

# AIDS, TB and UHC: Challenges and solutions

**Eamonn Murphy**  
Regional Director  
UNAIDS  
Asia and the Pacific  
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# Towards the SDGs

## Opportunities with UHC

### *The 4 Rs*

1. Re-prioritize health
2. Re-politicize health
3. Re-commit to “leaving no-one behind” and apply it to all communities
4. Re-think how communicable disease programs are delivered

# Journey of AIDS by the numbers

**Since the beginning of the epidemic -**

**Globally...**

**77 million** people have become infected with HIV  
population size of Turkey

**35 million** people have died from AIDS-related illnesses  
population size of Canada

**In Asia and the Pacific...**

**12 million** people have become infected with HIV  
Almost twice the population size of Lao PDR

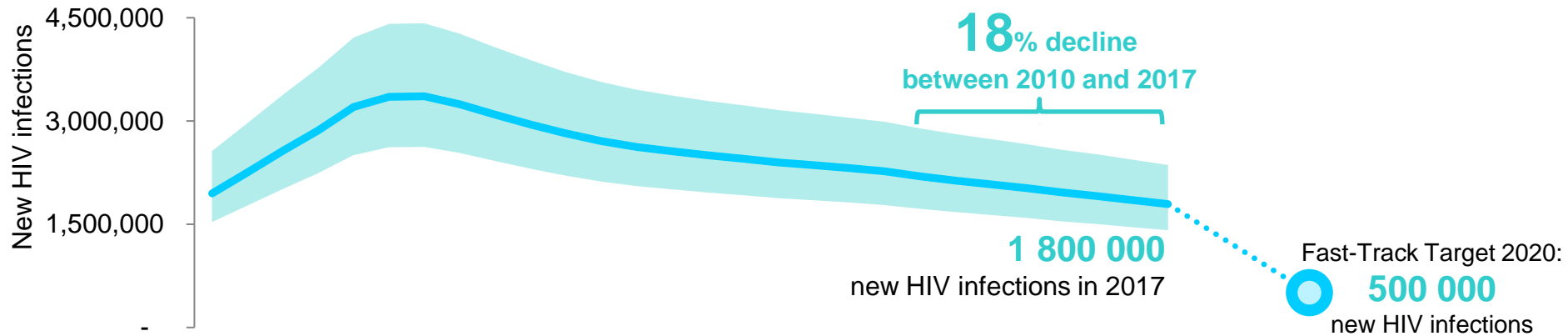
**6 million** people have died from AIDS-related illnesses  
population size of Singapore

