*WORLD AIDS DAY 2021 WEBINAR*

# Ending inequalities to end AIDS and to end pandemics: HIV prevention and response in ASEAN

**30 November 2021**

**Q: Regarding the use of digital tech, telecoms coverage in SE Asia is mainly in urban areas, and prices can be prohibitive for low income earners and the youth in a number of countries here. How are we making sure digital health will not be an economic inequality in AIDS, and close the tech gaps in time to reach the UNAIDS goals by 2030?**

A: Yes, broadband/internet coverage is not as good in rural compared to urban areas in our region. However mobile phone penetration is very high - so one way would be to look more into mobile health solutions rather than internet based ones

A: We should recognize the digital health / internet and mobile based technologies are not the "only" way to resolve inequalities, but they remain an important entry to those who can be reached through these. We should not create another dependence that risks to leave some behind, but we should considered as a component of a package of options and considerations to adopt using the inequalities lens.

**Q: One of the challenges we face in rolling out "nose-to-tail" telehealth/digital health has been inertia and unwillingness on the part of physicians. Any advice on how to bring clinicians on board?**

A: Like I mentioned - we HCP are our own worst enemies - the other industries have embraced digitisation a decade ago. I think some factors include - lack of confidence around privacy, perceived added work. In terms bringing clinicians on board I think it has to be a combination of carrot and stick - incentives for using these tools and taking away privileges - sometimes just making it no longer optional . For eg when we went to EMR and e-prescribing - just making it no longer possible to do manual prescribing solved the problem of the slow uptake initially when they were both available.

**Q: How can we ensure public health communications via digital platforms including social media will address potential misinformation that can circulate in these channels as we have seen in the current pandemic?**

A: This is a huge problem as we see with COVID-19. We need to be a bit more strategic in countering this misinformation. First of all we need to strengthen the overall Risk Communication - provide frequent, accessible, plain language information through different channels. Have a dedicated team to communicate this information through multiple channels as well as on the ready to counter the misinformation - this requires investment in HR and technology of course.

**Q: My question is in reference to the telehealth presentation. I am curious to know what mental health implications you have found from telehealth programs and relatedly, how these have been mitigated? For example, have you found increased anxiety/distress from being alone when receiving test results or from navigating technological challenges with regard to such a sensitive topic?**

We provide on line peer counsellors pre and post-test if required.

**Q: It would be very useful to see specific strategies which work or gained traction in improving access and prevention awareness/adoption for underprivileged segments- such as groups who may have barriers such as literacy, access to technology for all form of online-services. Inequalities will widen as we continue to focus on the internet or technology as solutions for the poor, less educated or unexposed communities in ARV/PrEP/PEP access. They exist even in developed nations.**

A: The digital solutions cannot be the only answer. It is equally important to expand and strengthen and finance community based services. I think this will be key in reaching key populations and the underprivileged segments of society.

A: There are many good examples, led and designed and implemented by community organizations. Not all of them are based on new technologies. Good idea to do more events and gatherings for sharing those experiences and models. Inequalities are driven by many factors, and they cannot be resolved by one action and one approach or one solution. Combination of innovations and solutions is the key to ensuring no one is left behind.

**Q: Great to see the contribution of positive messaging in public advertisements, what has been done among Singapore healthcare services providers to reduce stigma within the sector?**

There are formal programs / courses for HCWs as well as increasing meaningful involvement of PLHIV & KP members in clinical and educational programs. We still have a ways to go though. For example, U=U needs to be adopted more widely.

**Q: In KHANA's Program Report within Jan-Oct 021, we have reached MSM, TG and Female Entertainment Workers (FEWs) in Phnom Penh and other 7 provinces for a total of 40,347 persons and 23,713 received HIV test and we found 678 persons tested HIV positive (MSM=388, TG=241, FEWs= 48). Positive case amongst MSM is 3.53%, while TG is 7.45% and FEWs is only 0.51% within these cases identified of 678 in total. We need to end HIV at the same time to end COVID-19.**

A: The evidence from Khana's program is striking. it shows excellent results with ability to reach those who never had access to HIV testing, achieve a high yield and great case finding in the context of a country who is already in the last mile and it is expected that finding the last few are the most difficult. You example demonstrated that it can be done efficiently even in time of serious restrictions and limitations. Thank you for sharing.