

PUTTING YOUNG KEY POPULATIONS FIRST

HIV AND YOUNG PEOPLE FROM KEY POPULATIONS IN THE ASIA AND PACIFIC REGION 2022



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At a glance

Young people accounted for

26%

of new HIV infections in the Asia and Pacific region in 2020. In some countries, over 45% of new HIV infections were among young people.

99%

of young people in the region who acquired HIV in 2020 are people from key populations or their partners.

97%

of all new HIV infections among young people in the region in 2020 occurred in 10 countries.

Almost

half

of new HIV infections in young people in the region in 2020 were among gay men and other men who have sex with men.

Less than

25%

of young gay men and other men who have sex with men and young people who inject drugs receive prevention services to protect themselves and other people from HIV.

Introduction

Some of the earliest successes against the global AIDS epidemic were achieved in the Asia and Pacific region.¹ Countries such as Cambodia, Thailand and Viet Nam reversed their epidemics, while others—including several states in India—kept theirs under control. But epidemics are moving targets, and those gains are now under threat.

Progress in reducing the number of new HIV infections in the region has slowed in recent years. Although several countries reduced the number of new infections by more than 50% between 2010 and 2020, they decreased by only 21% across the region as a whole—far short of the 2020 Fast-Track targets set by United Nations Member States. Many countries in the region, including Afghanistan, Malaysia, Pakistan, Papua New Guinea and the Philippines, are experiencing sharp increases in the number of new HIV infections.

Current trends reflect rising complacency and a failure to prioritize HIV prevention, to provide services where they are needed most, and to tailor them to people's needs. Many HIV programmes overlook the specific needs of young people living with HIV. Indeed, the region's epidemic among young people has largely escaped the attention and action needed, despite evidence that alarming proportions of young people are affected.

This neglect seems tied to the fact that the vast majority of young people living with or affected by HIV in the region are from populations that are commonly stigmatized, criminalized or marginalized—gay men and other men who have sex with men, transgender people, sex workers, people who inject drugs and people in prison.

The COVID-19 pandemic is aggravating the situation. HIV programmes have been disrupted, government budgets are being squeezed, and funding priorities are shifting. The young people most affected by the ongoing HIV epidemic—many of them pushed to the margins of society—are again falling through the cracks.

This report describes the HIV epidemic among young people from key populations in the region, takes stock of HIV programmes for such people, and pinpoints the priority actions that will speed up progress towards ending the AIDS epidemic as a public health threat in the region.

The report shows that young people from key populations frequently experience stigma, discrimination and harassment, often in the context of punitive laws and harsh social taboos. This makes it difficult to stay safe and healthy, and it heightens their exposure to preventable risks such as HIV infection (1, 2). Absent or ineffective

¹ The UNAIDS Asia and Pacific region includes Afghanistan, Australia, Bangladesh, Bhutan, Cambodia, China, Fiji, India, Indonesia, the Islamic Republic of Iran, Japan, Kiribati, the Lao People's Democratic Republic, Nepal, New Zealand, Malaysia, Maldives, Mongolia, Myanmar, Pakistan, Papua New Guinea, the Philippines, the Republic of Korea, Samoa, Singapore, Sri Lanka, Thailand, Timor-Leste, Tonga and Viet Nam. The Islamic Republic of Iran was included in the region after consultations and research for this publication had been completed. The countries that participated in the focus group discussions were Cambodia, Indonesia, Myanmar, Nepal, Papua New Guinea, the Philippines, Sri Lanka and Viet Nam.

services add to their predicament, which the COVID-19 pandemic is worsening, as vital outreach programmes have been cut back or suspended.

Community-led organizations, many of them staffed and run by young people, have stepped up to fill these gaps. They have delivered medicines, food, condoms and other essentials to people in need; distributed personal protective equipment; assisted with screening and contact-tracing; and retained drop-in and peer support services or switched them to virtual services such as online counselling, support and referrals. The rising numbers of social media users in the region are making it easier to reach young people through such methods.

Until recently, domestic financing for HIV programmes was rising; much of it, however, was allocated to treatment and care. Prevention services are the mainstay of a successful HIV response in the long term, but in the Asia and Pacific region they depend on unpredictable external assistance. This is especially the case for prevention services for young people from key populations. COVID-19 is expected to further reduce both donor and domestic funding for HIV programmes.

A business-as-usual approach that neglects prevention will create opportunities for HIV epidemics to rebound. The region's current decrease in new HIV infections will slow even further, and the total number of people requiring treatment and care will rise more steeply, pushing the goal of ending the AIDS epidemic as a public health threat further into the future.

The phrase "prevention is better than cure" remains true for the HIV epidemic: the cost of preventing a new infection is far lower than the cost of providing HIV treatment and related care and support for the rest of a person's life.

The new Global AIDS Strategy 2021–2026 highlights two headline targets for 2025 (3). If countries can achieve these, they will be on track to end their AIDS epidemics as public health threats by 2030:

- ▶ 95% of people at risk of HIV infection have access to and use appropriate, prioritized, person-centred and effective combination prevention options.
- ▶ 95–95–95 testing and treatment targets are achieved within all subpopulations, age groups and geographical settings, including children living with HIV.²

In the region, reaching these targets means making it a lot easier and more attractive for young people from key populations to use and benefit from HIV, health, education and other essential services.

It can be done. The region as a whole can build on the inspiring HIV leadership shown in some countries. That leadership has focused resources and expertise where it is needed the most; supported non-dogmatic approaches that put people first, providing space for young people and community-led organizations to engage and lead in scaling up effective HIV responses; and promoted solutions that close the gaps holding back successful HIV responses.

This report describes some of the inspiring interventions that are beginning to make a difference. It proposes pragmatic changes to programmes to address the needs of young people from key populations more effectively and equitably. It also provides recommendations for decision-makers, programme managers and service providers to promote the meaningful engagement of young people from key populations in countries' HIV responses.

² 95% of people within the subpopulation living with HIV know their HIV-positive status; 95% of people who know their HIV-positive status are on antiretroviral therapy; and 95% of people on antiretroviral therapy have suppressed viral loads.



Credit: UNAIDS/Todd Brown

How and why we developed this advocacy brief

A core working group of partners from the Asia and Pacific region developed this advocacy report, including representatives from the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and Youth LEAD.³

The report combines quantitative and qualitative data to understand the HIV epidemics and responses among young people from key populations in the region. Quantitative evidence was gathered through a review of the latest epidemiological data and HIV response indicators in the region. The data were retrieved from UNAIDS-managed sources such as the Key Population Atlas (4), the HIV and AIDS Data Hub (5), the Global AIDS Monitoring system (3) and the AIDSinfo database (6).

Qualitative analysis involved a desk review of journal articles and other publications. In addition, the working group conducted focus group discussions and in-depth interviews with key informants and stakeholders, including government representatives, United Nations staff, and young people from key populations in Cambodia, Indonesia, Myanmar, Nepal, Papua New Guinea, the Philippines, Sri Lanka and Viet Nam. The countries were selected based on the HIV situation among young people, the existence of networks of young people from key populations, and the availability of HIV programmes for young people.

The report shows that young people face huge challenges when trying to access HIV and sexual and reproductive health and rights information and services, including discrimination, social inequalities, marginalization and violence. More must be done to ensure young people in all their diversity have the information and services they need to protect themselves against HIV and its impact.

The report calls on donors, governments, the United Nations and other key stakeholders to build the capacities of youth-led networks and organizations working in the HIV response, and to adapt HIV programmes so they serve the needs of young people from key populations in particular. Networks and organizations of young people from key populations can use the report for advocacy and to mobilize further support.

Selected resources and guidance materials are provided in Annex 1.

³ Youth LEAD is the largest network of young people from key populations in the Asia and Pacific region (<https://www.youthleadap.org/>).

HIV epidemic among young people from key populations in the Asia and Pacific region

The Asia and Pacific region has the second-highest number of people living with HIV in the world. In 2020, there were 5.8 million [4.3–7.0 million] people living with HIV in the region, and 240 000 [170 000–310 000] new HIV infections (5).

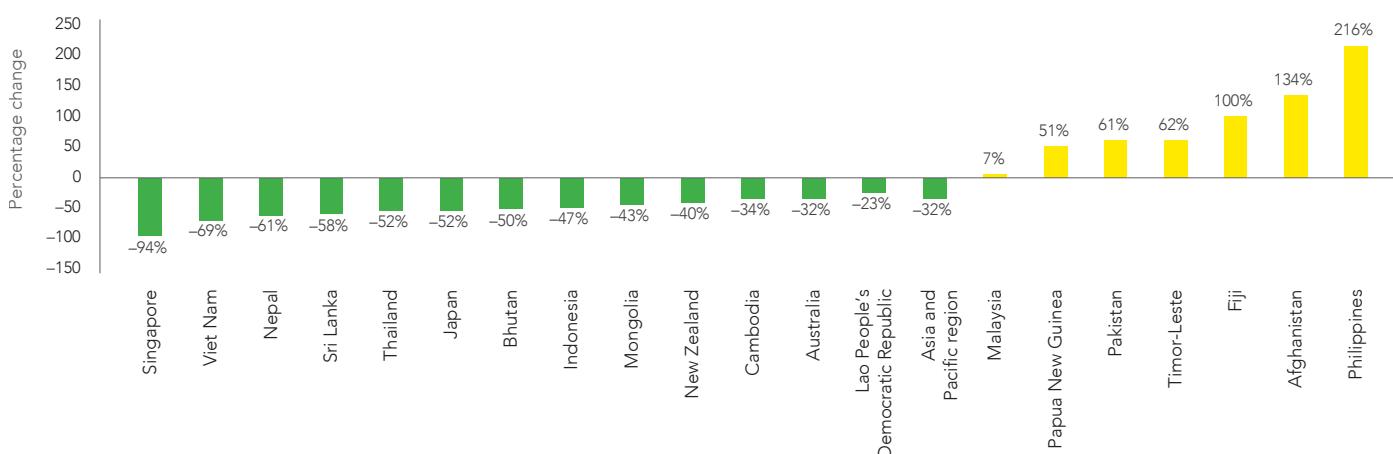
Some countries have made strong gains against their HIV epidemics. Thailand and Viet Nam have reduced their annual numbers of new HIV infections by at least 50% since 2010. These declines were achieved mainly with prevention programmes focused on people from key populations. New HIV infections in the region overall, however, declined by only 21% between 2010 and 2020—and they increased by as much as 36% in Papua New Guinea, 84% in Pakistan and 237% in the Philippines over the same period (5).

Young people aged 15–24 years account for a substantial proportion of these new infections (26% in 2020), with young men almost twice as likely as young women to acquire HIV.⁴ An estimated 63 000 [41 000–86 000] young people in the region acquired HIV in 2020, bringing the number of young people living with HIV in the region to 370 000 [230 000–520 000].

Across the region, new HIV infections among young people declined by 32% between 2010 and 2020. This trend is encouraging, but it is not strong enough to end the region's AIDS epidemic by 2030, and it is offset by steep rises in new infections in several countries. New HIV infections among young people increased in seven countries in the region between 2010 and 2020: Afghanistan, Fiji, Malaysia, Pakistan, Papua New Guinea, the Philippines and Timor-Leste (Figure 1). In some countries, almost half of new infections are among young people (Figure 2).

Figure 1.

Percentage change in numbers of new HIV infections among young people aged 15–24 years, selected countries in the Asia and Pacific region and regional average, 2010–2020

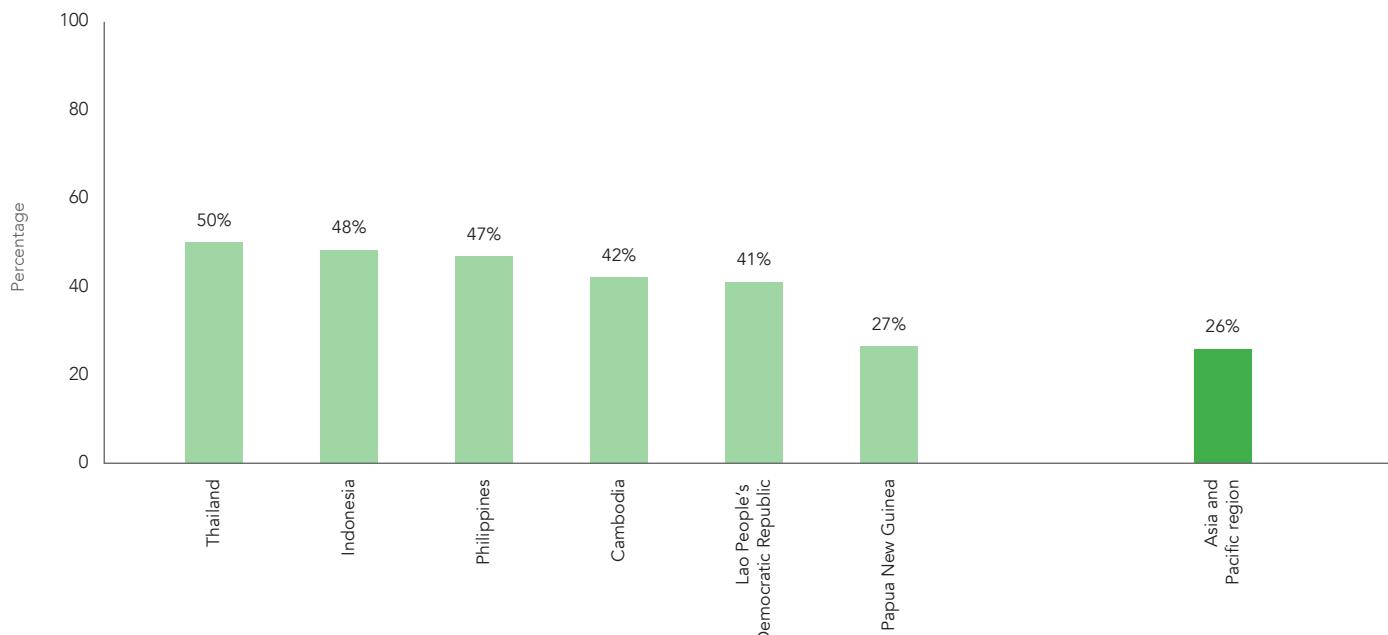


Source: UNAIDS 2020 HIV estimates (www.aidsdatahub.org).

