2022 ASEAN LEADERS' DECLARATION ON ENDING INEQUALITIES AND GETTING ON TRACK TO END AIDS BY 2030

Adopted in Phnom Penh, Cambodia on 11 November 2022

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1. **WE**, the Member States of the Association of Southeast Asian Nations (ASEAN), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, on the occasion of the 40th and 41st ASEAN Summit in Phnom Penh, Cambodia, on 11 November 2022;

2. **Reviewing** comprehensively the progress achieved and challenges encountered since the 2016 ASEAN Declaration of Commitment on HIV and AIDS; Fast-Tracking and Sustaining HIV and AIDS Response to End the AIDS Epidemic by 2030 and envisioning a future where, working together, we will reduce inequalities that drive HIV, get on track to end AIDS as public health threat in ASEAN by 2030, and ensure that government, systems for health and communities in ASEAN are strengthened, resilient and prepared for future pandemics;

3. **REAFFIRMING** the long-standing commitment of ASEAN Member States to a strong response to HIV and AIDS, and to political will and strong leadership for the HIV and AIDS response, including in:

    a. The Joint United Nations Programme on HIV/AIDS Global AIDS Strategy 2021-2026,

    b. The United Nations General Assembly Political Declaration on HIV/AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted at the 74th Plenary Meeting on 8 June 2021 in support of the 2030 Agenda for Sustainable Development,

    c. The ASEAN Health Sector Statement delivered at the United Nations High-Level Meeting on AIDS – End Equalities. End AIDS, on 8 June 2021,

    d. The ASEAN Post-2015 Health Development Agenda 2016-2020 and 2021-2025, and the HIV and AIDS Project Activities (2017-2020) and the ASEAN Health Sector Work Plan on HIV and AIDS (2021-2025) as part of the Work Programme of ASEAN Health Cluster on Responding to All Hazards and Emerging Threats 2016-2020 and 2021-2025,

    e. The ASEAN Declaration of Commitment: Fast Tracking and Sustaining HIV and AIDS Reponses to End the AIDS Epidemic by 2030, adopted at the 28th ASEAN Summit in Vientiane, Lao PDR, in 2016,

    f. The ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-related Deaths, adopted at the 19th ASEAN Summit in Bali, Indonesia, in November 2011,

    g. The ASEAN Commitment on HIV and AIDS, adopted at the 12th ASEAN Summit in Cebu, Philippines, in January 2007, and, h) The Seventh ASEAN Summit Declaration on HIV and AIDS, adopted in Bandar Seri Begawan, Brunei Darussalam, in November 2001;

4. **RECALLING** the United Nations Economic and Social Council 2021 Resolution on the Joint Programme, which endorsed the objectives of the Joint United Nations Programme on HIV/AIDS to achieve and promote global consensus on policy and programmatic approaches and promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions;

5. **NOTING** that, since 2016, progress towards ending AIDS in ASEAN has been uneven:

    a. There is an estimated 1.9 million people living with HIV in ASEAN countries, and an estimated 78,000 new HIV infections occurred in 2021,

    b. While new HIV infections and AIDS-related deaths are declining slightly in ASEAN as a whole, HIV infections and AIDS-related deaths continue to rise in some ASEAN countries, and

    c. As long as some ASEAN countries experience worsening HIV burdens, all ASEAN countries remain vulnerable to the negative region-wide social and economic impacts of HIV and AIDS;

6. **NOTING WITH CONCERN** that existing and new HIV infections in ASEAN remain concentrated among key and most-vulnerable populations:

    a. Key populations are defined by each ASEAN Member State according to their epidemiological context; as mentioned in both the 2016 ASEAN Declaration and the Global AIDS Strategy 2021-2026, they include but are not limited to, people living with HIV, men who have sex with men, transgender people, people who inject drugs, and sex workers and their partners and clients,

    b. Key populations account for 96% of new infections in Asia and the Pacific,

    c. Current evidence shows that new HIV infections are rising in populations of young men who have sex with men and transgender people in multiple countries and cities in ASEAN, and

    d. Expenditure on prevention for key population in most ASEAN countries is still heavily dependent on external sources and key populations lag behind in terms of access to and coverage of prevention, harm reduction, testing programmes, and linkage to treatment services;

7. **RECOGNISING** that getting on track requires ending inequalities based on socio-economic status, geography, gender, disparities in access to services, barriers to the full participation of most-affected communities, and HIV-related stigma and discrimination, which have contributed to uneven progress;

8. **RECOGNISING** the critical role that meaningful involvement of civil society plays in the response to the AIDS epidemic, and reaffirming that the promotion, protection and fulfilment of all human rights and fundamental freedoms for all is an essential element in the AIDS response including in areas of prevention, care, treatment, and support;

