IAS 2025 post-conference workshop in partnership with IHRI

Science and communities in the HIV Response in Southeast Asia

Virtual symposium, 8-9 October | Workshop, 4 November

Report and recommendations

Background[1]

The IAS - International AIDS Society - convened a series of capacity-building activities consisting of a two-day virtual symposium and a two-day in-person workshop. The virtual symposium was conducted on 8–9 October 2025 and served as a platform for sharing regional updates with a particular focus on expanding access to oral and injectable PrEP across Asia and the Pacific, and programmatic experiences related to harm reduction. A total of 236 participants connected from 30 countries. Following this, the in-person workshop was held on 4–5 November 2025, bringing together diverse stakeholders including program implementers, community representatives, to engage in interactive discussions, group work, and strategic planning exercises.

Together, these events aimed to strengthen regional collaboration, enhance the capacity of community and public health actors, and identify practical strategies to sustain and scale up HIV prevention services in the context of evolving policy landscapes and funding challenges. A brief overview of the core content and discussions from both the virtual symposium and the in-person workshop is presented below.

Virtual symposium

The first day focused on "Updates on ART and Prevention and Best Practices in Community-Led Responses." Nathaphon Dittabanjong, an independent health activist from Thailand, delivered the opening remarks, emphasizing the importance of expanding access to treatment and creating a world in which people living with HIV can live free from stigma and fear.

The first presentation, delivered by Khin Cho Win Htin (UNAIDS), addressed "The HIV Response in Southeast Asia," with a focus on current HIV statistics and projected trends in the context of recent funding reductions. This was followed by a talk on "New Science and Guidelines on Long-Acting Prevention Technologies" by Heather-Marie Schmidt (UNAIDS and WHO) who discussed advances in long-acting HIV prevention, recent WHO guidance, and prospects for introducing these technologies in the region. Subsequently, Ngauv Bora (MoH Cambodia) presented on the "Best Practices of CAB-LA Implementation in Cambodia," highlighting Cambodia's role as a frontrunner in CAB-LA rollout within the Asia-Pacific region.

The session concluded with a panel discussion on "Regional Exchange on Best Practices and Sustainability of Community-Led Responses to Strengthen HIV Treatment and Prevention in Southeast Asia," moderated by Rena Janamnuaysook (IHRI, Thailand), with contributions from Siripong Srichau (SWING, Thailand) and Danvic Rosadiño (LoveYourself, Philippines). The panellists shared insights into sustaining community-led responses within the current funding landscape.

The second day of the symposium focused on "Harm Reduction and Virtual Interventions." The first presentation, delivered by Akarin Hiransuthikul (Chulalongkorn University, Thailand) outlined the key take-away messages from the 2024 Asia Pacific Chemsex Symposium. This was followed by a panel discussion on "Innovative Integrated Chemsex Harm Reduction Services in Southeast Asia,"

featuring Hue Anh (Lighthouse, Vietnam), Rayner Tan (National University of Singapore), and Jakkrapattara Boonruang (IHRI, Thailand), with Naomi Fontanos (APCOM) serving as moderator.

The second presentation on "Digital Health and Virtual Interventions for HIV in Southeast Asia" was delivered by Purvi Shah (WHO). The session concluded with experience-sharing on "Beyond the Clinic: Virtual Solutions for HIV and Sexual Health Services," presented by Krittaporn Termvanich (IHRI, Thailand) and Lord-Art Lomarda (LoveYourself, the Philippines).

In-person workshop

The IAS - International AIDS Society - in collaboration with the Institute of HIV Research and Innovation (IHRI), convened a workshop in Bangkok, Thailand, on 4 November 2025. A total of 45 people from 9 countries participated. This event was followed by APCOM Community Summit, PrEPARING Asia 2025, in which IAS, IHRI and APCOM collaborated on 5 November 2025 (please refer to a separate report for this information).

The first day of the workshop was centred on new ARV updates, harm reduction, and digital health, as well as strategies to accelerate, strengthen, and scale up these interventions across the region.

Giten Khwairakpam (amfAR's TREAT Asia Program) delivered an overview of the evolution of antiretroviral policy and access. This was followed by a presentation from Latt Thiri Aung (Southeast Asia Harm Reduction Association, Thailand) who discussed barriers and challenges to accessing harm reduction services in the region. Purvi Shah (WHO) then provided insights into digital health and virtual interventions for HIV prevention and care in Southeast Asia.

