

# Media Update

16 July 2019

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## UN Women

PRESS RELEASE

### UN Women Pakistan launches Essential Services Package for social services for women and girls subject to violence in Pakistan

Islamabad, 16 July 2019: UN Women today launched the Essential Service Package (ESP) in order to ensure that quality social services are provided to women and girls subject to violence in Pakistan.

Essential Services Package (ESP) is a global joint programme of the United Nations on essential services for women and girls subject to violence. The aim of this programme is to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence.

In Pakistan, ESP is being implemented through collaboration between UN Women, UNFPA, WHO, UNDP and UNODC. UN Women, being the global lead agency for social services to victims and survivors of violence launched this programme in Pakistan with a key focus on social services.

The programme identifies essential services to be provided by the health, social services, police and justice sector stakeholders as well provide a set of guidelines to improve coordination of essential services in Pakistan.

Australian Deputy High Commissioner, Mr. Brek Batley, and Director General Federal Ministry of Human Rights, Mr. Muhammad Hassan Mangi were the guests of honor of the event which was attended by government officials and civil society representatives from the national and provincial levels. A panel discussion on localizing ESP in the provincial context with regard to social services was arranged with Ms. Aliya Shahid, Secretary Women Development Department (WDD) Sindh, Ms. Saira Atta, Secretary WDD Balochistan, Ms. Kaneez Fatima, Chairperson Women Protection Authority Punjab, and Ms. Rukhshanda Naz, first female Ombudsperson Khyber



Pakhtunkhwa (KP), as panelists. Head of UN Women KP Sub-Office Ms. Zainab Qaiser Khan moderated the panel discussion.

While addressing the event, Mr. Brek Batley commented that, “Women and girls have a right to live free from violence. But until that right is realised, they need support. Australia is proud to be one of the founding donors of the Joint UN Essential Services Package programme in Pakistan. This commitment of AUD 4.5 million, across 10 pilot countries, will help improve the quality of services provided to survivors of violence.”

Mr. Muhammad Hassan Mangi stated that, “Ending violence against women and girls is a high priority area of the Government of Pakistan. The Ministry of Human Rights is committed to incorporate the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) recommendation and that is the reason we have CEDAW committees in all provinces. An effective coordination mechanism is very important for a robust referral system to assist victims of violence. The government is taking capacity building measures to make this system stronger and effective.” He also emphasized the importance of effective legislation and implementation of laws to end violence and make social services accessible for victims. Earlier in her welcome address, Deputy Country Representative UN Women Pakistan, Aisha Mukhtar formally welcomed the audience and expressed gratitude to the Government of Australia for supporting ESP in Pakistan along with the other nine pilot countries.

Ms. Aisha Mukhtar mentioned that, “We know how difficult it is for survivors to have access to high quality services including health, justice and policing, and social services including shelter homes/Dar ul Amans (DuA). We also know that the most challenging part of GBV response services is the weak coordination between different sectors that makes a survivor’s journey more difficult. ESP is all about enhancing GBV survivors’ access to a coordinated set of multi-sectoral services including social services, justice and policing, and health.”

“Today we are starting with social services and will have a combined consultation with representatives of all sectors for effective implementation of global guidelines and protocols in Pakistan.”

Aisha acknowledged the strong commitment of the government partners and dedicated efforts to end violence against women through legislation, service delivery, awareness-raising and advocacy. She said, “We not only have laws

to protect women from violence but also the infrastructure to respond to cases of violence through shelter homes/DuA.”

This is one of the reasons why Pakistan was selected as one of the ten global pilot countries for roll out ESP. Other pilot countries include Cambodia, Solomon Islands, Kiribati, Peru, Vietnam, Tunisia, Mozambique, Egypt, and Guatemala. Through the generous support from the Governments of Spain and Australia, the Joint Programme is supporting the pilot countries to develop or adapt quality standards and guidelines for the provision of essential services to survivors, as well as enhancing the capacity of service providers.

Ms. Mukhtar concluded the discussion by mentioning, “The launch of the ESP Flagship Programme brings Pakistan one step closer in fulfilling its National and International commitments to ending Violence Against Women and Girls and accelerating progress towards achieving the targets set out in the SDGs and other international commitments.”

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**UNAIDS**  
PRESS RELEASE

## GLOBAL AIDS UPDATE 2019

### ASIA AND THE PACIFIC

In Asia and the Pacific progress in reducing new HIV infections is slowing down and HIV programmes are not keeping pace with growing epidemics

In Asia and the Pacific, new HIV infections are rising in 7 countries. Over three quarters of new HIV infections are among key populations and their partners, who are still not getting the services they need.