⁴ An estimated 17% of new HIV infections in the region in 2020 were among young men, while about 9% were among young women.

Figure 2.

Percentage of new HIV infections that are in young people, selected countries in the Asia and Pacific region and regional average, 2020



Source: UNAIDS 2021 HIV estimates (www.aidsdatahub.org).

Although HIV is present in every country in the region, nearly all new HIV infections (97%) among young people are in 10 countries. Ending the AIDS epidemic as a public health threat in the region will depend principally on the actions taken in those countries.

HIV programmes are missing the young people who need them the most

The region's HIV epidemic revolves primarily around people from key populations and their sex partners—more than 90% of new HIV infections occur in these populations. The early successes against HIV in the region were built on this knowledge (7). Prevention programmes focused on people from key populations, especially sex workers and their clients and people who inject drugs, and drastically reduced the numbers of people acquiring HIV in Cambodia, Thailand, Viet Nam and the high-prevalence states of India (e.g. Tamil Nadu) (8, 9).

Among the region's young people, the HIV epidemic is even more concentrated among people from key populations and their sex partners, who account for 99% of new HIV infections in people aged 15–24 years (Figure 3).

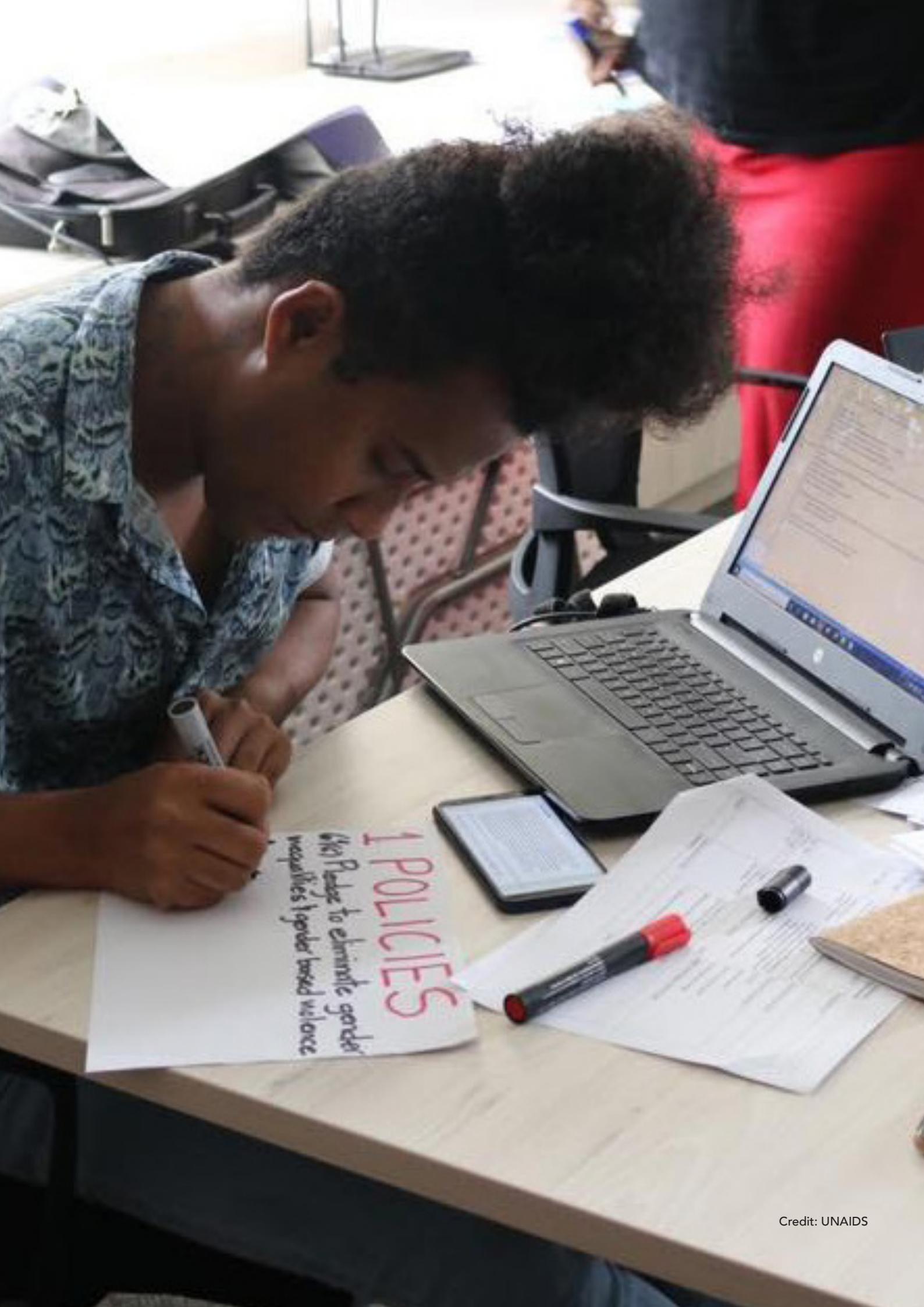
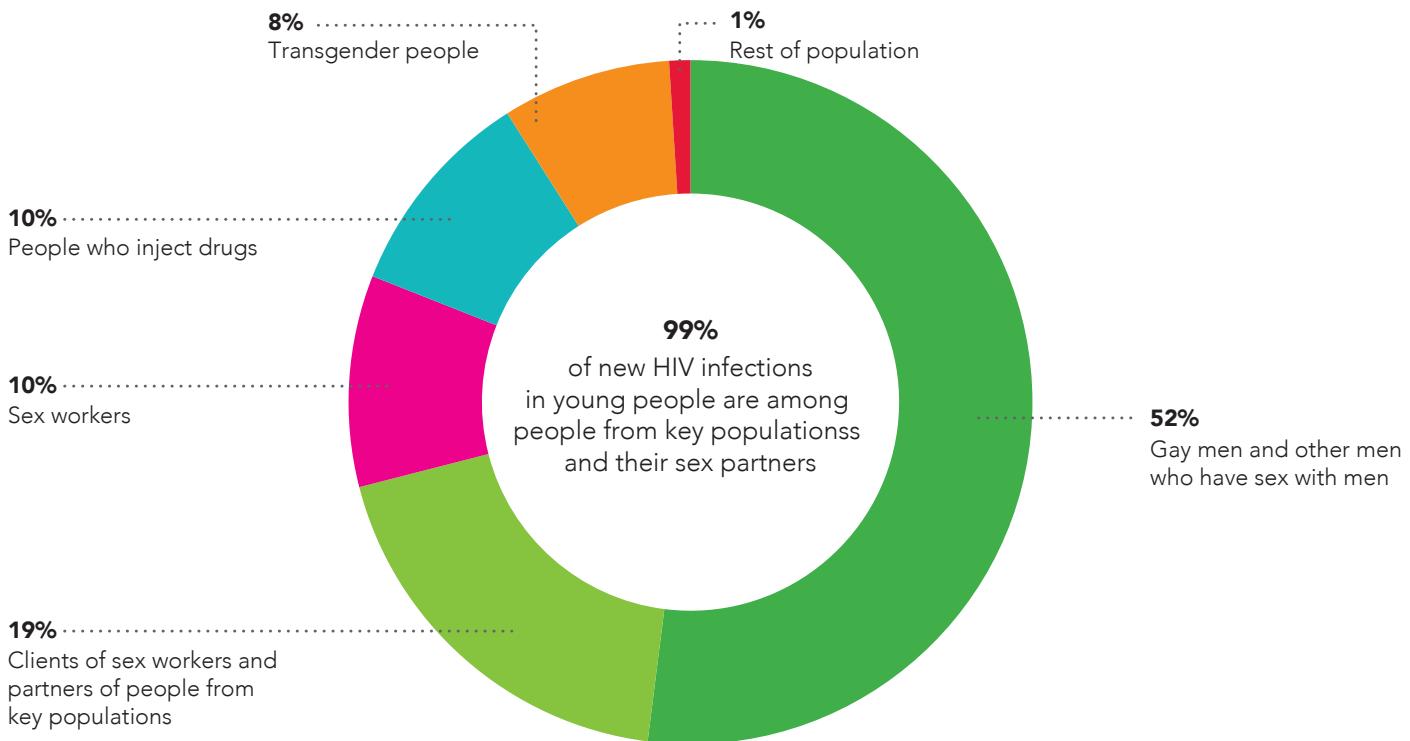


Figure 3.

Distribution of new HIV infections among young people in the Asia and Pacific region by key population, 2020



Source: UNAIDS special analysis 2020.

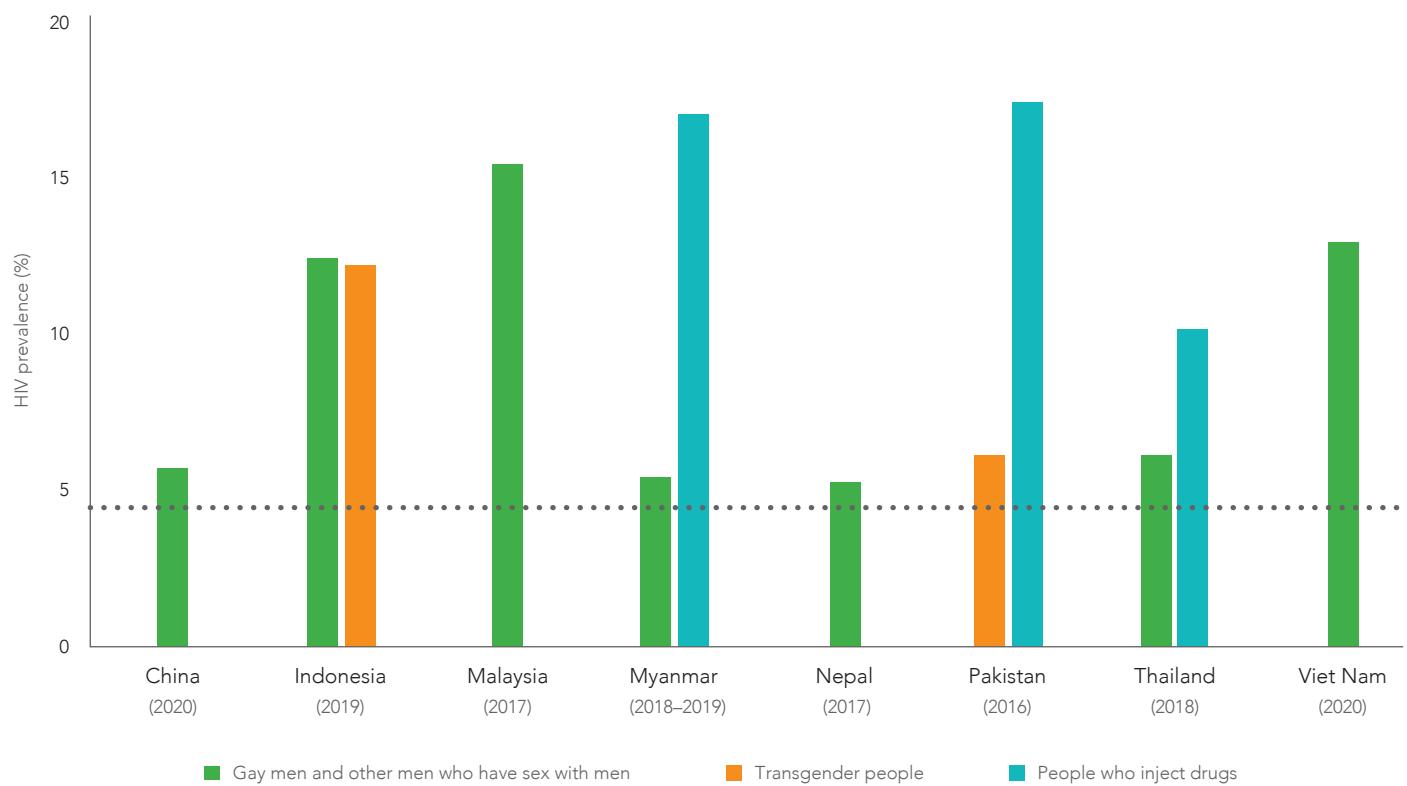
Rapidly growing HIV epidemics are under way among people from key populations in several countries, with gay men and other men who have sex with men especially affected. In the region overall, more than half of new HIV infections (52%) in young people in 2020 were among gay men and other men who have sex with men, while people who inject drugs, female sex workers and transgender people together accounted for almost 30% of new infections. Clients of sex workers and sex partners of people from key populations accounted for almost 20% of new infections (Figure 4). On the whole, the prevalence of HIV in young people from key populations is much higher than in young people from the general population.

