



Wilton Park



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## Building a stronger HIV prevention movement in Asia

Wednesday 6 – Friday 8 March 2019 | WP1663

Held in Singapore

In association with:

**UCSF** Global Health  
Sciences  
Global Health Group





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### Executive summary

It is estimated that over 5 million people are currently living with HIV in Asia. Despite good progress towards UNAIDS 90-90-90 targets for HIV prevention in some parts of Asia, more needs to be done to ensure better access to HIV prevention tools and treatment services.

The diversity of populations across Asia and the range of issues surrounding HIV infection suggests that 'one size does not fit all'. The majority of new HIV infections are reported in key populations including men who have sex with men (MSM), clients of sex workers (SW), transgender women (TGW) and people who inject drugs (PWID). Addressing HIV prevention in these marginalised populations is necessary if a stronger HIV prevention movement in Asia is to be built.

The arsenal of **effective HIV prevention tools** continues to grow. Self-testing kits, antiretroviral drugs (as both prevention and treatment), condoms, male circumcision, and clean needle/syringe exchange programmes all play an important role. However, the political or legal framework of individual countries is not always conducive to making the changes necessary to promote HIV prevention in high risk groups. As such, the availability and accessibility of innovative tools can vary significantly.

In some cases funding is a major barrier. However, even when HIV testing and prevention tools are readily available, individuals are often reluctant to seek help due to fear of stigmatisation. This fear is often underpinned by local culture and conservatism. The intersectional elements of stigma and discrimination experienced by key populations, coupled with fear of prosecution for illegal activities, may present the greatest challenge.

By considering new strategies that have the potential to reach a wider audience it may be possible to target groups who are not yet being reached by existing HIV prevention strategies in Asia.

In March 2019, Wilton Park convened 40 policymakers, researchers, clinicians, advocates, implementers and industry representatives who discussed these new strategies and shared lessons learned from local success stories. **Discussions highlighted the need for customer-friendly, collaborative, sustainable and scalable efforts to improve access to, and uptake of, effective HIV prevention tools in at-risk populations.**

Key discussion points included:

- There is a need to overcome the **high level of stigma** experienced by key populations at greater risk of HIV infection, particularly when individuals are reluctant to seek help. Some progress is being made through creative messaging targeted to relevant audiences and positive messaging around living with HIV. However, rates of HIV testing and uptake of preventative tools remain low, and many people testing HIV positive have not been tested previously.
- **Social media platforms** can provide a powerful communication channel to address issues around stigma, awareness, and linkage to care – particularly in

the younger population using creative messaging via digital platforms targeted to relevant audiences. Combining positive messaging around living with HIV, and about sexual pleasure with sexual health information may provide opportunities to engage with a wider audience, enhance awareness of HIV prevention tools and promote linkage to appropriate care.

- A move towards **self-testing and community-based testing** could provide a more customer-friendly service and overcome some of the resistance to HIV testing. However, linkage to confirmatory testing and appropriate follow-up counselling and treatment is essential for those testing positive. Certified self-test kits are rarely available in most Asian countries; this is starting to change and will provide another avenue to encourage testing, particularly in marginalised groups.
- The use of a 'one-stop shop' approach to **community-based services** offering HIV testing as part of a wider health service package, could increase the reach of HIV prevention to specific key often marginalised populations, with community peers providing multidimensional support. However, this approach needs to be culturally and contextually appropriate for the country or community setting.
- **Funding and sustainability** of successful HIV prevention programmes poses a huge challenge for the future, especially as international funding efforts are reducing. With an increased dependence on national resources, strong partnerships between local government, institutional systems, non-governmental organisations (NGOs) and community-based organisations (CBOs) will be essential to facilitate the sustainability and scalability of successful HIV prevention programmes.
- Effective **partnerships** could also play a vital role in ensuring that people have access to HIV testing and other effective prevention tools such as pre-exposure prophylaxis (PrEP) and needle/syringe replacement schemes without fear of prosecution. The use of digital tools and automation should enable such services to reach many more people. Incorporation of such programmes into national frameworks will play a vital role.
- **Scalability** is essential. Collaborative and resource-efficient approaches utilising digital tools and automation could enable HIV prevention services to reach many more people. This should focus on the large-scale roll-out of proven strategies rather than small pilot studies for tools that have already been proven to work elsewhere, including in neighbouring countries.
- **Reliable data** is needed to estimate the prevalence of HIV in key populations, as well as the wider population. Findings from studies on the effectiveness of HIV prevention tools, and the success of innovative programmes could help to incentivise political intervention and policy change. However, replicating successful programmes from other countries and incorporating these into national frameworks may be more effective at facilitating the upscaling of sustainable HIV prevention initiatives.
- Ultimately, **political will and commitment for policy review and change** is essential if existing barriers are to be overcome and a stronger HIV prevention movement developed in Asia. Policymakers and service providers will need to communicate openly and work together to address stigma and discrimination, and invest more resources. Agility of response is also key. Inertia around decisions to approve self-testing kits or roll-out the dispensing of PrEP will need to be overcome. This will require collaboration and ownership between governmental and community groups. The approaches taken will need to be sensitive to local cultures but also aim to normalise HIV testing and promote scale-up and adoption of a variety of prevention tools that meet local needs.

