



## SUMMARY REPORT

### 1<sup>st</sup> APEC Policy Dialogue to End the HIV Epidemic

#### 5 August 2025, Incheon, Republic of Korea

#### **Executive Summary**

The 1st APEC Policy Dialogue to End the HIV Epidemic, convened on 5 August 2025 in Incheon, Korea, marked a milestone as the first dedicated regional dialogue on ending HIV within APEC Health Working Group. Sponsored by Chile and co-sponsored by Japan, Peru, Singapore, Chinese Taipei, and Thailand, the Dialogue brought together senior government officials, multilateral organizations, civil society, academia, clinical experts, industry, and people living with HIV to chart a path toward achieving the UNAIDS 95-95-95 targets and the UN General Assembly goal of a 90% reduction in new HIV infections by 2030.

#### ***Key Themes and Insights***

- **Urgency and Opportunity:** Speakers stressed that while scientific advances (e.g., long-acting therapies, PrEP, rapid diagnostics, and integrated care models) have made ending HIV within reach, APEC economies are not on track to meet global targets. New infections are rising in several economies, prevention coverage remains insufficient, and donor financing is declining. Without urgent corrective action, decades of progress risk reversal.
- **Shared Leadership and Multi-Sectoral Engagement:** The Dialogue underscored that ending HIV is not the responsibility of health ministries alone. Achieving the 2030 targets requires the engagement of justice, education, labor, and finance sectors, alongside strong participation from industry, communities, and people living with HIV. Inclusion, dignity, and equity were emphasized as guiding principles.
- **Regional Realities:** Data presented by UNAIDS showed stark contrasts across the region: while economies such as Thailand, Viet Nam, Malaysia, and New Zealand have significantly reduced new infections, others—including Mexico, Chile, Peru, Papua New Guinea, and the Philippines—face growing epidemics. Viral suppression rates remain too low, and the region is off-track for the 95-95-95 targets.

#### ***Barriers and Enablers***

Six systemic barriers identified in the APEC Issues Paper to End the HIV Epidemic shaped the discussions:

- Deprioritization of HIV and weak multi-sectoral engagement.
- Restrictive and punitive laws and policies.
- Inadequate testing coverage and weak linkage-to-care systems.
- Challenges with treatment initiation and long-term retention.
- Underutilization of prevention tools such as PrEP and harm reduction.
- Insufficient and unsustainable financing.

Participants emphasized four enablers for addressing these barriers: (1) political will and sustainable funding; (2) innovation and rapid adoption of biomedical tools; (3) differentiated, person-centered service delivery; and (4) multi-stakeholder collaboration, with industry as a catalytic partner.

### ***Economy Interventions***

Sponsoring and participating economies shared domestic progress and challenges. Chile highlighted epidemic stabilization but noted retention gaps. Japan prioritized expanded testing and services for aging cohorts. Peru scaled PrEP and self-testing while focusing on vulnerable populations such as transgender women and Indigenous communities. Singapore reported strong outcomes across the cascade and new self-testing initiatives. Chinese Taipei linked HIV progress to advances in human rights and community empowerment. Thailand integrated PrEP into UHC and piloted long-acting prevention, while warning of rising youth infections. The Philippines highlighted its rapidly growing epidemic, financing reforms, and legal barriers such as parental consent for adolescent testing.

### ***Cross-Cutting Priorities***

From these interventions, five cross-cutting themes emerged:

- Early detection and equitable linkage to care.
- Eliminating stigma, legal barriers, and structural exclusion.
- Scaling biomedical innovation and differentiated service models.
- Ensuring sustainable financing and partnerships.
- Addressing the needs of youth and other vulnerable populations.

### ***Next Steps***

The Dialogue outcomes will directly shape the forthcoming APEC Action Plan to End the HIV Epidemic, to be developed by November 2025. The Action Plan will:

- Translate Dialogue insights into practical strategies on prevention, funding, legal reform, and innovation.
- Provide options for collaboration, peer learning, and technical assistance.
- Establish accountability and visibility through the APEC Health Working Group and potentially APEC Health Ministers.

Economies were invited to nominate experts to the APEC HIV Expert Network, lead or co-sponsor follow-on projects, and engage across government, industry, and civil society. Looking ahead to APEC 2026 (hosted by China), members affirmed the need to sustain momentum and embed HIV firmly on the APEC health agenda.