The varied HIV infection levels among people from key populations reflect the unique situations and risk factors for each population, and the uneven availability of accessible HIV services. Decades of HIV programmes for female sex workers have kept infection levels in this key population relatively low, including for young sex workers. Their reported median HIV prevalence in recent years (2016–2020) is about 0.5%, and it is less than 5% in every country in the region. Median HIV prevalence is higher among young people who inject drugs (4%) and young gay men and other men who have sex with men (4%) (Figure 4). In the six countries that report data on young transgender people, the median HIV prevalence is about 5%.

In the mid-2000s, growing epidemics among gay men and other men who have sex with men became apparent in several countries in the region. Few prevention programmes for this key population were put in place, however, allowing the epidemics to flourish (10, 11). The prevalence of HIV among young gay men and other men who have sex with men has more than doubled in Indonesia (from 6% in 2011 to 13% in 2019) and almost tripled in Malaysia (from 6% in 2012 to 16% in 2017) and in Viet Nam (from 3% in 2011 to 13% in 2020). Failure to provide adequate harm reduction services has allowed very high HIV prevalence to continue among young people who inject drugs (15% or higher in two of the six countries with available data) (Figure 4).

Figure 4.

HIV prevalence among young people from key populations in 8 countries in the Asia and Pacific region, 2016–2020



Widening access to life-saving antiretroviral therapy has reduced the number of AIDS-related deaths in the region by more than half (56%) since 2010. Despite this, in 2020, the epidemic claimed 130 000 [87 000–200 000] lives as several countries struggled to provide treatment to people living with HIV: treatment coverage was 42% in the Philippines, less than 26% in Indonesia, 12% in Pakistan and 9% in Afghanistan.

This treatment gap affects young people living with HIV, with AIDS-related deaths among young people increasing steeply in countries such as Pakistan and the Philippines between 2010 and 2020. Other countries in the region have had greater success at diagnosing and treating young people living with HIV. As a result, there has been a 42% decline overall in AIDS-related deaths among young people in the region since 2010.

Key points

- ▶ Almost all new HIV infections among young people in the Asia and Pacific region are in young people from key populations and their sexual partners.
- ▶ HIV prevention programmes are having an impact. New HIV infections among young people declined by 32% between 2010 and 2020. HIV epidemics are growing in some countries, however, with up to half of new infections among young people from key populations.
- ▶ Gaps in testing and treatment are causing a rise in AIDS-related deaths among young people in some countries.
- ▶ HIV programmes succeed when they serve the populations and places where HIV risk is highest, and when they fully engage community-led organizations.

Reaching young people from key populations with HIV services

The region's successes in the response to HIV have come when HIV programmes focused on the populations and places where HIV risk is highest, and when partnerships were built with community-led organizations so health and other basic services can reach those populations.

Almost all new HIV infections among young people in the region are among young people from key populations and their sexual partners. HIV programmes, therefore, must reach and serve these populations if they are to have an impact.

HIV and related health services are available in every country in the region, but on widely varying scales. Increasingly, these services are also differentiated—designed and managed in ways that cater to the specific needs of people from different populations. These services are still unevenly available, however. Community-led and other civil society organizations are filling some of the gaps by providing services that are attractive and more suitable to young people from key populations, but on a small scale and mainly in urban areas. Funding for these efforts comes primarily from international donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the United States President's Emergency Plan for AIDS Relief (PEPFAR).

Accessing and using HIV services tends to be more difficult for young people from key populations than for their older counterparts, with significant barriers standing in the way (2). Even when services exist, legal or policy barriers such as age-of-consent requirements make them inaccessible to many young people. Stigmatizing and discriminatory attitudes of health-care providers discourage many young people from key populations from seeking HIV information or using HIV services. Concerns about privacy and confidentiality are additional challenges. Opening hours of public clinics are often ill-suited to people's daily routines, and the assumptions and attitudes of health-care workers can be judgemental and humiliating. Often, the services on offer do not reflect young people's needs.

Some of these barriers can be addressed quite easily—for example, by adapting clinic opening hours so they do not require people to take time off from work or classes, by reducing waiting times, and by integrating services to avoid the need for multiple visits. HIV programmes can also do better at using social media and dating platforms to reach young people from key populations with information and to link them to relevant services.



Credit: UNAIDS

Other changes are more challenging—but entirely feasible. Health services, including those for HIV, should be offered in ways that are sensitive and friendly to young people from key populations, and they should be free of stigma and discrimination. Providers of HIV and other health and social services need training to understand and respond appropriately to the realities and needs of young people from key populations. Their basic communication skills can be improved.

Peer support groups, trained counsellors and case managers can help young people from key populations navigate health systems (2, 12). During the COVID-19 pandemic, community-led organizations have provided medical supplies and other services to young people in need (Case study 1). Experience from the region and elsewhere shows also that HIV programmes for people from key populations perform well when community-led organizations are centrally involved in designing, implementing and monitoring them (9). These inspiring examples need to become more widespread.

COVID-19 has also led to the wider adoption of new ways of reaching young people from key populations. Instead of relying on in-person services, programmes are making greater use of mobile and internet-based platforms, including social media and dating apps (Case study 2). These approaches potentially can reach young people from key populations who are being missed by face-to-face outreach efforts.

Case study 1. Reaching young people in the COVID-19 pandemic

Partnerships between government and community-led organizations, especially at the local level, are vital to bring about youth-friendly services. During the first wave of the COVID-19 pandemic in 2020, youth-led and youth-serving organizations provided HIV services in partnership with local governments.

Y-PEER Pilipinas in the Philippines arranged for local governments to issue special travel passes allowing its members to deliver emergency supplies, condoms and antiretroviral medicines directly to young people in need.

The Human Touch Foundation in India organized volunteers to deliver antiretroviral medicines to people's doorsteps and offered online psychosocial support to children and adolescents affected by or living with HIV. It also persuaded local governments to waive public transportation costs so people living with HIV could travel to pickup points to collect their medicines.

In Indonesia, Inti Muda, a network of young people from key populations, distributed food packages, arranged transport to health facilities, mobilized support to help people pay rent, and provided online counselling services.



Credit: Inti Muda Bali/Willy

Case study 2. The rise of virtual HIV services

HIV projects in the Asia and Pacific region are increasingly connecting with young people using a mix of online channels, such as Facebook, dating apps, chatrooms and online networks of social influencers. These are valuable opportunities to reach young people from key populations who commonly use smartphones to access the internet and social media for dating, sex, information and services. The COVID-19 pandemic has increased the use of these and other virtual methods.

In Thailand, the LINKAGES and EpiC projects have provided some HIV services virtually since 2018. An example is the TestMeNow system, which allows people to easily and discretely make appointments online for HIV tests at community-based and private clinics in eight cities. After a national lockdown was imposed in March 2020, use of the system increased sharply and the number of HIV diagnoses made through such online methods exceeded those made through conventional in-person outreach efforts (13).

Working with provincial health offices, LINKAGES Thailand also used data collected through TestMeNow and a real-time client-tracking system to send treatment updates and reminders to thousands of people receiving HIV treatment. In the year following the initial lockdown, less than 0.5% of the people contacted dropped out of treatment (13).

A virtual case management approach was introduced in Nepal in early 2020. Peer navigators shifted their work to the virtual realm and were able to link people to safe clinic access, arrange home deliveries of antiretroviral medicines, provide emotional support, and arrange referrals to a range of providers. A total of 94% of people supported in this way were virally suppressed in the 12 months after March 2020.

In Indonesia, 40% of people from key populations at 60 PEPFAR-supported facilities were assisted through virtual channels, with great success: 92% of these people had suppressed viral loads in the 12 months after March 2020 (14).

Artificial intelligence-driven chatbots are offering people flexible, confidential and convenient ways to get information and connect to services. Young people in Indonesia are turning to the chatbot Tanya Marlo ("Ask Marlo") with their questions about sex and HIV. Tanya Marlo can also connect users to real counsellors working with Jaringan Indonesia Positif, who can provide further information, support and referrals. The chatbot is integrated into the LINE chat messaging application, which has around 90 million users (15).



Credit: UNICEF/Mon Solis

Young people's knowledge about HIV is faltering

HIV prevention starts with knowing how to protect oneself and other people against HIV infection. Young people from key populations in particular need unbiased and accurate education about how to keep themselves safe from HIV and other sexually transmitted infections. Less than a quarter of young people in the region know how HIV is transmitted and acquired (Figure 5).

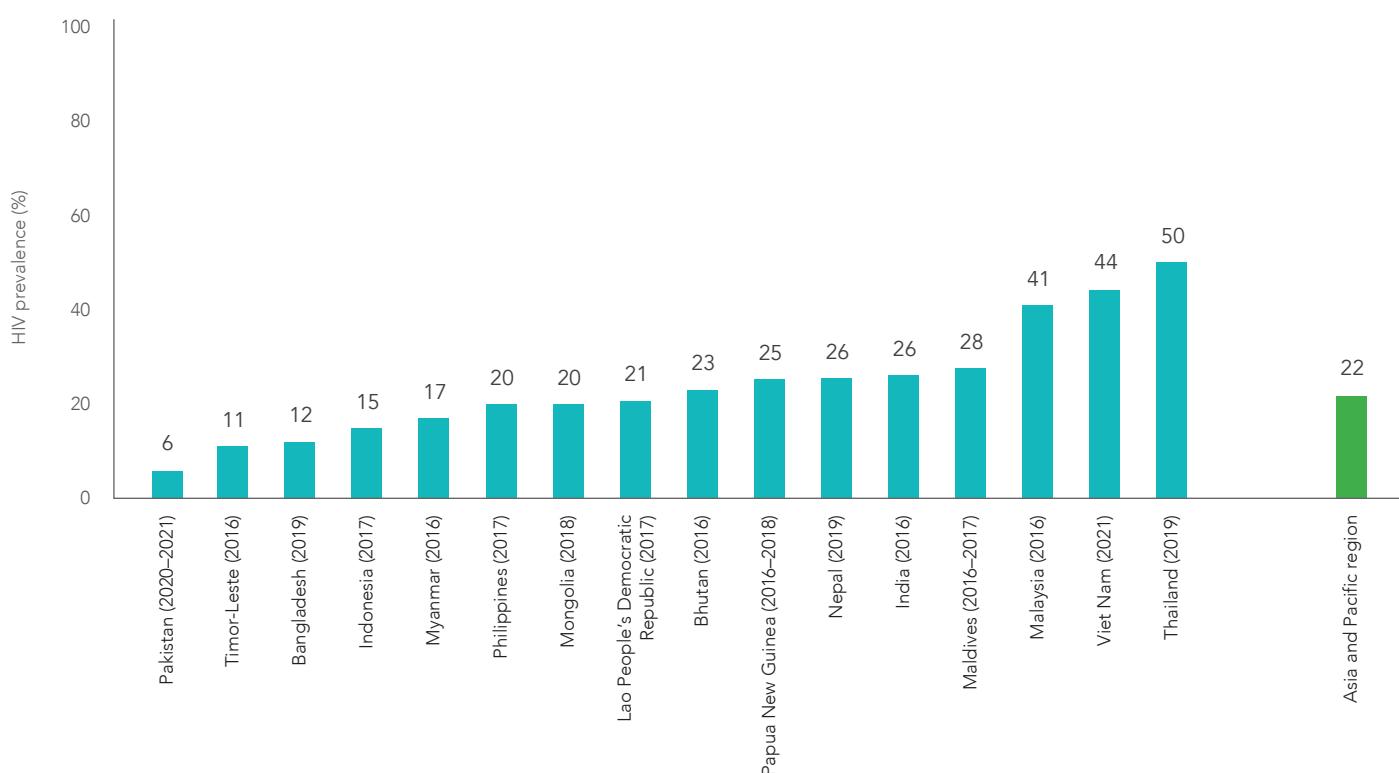
Comprehensive sexuality education is arguably the most practical way to provide young people, including those from key populations, with the knowledge, attitudes and skills they need to protect their health and well-being, including against HIV. Good-quality sexuality education is sparsely available in much of the region, however.

A 2019 survey of 30 countries in the region found that approaches to comprehensive sexuality education vary enormously in terms of content, quality and priority, and that implementation is limited in many countries (16). The information young people receive is often incomplete and ambiguous. This deprives new generations of sexually active young people of the knowledge they need to make informed choices about their sexual and reproductive lives. Even when sexuality education is provided, it does not necessarily speak to the needs of young people from key populations (17). As a result, many young people from key populations do not understand the extent to which they are at risk for HIV infection (Figure 6).

Out-of-school sexuality education offers opportunities to bring together young people with similar life experiences and to provide them with information tailored to their realities (18).

Figure 5.