## Introduction

It is estimated that approximately 5.2 million people are currently living with HIV in Asia.<sup>1</sup> Most countries are working towards the 90-90-90 targets proposed by UNAIDS but many are falling behind. In countries such as the Philippines, Pakistan, and Malaysia the number of new HIV infections is continuing to rise.<sup>1</sup> In Asia, 84% of new HIV infections are seen in key populations with the highest incidence in clients of SW (35%) and in MSM (29%). TGW and PWID are also at greater risk of HIV infection. The epidemiology of HIV infection<sup>2</sup> differs between countries. Nevertheless, a significant proportion of all new HIV infections are reported in MSM, even in countries where the background prevalence of HIV infection remains low.<sup>2</sup>

1. Despite widespread availability of HIV testing, the number of at risk people being tested falls well below UNAIDS targets and many newly diagnosed cases are presenting late in disease.<sup>1,3</sup> Increased HIV infection among young people (15–24 years) is also becoming a major concern, potentially<sup>2</sup> driven by increased opportunities for young MSM to meet sexual partners through online social media platforms.
2. Advances in HIV prevention are being made across Asia through education and increased access to tools such as PrEP, but PrEP awareness remains lower than in western countries.<sup>4</sup> Overall, the region is falling behind global efforts when it comes to HIV prevention and linkage to appropriate treatment and care pathways. The diversity of populations across Asia and the range of issues surrounding HIV prevention suggests that 'one size does not fit all'. Reasons for this are multifaceted and lie beyond limited funding and cost of care. Culture and conservatism, stigma and discrimination, and local policy issues surrounding key populations all contribute to the challenges facing HIV prevention in Asia.
3. As such, innovative and scalable approaches are required to tackle the concentrated HIV epidemics seen in key populations and provide sustainable prevention solutions for the future. Some of the main barriers for HIV prevention are unique to Asia. Thus, strategies that have been successfully applied elsewhere, such as Africa, are not necessarily applicable and solutions need to be tailored to the Asian and national/sub-national context.
4. The Wilton Park meeting convened high-level stakeholders – policymakers, researchers, clinicians, advocates, implementers and industry representatives – to identify ways to overcome HIV prevention implementation challenges across Asia. Participants represented several countries from South East Asia and the Western Pacific. A main objective of the meeting was to put a spotlight on policy issues surrounding HIV prevention, sharing lessons learned and building momentum to expand on local success stories. A number of recommendations were proposed during the 3-day meeting, many of which are captured in this report. These suggested actions to strengthen HIV prevention in Asia do not necessarily reflect the opinions of all meeting participants.