Through focused dialogue and expert insights, the moderators, panellists, and speakers highlighted a wide range of perspectives and challenges related to the introduction of new antiretrovirals (ARVs), the strengthening of harm reduction services, and the scaling up of digital health interventions across the Southeast Asia region.

Group work

The group work recommendations are available as an annex to the report.

Question 1 – Identifying steps needed to bring new ARV drugs into the countries and actions taken to speed up and ensuring equitable access for all populations

This session presented diverse perspectives from service providers on the introduction of new ARV drugs into national health systems and their accessibility across different population groups. The discussion centred on two key priorities. First, the importance of engaging policymakers in each country to facilitate the adoption of new ARVs. Second, the need to raise awareness among healthcare providers and communities to support demand generation for newer treatment options.

1. **Policy development for new ARVs**

The introduction of new ARVs into national health systems requires a thorough understanding of each country's policy development process, which varies across nations. Existing research and data can be leveraged to advocate for the adoption of new drugs and to inform the development of national guidelines. Additionally, considerations of funding sources and the cost of new ARVs are essential during the guideline formulation process.

Key recommendation:
- Create and review research studies of new ARVs, including cost effectiveness analysis, to advocate to policy makers to develop new guidelines and policy.
- Develop National Guidelines including new ARVs based on the epidemiological data accordingly.

2. **Empowering providers, and communities to increase awareness of new ARVs and equal access by all populations**

Alongside the advocacy process, empowering service providers including CSOs, CBOs, and community members through training is essential for disseminating information about new ARVs and enabling informed health choices.

Key recommendations:
- Develop training to increase awareness of clinical managements, side effects of new ARVs to the service providers.
- Create demand generation campaigns among the communities to raise awareness and allowing them to choose among different methods of treatment.

Question 2 – Establishing global and/or regional mechanisms to access to new ARVs in Southeast Asia (SEA)

This session outlined the current global and regional mechanisms for countries to access new ARVs and demonstrated their application within Southeast Asian contexts.

Key recommendations:
- Establish a coordinated secretariat to facilitate follow up on action points and share progress offering technical support.
- Sign-up more countries from the region for WHO collaboration process of registration for new ARVs.
- Advocate to National programs to put new ARVs into the upcoming National Strategic plan.
- Initiate demonstration or implementation projects using new ARVs among target populations according to epidemiological data.
- Scale-up the projects among those key populations.

Question 3 – Integrating services in current harm reduction practices such as substance use literacy, overdose/overamp prevention, sexual health, mental health, or socio-legal support

This session highlighted the best current practices in harm reduction programs and identified existing gaps that should be addressed to enhance program integration.

Key recommendations:
- Develop service mapping between the service providers and the communities, which will include integrated harm reduction services, including digital platforms.
- Establish the accreditation of community-led integrated harm reduction services delivery model, including substance use literacy, overdose/overamp prevention, sexual health, mental health, socio-legal support, and viral hepatitis prevention.

Question 4 – Developing community-leadership in co-designing and co-delivering harm reduction services and identifying the required enabling environment activities

Key recommendations:
- Empower the capacity of harm reduction literacy and desensitization by developing community-led multi-stakeholder training programmes and community-led participatory-type training workshops.
- Activate peer-led harm reduction services leveraging leaders in the community.
- Strengthen existing regional engagement and networking to prioritise the implementation of harm reduction across different communities, for example, in the border cities of two countries.

Question 5 – Upscaling the technologies: strengthening innovative ways to improve differentiated HIV prevention and treatment services

Current innovative services, such as online key-population service centres, peer-to-peer outreach, and one-stop service models, have been implemented in HIV programs. Looking ahead, the integration of artificial intelligence, e-commerce platforms, and offline applications is anticipated to enhance differentiated HIV prevention and treatment services.

Key recommendations:
- Develop national guidelines for implementing differentiated service delivery through digital health including prevention, testing, treatment and opioid substitution treatment (OST) for all populations.

- Capacity building for multi-level stakeholders including community level on the use of digital platforms.

Question 6 – Improving guidelines and/or policies to support scaling-up the digital health

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Scaling up digital health within the country requires the fulfilment of several foundational needs, including reliable internet access, robust cyber laws and regulations, the integration of artificial intelligence (AI), and strengthened regional collaboration.

Key recommendations:
- Make sure data security and privacy by strengthening cyber protection in the country and advocating to communities.
- Develop the implementation guidelines for ethical and safe use of AI in the digital health services.