Proportion of young people with comprehensive HIV knowledge, selected countries in the Asia and Pacific region and regional average, 2016–2021



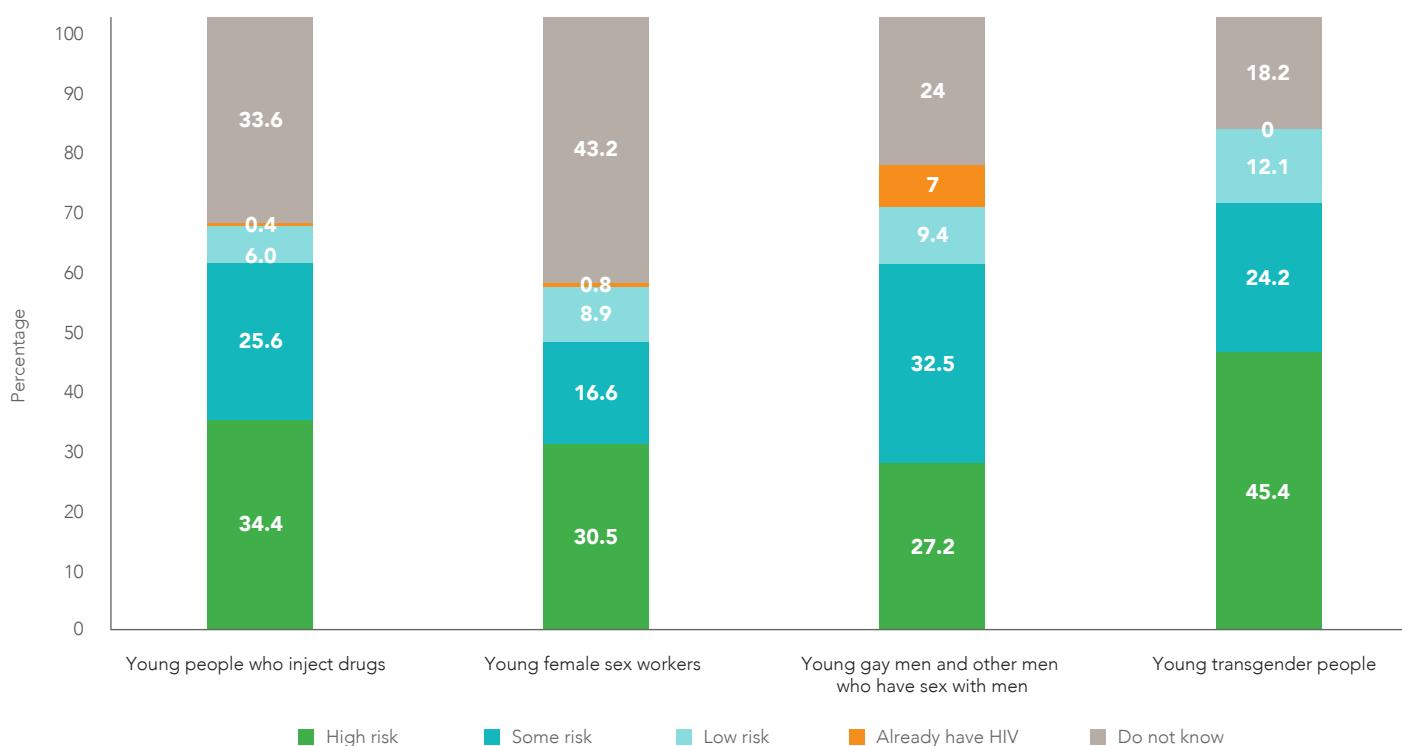
Source: Global AIDS Monitoring (www.aidsdatahub.org). Data sources include demographic and health survey reports, multiple indicator cluster survey reports and other population-based surveys.

Case study 3. Peer education for young people from key populations

Myanmar Youth Stars is a national network that draws together 1200 young people from key populations in Myanmar. Active in 18 towns, it offers a variety of HIV services, including condom distribution and referrals for HIV testing and treatment. In 2019, it ran a 6-month peer education programme for young people from key populations, with the support of UNFPA Myanmar. The programme focused on providing comprehensive sexuality education to young people from key populations to improve their knowledge about sexual and reproductive health and rights and HIV. Myanmar Youth Stars trained 646 youth to share sexual health information with their peers and improved their peer counselling skills.

Figure 6.

Self-assessment for HIV risk among adolescents aged 10–19 years and young people aged 15–24 years from key populations in Bandung, Indonesia, 2017



Source: Indonesia's growing HIV epidemic among young MSM. Jakarta: United Nations Children's Fund; 2019 (<https://www.unicef.org/indonesia/reports/growing-hiv-epidemic-young-msm-indonesia>).

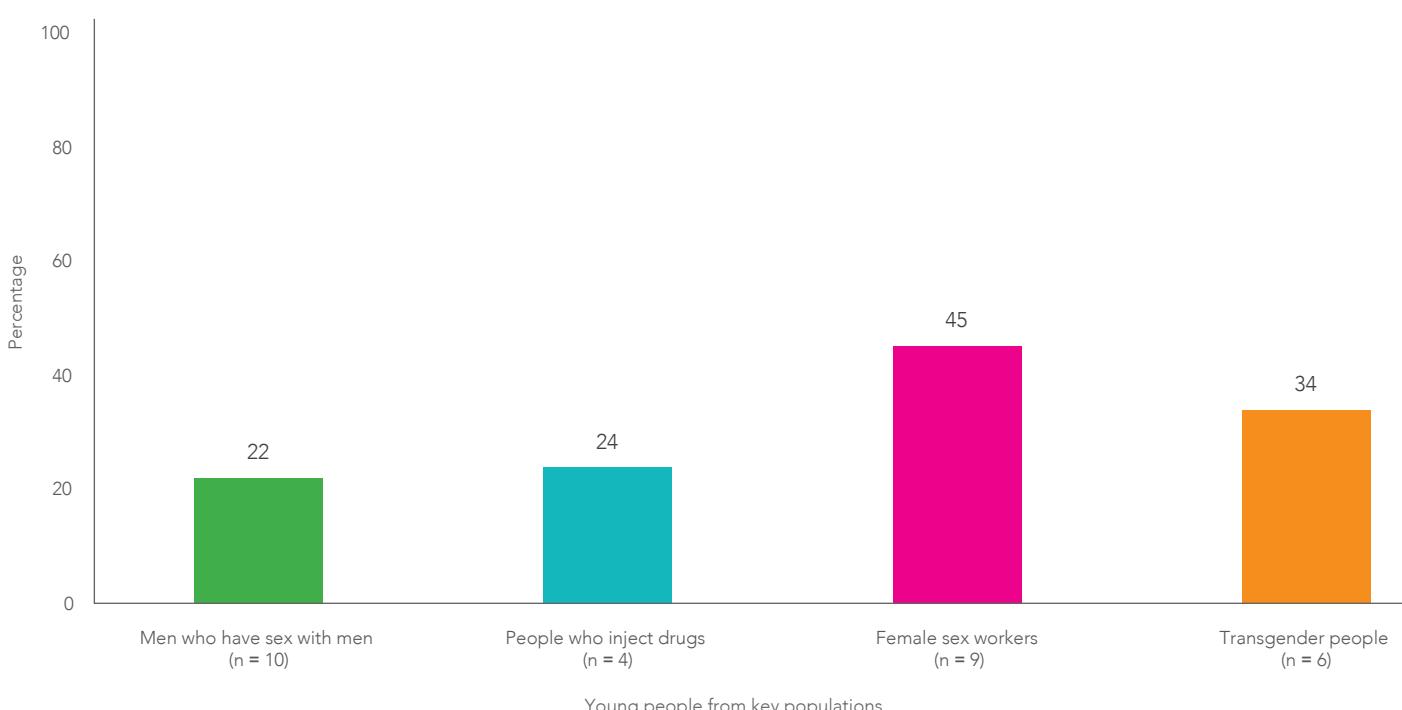
HIV services are missing young people from key populations

Data on HIV service coverage among young people from key populations are not abundant. In most of the countries collecting these data, young people from key populations are less likely than their older counterparts to use HIV prevention services, including new prevention methods such as pre-exposure prophylaxis (PrEP). Less than half of young people from key populations in the region accessed comprehensive HIV prevention services between 2015 and 2020,⁵ although a closer look at the data reveals significant variation between countries and different key populations (Figure 7).

Only one country (Cambodia) reported that more than 90% of young people from a key population (female sex workers) were using HIV prevention services. Prevention services across much of the region are not reaching young gay men and other men who have sex with men. Transgender people and people who inject drugs are also poorly served (Figure 7).

Figure 7.

Median percentage of young people from key populations accessing HIV prevention services in the Asia and Pacific region, 2016–2020^a



^a Data from 10 countries: Bangladesh, Cambodia, the Lao People's Democratic Republic, Malaysia, Mongolia, Myanmar, Pakistan, the Philippines, Thailand and Viet Nam.
Source: Global AIDS Monitoring.

5 Prevention coverage is measured as the percentage of people in a key population who report having received a combined set (at least two out of three) of the following HIV prevention interventions in the previous 3 months: given condoms and lubricants; received counselling on condom use and safe sex; and tested for sexually transmitted infections (for transgender people, sex workers, and gay men and other men who have sex with men), or received sterile needles or syringes (for people who inject drugs).

Case study 4. Young people leading by example

Experiences from the region and beyond show that prevention services are most likely to be used when young people from key populations are involved in designing, implementing and monitoring them.

There is a variety of examples of youth-led services for people from key populations in the region. LoveYourself is a community-based organization in the Philippines that provides HIV services for people from key populations, including young people. It runs four community HIV testing centres in Manila that offer free condoms, HIV testing and counselling, and other HIV services. LoveYourself works with young influencers and uses social marketing and outreach strategies, including online and social media methods, to reach young people likely to be exposed to HIV (see Case study 5).

The Lighthouse Social Enterprise in Viet Nam provides HIV prevention services to people from key populations, including young people. This youth-led LGBTQI organization offers community-based testing, distribution of condoms and lubricant, and pre- and post-exposure prophylaxis. The operating hours of the Lighthouse clinic in Hanoi are flexible and adapted to the needs of its clients. Lighthouse also offers sensitization training for health-care providers to make public health services more attractive to people from key populations.

Condom use varies widely

When used correctly and consistently, condoms are highly effective at preventing the sexual transmission and acquisition of HIV. Except for female sex workers, young people from key populations are not using condoms consistently—although there is considerable variation between countries (Figure 8).

Prevention programmes for female sex workers, many of which actively involve sex workers, have been fairly successful across much of the region. According to country programme data, about 80% of young female sex workers used a condom the last time they had paid sex.

In the absence of PrEP or high rates of viral load suppression, condom use among gay men and other men who have sex with men must be 70–80% to stabilize the epidemic in this population (7), a level reached in only a few countries (Figure 8). In addition, prevention services for people from this key population tend to be concentrated in large cities.

Condom use among young transgender people varies widely. HIV services are unevenly available for people from this key population, and condom use is far from routine (around 65% of young transgender women reported using a condom the last time they had sex, but condom use was much lower in some countries).

In the 6 countries reporting these data since 2016, only about 39% of people who inject drugs used a condom the last time they had sex.

Many factors influence whether young people use condoms, including the convenience and cost of obtaining condoms, social attitudes about young people and sex, young people's own perceptions of risk, the legal context, the presence of age-of-consent requirements, whether condoms are promoted as part of family planning services for young people, and people's ability to negotiate condom use with sex partners.

Across the region, condoms are typically available in public health clinics, but many young people from key populations avoid health services as they perceive them to be hostile and stigmatizing. Social marketing and demand-creation programmes can be very effective in boosting condom use, especially when activities involve peers and build young people's knowledge and confidence about protecting their health (Case study 5) (2).



Credit: Lighthouse Social Enterprise
Viet Nam/Phung Ba Thanh

Figure 8.

Condom use at last sexual intercourse among young people from key populations in selected Asia and Pacific countries, latest available data^{a,b}



^a There were no relevant data for Bhutan, Brunei Darussalam, the Democratic People's Republic of Korea, Maldives, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, the Solomon Islands, Tonga, Tuvalu and Vanuatu.

^b Countries with data older than 6 years included Afghanistan (people who inject drugs, female sex workers, 2012), Australia (people who inject drugs, 2014), Fiji (female sex workers, 2012), Japan (female sex workers, 2011), Papua New Guinea (female sex workers, 2011), the Republic of Korea (female sex workers, 2013) and Sri Lanka (people who inject drugs, female sex workers, 2014).

"IN SOME COUNTRIES, ADOLESCENTS AND YOUNG PEOPLE VIEW SEX AS A TABOO TOPIC, AND ANY DISCUSSION ABOUT SEX OR CONDOMS REMAINS A CHALLENGE IN PROMOTING AWARENESS ABOUT HIV PREVENTION"— YOUNG KEY INFORMANT.

Case study 5. New ways to promote condom use

New electronic media and communication platforms are being used to revitalize social marketing and promotion of condoms among young people from key populations.

In the Philippines, LoveYourself uses social marketing strategies on social media platforms to promote HIV prevention services, including condom distribution, PrEP, and testing for HIV and other sexually transmitted infections. It uses strong visual designs and influencer-sponsored posts to attract attention and engagement. Influencer endorsements can be powerful due to the high degree of trust many young people have in their recommendations.

LoveYourself developed an online app-based condom distribution programme called Safe Spaces PH to make it easier for young people to obtain condoms affordably (often free of charge) and without being stigmatized or judged. The app uses GPS real-time navigation services such as Google Maps to link users to condom distribution points, which are partnered with public or private clinics, health centres and other community-based organizations that provide free condoms and lubricants.

In Viet Nam, Lighthouse started a condom promotion programme in 2017 to address rising rates of HIV infection among young gay men and other men who have sex with men and transgender people in Hanoi. It canvassed young people's opinions and concerns about condom use and set up focus groups to develop a suitable promotion strategy built around social media, websites (e.g. Gtown, a popular site among gay men and other men who have sex with men seeking information about HIV) and community outreach. Materials promoting condoms were displayed at popular social venues, and Lighthouse staff were trained to promote condoms among clients.

Drawing on financial support from the Global Fund, Lighthouse also distributed free condoms and lubricants and worked with condom manufacturers to develop condom designs and marketing material. Since 2017, Lighthouse has distributed over 265 000 free condoms and 150 000 free lubricants and sold almost half a million condoms.