<sup>1</sup> Snapshots: HIV epidemic in Asia and the Pacific (2018). Available at: [https://www.aidsdatahub.org/sites/default/files/thematic\\_areas/regional-reviews/UNAIDS\\_RST-AP\\_Regional\\_and\\_country\\_snapshots\\_2018.pdf](https://www.aidsdatahub.org/sites/default/files/thematic_areas/regional-reviews/UNAIDS_RST-AP_Regional_and_country_snapshots_2018.pdf) [Accessed 18 March 2019]

<sup>2</sup> UNAIDS miles to go report (2018). Available at: [http://www.unaids.org/sites/default/files/media\\_asset/miles-to-go\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf) [Accessed 18 March 2019]

<sup>3</sup> Aung NM et al. HIV care in Yangon, Myanmar; successes, challenges and implications for policy (2017). *AIDS Res Ther*;14(1):10

<sup>4</sup> To KW and Lee SS. HIV pre-exposure prophylaxis in South East Asia: A focused review on present situation (2018). *Int J Infect Dis*;77:113-117

## Stigma and discrimination

5. Stigma and discrimination, typically underpinned by fear, is perhaps the most significant barrier to HIV prevention in Asia. Key populations at risk of HIV, and people living with HIV (PLWHIV), are subject to multiple layers of stigma and discrimination. Consequently, those at risk may be afraid to participate in HIV prevention initiatives in case others find out about their key population status. Stigma is also experienced within key population communities, particularly at intersections with other key populations. For example, MSM who participate in chemsex, sex work, or who are HIV positive may be subjected to additional levels of stigma from within the community.
6. Most countries in Asia have their own anti-discrimination laws, but there is no model legislation regarding anti-HIV discrimination. It is possible that the Association of Southeast Asian Nations (ASEAN) framework could play a role in setting out anti-HIV discrimination laws for its member states, but coordination and integration of this is unlikely and any outcomes would not cover all Asian countries.

Key populations are often afraid of being identified by the public, family, friends and co-workers, and even by healthcare professionals (HCPs). This has resulted in lower rates of testing and slow adoption of HIV prevention tools such as PrEP. Stigma and discrimination issues are exacerbated by the criminalisation of certain activities linked to HIV infection. For example, people seeking momentary escape through chemsex are unwilling to seek support for fear of incarceration from same-sex relations and/or drug use.

### Recommendations proposed:

- Investment in digital tools and pilot studies to assess the impact of stigma and discrimination on HIV prevention should provide a better understanding of the extent of this issue. This could also generate insight into the social context of stigma and discrimination experienced by key populations.
- Introduction of sensitivity training in medical school curricula could help to dispel stigma and discrimination among HCPs.
- Recognition of the intersectionality of key populations may help to promote more open discussion with policymakers around the issues of stigma (e.g. MSM who use drugs for chemsex).
- Promotion of more positive imagery and messaging of PLWHIV in the media could help to dispel fear. Materials could include testimonials from people in the public eye and PLWHIV who are enjoying happy and productive lives.
- PLWHIV who regularly take antiretroviral treatment (ART) and maintain an undetectable viral load cannot transmit HIV to others, i.e. undetectable = untransmissible (or U=U). Emphasis of this positive U=U message to the wider community should help to dispel some of the fear around HIV.
- Decriminalisation of specific behaviours is key. People who are at highest risk of infection through activities such as sex work, unsafe drug injection or same-sex intercourse, which are criminalised in many countries in Asia Pacific, should not be penalised for seeking testing and linkage to appropriate care.
- Access to information that could help to prevent HIV infection is limited, especially among the younger generation. Public health campaigns that enhance the acceptance of HIV prevention tools should help to overcome educational barriers and ensure that people have the knowledge to protect themselves from HIV infection.
- Normalisation of regular HIV testing for key populations at risk of infection should also help to dispel stigma and discrimination, strengthening the HIV prevention movement in Asia.

- As HIV starts to come under control, it will be important that NGOs and CBOs maintain sustainability and protect the rights of individuals making choices around HIV testing and treatment.
- Co-finance of PrEP providers by public and private sector could help to alleviate the stigma linked to those people coming in to get PrEP, as well as the people dispensing it.

