

APCOM Regional Community Caucus at Work: Collective Feedback and Recommendations to UNAIDS for the Global AIDS Strategy 2026-2031

We are the members of Regional Community Caucus, a platform of community experts representing the key populations across Asia-Pacific. As an integral part of APCOM's efforts to advance HIV and LGBTQI human rights response in the region, the Community Caucus ensures that country-level issues of MSM, transgender people, and PLHIV are represented at regional and global engagements. Through the platform, we ensure that the diverse insights of the lived realities of our communities are driving the regional advocacy towards holistic, rights-based, and dignified responses to HIV programmes that reflect key population needs.

The Regional Community Caucus was formed in response to the community recommendations during the APCOM Community Summit 2024. It was recommended that there be a regional platform for country partners to strengthen community voices through joint advocacy at the regional level.

As members of the Regional Community Caucus and as representatives of key populations and community-led groups in Asia-Pacific, we would like to express our deep concern regarding the current state of HIV epidemic in the region and the urgent need for action. Despite significant progress made in recent years, there remain critical challenges that continue to impede efforts towards reaching the regional and global targets for ending AIDS by 2030.

In 2023, an estimate of 6.7 million people living with HIV were residing in Asia and the Pacific, making this the world's largest epidemic after eastern and southern Africa. The region accounts for nearly a quarter or 23% of annual new HIV infections globally. There were between 270,000 to 370,000 new HIV infections and around 150,000 AIDS-related deaths. Against the 95-95-95 targets, Asia-Pacific achieved 78% of people living with HIV who know their HIV status, 67% of people living with HIV who are on treatment, and 65% of people living with HIV who have a suppressed viral load.

The combination HIV prevention consisting of PrEP and HIVST remains a crucial method of preventing HIV transmission in the Asia-Pacific region, given the current political environment and increasing number of HIV cases. However, there is a significant gap in the delivery of these prevention tools through community-led services. In order to effectively implement combination HIV prevention, it is important to address specific gaps identified by key population and community-led organisations.

Unfortunately, funding for community-led services is declining, which presents challenges in sustaining the successes we have achieved in the fight against HIV. Adequate support and resources are essential for these programs to successfully overcome existing barriers faced by key populations and PLHIVs.

The UNAIDS Global AIDS Strategy 2021-2026 and the 2021 Political Declaration on Ending HIV and AIDS underscored that combination HIV prevention is a cornerstone of an effective HIV response. The Global AIDS Strategy include 30-80-60 targets as one of its high level commitments: 30% of testing and treatment services to be delivered by community-led organisations, 80% of service delivery for HIV prevention programmes for key populations and women to be delivered by community-, key population- and women-led organisations, 60% of the programmes support the achievement of societal enablers to be delivered by community-led organisations. Five years into the Global AIDS Strategy, significant progress in this regard is still absent.

In light of the current development of new Global AIDS Strategy 2026-2031 which is led by UNAIDS, the Regional Community Caucus respectfully submits our collective feedback and recommendations:

1. Sustaining Community and Community leadership

- UNAIDS must emphasise that community leadership is essential in driving effective and sustainable solutions towards ending AIDS. It is crucial that UNAIDS acknowledge and recognise community leadership at all levels of decision making processes. The key population and the communities affected by and living with HIV are not just passive recipients of services but active stakeholders who possess strong knowledge, skills, and experiences for solutions. UNAIDS must commit towards meaningful engagement with community-led organisations across all decision-making processes related to HIV programming.
- To strengthen community systems, it is important to recognise that community leadership encompasses a diverse set of expertise including research, policy development, advocacy, outreach initiatives and service delivery. UNAIDS must advocate that community leaders with different levels of expertise must together with the government leaders to ensure a holistic approach to addressing the layers of complexities of the HIV epidemic.
- There is an urgent need for the strengthening of community systems in conjunction with the health systems. In this time of funding crises, it is vital that both community systems and health systems are simultaneously strengthened to effectively reach key populations at risk for HIV infection.
- We call for direct long-term financing towards community-led responses and community-led services. This includes increased investment in community-led service delivery models aimed at prevention efforts such as testing and treatment initiatives. Ensure that 80% of HIV prevention programmes for key populations and those in situations of vulnerability are delivered by community-led and key population-led organisations. Ensure that 30% of testing and treatment services, and 60% of programmes to achieve societal enablers, are delivered by community-led organisations.
- UNAIDS must actively engage with community-led organisations representing key populations such as sex workers, men who have sex with men (MSM), transgender individuals and people who use drugs, and young key populations who bear disproportionate burden of new infections in the region but unfortunately continue to face stigma and discrimination preventing them to access critical services.

2. Enforce inclusion at all levels and leave no one behind

- In order to effectively fight HIV and end AIDS at a national level, governments must acknowledge and give priority to key populations in their policies and strategies. UNAIDS must play a critical role in advocating for governments' acknowledgement of these groups as essential partners in the national HIV response.
- UNAIDS must commit, support and strongly advocate to collecting comprehensive age- and gender-disaggregated data on all key populations at the national level. This data is crucial for understanding not only the prevalence of HIV within these groups but also for tailoring effective prevention and treatment programs specifically designed for them. Disaggregated data that include children and adolescents is also crucial in designing inclusive community-led service delivery programs and ensuring that no one is left behind.
- UNAIDS must adopt human rights metrics when collecting data to accurately capture the diversity of communities affected by HIV. It must be stressed that it is important to capture human rights-related information about the key population who are criminalised and often discriminated against. This data will improve the understanding and knowledge about the unique needs and challenges of key populations who are criminalised within the decision-making processes.
- UNAIDS must strongly advocate that governments work closely with community members from key populations within the processes of designing HIV programmes and developing health policies, and that community-led services are an integral part of the national health system that needs to be sustained.