Credit: Lighthouse Social Enterprise
Viet Nam/Phung Ba Thanh

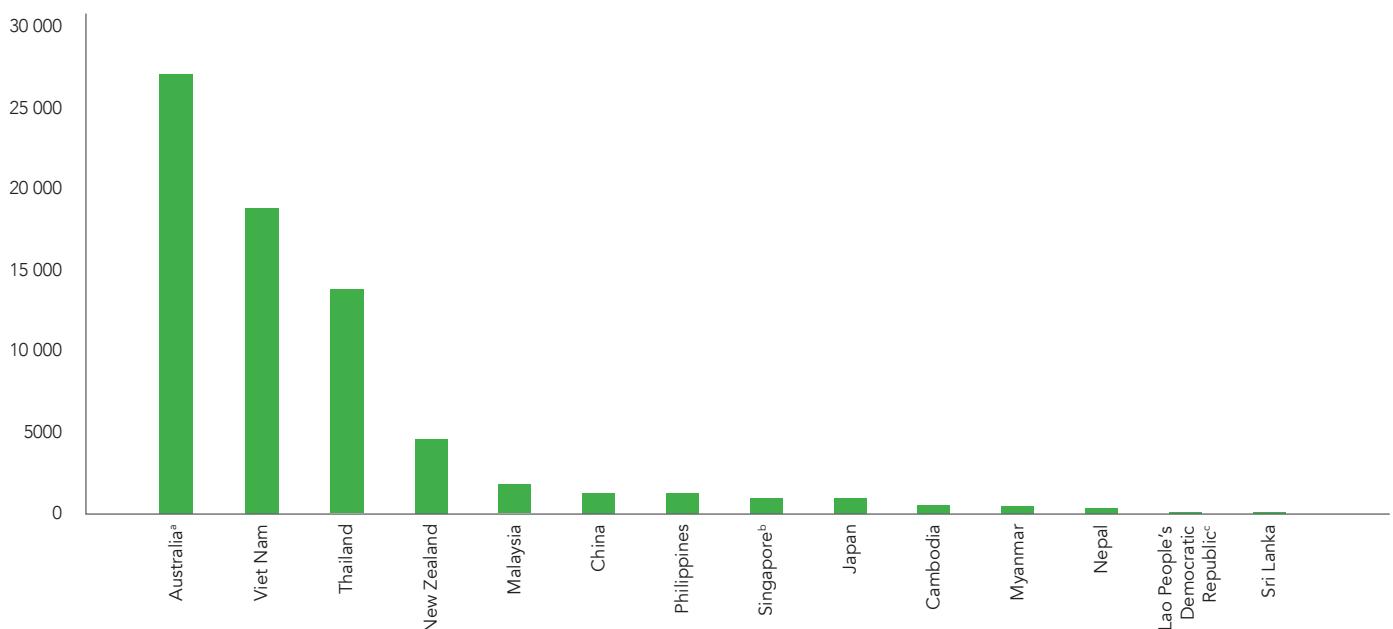
PrEP is difficult to access

Oral PrEP is an effective additional prevention option for people at substantial risk of acquiring HIV. It involves taking an antiretroviral medicine before potential exposure to HIV. Although uptake of PrEP increased in the region in 2020, it is still far lower than the potential need and demand for PrEP and only a fraction of the 2025 target of 4 million PrEP users in the region (Figure 9) (19).

The COVID-19 pandemic has disrupted access to PrEP. Some countries, such as Australia, the Philippines and Thailand, have adapted by authorizing extended PrEP prescriptions, using telehealth consultations more widely, and making it easier to collect PrEP supplies (20, 21). Little is known about use of PrEP by young people from key populations—available data suggest about a quarter of people receiving PrEP in Cambodia and Thailand in 2019 and 40% in Viet Nam were aged 15–24 years (19).

Figure 9.

Numbers of people receiving PrEP in countries in the Asia and Pacific region with available data, 2019 and 2020



Source: Global AIDS Monitoring; UNAIDS and WHO estimates. Data are from national programmes after follow-up communications from WHO/UNAIDS PrEP advisor.

^a 2020 second quarter data.

^b 2019 data.

^c PrEP pilot/demonstration project in the Lao People's Democratic Republic was launched in January 2021.

Although awareness about PrEP among people from key populations in the region is still low, studies suggest that when people who are at high risk of HIV know about PrEP, many are keen to use it (22, 23). A first step towards expanding PrEP uptake is to boost people's awareness and knowledge of this valuable prevention method, including through online outreach.

Other improvements include making PrEP services more accessible, attractive and convenient for people from key populations, reducing out-of-pocket costs for PrEP, educating health staff about the importance of PrEP (including for young people from key populations), and involving people from key populations more meaningfully in PrEP programmes (24). People also need diverse, practical and convenient ways to access PrEP. Changes to age-of-consent laws or workarounds should also be considered if they are preventing young people from key populations from receiving PrEP (25, 26).

Case study 6. Making the case for providing PrEP to adolescents and young people

Trials and pilot studies are demonstrating the acceptability of PrEP among adolescents in the Asia and Pacific region. A pilot study in Thailand in 2019–2020 found that PrEP was highly acceptable to young adolescents at high risk of HIV infection. Uptake of PrEP was 59% among targeted adolescents aged 12–19 years. The adolescents said they felt empowered to control their own health and comfortable using PrEP (27).

"YOUNG KEY POPULATIONS WHO KNOW ABOUT PREP SEE IT AS AN EMPOWERING PREVENTION METHOD THAT ENABLES US TO HAVE RESPONSIBILITY FOR OUR HEALTH DECISIONS. BUT THERE IS STILL STIGMA ATTACHED TO IT"—YOUNG KEY INFORMANT.

The study found that PrEP services should be offered in adolescent-friendly ways—for example, with case managers and peer support, safe facilities and venue spaces with convenient hours, and non-stigmatizing information and peer support groups. It also highlighted the need for additional support to help adolescents take PrEP as prescribed.

The findings were in line with experiences at the adolescent HIV prevention clinic at Chulalongkorn University in Bangkok, where youth-friendly and convenient PrEP services have had steady increases in uptake in recent years, mostly among gay men and other men who have sex with men (26).

Efforts are under way in several countries to promote PrEP through advertising, social media and community events, and to assist young people in obtaining it. The community-led organization LoveYourself has been using social media influencers and celebrities to raise awareness about PrEP. The organization's Men of PrEP and Queens of PrEP campaigns, which use sex-positive messages on social media platforms popular among people from key populations, doubled the number of visits to its HIV clinics in the Philippines.

LoveYourself also runs the PrEP Pilipinas (PrEPPY) programme, which provides PrEP at LoveYourself community centres around Manila and other cities to some 450 people, many of them young. While national guidelines are being developed, the PrEPPY programme is serving as an advocacy tool for a national PrEP programme.

Harm reduction services are not keeping pace with the HIV epidemic

When harm reduction programmes are provided at scale, they can significantly reduce HIV and hepatitis C infections among people who use drugs (28).^{6,7} Continuing hesitancy to provide even basic harm reduction services such as clean needles, syringes and condoms means there is still very high prevalence of HIV among people who use drugs in several countries, including Bangladesh, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Pakistan, the Philippines and Thailand (6, 31). The most recent data for the region indicate that 3–5 million people, many of them young, inject drugs (32).

Fourteen countries in the region were operating needle–syringe programmes in 2021, according to the responses of their national authorities to the National Commitments

⁶ Harm reduction programmes are packages of services aimed at reducing the harm associated with the use of psychoactive substances. They typically include needle–syringe programmes; opioid substitution therapy; HIV prevention, testing and treatment services; outreach (information, education and communication for people who inject drugs and their sexual partners); viral hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis and treatment.

⁷ In Nepal, HIV prevalence among people who inject drugs fell from 68% in 2002 to 9% in 2017 after the Government expanded its harm reduction programme. Harm reduction programmes in Xichang City, China reduced the number of new cases of HIV among people who inject drugs by 75% (29, 30).

and Policies Instrument, with only Australia, China, India, Myanmar and New Zealand distributing at least 200 syringes per person who injects drugs per year, according to the most recent reported data. Importantly, there have been moves towards taking less punitive approaches to people who inject drugs in Indonesia, Malaysia and the Philippines (31). Several countries report dwindling government and donor support for harm reduction programmes, many of which have struggled to operate during the COVID-19 pandemic (31).

Very few data exist about the coverage of harm reduction services among young people who inject drugs, although the available evidence suggests uptake is low. In Bandung, Indonesia, about a quarter of young people who inject drugs access sterile injection equipment from Rumah Cemara, the city's only nongovernmental organization offering harm reduction services.

Researchers in the Philippines found that about a fifth of young people who inject drugs had received needles and syringes free of charge from clinics, peer educators or drop-in centres (33). More one-stop clinics that combine harm reduction and HIV services are being introduced in Cambodia, India and Myanmar, but they are still few in number.

More generally, health-care providers and educators need training to understand the needs of young people who use drugs, share information that can help reduce harm, and link them to counselling and other support. Schools and other educational institutions need to adopt more understanding approaches and offer support services, or link young people who use drugs to such services.

Case study 7. Harm reduction for young women who use drugs in Nepal

Dristi Nepal is a nongovernmental organization that provides harm reduction services to young women who use drugs. It opened a drop-in centre in April 2018 and then added an outreach needle-syringe programme and other harm reduction services for more than 700 young women who use drugs. It also provides HIV services.

Most of the women assisted by Dristi Nepal are homeless, poor, and vulnerable to sexual and other forms of violence. Dristi Nepal started to offer legal referral and support services and provided shelter for survivors of violence, but the COVID-19 pandemic made it impossible to continue offering women a roof over their heads.

“It is very hard for them and for us as a service provider, because we cannot look after and support every basic need; there is a limitation of funds and resources,” said Neelam, Project Officer at Dristi Nepal.

HIV testing approaches should be focused and youth-friendly

In the Asia and Pacific region, widespread HIV testing in the general population can be an inefficient way to diagnose HIV among the people who are most likely to acquire the virus. Testing approaches that focus on current and former members of key populations and their partners are more efficient and preferable.

Currently, only about half of the people from key populations living with HIV in the region know their HIV-positive status. Even fewer of their regular partners or spouses are likely to have received HIV tests and know their status. Young people from key populations tend to be less likely than their older counterparts to take HIV tests. Less than half of young people from key populations had taken an HIV test in the previous 12 months and knew the result of their test (Figure 10).

With rare exceptions (notably Cambodia), testing coverage was troublingly low in a majority of countries reporting these data (19). These are missed opportunities. In addition to saving lives and improving people's health, scaled-up antiretroviral therapy among key populations will have major prevention benefits by reducing new infections in people from key populations and their partners.

Several factors make it particularly difficult for young people from key populations to access HIV testing services, including the existence of laws that punish drug use, same-sex intercourse or sex work. National health services in the region include HIV testing, but key informants for this report said many young people from key populations are unaware of such services or do not know how and where to access them.

The anticipation of encountering stigma and discrimination, an unrealistically low sense of self-risk, and fear of discovering that they have acquired HIV cause many young people to avoid using services.

In many countries, age-of-consent requirements are additional barriers. Less than half of countries in the region (45%) allow adolescents aged under 18 years to access HIV testing services without parental consent (Figure 11).

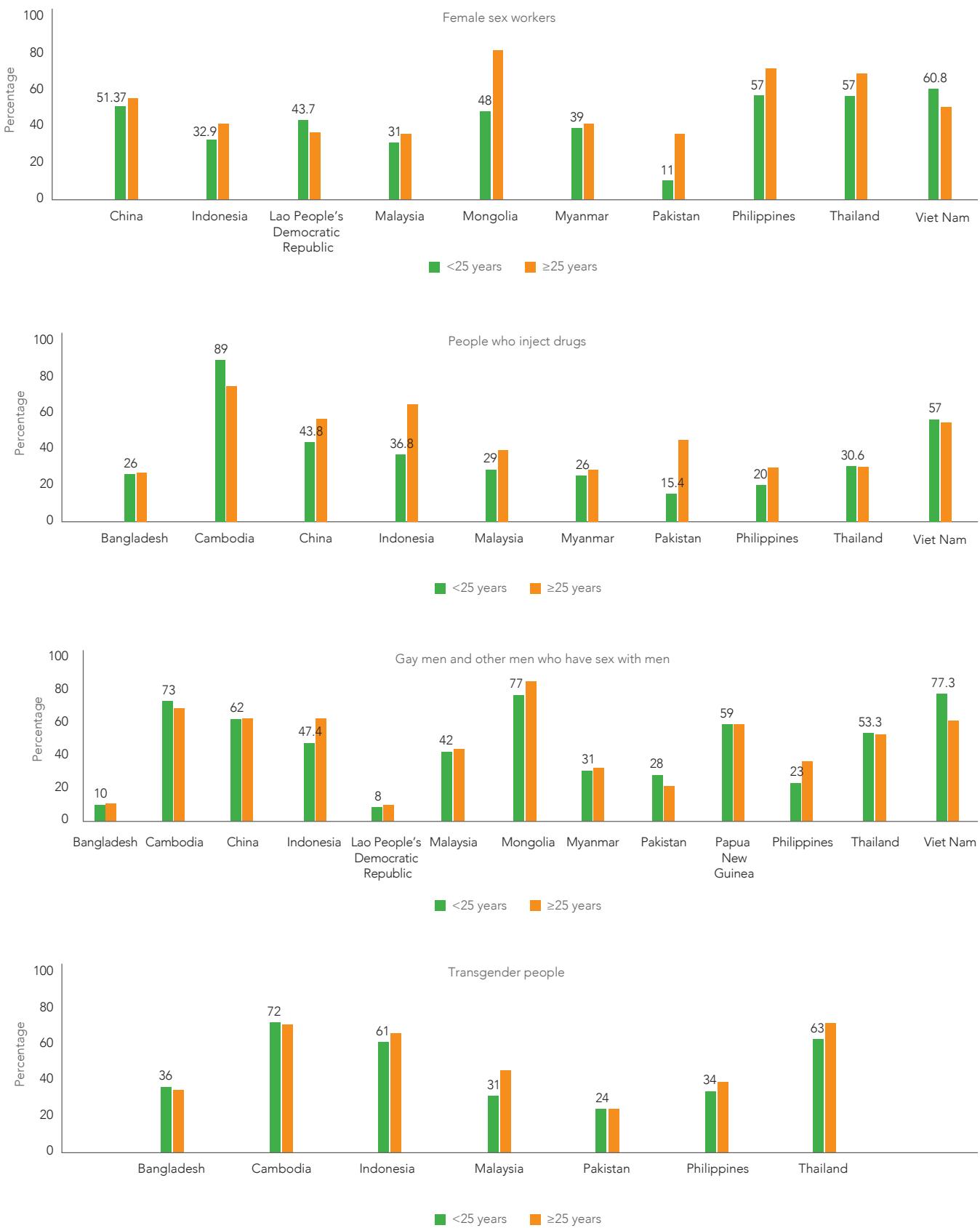
Experience shows that testing uptake among people from key populations rises when community-led organizations provide the services, especially when they include outreach services and when peer support is available (34). HIV self-testing and assisted partner or index testing⁸ approaches are also proving to be attractive and effective for diagnosing HIV among people from key populations (35–37). Regulatory hitches (e.g. product registration), costs and policies that prohibit HIV testing outside health-care facilities are holding back wider uptake of this testing method.