### ***Conclusion***

The Policy Dialogue concluded with a clear call to action: ending HIV in APEC is achievable but demands renewed political commitment, courageous reform, sustainable financing, and shared leadership across all sectors. With coordinated action, APEC can harness its diversity and collective power to accelerate progress and ensure that the 2030 targets are met.

## **Summary of Remarks**

### **Welcome Remarks**

#### ***Calling for shared leadership & renewed commitment to ending the HIV epidemic***

**Dr. Victor Melt Campos, Chair, APEC HWG; Director General, International Cooperation, Ministry of Health, Peru**

Dr. Victor Campos reflected on four decades of progress, noting that many people living with HIV now experience long, dignified lives thanks to scientific breakthroughs. However, he cautioned that the epidemic is far from over, with young people, key populations, and those facing stigma, poverty, or criminalization still disproportionately left behind. Dr. Campos stressed that the APEC region is not on track to meet the UNAIDS 95-95-95 targets or the global goal of a 90% reduction in new HIV infections by 2030, as highlighted in the *APEC Issues Paper*. Without urgent action, the region risks losing hard-won gains and missing the unprecedented opportunity presented by new long-acting treatments and PrEP.

He framed the Dialogue as a turning point, where APEC's 21 member economies can align policy, innovation, and investment across borders. This requires tackling structural, legal, and financial barriers to access; harnessing new diagnostics, long-acting therapies, and integrated models of care; and designing an APEC Action Plan that turns commitments into concrete implementation and ensures no one is left behind. Importantly, he emphasized that HIV is not the responsibility of health ministries alone. Ending the epidemic demands coordinated leadership from justice, education, labor, finance, and broad-based partnerships across government, private sector, and communities.

In closing, Dr. Campos highlighted the principle of shared leadership, which requires listening to affected populations, embedding inclusion, dignity, and equity into every response, and mobilizing sustainable financing and innovative solutions. He called on economies to let this Dialogue mark the renewal of political commitment and a united APEC response to end the epidemic.

### **Opening Reflections: Ending the HIV Epidemic in APEC**

#### ***Framing the HIV challenge & introducing the APEC HIV Project***

**Dr. Leonardo Chanqueo, Project Overseer, APEC HIV Project; Head, National Program for the Prevention & Control of HIV/AIDS & STIs, Ministry of Health, Chile**

Dr. Leonardo Chanqueo opened by framing the Dialogue as a milestone moment: the first time APEC has convened a policy dialogue explicitly dedicated to ending the HIV epidemic. Speaking both as Project Overseer and as the leader in Chile's national HIV program, he highlighted the urgency of moving from commitments to measurable results for people living with HIV. He was candid about the scale of the challenge. Despite progress in ART coverage and reductions in AIDS-related deaths, the region is not on track to achieve the 95-95-95 targets or the 90% incidence reduction goal by 2030. The epidemic remains highly concentrated in key populations (i.e., men who have sex with men, transgender people, sex workers, people who use drugs, and youth) groups systematically blocked from services by stigma, criminalization, and policy gaps. He noted worrying trends, including rising new infections in several economies; insufficient prevention coverage, especially PrEP; testing and treatment gaps, leaving many undiagnosed or untreated; and declining donor support, threatening sustainability of community-led programs.

Dr. Chanqueo situated the Dialogue within the APEC project, *Accelerating Progress Toward the Triple 95 Targets Across APEC Economies in Pursuit of Universal Health Coverage*, endorsed by the HWG earlier in 2025. He outlined its three objectives: (1) Identify and analyze persistent barriers to HIV progress; (2) Convene economies to share solutions and foster collaboration; and (3) Develop a practical and actionable APEC Action Plan. To inform this work, an APEC HIV Expert Network of 31 members from 14 economies was convened, spanning

government, academia, industry, multilateral organizations, civil society, and people living with HIV. Their inputs shaped the APEC Issues Paper to End the HIV Epidemic, unveiled at the Dialogue and soon-to-be published and circulated. The Issues Paper highlights six systemic barriers:

- Deprioritization of HIV and weak multi-sectoral engagement.
- Restrictive and punitive laws and policies.
- Inadequate testing coverage and linkage-to-care systems.
- Challenges with treatment initiation and long-term retention.
- Underutilization of prevention tools (PrEP, harm reduction).
- Insufficient and unsustainable financing.