### **The importance of accurate data**

7. In order to respond to HIV epidemics in an appropriate manner and to assess countries' progress towards the UNAIDS 90-90-90 goals, accurate epidemiological data are required. One key issue is the accuracy of denominator values used to estimate incidence and prevalence rates for HIV infection in Asia. These inaccuracies may be significant for key populations such as MSM, where individuals are unwilling to admit their sexuality to others (including HCPs), or where there may be societal/political pressures to minimise estimates of some populations. Data obtained from social media platforms such as Facebook and Hornet suggest that MSM, SW, TGW and PWID data are all underreported.

### **Recommendations proposed:**

- Data collection through online social media platforms could provide a more accurate indication of the number of people representing key populations and utilising different HIV prevention tools, especially in the 18–25 year age group.
- Tracking of patients testing positive for HIV, including those dying from AIDS-related illnesses, would enable greater accountability for how funding is being spent.
- Viral load testing after the first 3 months of ART is required to confirm viral suppression, with testing every 12 months thereafter. This approach also enables earlier identification of those patients with drug-resistant forms of HIV who may require a different ART regimen. However, the frequency of viral load testing is often insufficient.
- Calculation of the number of people who are self-testing and self-sourcing PrEP will help to evaluate the impact of these preventative tools on the local epidemic and promote opportunities for policy change.

### **Target audience engagement and positive messaging, using digital tools to enhance reach**

8. Social media and other digital platforms have become powerful tools for engaging with an 'anonymous' audience and can help to overcome barriers linked to the stigma and discrimination, whilst providing support throughout the HIV care continuum.<sup>5</sup> Digital platforms have the advantage of being able to reach many young people; often considered as having poor HIV literacy. However, it is important that more traditional methods of audience engagement such as leaflets and offline advertising campaigns are not overlooked.
9. Regardless of the communication channel being used, materials on HIV prevention and linkage to care need to be designed carefully. They need to be engaging for the target audience (general public, key populations, or HCPs) and use language that is easily understood. Having the right services, laws and accessibility will only make a difference if you are able to reach the 'consumers'. As such, it is important to understand what people want and 'sell' it to them through effective messaging.

<sup>5</sup> Purnomo J et al. Using eHealth to engage and retain priority populations in the HIV treatment and care cascade in the Asia-Pacific region: a systematic review of literature (2018). *BMC Infect Dis*;18(1):82.

### **Recommendations proposed:**

- Provision of creative messaging via social media, using appropriate language for the target audience has huge potential for promoting HIV prevention tools; people need to understand the information in order to take up prevention opportunities. Social media can also provide a powerful tool to target young MSM who primarily engage with the MSM community through digital channels such as online dating apps.
- Communication via online platforms to address issues throughout the continuum of care is key; covering topics such as stigma, education, access to services, and linkage of care. 'Listening', 'understanding', 'saying' and 'doing' could all be made easier through digital health.
- Building into established online platforms can rapidly enhance the visibility of HIV prevention communications and reach a wider audience.
- Education of the general population on sex and HIV prevention is important, starting with more sex education in schools. Discussions should extend beyond heteronormative sex and cover topics such as MSM and TGW. There should also be more communication on the benefits of using condoms, including HIV and sexually transmitted infection (STI) prevention.
- Greater recognition of the importance of family in Asia, understanding the central role they could play in HIV prevention and follow-up care. Families of PLWHIV often provide a crucial support network, reminding patients to take their treatment and attend clinic appointments.
- Integration of sexual health messages with fun information about sexual pleasure and intimacy could help to reach a much wider audience. Celebrity endorsement and championing of HIV causes can help to encourage HIV testing.
- Provision of guidance and support for self-testing, and public education to enhance awareness of PrEP and PEP (post-exposure prophylaxis).
- Humanisation of sexual health medicine. Recounting patient stories on harm reduction and treatment pathways can help people to digest relevant information and make informed choices around HIV testing, prevention and treatment.
- HCPs and CBOs should work together to design more impactful messaging that is carefully tailored to the target audience.
- Promotion of positive messaging such as U=U to help alleviate stigma and fear of isolation from society, family and friends. This message also encourages the use of PrEP and other ARTs.