Some countries, including the Lao People's Democratic Republic and Viet Nam, have included self-testing in their national HIV guidelines or strategic plans, and availability is expected to increase. Ultimately, however, people who self-test positive have to be linked to formal health services for confirmation, counselling support, and referral to treatment and care—processes that work best when community-led support is available.

⁸ Index testing, also known as partner testing or notification, involves contacting and offering HIV testing to sex partners or otherwise exposed contacts of a person living with HIV.

Figure 10.

Young people and adults from key populations who received HIV counselling and testing services in selected countries in the Asia and Pacific region, 2015–2020





Credit: The PACT/Kaushal Ranasinghe

HIV treatment coverage is low among young people

Although countries such as Cambodia, China and Mongolia are achieving high HIV treatment coverage among some young people from key populations, coverage is low across the region overall, notably in Malaysia, Myanmar, Pakistan, Thailand and Viet Nam (Table 1). Low rates of diagnosis among young people from key populations, punitive and discriminatory legal environments, and fear of stigma are among the prime reasons for such low treatment coverage.

Table 1.

Young people from key populations living with HIV receiving antiretroviral therapy, selected countries in the Asia and Pacific region

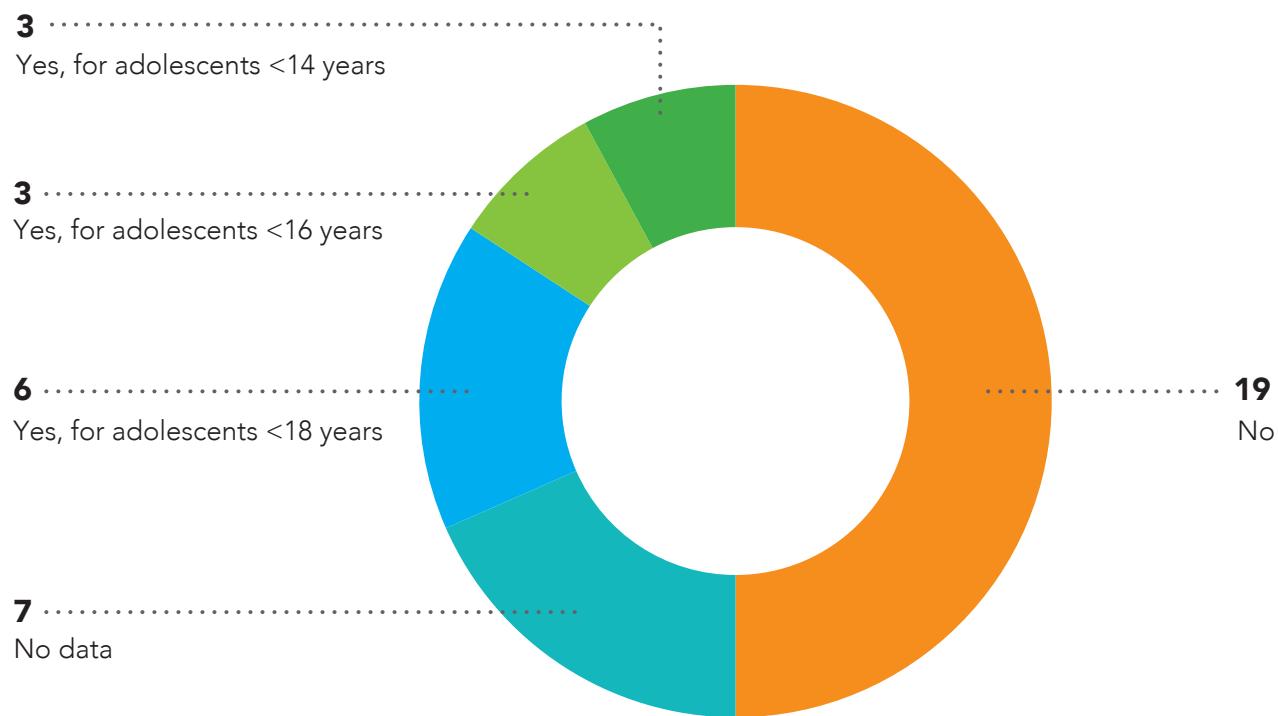
	Gay men and other men who have sex with men	People who inject drugs	Female sex workers	Transgender people
Cambodia ^a	95	–	87	–
China ^a	88	78	–	–
Indonesia ^b	35	17	16	24
Malaysia ^b	56	–	–	14
Mongolia ^a	80	–	–	–
Myanmar ^b	30	6.4	30	–
Pakistan ^a	0.7	19	5	2
Thailand ^b	–	17	13	–
Viet Nam ^b	21	9	13	–

^a Based on programme data, which may overestimate the percentage of young people from key populations who are receiving treatment since the data record only people accessing HIV programmes.

^b Based on self-reporting in biobehavioural surveys.

Figure 11.

Numbers of countries in the Asia and Pacific region with age-of-consent laws and regulations for adolescents to access HIV treatment, 2019



Source: WHO policy data 2020; UNAIDS National Commitments and Policy Instrument 2017, 2018 and 2019.

To increase the HIV treatment rate among young people from key populations, policy and legal barriers that deter them from testing for HIV and receiving treatment should be removed. Young people from key populations need to be able to receive HIV treatment safely, conveniently, and without risk of stigma and discrimination. Differentiated services, especially when provided by community-led organizations, can offer these advantages. Some of the adaptations made during the COVID-19 pandemic also make it easier to start and stay on antiretroviral therapy and minimize the need for clinic and hospital visits, such as dispensing antiretroviral medicines for longer periods (prescriptions for 3–6 months of medicines are now common) and community distribution (9).

Mobile phone technologies and social media can be used to link young people living with HIV to treatment services and help them adhere to antiretroviral therapy (38). Retaining young people from key populations in treatment and care is challenging, but it is essential for people to reduce their HIV viral loads to levels that no longer threaten their health.

Key points

- ▶ Young people from key populations are less likely than their older counterparts to use HIV prevention services. Less than half of young people from key populations accessed comprehensive HIV prevention services between 2015 and 2020.
- ▶ Except for young sex workers, young people from key populations are not using condoms consistently. Social marketing programmes can help change this.
- ▶ Uptake of PrEP can be increased by improving young people's awareness of its benefits and efficacy, and by making PrEP services more accessible, affordable and convenient.
- ▶ More one-stop clinics that combine harm reduction and HIV services can reduce the very high levels of HIV among young people who use drugs.
- ▶ Except in a few countries, HIV testing and treatment coverage among young people from key populations is generally low across the region.
- ▶ Many of the barriers can be removed easily (e.g. with practical changes at health clinics). Other changes are more challenging but still feasible (e.g. reforming harmful laws and policies).
- ▶ Health services, including those for HIV, should be offered in ways that are sensitive and friendly to young people from key populations, and should be free of stigma and discrimination.



Bringing young people into the picture

Many barriers separate people (young or not) from key populations from the information, services and support they need to protect themselves against HIV and other health threats. In addition to the absence, scarcity or cost of needed services, barriers include stigma (including self-stigma), discrimination, punitive laws and policies, age-of-consent laws, social inequalities, and inappropriate or alienating services.

Forty years of experience in the HIV response show that these barriers can be removed or sidestepped if HIV programmes focus on putting people first—by upholding human rights, involving communities in decisions and interventions, and providing services in ways that respond to people's varied realities and needs.

Getting past stigma and discrimination

Stigma and discrimination humiliate people, harm their health, and deter them from using health and other essential services. Young people from key populations experience multiple layers of stigma and discrimination related to their age, their sexual identity and gender, their behaviours, and their HIV status. These experiences await them in their neighbourhoods, at home, at school, at health facilities, at work and on social media.

Young people from key populations seem especially intimidated by stigma and discrimination in health-care settings. Available data indicate that in some countries, large proportions of young gay men and other men who have sex with men and young female sex workers avoid seeking health care or taking HIV tests due to stigma. This discouraging effect appears to be weaker in some places, perhaps due to different social attitudes and more mature HIV responses (Figure 12).

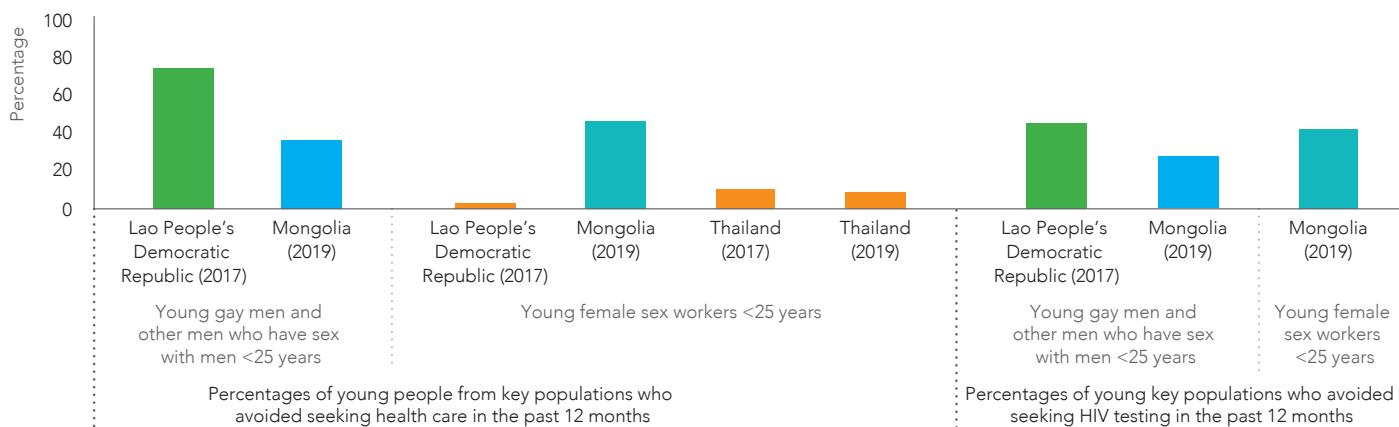
The stigma and discrimination people encounter at clinics and hospitals tend to reflect general attitudes in society. Informants for this report spoke of travelling long distances to seek HIV services in order to avoid being recognized by neighbours and family. Others told of bullying and humiliation by teachers and other learners, which kept many from attending school.

About a quarter of countries in the region currently provide systematic human rights training for health-care workers, and an additional third of countries offer sporadic training (39). These are valuable opportunities to improve health staff understanding and attitudes towards young people from key populations. Underlying policies that govern the provision of health services should also be strengthened: only 30–40% of countries⁹ consistently implement policies that require health-care providers to offer timely and good-quality health care to all, without discrimination (39).

⁹ 40% and 30% according to civil society respondents and national authorities, respectively.

Figure 12.

Young gay men and other men who have sex with men and young female sex workers who avoided seeking health care or taking HIV tests in the previous 12 months due to stigma in selected countries in the Asia and Pacific region, 2017–2019



Source: Global AIDS Monitoring (www.aidsdatahub.org).

"HEALTH SERVICE PROVIDERS BEHAVE UNPROFESSIONALLY TOWARDS US, GIVING UNFRIENDLY ADVICE, AND ASKING FOR MORE PERSONAL INFORMATION THAN NEEDED, WHICH MAKES US FEEL OVERWHELMED AND ANXIOUS"—FOCUS GROUP COMMENT.

"SOME YOUTH AVOID HIV SERVICES, RATHER THAN ADMIT TO THEIR PARENTS THAT THEY HAVE ENGAGED IN TABOO BEHAVIOURS, SUCH AS DRUG USE OR SELLING SEX"—YOUNG KEY INFORMANT.