9. **RECOGNISING** that achieving universal health coverage can be an accelerator to ending the AIDS epidemic by 2030 through supporting greater access to services, developing systems for health, improving the capacity to the multiple needs of people with or at risk of HIV and promoting integrating approaches of service delivery, as well as through the inclusion of prevention, care, treatment and support services into nationally-determined sets of quality essential health care services particularly at the level of primary health care;

10. **RECOGNISING** that the COVID-19 pandemic has exacerbated existing inequalities, posed setbacks to the response to HIV and AIDS, and exposed the dangers of underinvestment in systems for health, while at the same time, it has underlined the importance of pandemic preparedness, including community-led solutions, equity in access, and combating stigma;

11. **CONTINUING to ASSERT**, as in the 2016 ASEAN Declaration that it is essential for Member States to focus our individual and collective efforts, in line with evidence and national priorities, to address key populations and priority geographic locations, to set ambitious, achievable targets for prevention, testing, care and treatment, and to commit to the political will and financial resources to get back on track and to sustain the response; and

12. **CONTINUING to RECOGNISE**, as in the 2016 ASEAN Declaration, that while the region and Member States have made progress in prevention and treatment, that the AIDS epidemic is not yet over, and that so much remains to be done, to minimise the negative consequences of the HIV epidemic, and to end AIDS in ASEAN by 2030;

DO HEREBY DECLARE our commitment to Get on Track, Strengthen Community-Responses, End Inequalities, Sustain the Response, and Increase Financing for HIV and AIDS to end AIDS in ASEAN by 2030:

GET ON TRACK

13. **COMMIT** to get back on track towards ending AIDS in ASEAN by 2030. This includes to:

    a. Infuse new energy, effort, and resources into the HIV and AIDS response,

    b. Ensure that no one is left behind in the AIDS response because of lack of access to high quality HIV programmes and services and HIV related stigma and discrimination,

    c. Focus, target, and scale up comprehensive, differentiated, integrated programmes tailored for key populations in priority geographic locations, according to evidence, priorities, best practices, and the policy environment in each Member State,

    d. Increase coverage and quality of HIV combination prevention, harm reduction, where appropriate and applicable, testing, and treatment programmes and services, to meet agreed goals,

    e. Maximise the use of innovative strategies, such as pre-exposure prophylaxis and other new prevention technologies, community-based screening, self-testing, virtual interventions, and differentiated service delivery,

    f. Address co-infections such as tuberculosis, hepatitis, and other sexually transmitted infections,

    g. Support and sustain community-responses to reach key populations with HIV services,

h. Address and encourage reform of discriminatory and punitive laws that hinder the HIV response, such as criminalization of key populations and behaviours,

i. Increase efforts to protect human rights, promote gender equality in the context of HIV, and the social and economic determinants of health with the aim of reducing health inequities within and among countries, and

j. Increase financing and adopt innovative financing mechanisms for the HIV response, from domestic public and private sources, official development assistance and other international sources, and improve the efficiency in the management of finances and commodities and in service delivery;

14. **PRIORITISE** HIV prevention, so that 95% of all people at risk of HIV infection, in all epidemiologically relevant groups and geographic locations within ASEAN, have access to and use person-centred combination of prevention and harm reduction services, where appropriate and applicable. This includes to:

    a. Increase political leadership and national resource allocation for HIV prevention,

    b. Tailor HIV prevention approaches to meet the needs of key and vulnerable populations, including the young;

    c. Ensure the availability of condoms, pre-exposure prophylaxis and other new prevention technologies to people at substantial risk of HIV infection,

    d. Integrate HIV prevention with services for sexually transmitted infections and other co-infections,

    e. Expand and strengthen the roles of the education sector, faith and religious leaders, and community leaders, for HIV prevention, including providing comprehensive sexuality and health education in school and community settings, and

    f. Conduct targeted awareness and education campaigns for HIV prevention;

15. **CONTINUE TO EMPHASISE** HIV testing and treatment, to achieve the 95-95-95 targets (95% of all people living with HIV are aware of their status, 95% of people living with HIV who are aware of their status receive antiretroviral treatment, and 95% of people living with HIV who receive antiretroviral treatment are virally suppressed). This includes to:

    a. Use innovative HIV testing strategies and methods tailored to the needs of key populations,

    b. Ensure that people living with HIV are linked immediately to HIV treatment and care,

    c. Use differentiated HIV treatment delivery methods, including same day ART initiation, telemedicine, community-based services, home delivery, and multi-month dispensing,

    d. Make HIV viral load testing and monitoring more widely available and accessible, particularly at point of care

    e. Expand access to tuberculosis prevention, screening, diagnosis, and treatment, and ensure that 90% of people living with HIV receive tuberculosis preventive treatment,

f. Expand access to hepatitis A and B vaccination, hepatitis B and C testing and treatment, and ensure that people living with HIV receive hepatitis education, and treatment

g. Commit to eliminate parent-to-child transmission of HIV. Strengthen,

SUPPORT, AND SUSTAIN COMMUNITY-LED RESPONSES

16. **ENSURE** that people living with HIV, and communities most affected by HIV are included or represented in the governance, management, planning, implementation, and evaluation of HIV and AIDS responses, at regional, national, and subnational levels, with representatives of these groups taking leadership roles whenever possible;