Annex 1
Science and communities in the HIV Response in Southeast Asia

Group work recommendations

4 November 2025
Bangkok, Thailand
IAS Educational Fund and IHRI Workshop

Question 1: What steps are needed to bring new ARV drugs into your country, and what actions can be taken to speed up and ensure equitable access for all populations?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (Institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Develop training package for healthcare providers and Civil Society Organizations (CSO)/ Community-Based Organizations (CBOs) to raise awareness of new ARVs • Side effects • Clinical management • Practical guidance for implementers to adapt global guidelines to local context	Q2 2026 (Same time as guidelines)	• National AIDS programme • CSOs • CDC/Health department	Making a training video Making pamphlet/ booklet Holding seminars	Whoever makes the training
2	Develop demand generation campaigns to increase awareness among end users	1-2 years for development but activities will be ongoing	CSO	Question and answers Role play sessions Asking feedback about ARVs through campaigns Group discussion/focus groups Evaluation of campaign through group discussion/survey etc Tracking uptake of new ARVs after campaign (measure demand generation) Approach influencers Community-led Experience sharing for end users – peer training (including key populations e.g. people who inject drugs-PWID) Integrate awareness of new ARVs into prevention education activities Social media campaigns	• Donor funding • World Bank • Asian Development Bank

Nº	Recommendations	Timeline	Who?	How?	Financing
3	Create research studies on new ARV drugs	6-24 months	Researchers	Collect data in research studies co-designed with key population	• Donor funding • World Bank • Asian Development Bank •
4	Develop a cost-effectiveness study/return on investment • Projection/modelling (e.g. in Malaysia switching from EFV to TLD) • Also, epidemiological data (background HIV incidence) • Depends on if country regulations (may not require local modelling)	1-2 years	• Researcher/ Health economists • Government	Use other country's data Create a cost-effective analysis to advocate to government bodies Develop estimates for the cost of new infections against the cost of PrEP or new ARVs	• Donor funding • World bank • Asian Development Bank

Question 2: Which global and/or regional mechanisms could be used to have access to new ARV treatment in Southeast Asia considering the current landscape?

Nº	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Establish a coordinating secretariat to facilitate follow up on action points and share progress offer technical support	By July 2026	Lead organizers (such as WHO, UN, funders and donors) with stakeholders from the countries who interested in access to new ARV into their National strategies	• Virtual meeting • Develop ToR	Not required
2	5 additional countries from Asia Pacific region to sign-up for WHO collaborative process of registration	By July 2026	Key affected population and CSO advocates with support from Secretariat	Policy advocacy with respective MoH/Meeting/Letters	Not required

3	4 additional countries from Asia Pacific region signs up for WHO Prequalification (PQ)/ Stringent Regulatory Authority (SRA), Collaborative Registration Procedure (CRP)	By Dec 2026	Key affected population and CSO advocates with some support from Secretariat	Letters/ Email	Not required
4	Advocate to national programs to include new ARVs upcoming 5 years National strategic plan	By July 2027	Key affected population and CSO advocates/ Secretariat technical support	Awareness/med literacy, meetings/ tech support secretariat	Donor funding
5	Initiate demonstration/implementation projects with new ARVs – adoption by NAP and Scale up 95% among eligibles	By 2028 / 2035	Research organizations, NAP	Technical support from WHO, Secretariat, collaborations with AIDS Program Research organizations	Medicines, implementation cost, human resource

Question 3: What are the current best practices in harm reduction services in your country, and how could these services be further optimized by integrating or strengthening aspects such as substance use literacy, overdose/overamp prevention, sexual health, mental health, or socio-legal support?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Conduct service provider and client mapping of integrated harm reduction services in the country	12 months	Lead: • Coordinating organization or network of implementing partners Support: • Community member (as a contributor or reviewer) Government agencies, donor organizations	Conduct short orientation or training on mapping methods, data ethics, and confidentiality. Collect data on available services, clients, and key stakeholders, including both formal and informal service providers. Finalize the map Explore opportunities to consolidate national maps into a regional overview to support cross-country learning and referral linkages.	No cost Or 20-25% (depends on countries, Myanmar – Global Fund)

Nº	Recommendations	Timeline	Who?	How?	Financing
				Share the mapping results through reports, digital platforms, and brief summaries.	
2	Accreditation of community-led integrated harm reduction service delivery model, including harm reduction, mental health, sexual health, viral hepatitis, sexual and reproductive health and rights, gender-based violence	2-4 years	Lead: Coordinating body or technical working group Support: Legal allies, key partners, and media organizations (for dissemination of human rights knowledge)	Capacity building to lay services providers Develop national or regional guidelines for accreditation of community-led integrated harm reduction service models. Conduct consultation meetings with service providers and stakeholders to define standards, criteria, and indicators. Draft and finalize implementation plan. Present proposed accreditation framework for review and endorsement to government ministries Conduct advocacy meetings and policy dialogues to secure buy-in. Integrate Harm reduction model accreditation into existing health or social service frameworks.	TBD — potential sources include donor technical assistance, government co-financing, or regional harm reduction programs.