Yet, he stressed that these are addressable barriers. Economies across APEC have demonstrated bold reforms, such as revising age-of-consent laws, introducing same-day ART, integrating PrEP into UHC, and expanding community-led service delivery. He framed the Policy Dialogue as a space to share these successes and confront persistent gaps, noting that the outcomes would directly shape the forthcoming APEC Action Plan. He concluded by calling for a new phase of regional HIV cooperation rooted in evidence, equity, and shared responsibility, before inviting UNAIDS to present the regional picture.

### **The HIV Response in APEC: Regional Realities & the Next Global Strategy**

#### ***Highlighting where the APEC region stands & how global strategies support regional actions***

**Dr. Brigitte Quenum, Senior Regional Adviser and Team Lead for Science, Systems & Services for All, UNAIDS Asia-Pacific**

Dr. Brigitte Quenum delivered the framing keynote on the state of the HIV epidemic across APEC and the direction of the next Global AIDS Strategy (2026–2031). She warned that without urgent corrective action, recent funding declines could push new infections and AIDS-related deaths back to levels unseen since the early 2000s, turning the epidemic into both a public health and economic crisis. She highlighted the following:

- While global infections have fallen by 40% since 2010, this is driven primarily by Africa. Most regions where APEC economies sit—Asia-Pacific, the Caribbean, Latin America, North America, and Eastern Europe/Central Asia—are lagging or worsening.
- Within APEC, there are stark contrasts: New Zealand, Viet Nam, Thailand, Malaysia, and Indonesia have halved new infections, but Mexico (+23%), Chile (+34%), Peru (+51%), Papua New Guinea (+84%), and the Philippines (+562%) face serious resurgences.
- APEC regions account for half of the world’s unmet HIV treatment need. Viral suppression rates remain too low, with one-third of people living with HIV in Asia-Pacific, the Caribbean, and Latin America not achieving suppression. Eastern Europe/Central Asia fares worse, with only ~50% on treatment.
- These shortfalls mean the region will miss the 2025 95-95-95 targets, undermining treatment as prevention and threatening long-term sustainability.

Dr. Quenum stressed that service scale-up alone is insufficient unless governments address societal and legal obstacles. She argued that investing in these “societal enablers” is as critical as investing in drugs or diagnostics:

- Criminalization of key populations (sex work, drug use, same-sex relations).
- Restrictive legal frameworks and weak anti-discrimination protections.
- Gender inequality and gender-based violence.
- Barriers for youth, including age-of-consent laws.
- Weak recognition and financing for community-led services.
- Lack of accountability mechanisms to safeguard rights and build trust in systems.

Dr. Quenum then shared some details of UNAIDS's The Next Global AIDS Strategy (2026–2031). The forthcoming Strategy, she explained, is built on three priorities:

1. Sustaining the response through resilient, country-led systems.
2. People-focused services anchored in equity, dignity, and rights.
3. Powering communities to lead, with full resourcing, inclusion in governance, and legal space to act.

Emerging recommendations include:

- Embedding HIV within UHC, SRH, mental health, and harm reduction platforms.
- Scaling innovation and access—long-acting PrEP, HIV self-testing, digital tools.
- Advancing sustainability planning via domestic resource mobilization, private-sector engagement, and strategies to preserve critical donor financing.
- Driving legal and policy reform to dismantle punitive laws and reduce stigma.

In closing, she highlighted four Asia-Pacific (3 APEC + 1 non-APEC) case studies of sustainable approaches:

- Thailand: Integration into UHC, social contracting, >90% domestic funding.
- India: Progressive rights protections for PLHIV and key populations.
- Viet Nam: HIV treatment incorporated into national health insurance.
- Malaysia: Diversified domestic financing strategies including private sector.

Dr. Quenum urged economies to act now to fund and implement best practices, noting that every missed opportunity today multiplies future costs and burdens. She called on APEC to anchor its HIV response in equity, rights, and sustainability, ensuring progress is not reversed but accelerated.

### **Overcoming Barriers, Scaling Solutions, and Advancing Public-Private Partnerships** ***Exploring practical solutions across sectors to address persistent barriers in APEC economies***

#### **Mr. Dan Murphy, Senior Director, Global Policy, Gilead Sciences**

Mr. Dan Murphy emphasized the critical role of prevention in the HIV response, arguing that it deserves equal visibility and ambition alongside testing and treatment. He proposed that APEC economies consider adopting specific prevention targets, such as:

- 95% access to a comprehensive package of prevention tools (condoms, PrEP, harm reduction, STI services).
- At least 50% uptake of PrEP among individuals at substantial risk.