Getting to zero

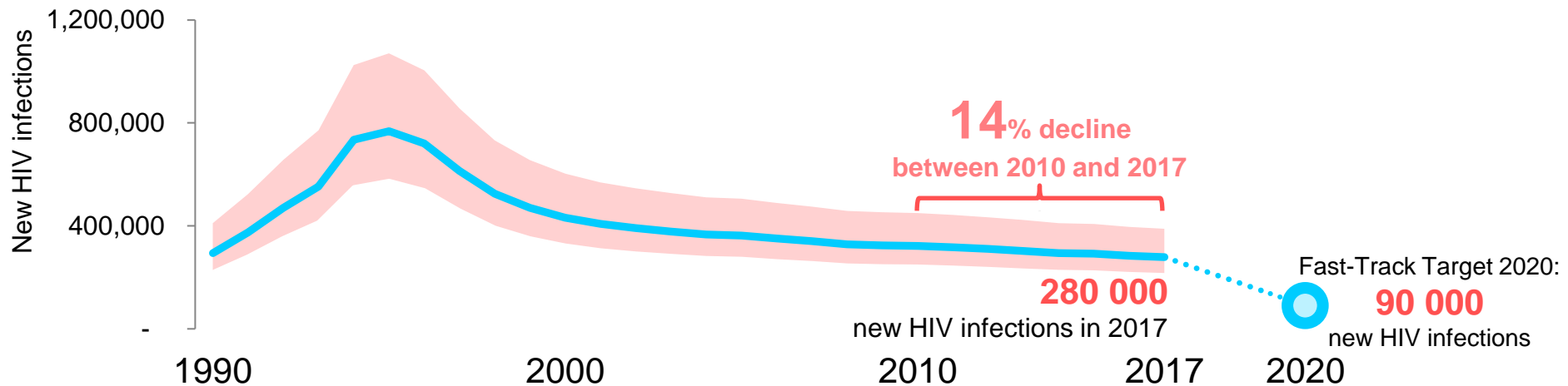


# Despite earlier achievements, the decline in new HIV infections has stalled during the past 7 years.

## Global



## Asia and the Pacific



— New HIV infections    ● 2020 Fast-Track target\*

\*The 2020 target is equivalent to a 75% reduction since 2010.

