Ending the AIDS epidemic by 2030

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for the UNAIDS Regional Management Meeting
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Regional overview of trends in HIV infections and AIDS-related deaths

HIV and AIDS in Asia and the Pacific 1990-2013

2013 “zoom-in”

People living with HIV
4.8 million

- New HIV infections: 350,000
- Deaths: 250,000
- Young people living with HIV: 610,000

Women living with HIV
1.7 million

Children living with HIV
210,000

Getting to zero

New HIV infections have declined since 2001, but remain largely unchanged in last 5 years

Region lags behind the global average in eliminating new HIV infections among children

Estimated new HIV infections among children in Asia and the Pacific, 2001-2013

- Estimated new HIV infections among children in Asia and the Pacific have decreased by 29% since 2005.
- In 2013, the estimated number of new HIV infections among children was 22,000.

Elimination of mother-to-child transmission in Asia and the Pacific, 2011-2013

- PMTCT coverage has increased from 18% in 2011 to 30% in 2013.
- The global average for PMTCT coverage is 67%.

Treatment has accelerated, but still only half the people living with HIV likely to access treatment by 2015.

2013 estimate: 1.56 million

Estimated 2.4 million PLHIV will receive ART in 2015 at current pace of scale up

Treatment saves lives: AIDS-related deaths are declining in Asia and the Pacific

People receiving ART

- 2005: 1.56 million
- 2013: 9 x increase since 2005

AIDS-related deaths, Asia and the Pacific, 2001-2013

- 2001: 400,000
- 2005: 26% decline since 2005
- 2013: 0

Getting to zero

Legal barriers to the HIV response remain in the 38 UN Member States in Asia and the Pacific

10 impose some form of HIV-related restriction on entry, stay or residence

37 criminalize some aspect of sex work

11 compulsory detention centres for people who use drugs

15 impose the death penalty for drug-related offences

18 criminalize same-sex relations
Domestic funding has increased to make up for leveling off of international financing.

Resources available for AIDS response in Asia and the Pacific, low-and middle-income countries (LMIC)

- **Domestic sub-total**
- **International sub-total**
- **Resources available to LMICs in Asia and the Pacific**

Source: UNAIDS estimates 2012
Regional priorities to end the AIDS epidemic by 2030

• No one left behind
  Key populations: PWID, MSM, SWs, TG, prison populations, migrants, women and girls, other (country-specific)

• City focus

• Reach the 90-90-90 Treatment Targets by 2020

• Investment approach

• Enabling environment

• AIDS in the post-2015 development agenda
No one left behind
### Countries that account for >90% PLHIV and new infections and high HIV prevalence in key populations

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<tbody>
<tr>
<td>India*</td>
<td>130,000</td>
<td>2,100,000</td>
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<td><img src="https://www.aidsdatahub.org" alt="Yes" /></td>
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<td>Indonesia</td>
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<td>China*</td>
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<td>Viet Nam</td>
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<td>Thailand</td>
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<td>86,000</td>
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<tr>
<td>Myanmar</td>
<td>6,700</td>
<td>190,000</td>
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<tr>
<td><strong>Regional size estimates</strong></td>
<td><strong>11 million</strong></td>
<td><strong>3.5 million</strong></td>
<td><strong>4.4 million</strong></td>
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*Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS Estimates 2013; Philippines HIV Estimations and Projections 2014 (Unpublished document); National HIV Sentinel Surveillance Surveys; and Integrated Biological and Behavioural Surveys*
National prevalence masks high prevalence in localized geographical areas.

Prepared by www.aidsdatashub.org based on latest available data between 2009 and 2013 from national HIV sentinel surveillance surveys, integrated biological and behavioural surveys, and other published survey results. Pakistan data for hijra sex workers. MSM: Men who have Sex with Men; MSW: Male Sex Workers; PWID: People Who Inject Drugs; FSW: Female Sex Workers.
HIV in Asia and the Pacific is concentrated among key populations, especially in cities.

- **People who inject drugs**
  - Indonesia, 36%
  - Jakarta, 56%

- **Men who have sex with men**
  - Thailand, 7%
  - Bangkok, 24%

- **Female sex workers**
  - Viet Nam, 2.7%
  - Hanoi, 23%

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on HIV sentinel surveillance reports, integrated biological and behavioral surveillance reports and [www.aidsinfoonline.org](http://www.aidsinfoonline.org)
Prevention services are reaching key populations but are not scaling up fast enough to reverse the epidemic.

HIV prevention coverage among key populations (regional median trend*)

<table>
<thead>
<tr>
<th>Year</th>
<th>MSM</th>
<th>MSW</th>
<th>FSW</th>
<th>PWID</th>
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<tr>
<td>2010</td>
<td>41</td>
<td>36</td>
<td>37</td>
<td>51</td>
</tr>
<tr>
<td>2012</td>
<td>57</td>
<td>37</td>
<td>98</td>
<td>51</td>
</tr>
<tr>
<td>2013</td>
<td>58</td>
<td>55</td>
<td>116</td>
<td>55</td>
</tr>
<tr>
<td>2014</td>
<td>64</td>
<td>54</td>
<td>131</td>
<td>54</td>
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* latest available data from UNGASS/ Global AIDS Response Progress Reporting (GARPR) 2010 to 2014

Getting to zero

Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org
Ambitious, but achievable, new targets by 2020…

- 90% diagnosed
- 90% on treatment
- 90% virally suppressed

Getting to zero
The result

73% of all people living with HIV will be virally suppressed

three-fold increase over current estimates
HIV testing is the entry point for treatment, but only around 1/3 of key populations know their HIV status.