Bangkok, 16 July 2019 —The pace of progress in reducing new HIV infections in Asia and the Pacific is slowing down, according to a new report released today by UNAIDS. The UNAIDS' Global AIDS Update, Communities at the centre, shows a mixed picture with some countries in this region making important gains while, in others, the epidemic is outpacing the response and new HIV infections are on the rise.

In the Asia Pacific region, 310 000 people became newly infected with HIV in 2018, a 9% decline since 2010. However, that number has barely changed since 2016. This is a sign that prevention programmes are faltering in some countries, notably in Pakistan and the Philippines where new HIV infections have increased by 57% and 203% respectively, in the past 8 years.

UNAIDS analysis indicates that more than three quarters of new HIV infections in this region are among key populations and their partners, with about 30% of new infections occurring among men having sex with men (MSM). Across the region, MSM are experiencing rapidly growing HIV epidemics, with young men especially at risk. Steep increases in HIV incidence and prevalence are occurring among young MSM in countries like China, Indonesia, Malaysia, the Philippines and Thailand.

As the report shows, we have seen progress in the number of people accessing treatment since 2010, reaching 3.2 million of the 5.9 million people living with HIV in this region. However, these gains are not uniform, with low HIV treatment coverage in Indonesia and Pakistan being a particular concern. In 2018 an estimated 200 000 people died from AIDS-related illnesses in Asia and the Pacific, a 24% reduction since 2010, but the epidemic is claiming a growing number of lives in Bangladesh, Indonesia, Pakistan and the Philippines.

“Asia and the Pacific boasts some of the earliest successes in responding to the HIV epidemic. Today progress is too slow, key populations are left behind and complacency risks squandering the gains made thus far,” comments Eamonn Murphy, UNAIDS Regional Director for Asia and the Pacific.

### **Access to combination prevention services**

The UNAIDS report Communities at the centre warns that key populations are not being considered enough in HIV testing and prevention programming in this region. In Bangladesh, Malaysia, Pakistan, the Philippines and Sri Lanka, for example, less than half of key populations living with HIV knew their HIV status, according to survey data between 2016–2018. Similarly,

access to HIV prevention services ranged from poor to almost non-existent in 8 of the 12 countries in Asia and the Pacific reporting these data for 2018.

Access to harm reduction services remains a challenge in a region marked by hostile and highly punitive approaches to drug use. Cambodia and India have been comparative success stories, achieving high coverage of needle and syringe services and moderate coverage of opioid substitution therapy (OST) services. In contrast, coverage of needle and syringe services in Indonesia and Thailand was exceptionally low in 2018. OST services were either unavailable or rare in several countries with high HIV

prevalence among people who inject drugs, including Bangladesh, Pakistan, the Philippines and Thailand.

Pre-exposure prophylaxis (PrEP) is becoming increasingly available to key populations in this region. The large-scale, rapid rollout of PrEP has already made a big impact in Australia. This additional prevention option is also available nationally in New Zealand, and on a growing scale in Thailand and Viet Nam. There were also smaller pilot or demonstration projects in China, India, Nepal, the Philippines and Malaysia. Unfortunately, awareness and access to PrEP remains far below what is needed to end the epidemic and political commitment is required to quickly expand PrEP across the region.

## Stigma and discrimination

In Asia and the Pacific, increasing stigma and discrimination is turning people away from services and having a negative impact on effectiveness of HIV prevention programmes. Discrimination by health-care workers, law enforcement, teachers, employers, parents, religious leaders and community members reinforced by punitive laws are preventing young people, people living with HIV and key populations from accessing HIV prevention, treatment and other sexual and reproductive health services.

“Ending AIDS will not be possible without addressing discrimination, violence and exclusion. We need to place the rights and the meaningful participation of the most marginalized at the centre of the HIV response,” stresses Mr. Murphy.

## Financing



Disconcertingly, the report shows that the gap between resource needs and resource availability is widening. In Asia and the Pacific, the US\$ 3.5 billion available in 2018 fell short of the estimated US\$ 5 billion needed to reach the 2020 Fast-Track targets. Bridging that gap implies an increase of about 40% in HIV resources by 2020. In the region, the domestic share of HIV funding grew from 53% in 2010 to 81% in 2018, meanwhile international contributions diminished by 48% over the same period.

