

**1<sup>st</sup> ASSEMBLY ASIA/PACIFIC SOCIETIES REGIONAL NETWORK**  
**Brief Overview – Oceania Society for Sexual Health and HIV Medicine**

Dr Arvin Chaudhary represented the OSSHHM at the 1st Assembly of the Regional Network on HIV, Viral Hepatitis and Sexual Health in Bangkok Thailand, 15-17 January 2016 in the capacity as OSSHHM's president.

Close to 60 members of professional and national and regional societies working in the HIV, viral hepatitis, STI and sexual health from majority of the Asia and the Pacific region were present.

Speakers included representatives from international agencies (such as WHO, academic and research organisations, Treat Asia, IUSTI & UNAIDS) and regional professional societies from the Asia/Pacific region. Pacific was represented by Dr Elec Ekeroma (PSRH-NZ), Dr John Millan (PNGSHS) and Dr Arvin Chaudhary from OSSHHM.

Strong view on advocacy, sharing of experiences and strategizing for improved services in resource poor setting and in an areas of constrained funding was emphasized.

It was revealed that the incidence of HIV is decreasing and those affected are living longer and productively with treatment. All this has been achieved by:

- 1) Widespread funding (international, regional, drug companies and local)
- 2) Training and provision of trained HCWs
- 3) Increasing participation of PLHIV
- 4) Building excellent rapport with all stakeholders
- 5) Management based on scientific background
- 6) Multiple research and widely available date publications
- 7) Excellent trust from the public and general communities
- 8) Networking partners
- 9) Government support
- 10) Partnership with champions and activists

Universal access to HIV was seen as successful as in 2000 less than 100 000 PLHIV were on ARVs and by the end of 2015, there were more than 15million.

This was achieved by;

- 1) Creation of world's first entitlement regime.
- 2) HIV was made from being a 'want' to a 'need' entity
- 3) HIV was made a public issue rather than something private
- 4) ART was changed from low volume/high cost to high volume/low cost
- 5) HIV received multi-facet approach (NGO's civil societies, government, pharma companies and activists)
- 6) HIV was approached strategically, the mind set of the people was changed
- 7) Approach to HIV management was adapted in the wake of frequent changes.

However, viral hepatitis and STIs such as syphilis is increasing and needs tackling. The importance of advocacy, working with governments and aligning targets with those in WHO guidelines was stressed.

The constraint now after the success of previous many years of widespread money being available for HIV, the funding is now constrained, as HIV epidemic is viewed as having plateaued. HIV once again needs to be brought back into picture, as re-emergence of the epidemic is likely in the wake of the complacency.

Approaches in securing funding amidst the bleak 'money reserve for HIV' included utilizing networking to develop capacity, provision of mentorships and using local trainers (as it would save money on outside recruitment and also using local home knowledge)

Other gaps identified included research

Important goals highlighted included the engagement of community groups and civil societies to focus on results and to fight stigmatization. Learning from success from other societies, countries and regions and duplication best practices. Increasing collaboration/networking/mentoring and provision of clinical attachments. Coaching for more and better research. Use of online journals and professional developments aids. Inclusion of lab workers in future work.

The Assembly was given the nod of being a success. Way forward included plans to build organizational and capacity of professional societies by strengthening training and research.



**Dr Arvin C. Chaudhary**

MBBS (Fiji) MSc HIV Med (UK)

PRESIDENT

Oceania Society for Sexual Health and HIV Medicine.