Getting to Zero in Asia and the Pacific: Focus and Innovation

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International Commitments on AIDS: leading to an AIDS-Free Generation

- **2000**
  - Millennium Declaration
  - MDG Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- **2001**
  - The first U.N. General Assembly Special Session on HIV/AIDS (UNGASS)
  - Declaration of Commitment on HIV/AIDS

- **2006**
  - Political Declaration
  - Universal Access to HIV Prevention, Care and Treatment by 2015

- **2011**
  - Political Declaration
  - New impact targets and commitments towards “Getting to Zero”

**Getting to zero**
HIV in Asia and the Pacific 2011

- 4.9 million people living with HIV
- 1.6 million women living with HIV
- 370,000 new infections
- 310,000 deaths
- 21,000 children newly infected
ZERO NEW INFECTIONS:
Current business model will NOT get us to 2015 targets for reductions in new infections

Estimated new HIV infections

- **Estimated trend to 2015**: 370,000
- **Target 2015**: 180,000

Estimated trend to 2015

- Epidemic expands
- Epidemic declines

50% reduction by 2015
Urgent action needed to control expanding epidemics and keep up prevention in declining epidemics

<table>
<thead>
<tr>
<th>Epidemic Pattern</th>
<th>Adults and children newly Infected</th>
<th>Adults and children living with HIV</th>
<th>Adults and children AIDS Deaths</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declining Epidemic: New infections and PLHIV declining, deaths stable.</td>
<td>![Decline]</td>
<td>![Decline]</td>
<td>![Increase]</td>
<td>India, Thailand, Myanmar, Nepal, Cambodia</td>
</tr>
<tr>
<td>Maturing Epidemic: New infections declining, PLHIV still increasing or stabilizing, death trends vary.</td>
<td>![Decline]</td>
<td>![Stabilize]</td>
<td>![Increase]</td>
<td>varies</td>
</tr>
<tr>
<td>Expanding Epidemic: New infections, PLHIV and deaths increasing.</td>
<td>![Increase]</td>
<td>![Increase]</td>
<td>![Increase]</td>
<td>Indonesia, Pakistan, Philippines</td>
</tr>
<tr>
<td>Latent Epidemic: New infections increasing or stable at around 1,000 per year, PLHIV increasing but &lt; 10,000, and deaths &lt; 500.</td>
<td>![Increase]</td>
<td>![Increase]</td>
<td>![Low] &lt;500</td>
<td>Bangladesh, Lao PDR, Afghanistan, Sri Lanka,</td>
</tr>
<tr>
<td>Low Prevalence: Low levels of HIV infections detected but risk factors exist.</td>
<td>![Low] &lt;500</td>
<td>![Low] &lt;1,000</td>
<td>low</td>
<td>Bhutan, Fiji, Maldives, Mongolia Timor Leste, PICT</td>
</tr>
</tbody>
</table>

Key: ▲ Expanding Trend  ▫ Declining Trend  ▶ Stabilizing Trend

Men who have sex with men (MSM): Rising epidemics in major cities across Asia with a need for new approaches

- Condom use improving; regional median has reached about 60% required to turn around epidemic, but low in several countries
- Prevention coverage improved regionally and some countries, but <80% UA target
HIV in other key populations at higher risk: Epidemics still out of control in several countries

- **People who inject drugs (PWID):** HIV increasing in expanding epidemics, criminalization impedes reach, harm reduction not adopted at a scale to make impact, and ATS use possibly increasing sexual risk
  - >5% HIV nationally in 12 countries; >20% HIV regions/cities in 8 countries
  - Rising trend in regions/cities in 4 countries: India, Indonesia, Pakistan, the Philippines
  - Condoms used by less than half PWID surveyed - less than SW and MSM.
  - Inadequate numbers of syringes distributed in most countries, and only a third of PWID covered by prevention programmes in 2009.