### **Exemplar:**

- In Hong Kong and Taiwan, organisations such as AIDS Concern and the Taiwan Tongzhi (LGBTQ) Hotline Association have successfully combined HIV prevention messaging with other information on sexual pleasure and intimacy. Examples include sex toy talks, gay soap operas, sex positive publications, and educational events on sexual pleasure and safety.

### **Customer-friendly service design**

10. One of the key issues underpinning low HIV testing rates in Asia is the fact that most services are not attractive to people who want to be tested. The devolution of services towards peer-led, community-based settings is effective but is currently limited. These services can provide a wider care package for key populations and strengthen HIV prevention strategies.

11. The option of self-testing for HIV infection is also gaining momentum and could be particularly beneficial in hard to reach key populations. Self-testing studies in Vietnam and India have revealed that most people choosing this option have never been tested for HIV; indicating that self-testing could help target people who are not being reached through existing HIV programmes. However, uncertainties remain around confidentiality, quality of testing kits, and linkage to follow-up care for those people testing positive. Many self-testing kits are being purchased online from unapproved vendors, highlighting an urgent need to normalise access to self-testing kits, regulate quality, and direct people to certified channels where they can access reliable self-testing kits.
12. Stigma remains an issue for both assisted self-testing or community-based testing and people being tested may still be unwilling to disclose their personal identify in order to receive follow-up care. Funding issues also need to be addressed. Universal health coverage is available for many patients but focuses primarily on service provision, not the individual being tested. Opportunities for community system strengthening to play a role have not been adequately funded to tackle the current HIV crisis in Asia. Although integrated care centres have proven effectiveness, they are typically standalone facilities.
13. While PrEP has been available in many countries for some time, rates of uptake have not been as high as anticipated and adherence to treatment is often low. The reasons for this differ from country to country. In Taiwan, financial support was required to support the expansion of successful pilot PrEP programmes to increase PrEP uptake substantially. In Singapore, PrEP provision is limited to a few providers where people may not feel comfortable seeking support. In Thailand, PrEP is now covered under the universal health coverage system,<sup>6</sup> and in Taiwan, national guidelines have been developed on how to use PrEP (based on WHO and CDC guidelines).<sup>7</sup> Despite these advances, significant barriers to PrEP use still exist including access to treatment, cost, awareness, perceived risk, and concerns about side effects. There is also some evidence of disparity in PrEP use across different age groups, with older populations being unaware and/or less willing to take PrEP for HIV prevention.

**Recommendations proposed:**

- Include HIV prevention as part of a more client-centric programmes that focus on specific risks for key populations and align with community culture. Provision of a wider, comprehensive health service package that addresses the needs of the local community can increase uptake of HIV testing.
- Move towards self-testing and community-based testing to overcome issues around stigma and encourage higher HIV testing rates, as well as repeat testing. Linkage to care should be provided as part of the service, especially confirmatory HIV testing.
- In CBOs, staff should be engaged as peer educators, counsellors, and certified HIV testers.
- Where possible, same day ART should be offered to rapidly reduce the viral load and reduce the risk of further transmission. Treatment during the 3 months immediately following infection is very effective at reducing viral load, and when combined with reduced sexual activity, can provide a very powerful tool in HIV prevention.

<sup>6</sup> Thailand's pre-exposure prophylaxis (PrEP) implementation: moving from trials to policy and practice. Available at: <http://www.unaids.org/sites/default/files/media/images/prepthailand.png> [Accessed 19 March 2019]

<sup>7</sup> Taiwan AIDS Society. Guideline for the use of pre-exposure oral prophylaxis (PrEP) in Taiwan (2016). Available at: <http://www.aids-care.org.tw/DB/News/file/254-1.pdf> [Accessed 18 March 2019]



- Dispense PrEP from CBOs to help dispel the fear of stigma or side effects associated with taking PrEP. There is also a role for online ambassadors or champions to promote the benefits of PrEP use and help to overcome barriers of implementation.

