

**Expert Group Meeting to review progress of the Regional Framework for
Action on HIV and AIDS Beyond 2015**

**Statement of the Chair H.E. Mr. Ieng Mouly to ESCAP Committee on Social
Development**

Excellencies, Distinguished Delegates, Ladies and Gentlemen

The Expert Group Meeting to review progress of the Regional Framework for Action on HIV and AIDS Beyond 2015 met on 27 November 2018.

The Expert Group Meeting focused on the three Pillars of the Regional Framework for Action on HIV and AIDS that were agreed by the 2015 Inter-Governmental Meeting on HIV and AIDS: **Pillar 1** on legal and policy barriers; **Pillar 2** on access to treatments, diagnostics and vaccines; and **Pillar 3** on financing and sustainability.

AIDS is not over.

There were 280,000 new HIV infections in the Asia Pacific region in 2017. While some countries have stabilized their epidemics, others are experiencing a second wave of rapidly increasing epidemics.

Key populations are at higher risk of HIV, namely sex workers, men who have sex with men, transgender people, people who inject drugs and prisoners. These often hard-to-reach populations account for the majority of new HIV infections.

Countries have committed to the goal set by the United Nations General Assembly in 2016 of ending AIDS as a public health threat by 2030. To achieve this, Governments must know their epidemics and ensure that their HIV responses are targeted to the key populations and geographic areas where their epidemics are focused.

With regards to legal and policy barriers, the meeting considered the public health benefits of implementing human rights-based approaches that encourage people to present for HIV testing early. This is important so that people know their status, can access the information and tools required to prevent HIV transmission, and get treatment when required.

Punitive laws undermine these goals, driving people away from services. Thus laws that treat people with dignity and respect are essential to people-centred public health approaches to HIV. This is particularly important to reach stigmatized populations.

The meeting exchanged experiences relating to harm reduction measures to prevent HIV transmission through drug use. Where methadone maintenance programmes and needle and syringe programmes have been implemented at scale, they have led to sustained declines in HIV. Harm reduction approaches require governments to take a pragmatic approach involving cooperation between law enforcement bodies, health ministries and civil society.

The meeting considered the efforts of governments to reform laws relating to sex work and sex between men. Punitive laws can be harmful to public health if fear of arrest drives key populations away from health services. Removing criminal penalties relating to consensual sexual conduct between adults makes it easier to reach key populations with HIV services.

The meeting reflected on lessons learned from recent law reforms. In 2018, India decriminalized homosexuality and Pakistan passed a law that protects transgender people from discrimination. These reforms will have public health benefits and can provide a catalyst for change in other countries across the region.

In this regard, the meeting recommends that:

1. Governments reform laws that criminalize key populations, impose HIV-related travel restrictions and that restrict adolescents from accessing health services.
2. Governments enact legislation that prohibits discrimination and protects key populations from human rights violations.
3. Governments encourage partnerships between health, justice, prisons and law enforcement authorities to ensure support for harm reduction services, treatment services and community-based HIV programmes.
4. Governments encourage dialogue between the health, justice and public security ministries about the harms caused by punitive laws which hinder access to health services.

In relation to **access to medicines, diagnostics and vaccines**, the meeting found that:

there is an urgent need to expand access to testing and treatment services that are essential to meeting the United Nations targets for ending the AIDS epidemic by 2030.

However, the high cost of drugs remains a key barrier to access, in particular for newer HIV medicines, and drugs for treating hepatitis C virus and multidrug-resistant tuberculosis.

The protections that free trade agreements and patent laws give to pharmaceutical companies can create barriers to access to affordable medicines. Flexibilities of the World Trade Organization Agreement on Trade Related Aspects of Intellectual Property Rights (known as the TRIPS Agreement) can mitigate these risks.

Several countries shared their successes in expanding access to essential medicines using compulsory or voluntary licensing of patented drugs.

Many countries are implementing new approaches that use HIV medicines for both treatment and prevention. The 'test and treat' approach involves provision of treatment immediately after diagnosis. A powerful new tool known as Pre-exposure Prophylaxis (PrEP), using anti-retroviral drugs to prevent infection, is being scaled up in countries including Thailand and Vietnam. Another new approach is the promotion of HIV self-testing for key populations, which is an important approach because of the stigma and discrimination that deters many from using health services for testing.

In relation to this Pillar of the Regional Framework, the meeting recommends that:

1. Governments review patent legislation, and trade and investment policy, to ensure that it supports use of TRIPS flexibilities to access affordable medicines and diagnostics.
2. Governments consider informing ministries responsible for negotiating trade and investment agreements about the impact of 'TRIPS Plus' clauses that restrict access to affordable medicines.
3. Ministries of Health invest in strengthening procurement, quality control and supply chain systems for essential medicines.
4. Ministries of Health consider scaling up the 'test and treat' approach, PrEP and HIV self-testing.
5. Governments consider the recommendations of the UN Secretary General's High-Level Panel on Access to Medicines.

With regards to the **financing and sustainability** of AIDS responses:

The meeting discussed the challenge of ensuring financial sustainability of AIDS responses as international funding declines.

The meeting considered lessons learned from countries that are shifting away from AIDS exceptionalism to a more integrated approach that delivers HIV services within health systems, as part of the move to Universal Health Coverage.

The meeting noted the importance of including prevention and treatment services for HIV in Universal Health Coverage, as well as for related conditions such as hepatitis C.

The meeting considered lessons learned from Thailand and Viet Nam, which have included HIV in social health insurance schemes, and from Sri Lanka which is implementing an integrated primary health care approach to delivery of HIV services based on principles of decentralization, equality, efficiency and effectiveness. A key lesson from Cambodia was the importance of engaging Ministries of Economy and Finance in planning for sustainability.

Transition and sustainability planning are crucial. An area that requires careful management is the high dependence on external funding of community-based HIV services provided by civil society organizations. Political factors which make it difficult to sustain domestic funding to civil society organizations must be addressed to ensure key populations have access to community-based services when donor support ends.

In relation to Pillar 3, the meeting recommends that:

1. Governments mobilize domestic resources to sustain funding of HIV prevention and treatment services including support to civil society in delivering community-based HIV services.
2. Governments include HIV prevention, testing and treatment in Universal Health Coverage.
3. Countries engage the whole of government to ensure sustainable financing of the AIDS response, and in particular the finance ministries.
4. Governments involve civil society as key partners in planning for transition from external to domestic funding of HIV.

AIDS is not over in Asia and the Pacific. The review of the Regional Framework for Action on AIDS beyond 2015 concluded that our work is far from done. Since 2015, countries have made substantial progress in expanding access to HIV treatment and prevention, but these gains are fragile.

As we plan for the next phase of the response, the key to success will be reinvigorated political leadership, allocation of resources to enable the scaling-up of innovative interventions including PrEP and HIV self-testing, a human rights-based approach and partnerships with civil society.

People must continue to be at the centre of our response, including the most marginalized key populations, because it is only by placing them at the centre that we will succeed in ending AIDS by 2030.

In conclusion, the Expert Group Meeting recommends that:

1. In 2019, ESCAP develops a new Roadmap for Action on HIV and AIDS in Asia and the Pacific for the period 2020 to 2030.

2. In 2020, ESCAP convenes to review progress under the existing Regional Framework and to adopt the new Roadmap for Action on HIV and AIDS in Asia and the Pacific to 2030.