He stressed that prevention should be framed not as an adjunct, but as a core pillar of the 95-95-95 effort, to ensure incidence reduction is achieved. Drawing on regional experience, Mr. Murphy highlighted:

- Republic of Korea: government-funded PrEP program as an example of national leadership.
- Chinese Taipei: adoption of same-day ART initiation, anonymous testing, and digital engagement models that boost uptake.

He underscored three enablers to deliver impact:

1. Financing – both sustainable domestic resources and innovative models to complement donor support.
2. Innovation – rapid approval and uptake of long-acting prevention and treatment options.
3. Differentiated service delivery – tailoring approaches to youth, key populations, and hard-to-reach communities.

Finally, he urged APEC to ensure the forthcoming Action Plan explicitly integrates prevention metrics, innovation pathways, and financing commitments, making the region a model for how to combine treatment success with prevention scale-up to drive down new infections.

## **Mr. Robert Grant, Director, International Government Affairs, Global Public Policy, MSD**

Mr. Robert Grant reinforced that partnership across stakeholders (i.e., governments, civil society, and industry) is indispensable to ending the HIV epidemic. He stressed that science alone is insufficient unless paired with the political will, financing, and community engagement needed to translate innovation into real-world impact. He highlighted the importance of:

- Prevention scale-up: expanding PrEP, condoms, harm reduction, and youth-focused interventions to curb incidence.
- Rapid adoption of innovation: ensuring long-acting prevention and treatment products are not delayed by fragmented or slow regulatory and reimbursement processes.
- Health system readiness: strengthening infrastructure for testing, integration with primary care, and differentiated service delivery.
- Sustainability: aligning HIV services within universal health coverage and securing domestic resources to reduce reliance on donor support.

Mr. Grant underscored that industry has a shared responsibility: to advance science, build trust with communities, and partner transparently with governments to close gaps in access. He urged APEC economies to anchor the forthcoming Action Plan in innovation, prevention, and equity, with industry positioned as a long-term partner in delivering on the 95-95-95 and incidence reduction goals.

## **Moderated Discussion**

Mr. Eric Obscherning framed the discussion by emphasizing both the urgency and opportunity at hand: scientific advances have brought the end of HIV within reach, but deliberate political choices, system-level readiness, and cross-sectoral collaboration are essential to realize this goal. He invited the panelists to expand on their remarks with a focus on APEC's role.

### **1. The Role of Multistakeholder Collaboration (Robert Grant, MSD)**

- Robert noted that HIV urgency is waning in many economies, despite data showing troubling trends and the availability of more effective tools.
- Highlighted disparities across APEC economies: some making strong progress, others lagging.
- Pointed to APEC's proven track record in driving collective action—specifically the Action Plan on Immunization Across the Life Course and the Cervical Cancer Roadmap—as models for how APEC can foster shared goals, accountability, and cooperative implementation.
- Concluded that APEC is uniquely positioned to sustain focus on HIV amid competing priorities, making this dialogue an “urgent opportunity.”

### **2. Enablers for Innovation and Readiness (Dan Murphy, Gilead)**

- Dan drew on findings from the *Going the Extra Mile to End the HIV Epidemic* report, identifying three critical enablers:
  1. Sustained funding – without which progress will reverse, as highlighted in UNAIDS data.
  2. Innovation across the care cascade – including long-acting ART, expanded PrEP, new delivery models.
  3. Differentiated service delivery – person-centered models to meet diverse needs (“one size won't fit all”).
- He stressed that APEC action plans must integrate these enablers from upstream principles to specific targets, ensuring broad stakeholder input and long-term impact.

### **3. Harnessing APEC's Diversity and Political Power (Robert Grant, MSD)**

- Robert argued that APEC's greatest value lies in its ability to:
  - Reignite political will by placing HIV back on the regional health agenda.
  - Showcase success stories from diverse economies to counter perceptions that HIV is no longer a priority.
  - Facilitate peer accountability and systemic approaches, ensuring economies learn from one another and work toward shared outcomes.
- He warned that without renewed urgency, the region will fall short of 2030 targets despite progress.

#### 4. Industry's Role in Driving Implementation (Dan Murphy, Gilead)

- Dan positioned industry as a partner and enabler, not the sole driver.
- He emphasized the importance of:
  - Listening and co-creating solutions with governments, civil society, clinicians, and communities of people living with HIV.
  - Continuing large-scale investment in R&D while addressing unmet needs, especially for key populations being left behind.
  - Using industry's access to government to elevate the voices of marginalized communities.
- Concluded with a call for collective legacy-building: APEC economies have a real chance to be remembered as the region that ended HIV by 2030.