#### Exemplar:

- In Thailand, the Tangerine Community Health Centre is a successful model of a peer-led HIV and health service for TGW. This CBO provides a comprehensive health service package for the local TG community. The service includes access to hormone treatments, counselling, rapid HIV testing, STI screening, condoms, lubricants, PrEP and PEP, same day CD4 and viral load testing, vaccinations, referral for gender affirming surgery, legal advice, and Botox/skincare treatments. The service has resulted in a greater uptake of HIV testing.
- In Taiwan, the HERO centre (healing, empowerment, recovery or chemsex) supports the local chemsex community. The centre works in partnership with local government, the police, and hospitals to provide a one-stop HIV and sexual health centre for people taking drugs. The centre also provides mental health support. Many patients are referred to the clinic by the police for rehabilitation (as an alternative to being sent to prison).

#### Scalability of HIV prevention tools and services

14. While there is no 'one size fits all' approach to strengthening HIV prevention in Asia, there is potential to adopt and adapt approaches from other regions facing similar problems. However, the scaling up of successful pilot services, and rolling out of wider HIV prevention programmes, faces a number of challenges. Efforts to move away from piloting specific initiatives at a local level, and to focus instead on adapting HIV prevention activities with proven success in other regions may help to facilitate rapid upscaling.
15. National statistics can mask underlying trends seen in key populations. In Thailand, 91% of HIV patients are estimated to have been diagnosed at a national level (achieving step 1 in the 90-90-90 goal). However, only 37% of the MSM population have been tested. CBOs may provide an opportunity for upscaling of HIV testing and PrEP dispensing for key populations such as MSM. However, more investment in addressing manpower, building constraints, logistical issues and the implementation of digital tools is needed to maximise the capacity of CBOs serving marginalised populations. Software solutions may also provide opportunities for rapid scale-up; building on the success of peer-driven HIV prevention messaging to influence people.

#### Recommendations proposed:

- Decentralise responsibility for testing from institutional HIV programmes to CBO testing to reach a wider audience. Decentralisation can work well, especially if supported by local government.
- Use lay provider testing, conducted by key population peers within CBOs, to scale-up HIV testing efforts. This approach empowers CBOs and could provide opportunities for them to become trusted sellers of self-test kits. Furthermore, a stable stream of funding through this channel could enable CBOs to provide post-test counselling, and facilitate access to confirmatory tests and ART.
- Encourage partnerships between institutional, community-based, and faith-based organisations to scale-up access to HIV testing and prevention tools. Working with faith-based organisations may provide a particularly effective route for reaching out to the PWID community and scaling-up needle and syringe exchange programmes as an effective means of harm reduction.

- Encourage HCPs to persevere with the use of PrEP. The proven effectiveness of PrEP roll-out in other regions<sup>8</sup> will help to gain momentum for upscaling PrEP use as a preventative tool in key populations.
- Early adopters of PrEP could act as peer-educators.
- Assess the commercial viability of the delivery of PrEP via primary healthcare settings as a scalable alternative to dispensing PrEP in hospitals.
- Support scale-up of digital solutions that build HIV prevention through peer-driven messaging. For example, ordering self-testing kits directly via online dating platforms (e.g. Hornet) linked to a reputable supplier.

Exemplar:

- In Taiwan, the 3-step PrEP provider-assisted pill access (PrEP-PAPA) model has resulted in successful scale-up of access to PrEP. Step 1 – clients complete consultations and laboratory tests with doctors in Taiwan; step 2 – Taiwanese doctors confirm the laboratory results and send prescriptions electronically to Thailand; step 3 – Thai doctors verify the results and private providers ship the PrEP to the Taiwanese clients.
- In the Philippines, the Department of Health visit Cebu City Jail every week to conduct HIV testing and provide ART to HIV positive inmates. Trained first-aiders are also provided (one to every cell) to act as peer-educators.