17. **ENSURE** that people living with HIV, and HIV key populations, have equitable access to HIV prevention, testing, care and treatment services, and **ENSURE FURTHER** that no one is denied HIV services because of stigma or discrimination;

18. **EMPOWER** community-led organisations, **STRENGTHEN** and **SCALE-UP** community- and peer-led responses, including supporting the recruitment and retention of competent, skilled, and motivated community-based health educators and workers, to reach most affected communities and minimise loss to follow-up cases;

19. **CONTINUE TO INVEST** in community participation and community-led service delivery, and **ADOPT** and **IMPLEMENT** policies such as social contracting that enable sustainable, adequate financing of community-led HIV organisations; and

20. **SUPPORT** community-led monitoring and research, to better meet the needs of people living with HIV and affected communities;

END INEQUALITIES

21. **REMOVE** political barriers to the participation of people living with HIV, and HIV key populations, and barriers to their access to HIV services, by improving policy and legal environments, taking into full consideration the socio-cultural and legal contexts in our countries and communities;

22. **TAKE STEPS to REFORM** discriminatory and punitive laws that are unscientific and hinder the HIV response, including criminalisation of key populations and behaviours; barriers to people, including adolescents, to access HIV prevention, testing and treatment services; and restrictions on the entry, stay, and residence of people living with HIV; and

23. **TAKE STEPS to ELIMINATE** stigma and discrimination against people living with HIV, and HIV key populations, in settings such as healthcare, education, workplaces, and in communities;

24. **COMMIT** to the 10-10-10 targets in the Global AIDS Strategy 2021-2026 to reduce inequalities to end AIDS, that is, less than 10% of people living with HIV and key populations experience stigma and discrimination, less than 10% of women and girls, people living with HIV, and key populations experience gender inequality and violence, and less than 10% of countries have punitive legal and policy environments that deny access to justice;

FINANCE AND SUSTAIN THE AIDS RESPONSE

25. **FURTHER STRENGTHEN** political leadership and commitment, visibility, coordination, and advocacy on HIV and AIDS at all levels to address the shortfall in financing the HIV response;

26. **MAINTAIN and EXPAND** commitment to raise sufficient domestic and international financial resources to fill gaps in national responses, including the development of national and subnational investment cases, improve efficiency in the use of existing financial resources ensuring that programmes are based on evidence, and develop and implement transition plans from external to domestic funding, to ensure focus and sustainability;

27. **PURSUE** increased public financing for HIV and AIDS, including innovative mechanisms such as partnerships with the private sector;

28. **ENSURE** that existing HIV and AIDS programmes are efficient and sustainable, integrated with communicable and non-communicable disease control efforts, universal health coverage mechanisms, and health and social protection systems, and adaptable to humanitarian settings and pandemic responses;

29. **ALIGN and INTEGRATE** HIV services within universal health coverage service packages and delivery mechanisms, ensuring that the existing HIV services for key populations are maintained as a priority;

30. **ENSURE** that the response to HIV and AIDS works hand-in-hand with responses to pandemics and any public health threats, to build on the resilience and innovation demonstrated in each response, to maximize efficiencies, and to use the lessons learned;

31. **PROMOTE** greater regional dialogue and cooperation, sharing of good practices, experiences and lessons learned, and joint interventions among countries, cities, and communities within ASEAN, including collaborative research across countries;

32. **PURSUE** opportunities for region-wide negotiation for joint development of strategies for improved access to commodities and health products for HIV prevention, testing, and treatment including full use of the Agreement on Trade-Related Aspects of Intellectual Property Rights flexibilities;

FOLLOW-UP ACTIONS

33. **RENEW the COMMITMENT** to periodic strategic and operational monitoring and evaluation reviews of progress at regional, national, and local levels, specifically including progress in fostering the greater meaningful involvement and effective leadership role of people living with HIV and key populations, to ensure that, in the response to HIV and AIDS in ASEAN, no one is left behind;

34. **CALL ON** the Joint United Nations Programme on HIV/AIDS to continue to support ASEAN, its Member States, and communities affected by HIV and AIDS within ASEAN, to address the inequalities that drive the AIDS epidemic, to assist Member States to improve policies and programmes, to strengthen the capacities of Member States to develop and implement comprehensive national multisectoral strategies, working hand-in-hand with civil society, affected communities, the private sector and other stakeholders and to advocate for continued political commitment at regional and national levels; and

35. **TASK** the concerned relevant ASEAN bodies to implement this Declaration, mobilise resources, monitor and report on progress, using all appropriate instruments based on national laws and policies.

ADOPTED in Phnom Penh, the Kingdom of Cambodia, on this Eleventh Day of November in the Year Two Thousand Twenty-Two, in a single copy in the English language.