#### Key Takeaways

- Political will and sustained funding are prerequisites for progress.
- Innovation and differentiated care models are essential to reach all populations.
- APEC's diversity is a strength—enabling both peer learning and collective accountability.
- Industry's role is catalytic: investing in innovation, amplifying community needs, and sustaining dialogue with governments.
- The dialogue underscored that multi-stakeholder collaboration is indispensable, and APEC offers a unique platform to align political and technical efforts toward ending HIV.

### **Interventions from APEC Economies: Toward an APEC Action Plan to End the HIV Epidemic** ***Sharing challenges, strategies, and recommendations for regional collaboration***

#### **Ministry of Health, Chile (Sponsoring Economy)**

Chile reported strong progress toward the 95-95-95 targets, with 95% of people living with HIV diagnosed and 95% of those on treatment achieving viral suppression. In 2024, the country recorded its lowest number of new diagnoses since 2016 (4,327), despite expanding testing—suggesting potential epidemic stabilization.

#### Persistent Gaps and Challenges

- Only 75% of those diagnosed are on ART, reflecting delays in initiation, retention challenges, and insufficient community-based care models.
- Key populations—MSM, transgender women, sex workers, incarcerated people, migrants, and youth—remain disproportionately affected.
- Stigma, discrimination, and geographic inequities limit access to services.
- Emerging challenges include chemsex and stimulant use, requiring tailored harm reduction responses.
- Civil society warns of a decline in HIV's political visibility, despite its continued inclusion in the National Health Strategy 2030.

#### Policy and Program Advances

- HIV diagnosis and treatment are universally accessible and domestically financed, free in the public sector and capped in the private sector.

- Biomedical innovations: rollout of PrEP to hospitals and selected primary care centers; adoption of HIV self-testing; endorsement of the Stigma Index 2.0; and participation in the Andean Plan to eliminate HIV-related stigma and discrimination by 2030.
- ART is standardized on TLD single-tablet regimens via PAHO's Strategic Fund, supporting adherence and cost efficiency.
- Prevention measures include annual national campaigns (2024 campaign reached 15+ million people), community health approaches emphasizing human rights and diversity, and favorable evaluation of DoxyPEP for STI prevention, with clinical guidelines under development.

Chile urged APEC economies to:

1. Expand access to biomedical innovations, including PrEP, DoxyPEP, and long-acting ART.
2. Support differentiated and community-led models of service delivery.
3. Promote knowledge-sharing and best practices across economies.
4. Enhance implementation through:
  - Technical cooperation and capacity-building in partnership with civil society.
  - Pooled procurement and negotiated pricing to overcome affordability and patent barriers.
  - Stronger data systems to guide decision-making and improve surveillance.

### **Ministry of Health, Labour & Welfare, Japan (Co-Sponsor)**

Japan outlined the current state of HIV in the country and key policy priorities. While prevalence remains low, there are persistent challenges: approximately 30% of new HIV cases are diagnosed at the AIDS stage, reflecting delayed testing and limited early detection. MSM account for most new cases, alongside historical cases of drug-induced HIV among hemophilia patients who contracted HIV from contaminated blood products in the 1980s—many of whom are still alive and require tailored policies.

#### **Prevention Policies and Public Awareness**

- Japan maintains national STI/HIV prevention guidelines, revised every five years, to ensure policies reflect emerging risks.
- Public awareness campaigns use high-profile public figures to increase reach and counter stigma.
- Programs emphasize human rights, anti-discrimination, and accurate information to reduce prejudice against people living with HIV.

#### **Treatment and Support Systems**

- Universal access and financial protection are central pillars: ART is subsidized, and patients with HIV-induced immune dysfunction may qualify for disability certification, significantly reducing medical expenses.
- These measures help minimize financial burden, support adherence, and strengthen outcomes aligned with U=U (Undetectable = Untransmittable).
- With an aging cohort of people living with HIV, Japan is improving coordination between specialized HIV centers and regional hospitals to deliver more effective, locally tailored care.

#### **New Initiatives**

- In June 2025, Japan issued official guidelines to implement HIV self-sampling and postal testing through public health centers and designated institutions. Testing is subsidized via a cost-sharing scheme, with only minor costs borne by individuals, making HIV testing more accessible than ever.
- The government is actively evaluating how to optimize engagement of key populations in these testing initiatives.