### **Review local politics, laws, and policies**

16. In some countries, the political or legal framework is not conducive to effectively implement policies to bolster HIV prevention efforts in high risk populations. This is in part due to the criminalization of same-sex relationships, sex work, and recreational drug use and represents a major challenge to combatting HIV and AIDS.
17. Furthermore, it is often difficult to link innovative approaches that have had success on a small, local level to wider policy changes. Policy decisions are often easier if there is reliable evidence to demonstrate the benefits of implementing a specific intervention. This helps policymakers to consider three questions: Can it work? Will it work? Is it worthwhile? Monitoring and evaluation is also important, and provides an opportunity to influence future policy decisions. The ASEAN framework could potentially play a role in introducing new laws, such as HIV discrimination by employers. However, this could also restrict more liberal countries from taking direct action.

### **Recommendations proposed:**

- Invest in community-led organisations and incorporate community advocacy work to better understand community needs and encourage community mobilisation.
- Embrace opportunities to support online communities and test innovative ideas.
- Promote the involvement of spouses and sexual partners in self-testing in order to address gaps in partner notification and testing, and mandatory contact tracing.
- Address the gap between testing, non-disclosure and transmission of HIV by providing political support for the decriminalisation of some activities associated with high risk populations.

<sup>8</sup> Grulich AE et al. Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study (2018). *Lancet HIV*;5(11):e629-e637.

- Protect human rights by introducing policies around HIV prevention.
- Advocate more use of PrEP and condoms as preventative tools. PrEP use is steadily increasing but this has also encouraged more condom use in people who are anti-PrEP. In people who cannot negotiate condom use, PrEP provides a good alternative.
- Regulate self-testing kits (especially those purchased online) to ensure adequate sensitivity and specificity, and accuracy of accompanying information. The rapid review and approval of CE-marked HIV self-testing kits that have already been endorsed by the WHO, with video-based links to educate on how to use the kit and provide follow-up guidance, should improve assisted self-testing.
- Consider patient-led, rather than research-led, policy making decisions to simplify HIV testing and make it more patient-friendly.
- Implement sustainable funding options to cover any deficit in funding for PrEP once international funding is withdrawn from countries. Validation studies demonstrating the effectiveness of an intervention could help to support funding decisions at a local level but can also delay nationwide roll-out of the intervention. Countries should instead learn from the experiences of their neighbouring countries.
- WHO guidelines need to reflect the best available evidence and strategies to support HIV prevention. Local governments will not invest in the best possible care if guidelines lag behind the latest advances and recommend sub-optimal care.
- Policy changes should focus on decriminalisation of high risk activities, decentralisation of HIV prevention services, and integration across service providers.

Exemplar:

- In Hong Kong, AIDS Concern are setting up a website selling reliable, low cost self-test kits. The kits will be distributed in plain packaging. Telephone support and online instructional videos will provide guidance in local languages.
- In Taiwan, the Tongzhi (LGBTQ) Hotline Association made a film on how discrimination laws separate people infected with HIV. This contributed to a reversal of the law that banned PLWHIV from travelling. This example highlights the importance of telling the best story, as evidence alone is not always sufficient to motivate policy change.

## Conclusion

Across Asia, barriers to HIV prevention and treatment persist – especially in marginalised populations such as MSM, SW, TGW, and PWID where HIV infection rates are much higher than national levels. If Asia is to meet the UNAIDS 90-90-90 targets, collaborative and sustainable efforts will be needed to improve access to, and uptake of, effective HIV prevention tools. This will require more funding from national governments, formation of partnerships between private and public services, use of creative and positive messaging with wider visibility for target audiences, and delivery of customer-friendly services that facilitate continuum of care.

Approaches must be sensitive to local cultures but also aim to normalise HIV testing and promote scale-up and adoption of a variety of prevention tools that meet local needs. Policymakers and service providers need to communicate openly and work together to address stigma and discrimination, and invest more resource into efforts to scale-up access to HIV testing and PrEP.

Collectively, these efforts may help to significantly strengthen HIV prevention across Asia,

with equitable successes seen in key populations – ultimately, bringing the HIV epidemic to an end.

**Debbie Nixon and Craig Brookes-Rooney**

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