- **Female sex workers (FSW):** Progress but high prevalence in geographic ‘hotspots’ in countries. Transition to cellphone based contacts in sex work indicates need for change in prevention paradigm
  - >5% HIV nationally in 4 countries; >10% HIV in regions/cities in 7 countries
  - Rising trend in regions/cities in 3 countries: India, Indonesia, Myanmar
  - Prevention coverage improving, but only about half covered.
ZERO AIDS-RELATED DEATHS:
Current business model will NOT get us to 2015 treatment targets

Estimate 2011: 1.1 million

Estimate 2015: 1.8 million

Target 2015: 2.3 million

FALLS SHORT OF TARGET BY ~500,000

Number of people receiving ART by 2011

Number of people receiving ART 2015 (with the current trend)

Getting to zero

2015 target
ZERO DISCRIMINATION:
Legal and political challenges remain in the 38 UN Member States in Asia-Pacific

12 impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status

37 criminalize some aspect of sex work

11 compulsory detention centres for people who use drugs

15 provide for the death penalty for drug-related offences

18 criminalize same-sex relations

Since 2010, 7 laws that impede AIDS related services have been lifted
Game Changers!
Game Changer #1: Focus

- Populations
- Geographical areas
- Strategies
- Services

% HIV

<table>
<thead>
<tr>
<th>Location</th>
<th>HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM Bangkok</td>
<td>31</td>
</tr>
<tr>
<td>MSM Jakarta</td>
<td>17</td>
</tr>
<tr>
<td>SW Mumbai</td>
<td>17</td>
</tr>
<tr>
<td>SW Pune</td>
<td>41</td>
</tr>
<tr>
<td>SW Hai Phong</td>
<td>23</td>
</tr>
<tr>
<td>SW Yangon</td>
<td>18</td>
</tr>
<tr>
<td>IDU Cebu</td>
<td>53</td>
</tr>
<tr>
<td>IDU Karachi</td>
<td>42</td>
</tr>
<tr>
<td>IDU Jakarta</td>
<td>56</td>
</tr>
<tr>
<td>IDU Bangkok</td>
<td>30</td>
</tr>
</tbody>
</table>
Game Changer #2: Strategic Testing and Treatment

- Expand HIV testing in key populations wherever prevalence is high
- Treatment as Prevention with access to ARV regardless of CD4 count for:
  - Sex workers, people who use drugs, men who have sex with men
  - Sero-discordant couples
  - Pregnant women
- Community led services to promote testing uptake and treatment adherence

Data Source: UNAIDS Universal Access and GARPR
Game Changer #3: Commitments made in Asia and the Pacific

“…ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations”. (ESCAP Resolution 66/10, 2010)

“…initiate, as appropriate, in line with national policies, a review of national laws, policies and practices to enable full achievement of universal access to with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV, in particular key affected populations.” (ESCAP Resolution 67/9, 2011)
Undertake legal reviews, national consultations and peer review of progress towards HLM targets

- **February 2012**: Asia-Pacific High-level Meeting (HLM) on HIV and AIDS
- **May 2012**: 68th ESCAP session (to review the outcomes of the HLM)
- **May 2013**: National multisectoral consultations on policy/legal barriers
- ****Participatory and inclusive national reviews on implementing the Political Declaration, resolutions 66/10 and 67/9
- **Regional overview of progress in meeting the commitments in the Political Declaration, resolutions 66/10 and 67/9
- **Inclusive Regional Intergovernmental Review Meeting of National Efforts and Progress
- **May 2015**: 71st ESCAP session (outcomes could serve as regional input for the 2015 General Assembly review of MDGs)
- **General Assembly Review of MDGs (including MDG 6)**
Game Changer #4: Shared Responsibility with Asia-Pacific investing in AIDS

HIV expenditure from domestic sources, Asia-Pacific  (Preliminary data)