Question 4: How can communities take leadership in co-designing and co-delivering harm reduction services? Which enabling environment activities are needed?

Nº	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Development of community-led multi-stakeholder training program for literacy/desensitization	1 year (series of 6 workshops), modelling after HOPE in Malaysia	Community, Government, NGOs, Academics, Police officers, Media – Regional and International support	Government's prioritization. If we do not have that, we can create alliance with health care professionals	Government, domestic, private sector funding, donor (depending on context)
2	Running community-led participatory-type training workshop for different stakeholders	6 months	MoH, Community	Acknowledgement of the importance of community perspectives	

N°		Timeline	Who?	How?	Financing
3	Community rehabilitation program: For peer-led harm reduction services (leveraging key opinion leaders in the community) [Need training of community/ Training of Trainers, need engagement with Ministry]	3-5 years	Community	Community readiness, collaboration between NGOs, still need partnership from government	
4	Strengthening existing regional engagement and network for prioritization of implementation of Harm Reduction across different contexts	1 year	Regional organizations that have access/influence on UN/WHO		Global/ International funding

Question 5: What innovative technologies are currently employed to strengthen HIV programs in your country, and how can their application be optimized to improve awareness, access to testing, linkage to PrEP, PEP, and ART, client initiation and retention, and re-engagement?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Develop guidelines for implementing differentiated service delivery through digital health including Prevention Testing treatment, opioid substitution therapy (OST) for all populations	June 2027	• NGOs • MOH	South to South learning Guidelines development	Global Fund
2	Capacity building for outreach worker/ healthcare provider/Stakeholders on the use of digital health tools and approaches	December 2026	• WHO • UNAIDS FHI360 • ICAP	Needs assessment/Consultation Module development Training	Global Fund

Question 6: Which guidelines and/or policy changes are needed to support digital health scale-up in your country?

N°	Recommendations	Timeline (most specific timeline possible)	Who? (institutions responsible for implementation)	How? (first steps towards implementation)	Financing
1	Develop and draft a National Digital Health Strategy with clear goals, standards, and responsibilities for expanding telehealth.	Q1 2026 – Q2 2027	• Community Network Consortium, • Ministry of Health (MOH), • Fund Management Organization (FMO), • Community-based Organization /Civil Society Organization (CBOs/CSOs).	Review existing national health and ICT (Information and Communication Technology) policies to map digital health initiatives (public and private), identify key stakeholders (MOH CSO/CBOs/NGOs, private sector, etc.), assess infrastructure, internet access, and digital literacy for baseline telehealth priorities, and implementation plan.	Global Fund, USAID, MOH national budget allocation, potential private sector partnerships
2	Strengthen data privacy and cybersecurity protections through advocacy and awareness to build trust among key populations (people who use drugs, people living with HIV).	Q2 2026 to Q2 2027	• MOH, • Data Privacy Commission, • CBOs/CSOs, • UNAIDS, • WHO	Initiate an assessment of current data privacy and cybersecurity practices in programs that serve key populations. Consult with communities people living with HIV and people who use drugs to understand their concerns about data sharing, confidentiality, and stigma. Develop clear and simple communication materials. Explain data privacy rights, how information is protected, and what people can do if they suspect a breach. Train staff and volunteers on privacy protocols and cybersecurity basics to ensure that data protection is practiced consistently, not just promised.	UNAIDS, MOH digital health budget, private tech sector Corporate Social Responsibility (CSR) programs
3	Develop and implement guidelines for ethical and safe use of Artificial Intelligence (AI) in digital health and health promotion.	Q1 2026 – Q1 2027	• MOH, • CBOs/CSOs, • Digital health organizations	Review existing global and regional AI ethics and health policies. Form a multi-sector working group (CBOs/CSOs, MOH, tech groups).	WHO, MOH, social media companies (e.g., Meta, Google, TikTok), private tech partnerships

| | | | Draft health-specific guidelines focused on safety, accountability, and data protection for people accessing digital health.
Conduct stakeholder consultations to refine the guidelines.
And pilot the guidelines in selected digital health platforms before national rollout. | |