#### **Global Health and Regional Cooperation**



- Japan has established the Japan Institution for Health Security and the Allies Initiative for Southeast and East Asia, fostering collaboration with regional research institutions in Malaysia, the Philippines, Thailand, Vietnam, and Japan.
- Through these efforts, Japan aims to contribute evidence and strengthen policy collaboration at both the regional and global levels, ensuring sustainability of HIV countermeasures as part of broader health security frameworks.

### **Ministry of Health, Peru (Co-Sponsor)**

Peru reaffirmed its commitment to achieving 95-95-95 and reducing new HIV infections, with a focused emphasis on vulnerable and hard-to-reach populations—notably transgender women in urban settings and Indigenous communities in the Amazon—and on combating stigma and discrimination.

#### **Program Scale-Up (since 2023)**

- PrEP implementation expanded nationally.
- Introduction of HIV self-testing and rapid/molecular diagnostics.
- ART decentralized to the primary-care level to improve timely initiation and retention.
- Tailored policies for highly vulnerable groups (transgender women; Amazonian Indigenous peoples).

#### **Financing & Partnerships**

- The response is backed by a dedicated national budget program (speaker referenced Peru’s PP budget modality).
- Peru is exploring innovative financing, including public-private partnerships and tax-related mechanisms to strengthen sustainability.
- Community and civil-society engagement remain central pillars of the national strategy.

#### **Regional Collaboration & Recommendations for APEC**

- Peru welcomed APEC’s role in fostering regional dialogue/technical exchange and expanding access to biomedical innovation (e.g., long-acting treatments).
- For the APEC Action Plan, Peru recommended an emphasis on cost-effective, evidence-based, inclusive interventions tailored to local contexts, particularly in low-resource settings, and proposed peer learning, joint projects, and strategic partnerships to accelerate regional progress.

Peru’s approach couples service delivery expansion and decentralization with targeted policies for priority populations, underpinned by domestic budgeting, innovative financing options, and sustained community leadership—and calls on APEC to operationalize these principles through practical, context-sensitive implementation support across the region.

### **Ministry of Health, Singapore (Co-Sponsor)**

Singapore reaffirmed its commitment to the UNAIDS 95-95-95 targets and presented a multi-pronged, whole-of-economy response coordinated by the national HIV program under the Communicable Disease Agency.

#### **Current Outcomes**

- 85% of people living with HIV know their diagnosis.
- 94% of those diagnosed are receiving treatment.
- 93% of those on treatment are virally suppressed.

#### **Core Strategies Across the HIV Care Continuum**

- Prevention & Education:

- Broad campaigns built on the ABCD approach (Abstain from casual sex, be faithful, use Condoms correctly and consistently, and promote early Detection).
- Targeted media interventions tailored to specific populations to reduce stigma, address misconceptions, and encourage testing.
- Testing & Early Detection:
  - Ten anonymous testing sites nationwide.
  - Routine antenatal HIV screening, which has eliminated vertical transmission since 2008.
  - HIV self-testing kits introduced in January 2025 to expand access, ensure privacy, and reach individuals reluctant to test in clinical settings.
- Treatment & Care:
  - Substantial subsidies for ART via the Standard Drugs List and Medication Assistance Fund, reducing first-line ART costs.
  - Guided by the principle that no one is denied healthcare due to inability to pay, ensuring equitable access.

Singapore emphasized that HIV remains a public health priority and expressed strong support for regional collaboration within APEC. The government looks forward to contributing to an actionable APEC Action Plan that strengthens prevention, expands testing and treatment, and builds sustainable, stigma-free systems across economies.

### **Ministry of Health & Welfare, Chinese Taipei (Co-Sponsor)**

Chinese Taipei underscored that progress in HIV prevention and control is inseparable from advances in human rights and community empowerment.

#### **Reflections on Regional Experience**

- Acknowledged recognition by panelists (notably Dan Murphy) that Chinese Taipei is a model for innovative HIV strategies, citing its same-day ART program and PrEP program.
- Noted that these achievements emerged alongside the LGBTQ+ rights movement, particularly the legalization of same-sex marriage (2019). This process generated both intense debate and unprecedented political attention, which catalyzed stronger HIV policies.

#### **Community Empowerment & Policy Change**

- The LGBTQ+ rights campaign amplified the visibility and voice of key populations, strengthening partnerships between government and community.
- These partnerships shifted government programs toward more inclusive, community-responsive approaches.
- Highlighted a recent example: when proposals emerged to remove ART from national health insurance coverage, community mobilization successfully defended universal access to ART.