## Focus on communities

UNAIDS report highlights how communities are central to ending AIDS. Across all sectors of the AIDS response, community empowerment and ownership has resulted in a greater uptake of HIV prevention and treatment programmes, a reduction in stigma and discrimination and the protection of human rights. However, insufficient funding for community-led responses and negative policy environments impede these successes reaching full scale and generating maximum impact.

With concrete examples, the UNAIDS report shows that in Asia and the Pacific communities often support fragile public health systems, filling critical gaps; they come from and connect effectively with key populations; they provide services that bolster clinic-based care and they extend the reach of health services into the community at large. They also hold decision makers to account.

“Adequate investments must be made in building the capacity of civil society organizations to deliver HIV prevention and treatment services,” affirms UNAIDS Regional Director for Asia and the Pacific. “Unleashing the potential of communities is the key to gaining the momentum we need to make faster progress towards reaching the UNAIDS Fast-Track targets and getting the region firmly on the right path to end AIDS.”

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## About UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts



of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at [unaids.org](http://unaids.org) and connect with us on Facebook, Twitter, Instagram and YouTube.

Additional data are available at [aidsinfo.unaids.org](http://aidsinfo.unaids.org) and [www.aidsdatahub.org](http://www.aidsdatahub.org)

# UNAIDS

## FACT SHEET

### GLOBAL AIDS UPDATE 2019

#### ASIA AND THE PACIFIC

##### 2018 REGIONAL HIV STATISTICS IN ASIA AND THE PACIFIC

- 5.9 million [5.1 million–7.1 million] people were living with HIV in Asia and the Pacific.
- 3.2 million [2.8 million– 3.3 million] people were accessing antiretroviral therapy.
- 310 000 [270 000–380 000] people became newly infected with HIV.
- 200 000 [160 000–290 000] people died from AIDS-related illnesses.

##### People living with HIV

- In 2018, there were 5.9 million [5.1 million–7.1 million] people living with HIV in Asia and the Pacific.
- 69% [59–85%] of all people living with HIV knew their HIV status.
- About 1.2 million people did not know they were living with HIV.

##### People living with HIV accessing antiretroviral therapy

- In Asia and the Pacific, in 2018, 3.2 million [2.8 million – 3.3 million] people living with HIV were accessing antiretroviral therapy, up from 910,000 in 2010.



- 54% [41-68%] of all people living with HIV were accessing treatment.
- 56% [47–71%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their child in 2018.

### **New HIV infections**

- Since 2010, new HIV infections have declined by an estimated 9%, from 340 000 [290 000 – 410 000] to 310 000 [270 000–380 000] in 2018.

### **AIDS-related deaths**

- In 2018, around 200 000 [160 000–290 000] people died from AIDS-related illnesses in Asia and the Pacific, compared to 270 000 [210 000 – 380 000] in 2010.
- AIDS-related mortality has declined by 24% since 2010.

### **90-90-90**

- In 2018, 69% [59–85%] of all people living with HIV knew their HIV status.
- Among people who knew their status, 78% were accessing treatment.
- And among people accessing treatment, 91% were estimated to be virally suppressed.

### **Key populations**

- The HIV epidemic is concentrated among key populations (men who have sex with men, sex workers and their clients, people who inject drugs and transgender people) and their partners.
- Key populations and their sexual partners account for 78% of new HIV infections in the region, with about 30% of new HIV infections occurring among men who have sex with men (MSM) and 13% among people who inject drugs.
- Young men who have sex with men are experiencing steep increases in HIV incidence and prevalence in many countries.

### **Stigma and Discrimination**



- 15 countries in Asia and the Pacific impose some form of HIV-related restrictions that prevent people living with HIV from legally entering, transiting through or studying, working or residing in a country, solely based on their HIV status;
- 37 countries criminalize some aspect of sex work;
- 15 countries have the death penalty for drug-related offences;
- 16 countries criminalize same-sex relations.

### Investments

- At the end of 2018, US\$ 3.5 billion was available for the AIDS response in Asia and the Pacific, representing about 10% increase compared to 2017, mostly coming from domestic sources.
- Total resources nevertheless fell short of the estimated US\$ 5 billion needed to reach the 2020 FastTrack targets. Bridging that gap implies an increase of about 40% in HIV resources by 2020.
- The domestic share of HIV funding grew from 53% in 2010 to 81% in 2018, meanwhile international contributions diminished by 48% between 2010 and 2018.

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