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malaysia</td>
<td>2011</td>
<td>92</td>
</tr>
<tr>
<td>China</td>
<td>2011</td>
<td>89</td>
</tr>
<tr>
<td>Thailand</td>
<td>2011</td>
<td>83</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>2010</td>
<td>48</td>
</tr>
<tr>
<td>Indonesia</td>
<td>2010</td>
<td>40</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2011</td>
<td>37</td>
</tr>
<tr>
<td>Philippines</td>
<td>2011</td>
<td>31</td>
</tr>
<tr>
<td>Mongolia</td>
<td>2011</td>
<td>30</td>
</tr>
<tr>
<td>Fiji</td>
<td>2011</td>
<td>21</td>
</tr>
<tr>
<td>PNG</td>
<td>2010</td>
<td>24</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2010</td>
<td>15</td>
</tr>
<tr>
<td>India</td>
<td>2011-12</td>
<td>90%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>2011</td>
<td>9</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>2011</td>
<td>7</td>
</tr>
<tr>
<td>Cambodia</td>
<td>2010</td>
<td>4</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2011</td>
<td>4</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>2009</td>
<td>3</td>
</tr>
<tr>
<td>Nepal</td>
<td>2009</td>
<td>1</td>
</tr>
</tbody>
</table>

Getting to zero

90% Committed for NACP IV

Upper-middle income
Lower-middle income
Low income
Asia influencing the global discourse

Indonesia
China
BRICS
Vietnam
Myanmar
India
Asia
Beyond borders

➢ Prevention among key populations and South-to-South sharing
  • Models for scale up – Avahan, harm reduction, legal reform
  • ASEAN Cities Getting to Zero

➢ Securing the global ARV supply
  • India-China-Africa collaboration
  • TRIPS flexibilities and FTA trends
  • Technology transfer

➢ BRICS agenda
  • Greater role in global health governance
  • Influencing ODA of China and India, especially in Africa
  • Innovation and sustainability

➢ Post MDG-agenda
  • UNSG High-level post-2015 Advisory Panel - Indonesia Co-Chair of ‘social development’ agenda
  • Commitment towards universal health coverage by ASEAN Plus Three
THANK YOU
ADDITIONAL SLIDES
People who inject drugs (PWID): Rising trends in expanding epidemics and harm reduction not adopted at a scale to make impact

- Condom used by less than half PWID surveyed - less than SW and MSM.
- Sterile injecting >60% required, but it declined between 2009 and 2011.
- Inadequate numbers of syringes distributed in most countries, and only a third of PWID covered by prevention programmes in 2009.
Female sex workers (FSW): Progress but still at high prevalence in geographic ‘hotspots’

- Condom use >60% required to turn around epidemic and improving.
- Prevention coverage improving but only about half covered.
Over 1.1 million people received Antiretroviral Treatment in Asia-Pacific in 2011, but we lag behind global averages.

![Recent trends in global and regional ART and PMTCT coverage](chart.png)
**Game Changer 3: Scale-up treatment**

**ART Policy Guidelines**

1. **CD4 ≤ 200**
   - Recommended Since 2003

2. **CD4 ≤ 350**
   - Recommended since 2010

3. **CD4 ≤ 350 + TasP**
   - Incremental approach 2012

4. **CD4 ≤ 500**
   - Ongoing systematic review of evidence (GRADE review)

5. **All HIV+**
   - “Test and treat”

- Full implementation of current WHO Guidelines (access to ARV at CD4 ≤ 350)
- Treatment as Prevention (access to ARV regardless of CD4 count) for:
  - Sero-discordant couples
  - Pregnant women
  - Key populations (SW, IDU, MSM)
- Integrating and scaling up management of co-infections (HIV-TB and HIV-HepC)
Asia and the Pacific: Getting to Zero

Countries in Asia and the Pacific have the capacity to lead the world in achieving

- Zero new HIV infections
- Zero discrimination
- Zero AIDS-related deaths

Bold political leadership, country ownership, and shared responsibility are needed more than ever.

Meaningful engagement and participation of the community is essential for success.