#### **Strategic Lessons & Priorities**

- HIV progress requires people-centered, rights-based approaches, not only targets or technical programs.
- Emphasized the importance of:
  - Partnerships across public and private actors,
  - Equitable access and inclusion,
  - Trust in health services.
- Urged economies to empower communities, noting that communities, in turn, will empower governments to deliver stronger, more sustainable programs.

Chinese Taipei concluded that ending the HIV epidemic requires whole-of-society engagement—with empowered communities, strong partnerships, and cross-sector collaboration being as vital as technical interventions.

### **Ministry of Public Health, Thailand (Co-Sponsor)**

Thailand reaffirmed its commitment to achieving the UNAIDS 95-95-95 targets and ending the HIV epidemic by 2030, while highlighting progress, persistent challenges, and areas for regional collaboration.

Epidemiological Situation: Thailand has approximately 565,000 people living with HIV, with ~8,124 new infections annually. The national goal is to reduce this to fewer than 1,000 new cases per year by 2030.

#### **Progress Toward 95-95-95:**

- 95% of people living with HIV are diagnosed.
  - 92% of those diagnosed are on antiretroviral therapy (ART).
  - 98% of those on ART achieve viral suppression.
- These outcomes reflect strong progress toward global targets.

#### **Persistent Challenges:**

- Undiagnosed individuals—especially in key populations who are less likely to seek care.
- Ongoing stigma and discrimination, which hinder access to testing and treatment.
- A troubling rise in new infections among youth, underscoring the need for youth-friendly health services.

#### **National Strategy and Financing:**

Thailand's HIV response is guided by its National Strategy (2017–2030) and National Action Plan, aligned with global goals and fully integrated within Universal Health Coverage (UHC).

- About 90% of program costs are domestically funded, with ~70% allocated to treatment and ~16% to prevention.
- As international donor support declines—particularly for civil society-led outreach and prevention—Thailand is working to transition these activities into the national budget to ensure sustainability.
- The government is advancing legislation to eliminate stigma and discrimination, currently under Cabinet review, to protect the rights of people affected by HIV.

#### **Prevention and Innovation:**

- Same-day ART initiation has been scaled up.
- PrEP has been included in UHC since 2020, marking a significant step for prevention, especially for key populations.
- Thailand is piloting long-acting injectable PrEP and introducing two-drug regimens to simplify therapy, reduce side effects, and improve long-term adherence.

#### **Sustainability and Partnerships:**

- Thailand is strengthening domestic resource mobilization and exploring innovative service delivery models.
- Community-led health services play a critical role in outreach, testing, linkage to care, and PrEP delivery under UHC.
- The government sees opportunities for greater public–private partnerships, particularly in diagnostics and digital health.

#### **Thailand urged APEC economies to:**

- Prioritize community-led service delivery models to reach underserved populations.

- Ensure equitable access to HIV services across the region.
- Expand technical assistance and innovation transfer between economies.
- Promote multi-sectoral partnerships (health, education, labor, justice) to systematically dismantle stigma and discrimination.

Thailand reaffirmed its strong commitment to ending HIV by 2030 and expressed eagerness to collaborate with other APEC economies to build a more inclusive, resilient, and equitable HIV response.

## **Department of Health, the Philippines**

The Philippines highlighted its urgent HIV situation, noting one of the fastest-growing HIV epidemics in the region.

### **Commitments and Policy Measures**

- **Financing:** The government has significantly increased HIV program funding, including doubling HIV benefits under national health insurance.
- **Innovation:** PrEP has been introduced, with readiness to adopt new PrEP formulations. However, under the UHC law, all new health technologies must undergo Health Technology Assessment (HTA). The Philippines requested that partners, including industry, share data to support HTA reviews to facilitate faster access.
- **Differentiated Service Delivery:** Services are being integrated into maternal health, TB, and primary care platforms to address co-infections and prevent mother-to-child transmission.

### **Ongoing Challenges**

- **Geographic Gaps:** HIV services remain concentrated in high-burden areas, leaving many communities underserved. The government is working to expand coverage of diagnosis and treatment services nationwide.
- **Legal Barriers:** Current laws require parental consent for HIV testing of minors, restricting early diagnosis and linkage to care. Although revisions have begun, further work is needed to ensure all who test positive are immediately connected to treatment.
- **Political Attention:** Senior-level discussions, including with the President, are underway to issue an executive order to accelerate HIV response considering sharply rising cases.