Laws that promote public health and protect young people's rights

Like their older counterparts, young people from key populations in many countries are subject to laws that criminalize same-sex relationships, sex work and drug use, and age-of-consent laws for access to HIV or sexual and reproductive health services. These kinds of laws push young people from key populations deeper into the shadows, away from the support and services they need to protect their health.

The Global Commission on HIV and the Law recommends that countries apply public health principles and remove or reform laws and policies that stop people from accessing and using the health services they need (40).

Punitive laws that affect young people from key populations are common in the region (Table 2). Sex work and the possession of drugs are criminalized or subject to punitive regulation in almost the entire region. Same-sex sexual acts were still criminalized in 18 countries in 2021 (including 2 countries where the death penalty may apply), and 6 countries currently criminalize transgender people (9).

There have been positive changes in several countries following the advocacy and activism of stigmatized and marginalized populations. The Supreme Court of India decriminalized same-sex relations in 2018, and Pakistan has enacted the Transgender Persons Act (2018), which allows transgender people to have their chosen gender identity reflected in official documents. Legal recognition of transgender people is vital to combat stigma and ensure people can enjoy equal access to health services (41).

Countries are revising their HIV testing laws or policies to make it easier for young people to access HIV testing services. This is especially important for young gay men and other men who have sex with men. In the Philippines, until recently people aged under 18 years needed parental consent to take an HIV test, which in effect meant disclosing one's sexual life and sexual identity. This caused many young gay men and other men who have sex with men to avoid taking HIV tests. The Philippine HIV and AIDS Policy Act (2018) includes new provisions that enable people aged 15 years and over to consent to HIV tests. In 2020, Viet Nam made a similar amendment to its national HIV law (42).

Myanmar, Sri Lanka and Thailand have changed HIV policies to allow adolescents who demonstrate sufficient maturity and understanding to consent independently to HIV tests (43). People aged under 18 years can take an HIV test without parental involvement or parental consent, in stipulated circumstances, in Australia, Fiji, the Lao People's Democratic Republic, the Marshall Islands, Micronesia (Federated States of), Papua New Guinea and New Zealand (41).



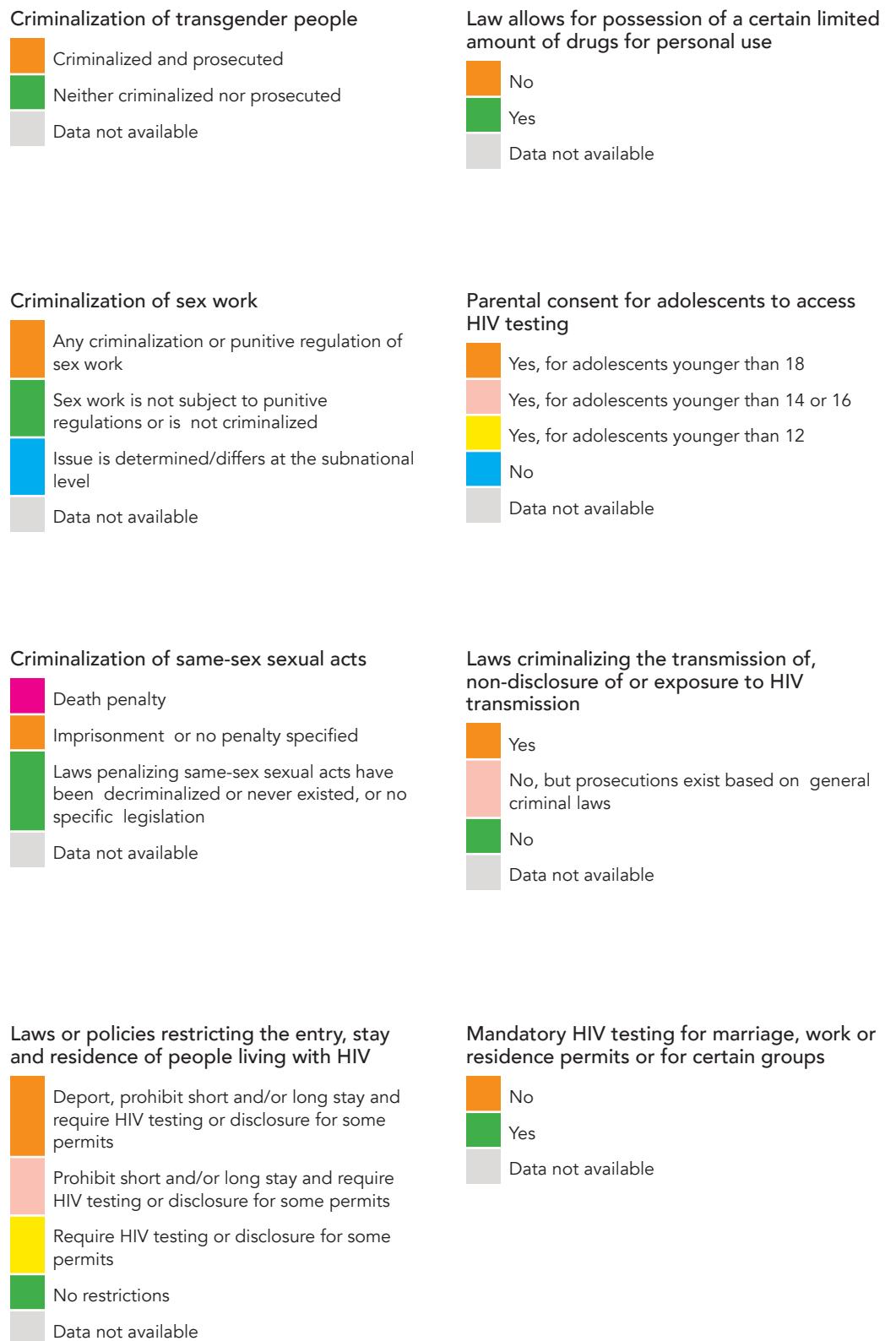
Credit: UNAIDS/de la Guardia

Table 2.

Punitive and discriminatory laws that affect access to and use of HIV services by young people from key populations in the Asia and Pacific region, 2021

	Criminalization of transgender people	Criminalization of sex work	Criminalization of same-sex sexual acts	Law allows for possession of a certain limited amount of drugs for personal use	Parental consent for adolescents to access HIV testing	Laws criminalizing the transmission, non-disclosure of or exposure to HIV transmission	Laws or policies restricting the entry, stay and residence of people living with HIV	Mandatory HIV testing for marriage, work or residence permits or for certain groups
Afghanistan	1	1	1	1	1	1		1
Australia	4	6	20			26		
Bangladesh	2	1	21		2	1		2
Bhutan	1	1	1			26		1
Brunei Darussalam	4	7	20		2	26		2
Cambodia	1	1	1	1	1	1		1
China	1	1	1	1	1	1		1
Cook Islands						26		
Democratic People's Republic of Korea		8	20					
Fiji	3	1	1	1	1	27		
India	2	2	2	2	2	2		2
Indonesia	1	1	33	1	1	1		1
Japan		9	20					1
Kiribati	2	1	20	1	1	2		2
Lao People's Democratic Republic	1	1	1	1	1	1		1
Malaysia	5	1	1	1	2	28		1
Maldives	4	10	20			26		
Marshall Islands	3	11	20		3	29		3
Micronesia (Federated States of)	3	12	20		3	3		3
Mongolia	1	32	2		2	2		2
Myanmar	2	2	22		2	2		2
Nauru	3	13	20		3	3		3
Nepal	1	1	1	1	1	1		1
New Zealand	2	2	2		2			2
Niue	3				3			3
Pakistan	4	1	1	1	1	1		1
Palau	3	14	20		3	3		31
Papua New Guinea	1	1	23	1	1	1		1
Philippines	1	1	1	1	1	1		1
Republic of Korea	2	2	34		2	2		2
Samoa	3	15	20		25	2		25
Singapore	2	1	1	1	1	2		2
Solomon Islands		16	20					2
Sri Lanka	1	1	24	1	1	1		1
Thailand	1	1	1	1	1	1		1
Timor-Leste			20					
Tonga	3	17	20		3	3		3
Tuvalu	3	18	20		3	3		3
Vanuatu	3	19	20		3	3		3
Viet Nam	2	2	2		2	30		3

Source: Confronting inequalities: lessons for pandemic responses from 40 years of AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2021.



Note: a country is considered to have criminalized transgender people if it uses the law to punish transgender people. Such a law may, for example, explicitly criminalize impersonation of the other gender, including cross-dressing. A country is considered to have any criminalization or punitive regulation of sex work if selling and/or buying sexual services is criminalized, ancillary activities associated with selling and/or buying sexual services are criminalized, profiting from organizing and/or managing sexual services is criminalized, and/or there are other punitive and/or administrative regulations of sex work.



Credit: Human Touch, Applesta Dacosta

Other barriers include age-of-consent laws for adolescents to use sexual and reproductive health services, take HIV tests or receive antiretroviral medicines. These laws force many young people to risk their health rather than acknowledge they are sexually active or confide in their parents about their sexual orientation, gender identity or HIV status. Adolescents aged under 16 years require parental consent to take HIV tests in 7 of the 10 countries in the region that account for 97% of new HIV infections in young people (Table 2).

Reforming such laws would help improve young people's health-seeking behaviours. The effect is even stronger when schools provide age-appropriate comprehensive sexuality education to young people. Some countries are moving in these directions. Thailand's Prevention and Solution of the Adolescent Pregnancy Problem Act (2016), for example, enables adolescents aged under 20 years to receive information and sexual and reproductive health services without discrimination, while safeguarding confidentiality and privacy (43).



Young people can make a difference

Youth-led organizations should be able to participate meaningfully in designing, implementing and monitoring services. Young people from key populations are more likely to use and benefit from HIV services when they and their networks are involved in designing, providing and monitoring such services. They understand the needs and concerns of their peers, know how and where to reach them, are more likely to earn their trust, and are well-placed to devise suitable solutions. Services led by young people from key populations can make a difference, but they are few in number, small in scale and typically short on funding.

There are currently few formal organizations or networks run by young people from key populations in the region. Those that do exist have organized into registered national networks in a few countries (e.g. China, Indonesia, Mongolia, Myanmar, Nepal, Viet Nam), but they tend to operate less formally in other countries. Hampered by limited capacity, experience and resources, many of them rely on links with regional networks such as Youth LEAD, Youth Voices Count and Y-PEER Asia Pacific Center, which are working to boost the involvement of young people in the region's HIV programmes. In addition to core start-up funding, these organizations need mentoring, specialized training and other support, such as developing funding proposals and accounting, conducting advocacy, providing services, and participating in monitoring and other accountability mechanisms (Case study 8).

The participation of young people from key populations in national HIV programmes varies. Much of it is focused around the review and updating of national AIDS strategies and plans or in consultations on strategy documents. More routine involvement in policy-making and with the work of national AIDS coordinating authorities is still limited. Organizations of young people from key populations are increasingly active, however, in Global Fund Country Coordinating Mechanisms, including in Cambodia, Indonesia, Mongolia, the Philippines and Viet Nam.

Nongovernmental organizations active in national HIV responses have relied mainly on external financial support to fund their work and build capacity, but that support has been receding. Without domestic investment, these organizations will not be able to continue contributing to national programmes. Regulatory changes can be introduced to allow government and other large HIV programmes to contract service implementation to eligible youth-led and community-based organizations that serve young people from key populations; this is known as social contracting.

A few countries in the region are successfully using social contracting, including China, India, Malaysia and Thailand (44). Young key population organizations, however, are less likely to have these social contracting opportunities due to a lack of knowledge about the schemes, and limited management and organizational capacity. Many youth-led organizations also lack the legal status to act as contractors with governments.

Case study 8. Involving young people from key populations in Global Fund grant processes

Youth LEAD has been boosting the engagement of young people from key populations in Global Fund country consultations, where they can help shape the development of Global Fund grant proposals. It has developed a series of training manuals, *Making Money Work for Young People in the HIV Response*,¹⁰ and it provides training for community-led organizations in several countries,¹¹ along with small grants and technical support. This is enabling young people from key populations to push for their priorities in Global Fund grants (e.g. in Indonesia, Mongolia, Nepal, Pakistan and the Philippines).

10 See <https://www.youthleadap.org/resources>.

11 Including Cambodia, Indonesia, Mongolia, Myanmar, Pakistan, Nepal, the Philippines and Viet Nam.

Generally, however, few youth-led organizations have the capacity and experience to manage Global Fund grants. Additional challenges include difficulties registering as nongovernmental organizations in some countries, which can render the groups ineligible for some funding. Even where registration is possible, the process can be lengthy and challenging.

Case study 9. Using the #UPROOT Scorecard to assess engagement with young people from key populations

The #UPROOT Scorecard is a youth-led monitoring tool developed by young people for young people to monitor progress against country commitments made in the Sustainable Development Goals, the Global AIDS Strategy and the Political Declaration on HIV and AIDS. Based largely on the experiences and estimations of young people from key populations and young people living with HIV, the Scorecard assesses the national HIV response in five areas: laws and policies; youth participation and engagement in HIV responses; partnership environment for young people; young people in national HIV response frameworks; and young people as leaders in the national HIV response.

The Scorecard was implemented in eight countries in 2018–2019 and revealed varying degrees of participation, partnering and youth leadership.

Table 3.

