



Providing Care and Support: A Regional Capacity Building Training on HIV and AIDS Advocacy in time of COVID-19 Pandemic

Concept Paper

Date: 15–17 June 2021

Venue: Zoom (Online Training)

Rationale

The Asia-Pacific region has seen tremendous economic and social progress over the last 50 years, as average income levels more than tripled and life expectancy at birth increased from 46 to 75 years. However, in the light of heightened inequality and environmental degradation, keeping the old paradigm of prioritizing GDP growth at all costs is neither feasible nor desirable. The region is now at crossroads, and it must go beyond growth to holistically pursue human well-being and planetary health, through a change in mind-set and policymaking (worldbank.org)

The SDG Progress Report for Asia and the Pacific shows that the progress achieved so far on the 17 Sustainable Development Goals is mixed. Although good progress has been made since 2000 on Goals 1 (poverty eradication), 3 (health), 4 (quality education), and 7 (reliable and clean energy), efforts still need to be accelerated to achieve those Goals by 2030. However, even more work needs to be done in such areas as water and sanitation (Goal 6), decent work (Goal 8), and sustainable consumption and production (Goal 12), where the region has regressed.

The Asia and Pacific region is home to an estimated 5.8 million people living with HIV in 2019 (UNAIDS Report, 2020). China, India, and Indonesia account for almost three-quarters of the total number of people living with HIV in the region. In 2019, 300,000 people became infected with HIV in the region. Three-quarters of these infections occurred among key populations and their partners.

Risk behaviour such as multiple sex partners and low rates of condom use among men who have sex with men (MSM) and transgender people need to be challenged, otherwise there will be rising epidemic among these groups. By 2020, almost 50 percent of all new infections in Asia were predominantly among men who have sex with men, according to the UN Commission on AIDS in Asia. Also of concern are growing epidemics among people who inject drugs in some countries, coupled with shrinking harm reduction services, reflecting an increasingly hostile environment to drug users.

Without supportive national policy environments, many people living with, and most affected by HIV, continue to experience stigma and discrimination that prevents them from accessing prevention and treatment. Challenging laws and addressing harmful social, sexual, and gender norms that increase the vulnerability of key populations to HIV are vital for effective HIV responses across the region.



In the context of the ongoing pandemic, as COVID-19 disrupts health systems and affects human health globally, it is crucial to protect those most impacted by COVID-19, sustain gains made to address other infectious diseases, and maintain people's access to life-saving health services. Critical priorities during the

COVID-19 pandemic include ensuring continuity of treatment and support for viral suppression among people living with HIV (PLHIV), continuing to identify undiagnosed individuals, and ensure their prompt enrolment on treatment, and helping those who are at risk of HIV acquisition remain HIV negative.

Key Populations and COVID-19

Members of key populations (KPs)—including sex workers, men who have sex with men (MSM), people who inject drugs, and transgender people—are particularly vulnerable to COVID-19. Several factors that elevate KPs' risk of HIV acquisition may also place them at higher risk of acquiring coronavirus, such as high mobility and close physical contact with others through social and sexual practices. KP individuals living with HIV who are not on antiretroviral therapy (ART) and not virally suppressed may have a compromised immune system, which may place them at higher risk of coronavirus acquisition and COVID-19 morbidity and mortality. Furthermore, emerging evidence shows that groups already experiencing a disproportionate burden of poverty and marginalisation are more affected by severe COVID-19 complications, in part because of a greater concentration of underlying health conditions.

Stigma and discrimination experienced by KP members in health care settings limit access to and uptake of HIV services and will also likely affect their access to COVID-19 care and other health services. Moreover, concerns about potential exposure to COVID-19 in health facilities may lead to interruptions in treatment and other essential services for KP members living with HIV. For KP individuals who are HIV-negative, the COVID pandemic may reduce their access to pre-exposure prophylaxis (PrEP) and other prevention services, and other sexual health and family planning commodities. Stigma and discrimination may also mean KP individuals are more likely to be targeted by law enforcement under public health and order laws, for example, for breaching restrictions or exposing others to COVID-19. They may be particularly vulnerable if their circumstances mean they cannot shelter in place (e.g., they have been ostracised by family) or due to discriminatory targeting by law enforcements.

Christian Conference of Asia (CCA) through its Action Together in Combating HIV and AIDS in Asia (ATCHAA) programme has been focusing on equipping its member churches and councils to respond effectively to HIV and AIDS issues. Several skill building and advocacy programmes have been conducted, as well as efforts to build an HIV competent church and community. In this context, CCA is continuing its journey on building the capacity of its members to become inclusive and relevant for People Living with HIV especially in this time of uncertainty.

Objectives

- To equip Facilitators for HIV response in Asia
- To develop a Regional Strategy of Inclusiveness of Churches with regards to HIV
- To strengthen Churches' HIV and AIDS advocacy
- To strengthen advocacy on prevention, treatment, care and support
- To advocate for accessibility of service in time of pandemic



Expected Outcome

- Facilitators are trained to assess and make action plans with Churches
- Exchange of Learning on various models of good practices in the region
- Advocacy and networking among Churches, Councils and partner organizations
- Updated knowledge on HIV and AIDS and related issues especially during COVID-19 Pandemic

Methodology

1. Appreciative Inquiry: To understand the strengths and opportunities in the Churches and Councils
2. Assessment Tool for Churches Response to HIV: Using various frameworks that include
 - a. Building Awareness and Stigma Reduction
 - b. Prevention
 - c. Care, Support and Treatment
 - d. Outreach
 - e. Inclusiveness of the Church
3. Theological Reflections
4. Presentations and workshops
5. Action Plan for Churches: Based on the assessment and learnings from other Churches

**The training will be conducted virtually thus some adjustments may come as the need arises.*



Programme Schedule (2 ½ days, 4 hrs/day)

Time	15 June 2021	16 June 2021	17 June 2021
10:00 – 10:55	Opening Worship Welcome Remarks by Dr Mathews George Chunakara – CCA General Secretary Introduction	Morning Prayer (5 minutes) Recap from previous day (10 minutes) Session 4: Creating and enabling congenial environment for People Living with HIV – a theological reflection (40 minutes)	Morning Prayer (5 minutes) Recap from previous day (10 minutes) Session 7: <i>Workshop</i> : Enabling Churches to respond and combat HIV: A Tool for Church Assessment Framework (40 minutes – break-out room)
10:55 – 11:00	5 minutes break		
11:00 – 11:45	Session 1: Coronavirus and HIV: A brief overview of HIV and AIDS in Asia and the Impact of COVID-19 (45 minutes presentation)	Session 5: The SAVE approach: Safer Practices, Access to Treatment (45 minutes presentation)	Session 8: <i>Workshop</i> : Collaborative Engagement to Combat HIV at local levels: Action Planning (break-out room) Closing Worship
11:45 – 12:00	Open Space (Question and Answer)	Open Space (Question and Answer)	
12:00 – 13:30	Lunch break (90 minutes)		
13:30 – 14:15	Session 2: Breaking Barriers and Building Bridges: Towards overcoming Stigma, Shame, Denial, Discrimination, Inaction, Misaction (45 minutes presentation)	Session 5: The SAVE approach: Voluntary Counselling and Testing and Empowerment (45 minutes presentation)	
14:15 – 14:30	Open Space (Question and Answer)	Open Space (Question and Answer)	
14:30 – 14:35	5 minutes break		
14:35 – 15:30	Session 3: <i>Workshop</i> : SSDDIM (Break-out room)	Session 6: Voices from the Margin: Stories and Experiences of PLHIV in time of COVID-19	