3. Stigma and Discrimination

- We call upon UNAIDS and member states to prioritize the enforcement of legal protections for all individuals living with or affected by HIV. This includes protection from discrimination based on one's HIV status, sexual orientation, gender identity and expression, race or ethnicity. The existence of discriminatory laws and policies continues to hinder access to healthcare services and fuels stigma and discrimination against PLHIV. We urge governments to review their legislative frameworks and remove any barriers that prevent PLHIV from accessing essential services.
- Fund community-led interventions are given adequate support in challenging prejudiced social norms and attitudes towards key populations such as MSM, transgender individuals, sex workers, people who inject drugs (PWID), young key populations among others. These populations face disproportionate levels of stigma and discrimination which not only impact their health-seeking behaviors but also limit their participation in society.
- Emphasise the importance of sensitizing healthcare providers about working with adolescents and young people seeking sexual reproductive health services including those related to HIV prevention diagnosis treatment.

4. Policy and Enabling Environments

- As countries work towards achieving the global targets to ending AIDS, it is crucial for UNAIDS to prioritise protecting the social and legal rights of people living with HIV. This includes decriminalisation of exposure to and transmission of HIV, sex work, drug use and possession, and sexual orientation and gender identity.
- UNAIDS must also provide strong advocacy in relation to the migration or cross-border migration of key populations and people living with HIV. Punitive laws and policies only serve to further stigmatise key populations and those living with HIV. These laws hinder progress in reducing new HIV infections.
- UNAIDS must also put emphasis on community-led initiatives removing systemic barriers and improving access to comprehensive care. Enabling policies must be enforced to allow young key populations to access holistic HIV and health services. In some Asia-Pacific countries, age restrictions that impede young individuals from accessing vital services remain to be addressed.

5. Universal Access to Prevention, Testing, Treatment and Care

- Through its new Global AIDS Strategy, UNAIDS must urge for universal access to HIV testing, treatment and care. As we strive towards achieving the Sustainable Development Goals and ending the AIDS epidemic by 2030, it is imperative that there is wide access to quality and affordable testing services.
- UNAIDS must prioritise efforts towards making point-of-care diagnostics available in all communities to increase accessibility and reduce the logistical challenges that often prevent key populations from accessing traditional laboratory-based tests.
- The Global AIDS Strategy must strongly require consistent availability of free high-quality antiretroviral treatment for all people living with HIV. Community-led case management must be in place to support achieving viral suppression and prevent onward transmission of the virus. Live-saving ART must be accessible to everyone regardless of their socio-economic status or geographical location.
- UNAIDS must strongly support community-led campaigns and initiatives in relation to Undetectable=Untransmittable (U=U), which highlights the scientific fact that people living with HIV with suppressed viral load have zero chance of transmitting the virus.

6. Integration of Community-Led Services into Primary Health Care and Universal Health Coverage

- It is essential that every country includes comprehensive HIV services in their national health packages to ensure access to these life-saving interventions for all. This includes not only basic preventive measures such as education and condom distribution, but also testing and treatment options at all levels of care. It is equally important to allocate sufficient resources for these services so that they can be effectively implemented.
- UNAIDS must advocate for the recognition and support of community-led responses as central elements of the public health and social-care systems. Community-led organisations have been proven effective in reaching key populations who are often marginalized or excluded from mainstream healthcare services.
- The public health systems must recognise the contributions made by community-led organisations and community-led service facilities towards addressing HIV. They are also best placed to understand the specific needs and challenges faced by different communities affected by HIV.
- Community-led organisations must be granted adequate funding and resources to sustain services tailored to key populations.
- UNAIDS must mobilise governments to include comprehensive HIV services in their national health packages while supporting community-led responses as integral components of healthcare systems.

7. Regional Targets

- UNAIDS Global AIDS Strategy 2026-2031 must include regional targets and strongly advocate for allocation of necessary resources. Specific regional targets must take into consideration the varying contexts and epidemiological patterns across different countries within the region.
- UNAIDS must create effective advocacy towards strong political commitments at regional level which is crucial for implementing innovative approaches in prevention, testing, treatment and care strategies. UNAIDS must support regional networks in regional policy advocacy initiatives aimed at increasing political will towards addressing barriers faced by key populations and increasing their access to HIV services.
- The new UNAIDS Global AIDS Strategy must support the regional key population networks in their role as advocates and technical experts. UNAIDS must expressly recognise that the regional key population networks are instrumental in driving policy change towards more inclusive approaches for key populations and people living with HIV despite the frequent challenges due to limited resources and technical support.

Signed:

Regional	APCOM
Cambodia	Men's Health Social Service (MHSS)
Fiji	Pacific Sexual and Gender Diversity Network (PSGDN)
India	Humsafar Trust
Indonesia	GWL-INA
Japan	AKTA
Laos	Community Health and Inclusion Association (CHIAs)
Mongolia	Youth For Health
Nepal	Blue Diamond Society (BDS)
Papua New Guinea	The Key Population Advocacy Consortium (KPAC)
Philippines	HIV and AIDS Support House (HASH)
South Korea	Love4One
Taiwan	Taiwan Tongzhi (LGBTQ+) Hotline Association
Vietnam	Lighthouse Social Enterprise