#UPROOT Scorecard results on participation, partnerships and youth leadership in the Asia and Pacific region ^a

Country	Year	Participation	Partnerships	Youth leadership
Cambodia	2019	3.1/10	4/10	2.5/10
Fiji	2018	7.8/10	4.5/10	6.5/10
India	2019	8.1/10	5.0/10	8.0/10
Indonesia	2019	5.3/10	5.5/10	7/10
Lao People's Democratic Republic	2019 ^b	8.4/10	6.0/10	6.0/10
Myanmar	2019	6.3/10	4.5/10	5.5/10
Philippines	2019	1.8/10	4.3/10	5/10
Sri Lanka	2019	1.6/10	2/10	3.5/10

^a The Scorecard focused on five areas; the three most relevant areas are reported here.

Source: PACT (<http://www.theyouthpact.org/uproot.html>).

Participation in reviewing and updating national AIDS strategies and in Global Fund Country Coordinating Mechanisms ranged from very low in the Philippines and Sri Lanka to high in Fiji, India and the Lao People's Democratic Republic. Limited technical capacity, weak organizational and governance structures, and limited access to funding were commonly cited challenges.

Partnerships between youth groups, other civil society organizations and governments were well developed in some countries, usually where national networks of young people from key populations were operating. Encouragingly, many of the countries seemed open to youth organizations playing significant roles in HIV responses. Several countries scored highly for supporting and investing in youth leadership programmes, mentorship and community-based service delivery.

Making the most of new technologies

The COVID-19 pandemic has highlighted the powerful ways in which the internet and social media can be harnessed for public health activities, including for young people from key populations. As lockdowns and other restrictions forced the suspension of face-to-face HIV and other health services, many providers shifted to telemedicine and other virtual ways of providing services. Examples include social media-based advocacy campaigns, mobile phone apps and artificial intelligence-powered bots that assist with HIV information and counselling, and online platforms that offer information and referrals. These methods are being supplemented with teleconsultations and other internet-based alternatives to in-facility services.

In Viet Nam, PATH and other partners have used Facebook groups to publicize and facilitate use of HIV services among young people, who can book appointments for HIV testing, care for sexually transmitted infections, PrEP consultations and other services via a website or mobile phone app.

Mobile phone apps are also being used to promote HIV prevention among young people from key populations. An example is Blued, a Chinese gay dating app that also provides information about HIV prevention. This app includes integrated GPS mapping of 7000 testing locations across China that allows men to locate nearby sites and book appointments.

Investing in public health

Prevention programmes for people from key populations in the region have been heavily reliant on external donor funding, which is decreasing. While domestic investment in HIV has doubled in the past decade, international contributions have halved (9). This has left total resources available for HIV slightly higher than in 2010, but well short of the region's estimated resource needs for 2025.

In addition, a great deal of prevention spending in the region is not focused on the people who are most at risk of acquiring HIV. People from key populations and their sex partners account for about three-quarters of new HIV infections in Asia, but only about a third of the HIV prevention budget has been allocated in recent years to

interventions for these people (7).¹² Existing HIV funding allocations for young people should be reviewed and, where necessary, redirected towards prevention programmes that will have maximum impact—that is, programmes that focus on key populations, including the young people among them.

Using the power of data

Focusing HIV interventions for maximum effectiveness requires disaggregated and fine-grained epidemiological, survey and programme data on key populations. About half of the countries in the region currently lack any HIV prevalence data for young people from key populations, and very few have HIV prevalence estimates for the main young key populations. Almost 40% of countries lack disaggregated data on condom use. About two-thirds of countries lack data on coverage of prevention programmes among young people from key populations. There is a dearth of HIV testing and treatment data for people from key populations, making it very difficult to monitor and improve treatment and care programmes for them.

HIV integrated biobehavioural surveillance surveys of people from key populations can provide valuable data on young people if the data are fully disaggregated by age, sex and other relevant categories. Improvements are under way in some countries. Recent national surveys have been conducted among young people from key populations in China, Indonesia, Myanmar and Thailand. These data should be promptly and accurately reported.

Key points

- ▶ HIV programmes must focus on the right young people and the right locations, and they must put people first by upholding their human rights, involving affected communities, and providing services that respond to their varied realities and needs.
- ▶ HIV services for young people from key populations do best when youth-led organizations are closely involved in designing, implementing and monitoring them.
- ▶ Young people from key populations are especially intimidated by stigma and discrimination in health-care settings. Human rights training for health-care workers will improve their understanding and attitudes towards young people from key populations.
- ▶ Laws that criminalize same-sex relationships, sex work and drug use, and age-of-consent laws for using HIV or sexual and reproductive health services, should be reviewed and reformed, and workaround options should be explored.
- ▶ Programmes can capitalize on new ways to reach young people, including via mobile phones, social media, dating apps and other internet-based platforms.
- ▶ Countries must do better at collecting, sharing and using disaggregated and fine-grained data to tackle HIV among young people from key populations.
- ▶ A larger share of domestic HIV prevention budgets should go towards interventions that benefit people from key populations, including the young people among them, as called for in the 2021 Political Declaration on HIV and AIDS (45).

¹² Based on data from 15 countries: Afghanistan, Bangladesh, Cambodia, Indonesia, the Lao People's Democratic Republic, Malaysia, Myanmar, Nepal, Pakistan, Palau, Philippines, the Solomon Islands, Sri Lanka, Thailand and Viet Nam.

Recommended actions

If the Asia and Pacific region is to end its AIDS epidemic as a public health threat, countries must ensure that the young people most affected by HIV can access and use the HIV information, tools and services they need. Given the character of the region's epidemic, this calls for a much greater focus on young people from key populations.

These recommendations reflect the advice of key informants and interviewees, priorities highlighted in the 2021 Political Declaration on HIV and AIDS, and lessons learned from successes achieved in the region's HIV response. If these actions are taken, the region will take a leap towards ending its AIDS epidemic as a public health threat.



Credit: Ya_all/ Sadam Hanjabam

Focus on young key populations

- ▶ Focus HIV prevention programmes on the people who are most at risk of acquiring HIV—key populations, and especially the young people among them—and adjust HIV funding allocations accordingly.
- ▶ Collect, disaggregate and use survey and other data to better understand the realities and HIV-related needs of young people from key populations. Use the strategic information to detect gaps and make improvements, to advocate for resources and supportive policies, and to allocate resources according to epidemic realities.
- ▶ Make HIV services more inclusive, relevant and convenient for young people from key populations. Adapt the opening hours of facilities, provide sensitization training for health-care staff, respect people's right to privacy and confidentiality, and work with community-led organizations to make services more accessible and appealing.
- ▶ Link HIV services to a comprehensive range of other relevant services, including for sexual and reproductive health, mental health and psychosocial support.

The 2021 Political Declaration on HIV and AIDS commits countries to prioritize comprehensive packages of HIV prevention services and ensure they are available and used by 95% of people at risk of HIV infection.

Put affected young people and their communities at the centre

- ▶ Link with other activities. As part of a multisectoral response, create linkages between HIV programmes and efforts to bring about universal health coverage, expanded social protection and equitable access to education, and make other attempts to address the broader needs of young people from key populations.
- ▶ Keep young people informed. Ensure all young people, whether in or out of school, receive accurate, evidence-based and age-appropriate comprehensive sexuality education, including HIV information pertinent to their country's epidemic. For global guidance, see International Technical Guidance on Sexuality Education (46) and International Technical and Programmatic Guidance on Out-of-school Comprehensive Sexuality Education (CSE) (47).
- ▶ Listen to young people from key populations, and be inclusive. Include the young people who are most affected by HIV in planning, implementing and monitoring HIV services programmes, especially at local levels. Do not only consult; instead, actively engage with the organizations that represent and serve young people from key populations, and set up mechanisms to draw on their feedback and insights to make services better and more appealing.
- ▶ Provide or facilitate funding and structured support to organizations led by young people from key populations, such as training, mentoring and technical assistance. Management and administrative training are especially needed. Ensure smooth funding flows to community-led service providers.

The 2021 Political Declaration on HIV and AIDS commits countries to increase the proportion of community-led HIV services and to ensure relevant networks and communities are sustainably financed and included in HIV decision-making.

Ensure equitable access to HIV services and solutions

- ▶ Remove human rights barriers. Change obstructive laws and policies, including counterproductive age-of-consent laws and punitive laws that criminalize the behaviours of young people from key populations. Negotiate arrangements with local authorities, including the police, to reduce harassment of young people from key populations. Make it easier for young people from key populations to use HIV and other health services. The overriding objective should be to protect the health and well-being of young people.
- ▶ Eliminate stigma and discrimination against people from key populations. Train and sensitize health staff and other officials (e.g. social workers) who interact with young people from key populations. Involve people from key populations in monitoring HIV and other health services. Make sure efforts to reduce stigma and discrimination reflect the overlapping forms of discrimination experienced by young people from key populations.
- ▶ Increase financial support for community-led services to reduce stigma and discrimination and uphold people's human rights, as called for in the 2021 Political Declaration on HIV and AIDS.

The 2021 Political Declaration on HIV and AIDS requires that less than 10% of countries have restrictive legal and policy environments for HIV programmes by 2025; that countries eliminate HIV-related stigma and discrimination; and that they respect, protect and fulfil the human rights of people living with, at risk of or affected by HIV.

Modernize HIV services and expand access

- ▶ Make it easier for young people from key populations to access PrEP, harm reduction services, condoms and HIV self-testing kits, including by partnering with community-led organizations to deliver people-centred services at scale.
- ▶ Adopt differentiated service delivery methods that reflect the varied needs and realities of people from different key populations, and make sure such services are youth- and key population-friendly. Adapt operating hours, train and educate health staff to reduce stigma and discrimination in health-care settings, and make greater use of youth-friendly outreach approaches, mentoring and peer support.
- ▶ Make full use of mobile technologies, social media platforms (including artificial intelligence bots) and telemedicine methods to increase knowledge, access and use of prevention, testing and treatment options of young people from key populations. Risk assessments, condom sales, HIV self-testing kit distribution, PrEP and antiretroviral therapy refills can be arranged online, along with virtual counselling and follow-up. Telemedicine can be used more effectively for managing treatment and care.

The 2021 Political Declaration on HIV and AIDS commits countries to tailor HIV combination prevention approaches to meet the diverse needs of people from key populations.

Mobilize sustainable financing, especially for prevention

- ▶ Increase national contributions for prevention programmes for young people from key populations, and allocate resources as efficiently as possible by

focusing on activities that can have the biggest impact. Use reliable, up-to-date strategic information to guide these decisions.

- ▶ Permit and enable government structures to develop closer working relationships with key population-led organizations, including social contracting arrangements, especially at local government level. Where possible, reduce administrative and other hurdles that overly complicate such relationships.
- ▶ Remove administrative and other barriers that impede funding for key population-led and other community-based organizations.

The 2021 Political Declaration on HIV and AIDS commits countries to fully fund the HIV response. The Global AIDS Strategy 2021–2026 provides more detailed guidance on how to take these recommendations forward.



Credit: Myanmar Youth Stars Network /
Aung Phyu Htut

Annex 1

Key resources on young key populations in Asia and the Pacific

United Nations Children's Fund

Looking out for adolescents and youth from key populations: formative assessment on the needs of adolescents and youth at risk of HIV—case studies from Indonesia, the Philippines, Thailand and Viet Nam. Bangkok: United Nations Children's Fund East Asia and Pacific Regional Office; 2019 (<https://www.unicef.org/eap/reports/looking-out-adolescents-and-youth-key-populations>).

Youth advocacy guide. New York: United Nations Children's Fund; 2022 (<https://www.voicesofyouth.org/youth-advocacy>).

The adolescent kit for expression and innovation. New York: United Nations Children's Fund; 2021 (<https://adolescentkit.org>).

The UPSHIFT approach. New York: United Nations Children's Fund; 2021 (<https://www.unicef.org/innovation/upshift>).

@KitaConnect: an online engagement programme for and by young people. Kuala Lumpur: United Nations Children's Fund; 2021 (<https://www.unicef.org/malaysia/kitacconnect>).

Indonesia's growing HIV epidemic among young MSM. Jakarta: United Nations Children's Fund; 2019 (<https://www.unicef.org/indonesia/reports/growing-hiv-epidemic-young-msm-indonesia>).

United Nations Population Fund

My body is my body, my life is my life: sexual and reproductive health and rights of young people in Asia and the Pacific. Bangkok: United Nations Population Fund Asia-Pacific Regional Office; 2021 (<https://asiapacific.unfpa.org/en/publications/my-body-my-body-my-life-my-life-sexual-and-reproductive-health-and-rights-young-people>).

Young people and the law: laws and policies impacting young people's sexual and reproductive health and rights in the Asia-Pacific region—2020 update. Bangkok: United Nations Population Fund; 2020 (https://asiapacific.unfpa.org/sites/default/files/pub-pdf/young_people_and_the_law_-_laws_and_policies_impacting_young_peoples_sexual_and_reproductive_health_and_rights_in_the_asia-pacific_region_2020_update_2.pdf).

Youth LEAD

Harm reduction services for young people who inject drugs: youth-friendly harm reduction case studies. Bangkok: Youth LEAD; 2021 (https://asiapacific.unfpa.org/sites/default/files/pub-pdf/210802_unfpa_my_body_my_life_report_preview.pdf).

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Youth Voices Count

#CopingWithCOVID: the well-being of LGBTIQ adolescents and youth during the COVID-19 pandemic in Asia and the Pacific. Youth Voices Count; 2021 (<https://yvc-asiapacific.org/count/>).

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UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org