness Raising and Advocacy

Awareness and Education. NGO workshops and identifying key needs.

Strong Will power, continuous strengthening of the community to provide input into decision making

Strengthen CBOs and create PLHIV networks, make sustainable support systems, effective advocacy through evidence

Ability to access to technically competent resource persons

Survey at all levels in Asia and the Pacific, renewal of country data

Ability to adopt latest ICT tools and platforms in advocacy, operations and marketing

Ensuring meetings outside the regular meeting scheme for civil society

Ability to negotiate

Funding

Financing for core organisational operations and community systems strengthening

Secure the resources and capacity needed for equal partnership work with civil society, including for civil society partner, to fully meet their goals and priorities.

Political Will and Commitment

Political support and government prioritisation of HIV implementation for key populations

Ensure that civil society is treated as an essential partner at all stages of collaboration

Meaningful participation of key populations

Encourage and secure the meaningful participation of key populations, women and girls, and young people, in national, regional and global HIV responses.

Build a more consistent, innovative and strategic approach to work with civil society and Key Affected Communities

The function and involvement of MARPs and people with HIV at the national level. One example is meaningful involvement in strategic meetings at Country Coordinating Mechanisms

Involve communities in research- based approaches by the GF/UNAIDS



Rights, Discrimination, Stigma and Decriminalisation

Maximise equitable and equal access to HIV services and solutions

Diversity, gender and social inclusion

Decriminalising of substance use, homosexuality and gender identity and expression

Work on how to decrease stigma

Holistic Approach and Coordination (or lack thereof) domestic and international

Data collection from the regional community, and reports and data on the results of programs that have been implemented by civil society in collaboration with the government in the previous year

Initiate projects that self-generate income for sustainability

Livelihood projects

Intersectionality approach

Develop a strategic plan for each organisation at the regional level

Transparency of representation of civil society and key population organisations in processes

Working paper on the involvement of MARPs and people living with HIV resulting from the work that has been done so far

Transparent feedback mechanisms, involving community- led monitoring

HIV prevalence rate is high in key populations, so we should support priority people from the various sites, and not only people from the HIV project sites.

