One of the most heartening trends in the South-East Asia Region has been the active participation of civil society groups in the consultative process that has gone into the formulation of the World Health Organization’s recent guidelines for treatment of HIV and AIDS. “The consultations helped strengthen our relationship with WHO. We made a regional submission to WHO with examples of good practices from our partners. We are helping with the roll-out of the guidelines. This will eventually help in improving the quality, coverage and equity of services and interventions for key populations such as men who have sex with men (MSM),” says Midnight Poonkasetwattana, Executive Director of the Bangkok-based Asia-Pacific Coalition on Male Sexual Health (APCOM).

**STORY HIGHLIGHTS**

- Many SEAR countries progress towards halting and reversing the HIV and AIDS epidemic. Despite the relatively low prevalence of the disease, key challenges remain in certain vulnerable populations such as female sex workers and their clients, men who have sex with men (MSM), transgender people and drug users.
- WHO-supported national plans and activities accelerate the process including access to antiretroviral therapy through national health programmes, maintaining the low incidence of disease.
- Active participation of civil society and special groups in the process for formulating WHO guidelines for treatment of HIV and AIDS improves quality, coverage and equity of services and interventions for key populations.
WHO’s consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations are a prime example of this collaboration. The recommendations focusing on earlier treatment saves lives and also prevents new infections – these guidelines were developed with inputs from affected communities living with HIV.

Home to an estimated 3.5 million people living with HIV, WHO’s South-East Asia Region accounts for 10% of the global burden of the disease. More than 95% of these people are in just five countries of the Region – India, Indonesia, Myanmar, Nepal and Thailand.

The Region has made impressive progress in halting and reversing the HIV and AIDS epidemic in a number of countries such as India, Myanmar, Nepal and Thailand. While the overall adult HIV prevalence in the Region is relatively low at 0.3%, some challenges remain in some countries within geographical pockets or among certain vulnerable populations groups such as female sex workers and their clients, men who have sex with men (MSM), transgender people and drug users.

Collective efforts by civil society, development partners and national governments have helped reduce the number of new infections by 34% – from a total of 350 000 in 2001 to 230 000 in 2013. One important cornerstone of this success is the provision of antiretroviral therapy drugs (ART) freely offered by national governments at the point of service delivery to all who need them. Over the last decade, ART scale-up in low- and middle-income countries has saved an estimated 4.2 million lives and prevented an estimated 800 000 child infections. Price reductions have been spectacular for ART medicines – from US$ 10 000 to US$ 100 per person per year – this achievement is credited to civil society activism and close collaboration of national governments and development partners. WHO, through its AIDS Medicines and Diagnostic Services, monitors the use and cost of ARV drugs in countries. To ensure affordable access to medicines, WHO works closely with civil society and national governments to use Trade Related Aspects of Intellectual Property Rights (TRIPs) flexibilities for price negotiations.

There is frequent inflow of new scientific knowledge and break-throughs related to HIV treatment. An important contribution by WHO to the SEAR HIV success story has been to ensure that the latest information is made available to countries; and WHO’s own guidelines are frequently updated to include new life-saving tools and advice. WHO has developed regional metrics for monitoring the cascade of HIV prevention, treatment and care information, and services. Ongoing programme monitoring is critical to gauge the effectiveness of HIV tools and to plan for the future. WHO has also developed a set of simple five early warning indicators that can alert national programmes on emerging drug resistance and take corrective action before it is too late.

As Dr Razia N Pendse, WHO Regional Advisor, HIV/AIDS and STI, puts it, “Evidence-based guidelines are important for policy-making, bench-marking, resource allocation and designing systems for implementing programmes.”

While most countries have achieved success in the field of HIV/AIDS, Thailand’s example is notable. In the 1990s, its massive programme for 100% condom use achieved substantial reductions in new HIV infections and reduced prevalence of sexually transmitted diseases (STDs) dramatically, saving millions of lives and reducing new HIV infections.
Thailand was one of the early countries to use multi-drug regimen for prevention of mother-to-child transmission. Today with almost 99% coverage, Thailand could be the first country in Asia or even globally to eliminate mother-to-child transmission of HIV. Thailand has also contributed to the global knowledge on HIV prevention and treatment through its network of research institutions that have been doing cutting-edge research — most notable among them are the Thai Red Cross; HIVNAT based in Bangkok; and the Research Institute for Health Sciences, Chiang Mai.

Myanmar is another country that has recorded a steady decline in HIV and AIDS. From 2000, when the prevalence was 0.94% the figure came down to 0.6% in 2010 and to 0.47% in 2013. Timely update of the national guidelines as per WHO global recommendation was a key factor behind the steady scale-up of access to antiretroviral treatment to those in need.

WHO’s new consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations brings together all existing guidance relevant to five key populations – men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people – and updates of selected recommendations. To ensure that the technical content of WHO guidelines is effective at the ground level, it is important that these recommendations are understood clearly by the communities that they address. “Therefore, one of the things we have been doing is to pull out relevant bits and convert these into a more digestible form that ordinary people can absorb,” says Poonkasetwattana.

The WHO South-East Asia Regional Office works closely with networks of people living with HIV and civil society organizations working on HIV to ensure equity and rights-based programming for people living with HIV, especially those belonging to key populations who are
most at risk and yet stigmatized and marginalized. Examples of tools developed with community inputs include key publications such as the following: The Time Has Come: Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific; Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region.

Civil society groups such as APCOM see themselves as active and engaged partners working hard to ensure that WHO guidelines do not remain a mere pieces of paper. “As APCOM and a community advocate for MSM and transgender in the Asia Pacific, we would like to understand how these guidelines will actually be implemented, and make them a reality,” Poonkasetwattana said.

Advocates such as Poonkasetwattana exhort international agencies working in the field of HIV and AIDS to become part of the movement for the rights of vulnerable populations and advocate that the quality of services provided actually meet the needs of communities and that laws that punish or criminalise vulnerable populations such as the MSM group are removed, as recommended in the WHO guidelines.

WHO too has been hammering home this message; to achieve the UNAIDS fast-track targets with the aim of ending AIDS by 2030, Member States have to urgently reach out to key populations most vulnerable to HIV. This would become a reality only if these communities are treated as equal partners with governments in responding to the epidemic.

Roadblocks remain. Some countries in the Region continue to have punitive laws that criminalize and discriminate against populations such as sex workers, drug users and men who have sex with men.

WHO is playing a critical role in addressing many of these challenges. “Stigma, discrimination and restrictive laws continue to be barriers to accessing prevention, care and treatment services”, says Dr Poonam Khetrapal Singh, WHO Regional Director for the South-east Asia Region. “WHO ensures that the latest science with better and more effective interventions for the prevention and management of HIV is consolidated, updated and shared with Member countries. Our guidelines on the use of antiretroviral drugs for treating and preventing HIV infection, diagnosis, and treatment, are guided by human rights principles. WHO calls for governments to enforce protective laws to eliminate discrimination and violence faced by key populations,” adds Dr Singh.