The Philippines reaffirmed its strong political commitment and emphasized the need for policy reform, expanded service coverage, and HTA support to ensure timely access to innovation and universal service delivery.

## **From Dialogue to Action: Synthesis & Next Steps**

***Summarizing key insights, previewing the Action Plan process & inviting continued collaboration***

**Mr. Eric Obscherning, Advisor, APEC HIV Project**

Eric Obscherning delivered the synthesis of the Policy Dialogue, highlighting cross-cutting themes from the economy interventions and charting the path toward next steps.

### **Cross-Cutting Themes Identified:**

1. **Early Detection and Linkage to Care** – Multiple economies emphasized the need to expand equitable testing access, reduce barriers such as parental consent laws (Philippines), and ensure stigma-free early diagnosis (Japan, Chile, Singapore, Peru).

2. Stigma, Legal Barriers, and Structural Exclusion – All interventions underscored the urgency of eliminating stigma and reforming restrictive laws to ensure equity, trust, and inclusion, with strong emphasis from Chile, Chinese Taipei, and Peru.
3. Biomedical Innovation and Differentiated Service Delivery – Economies called for scaling PrEP options (including those requiring HTA), policy and regulatory alignment, and evidence generation to support youth-friendly, same-day, and community-based service models.
4. Financing and Partnerships – Broad consensus emerged on the need for sustainable HIV financing, innovative partnerships, and integration with other services (e.g., maternal health, primary care, mental health). Geographic equity—including rural and low-resource settings—was flagged as a persistent challenge.
5. Youth and Vulnerable Populations – Economies expressed alarm at rising HIV incidence among youth, stressing the importance of inclusive, community-driven, rights-based, and culturally appropriate messaging. Peru highlighted Indigenous peoples, while Singapore and Chinese Taipei stressed mainstream and rights-based communications.

#### Next Steps for the APEC HIV Initiative:

- Finalize the Issues Paper within 7–10 days, reflecting economy feedback.
- Develop an APEC Action Plan (10–15 pages) by November 2025, aligned with the UNAIDS 95-95-95 goals and the UNGA 90% incidence reduction target. The plan will include:
  - Strategies on prevention, funding, and legal reform.
  - Opportunities for collaboration and capacity-building.
  - Options for follow-on APEC projects, led by member economies.
- Seek endorsement from the APEC Health Working Group, with consideration for broader visibility through APEC Health Ministers. A formal communication will be sent to ministers at the High-Level Meeting on Health & the Economy (HLMHE) in September 2025.
- Call to Action: Economies were encouraged to nominate experts for the HIV Expert Network, consider leading drafting or follow-on projects, and ensure engagement of private sector, civil society, academia, and people living with HIV.
- Looking ahead, Eric emphasized continuity into APEC 2026 (China’s host year) to sustain momentum and embed HIV firmly back on the APEC health agenda.

#### **Closing Reflections & Regional Commitments**

##### ***Reinforcing regional ownership & commitment to advancing HIV goals through APEC***

##### **Dr. Victor Melt Campos, Chair, APEC HWG**

Dr. Campos closed the Policy Dialogue by commending participants for their insights, commitments, and candor. He emphasized that while the day’s discussions underscored sobering realities—persistent stigma, legal and policy barriers, underfunded prevention, and gaps in reaching key populations—they also highlighted innovation, resilience, and community-led impact across the region. Examples included rapid diagnostics, long-acting PrEP, and same-day treatment initiation, showing that APEC economies are building on decades of progress in science, systems, and solidarity.

Campos stressed that the common thread is leadership—political, institutional, and community-driven—and urged economies to take ownership of the path forward. He emphasized that ending HIV is not merely a technical challenge but requires sustained political prioritization, courageous reform, and cross-sector partnerships, including ministries beyond health (such as finance and justice).

He confirmed that the inputs from the Dialogue will directly inform the forthcoming APEC Action Plan to End the HIV Epidemic, which must focus on scaling effective solutions, funding what works, removing structural barriers, and strengthening regional coordination. Campos reaffirmed Peru’s commitment as co-sponsor to

ensure the Action Plan becomes a living, actionable document that drives real change on the ground. He concluded with a clear call to action: the task ahead is urgent but achievable, if economies commit to shared leadership, regional ownership, and unwavering determination to end the HIV epidemic in the APEC region.