

GFAN Asia-Pacific Demands a Truly Key Populations- and Community-led Response to End AIDS as an Epidemic

In 2022, despite progress, AIDS claimed a life every minute, totalling 630,000 deaths from AIDS-related causes. Out of 39 million people living with HIV globally, 29.8 million receive life-saving treatment. Concerningly, 9.2 million are not receiving treatment, and 2.1 million are not virally suppressed. Unacceptably, treatment coverage for children and adolescents is low, with 660,000 children (43% of the 1.5 million) living with HIV not receiving treatment. In 2022, 23% of new infections occurred in the Asia-Pacific region, where HIV numbers are rising significantly in some countries.¹

The 2023 World AIDS Day theme is “Let Communities Lead” and the theme for the upcoming [International AIDS Conference 2024](#) is “Put People First” – both emphasising the need for a people-centred and key population- and community-led approach to end AIDS as an epidemic by 2030. We are off the path to 2030 targets and need to take extraordinary steps to reach them. With only six years left to achieve the 2030 goal of eradicating AIDS as an epidemic, we remind the world that we cannot attain this goal without communities leading and paving the way!

“The efforts of grassroots level initiatives and ideas on HIV AIDS advocacy which has been setting great examples of communities taking a lead should be highly appreciated and supported. This World AIDS Day is an important reminder of creating spaces for the communities to take a lead,” says Bipana Dhakal Capacity Building Co-Lead at [The PACT](#) from Nepal.

“Communities know best what our needs are. Policy decision makers can’t end AIDS as an epidemic by 2030 through a top-down approach – communities on the ground are what holds the top in its place. Without communities no response will truly be effective. Communities living with, and/or affected by HIV need to lead, young people need to lead, criminalised and most marginalised people need to lead!” stresses Kalisito Vaecece Biaukula, [International AIDS Society](#) Youth Advocate from Fiji Islands.

Lack of adequate investments is hampering our efforts towards ending AIDS as an epidemic. The gap in funding for HIV programs in low- and middle-income countries is growing. In 2022, there was a total of US\$20.8 billion available, which is 2.6% less than in 2021 and falls far short of the required US\$29.3 billion by 2025². Despite a substantial increase in HIV resources in the early 2010s, the current funding level is comparable to that of 2013.

Criminalising laws and policies continue to adversely impact communities and civil society living with, affected by and/or are vulnerable to HIV. In a majority of countries (145), the use or possession of small amounts of drugs remains criminalized. Additionally, 168 countries have laws against some form of sex work, 67 countries criminalize consensual same-sex intercourse, 20 countries have laws against transgender people, and 143 countries criminalize or prosecute HIV exposure, non-disclosure, or transmission. These criminalising laws have a significant impact on HIV prevention, testing, treatment, care and support interventions for key populations as compared with adults in the general population (aged 15–49 years), HIV prevalence was 11 times higher among gay men and other men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people.

¹ [2023 UNAIDS Global AIDS Update Report](#)

² [2023 UNAIDS Global AIDS Update Report](#)

Communities are the champions on the frontline who are well acquainted with the people, the impact of HIV and AIDS which they witness first-hand and the local responses. A truly people-centred response puts people, no matter how hard-to-reach or belonging to a key and vulnerable population first. The health responses are resilient and strong only when the communities are the backbone of it.

“Though the number of people affected by AIDS in Bangladesh has been decreasing over the past 10 years, the relatively small number of people who are affected by AIDS are not only affected by the disease; they suffer from every aspect in their socio-cultural lives. They have been marginalised, denied social acceptance and access to social institutions. We are working in remote areas to create awareness among people to tackle AIDS in a more empathetic manner and educate young people about safe sex practices. Besides, we are trying to provide support to the affected people in a way that provides access to social institutions,” says Mohaiminul Raqib, Youth Advocate and Founder of [Bangladesh Integrated Human Development Program](#) (BIHDP) which works at the grassroots level.

Community Health Workers (CHWs) are game changers in our fight against HIV. Yet, in most countries they are overworked, underfunded and not adequately trained. Without community interventions we cannot make a substantial difference at the grassroots level. Even when communities are the most important resource available in the fight against AIDS, they still lack adequate and meaningful representation at designing, implementing, monitoring and evaluating interventions. Health interventions including policy development at national, regional and global levels need to engage communities fully as equal partners – health responses cannot be about us without us.

Violence, conflict and geo-political tensions coupled with post COVID-19 economic downturns, natural disasters and climate change have further complicated our operating environments. The conflicts are also jeopardising food and water supply. Combined with strict laws and policies implemented by the national government to limit civic space, these factors exacerbate the effect of HIV and AIDS on communities living with, affected by and/or vulnerable to HIV.

Nevertheless, together we can overcome these challenges with the right political will and commitment and change the trajectory of the global HIV response and accelerate our fight against AIDS.

We need to substantially increase resources for HIV interventions globally through multilateral, bilateral channels and through sustainable increased domestic resources for health. Tested and proven mechanisms such as the [Global Fund to Fight AIDS, Tuberculosis and Malaria](#) (Global Fund) should be prioritised to channel resources for effective and impactful utilisation. The Global Fund provides 28% of all international financing for HIV programs and has invested US\$25.5 billion in programs to prevent and treat HIV and AIDS by 2022.³ Yet, the Global Fund still lacks US\$2.3 billion to reach its Seventh Replenishment Target of US\$18 billion.

We need to amend and repeal existing laws that criminalise communities living with, affected by and/or vulnerable to HIV once and for all. We need progressive and stronger laws to protect and promote human rights, gender equality and equality for all.

We should intensify our efforts to engage communities and society as equal partners, leaders and beneficiaries across all aspects of the response at local, national, regional and global levels.

As communities and civil society living with, affected by and/or vulnerable to HIV in Asia-Pacific, we are ready to accelerate our efforts together as equal partners alongside implementing governments, donor countries, technical agencies, private sector and foundations and high-net worth individuals to end AIDS as an epidemic by 2030.

³ Global Fund Results Report 2023