HIV testing coverage among key populations, regional median, 2007-2013

Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org
Treatment is expanding, but still only 1 in 3 PLHIV are on ART and most start late

ART coverage among countries in Asia and the Pacific, 2013

Regional median CD4 at ART initiation

There are huge opportunities in cities to scale up treatment

Getting to zero

Source: Prepared by www.aidsdatahub.org based on city posters prepared by the Data Hub and UNAIDS country offices as part of preparation for UNAIDS Management Meeting 2014.
Progress on laws since 2010

• At least 11 punitive laws have been lifted, including:
  – criminalization of same sex practices; of HIV transmission, exposure or non-disclosure;
  – HIV-related discrimination in employment;
  – HIV-related restrictions on entry, stay and residence; and
  – compulsory detention of sex workers.

• At least 6 countries have increased legal protections for PLHIV or key populations:
  – legal recognition of transgender persons;
  – protection against discrimination on grounds of HIV status or sexual orientation; and
  – protection of labour rights and freedom from violence for sex workers.
• 19 countries have conducted national reviews and/or consultations on legal barriers to access to services, resulting in prioritized action plans.

• WHO Guidelines for key populations now recommending decriminalization and protective laws

• Improved data on stigma and violence, including GBV

• Programmes to reduce stigma and discrimination and increase access to justice receiving increased attention through Global Fund NFM
Growing evidence: gender-based violence against SW, MSM and TG

Key populations who were forced to have sex, 2008-2012

<table>
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<tr>
<th>Location</th>
<th>Ever</th>
<th>Last 6 months</th>
<th>Last 12 months</th>
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<td>Herat, Afghanistan (2012)</td>
<td>13</td>
<td></td>
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<tr>
<td>Lao PDR (2008)</td>
<td></td>
<td>22</td>
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<td>16 Terai Highway Districts, Nepal (2012)</td>
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<td>29</td>
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<td>Port Moresby, PNG (2010)</td>
<td></td>
<td>15</td>
<td>16</td>
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<td>Fiji (2010-11)</td>
<td>41</td>
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<tr>
<td>Kabul, Afghanistan (2008)</td>
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<td>28</td>
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</table>

FSW forced to have sex

MSW forced to have sex

TG SW forced to have sex

MSM forced to have sex

Prevention spending on key populations is heavily dependent on international financing sources.

Distribution of prevention spending by financing source in Asia and the Pacific, latest available year, 2009-2012.

Prevention spending on key populations is heavily dependent on international financing sources.

Getting to zero

Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org
About half of AIDS spending is on care and treatment, mostly domestically sourced.

<table>
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<tr>
<th>Service Category</th>
<th>International</th>
<th>Domestic Public</th>
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<td>Prevention spending</td>
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<td>Care and treatment</td>
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<td>Programme management</td>
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<td>Incentives for human</td>
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<td>resources</td>
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<tr>
<td>Others</td>
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Getting to zero

Spending by service category is not available for India and China.

Source: Prepared by www.aidsdatahub.org based on www.aidsinfoonline.org
Investment cases on AIDS are guiding the response

"Ending AIDS in Thailand"

Optimizing Viet Nam’s HIV Response: An Investment Case
Evidence-based investment cases have influenced AIDS responses in the region

- **Thailand:**
  - Triggered **paradigm shift** from “controlling AIDS” to “ending AIDS by 2030”
  - Influenced **priorities for GF NFM HIV grant**; essential package of services in Thailand’s Universal Health Coverage scheme
  - National policy on “**ART for All**” regardless of CD4 count (1 Oct 2014)

- **Myanmar:**
  - Set **new targets for revised NSP** for HIV/AIDS, 2011-2016
  - Treatment gap identified which helped **mobilize US $ 5 million from Government** – the first time such a substantial allocation made

- **Indonesia:**
  - Approval of **$110 million Phase II GF HIV grant**, Nov 2012-Jun 2015
  - **Geographical prioritization** of interventions in 30 major cities in National AIDS Strategy, 2015-2019
  - Being used to help country develop **investment case for “Ending AIDS”; integrate HIV into UHC schemes; explore funding opportunities at district level** using local government funds
Post 2015 Agenda
Key processes feeding into the post-2015 development agenda

Now is the time to influence and make a difference in the post-2015 development agenda

- Securing strong political commitment for ending AIDS by 2030 will spur progress on a range of development, gender equality and human rights challenges.
- Situating “ending AIDS” as critical to advancing global health in the post-2015 development agenda
- Ending AIDS: a beneficiary of and catalyst for human rights
- Leaving no one behind is critical to ending AIDS by 2030
- Ending AIDS can be a catalyst for gender-transformative action which puts people at the centre of development
Ours can be the first region to end AIDS by 2030...

...but strategic actions are required NOW

- **Innovation**: let's put new science and knowledge to practice (e.g. early treatment initiation, community-based testing, PrEP for MSM)

- **Implementation**: prevention and treatment scale up to have a synergistic impact—treatment coverage is still below 1 in 3 PLHIV

- **SimpliCity**: Over 1 million PLHIV live in 20 Asian cities—the region's cities must be engines of progress, change and rapid scale up

- **Managing transition**: the region's transition to domestic financing will require us to invest resources wisely, or we may lose all our gains to date

- **Human rights**: new WHO guidance is very clear —no rights is all wrong!

- **Urgency**: nearly 1000 people get infected every day in our region! Emerging epidemics in "stable" countries such as India demand immediate action
THANK YOU

www.aidsdatahub.org