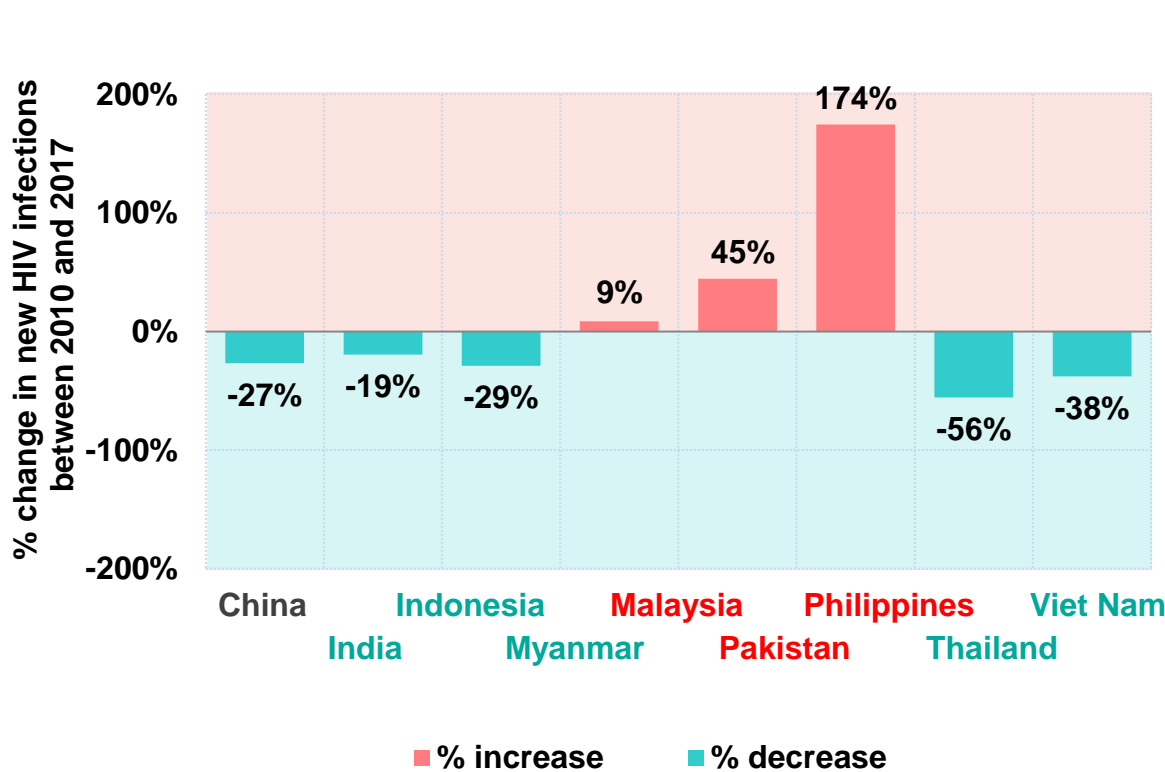


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2018 HIV Estimates

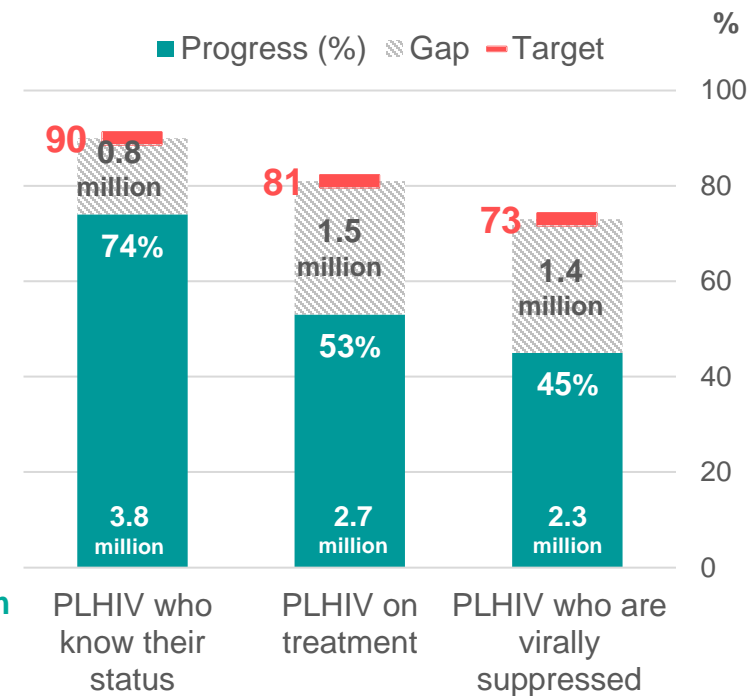
# HIV is not over yet!

## Miles to go and gaps to address

Percent change in new HIV infections between 2010 and 2017



HIV testing and treatment cascade, 2017



Getting to zero



# TB snapshot

## Globally...

**10.4 million** new TB infections of which

**0.6 million** are MDR/RR-TB infections

**1.7 million** TB deaths

## In Asia and the Pacific...

**7.1 million** new TB infections (+2/3)

**0.4 million** are MDR/RR-TB infections (2/3)

**0.8 million** TB deaths (1/2)

Getting to zero

MDR/RR-TB = Rifampicin Resistant (RR) -TB cases including MDR-TB cases



# 11 out of 12 high TB burden countries in Asia and the Pacific also have high MDR-TB burden, 2016

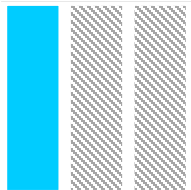
	High TB burden	High MDR-TB burden
Bangladesh	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cambodia	<input checked="" type="checkbox"/>	<input type="checkbox"/>
China	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DPR Korea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
India	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Indonesia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Papua New Guinea	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Philippines	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Viet Nam	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

# But... a lot of missed opportunities



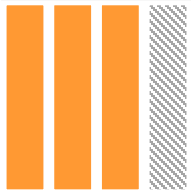
2 in 3

People co-infected with TB-HIV DO NOT know their HIV status



1 in 3

ART service providers DO NOT provide TB treatment in ART settings



3 in 4

TB service providers DO NOT provide antiretroviral therapy in TB clinics

Getting to zero





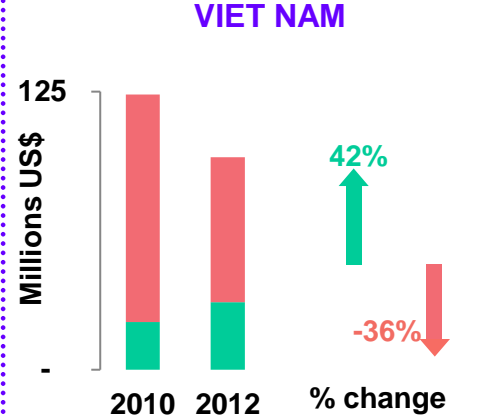
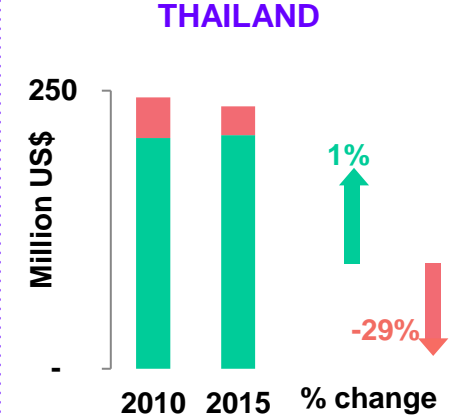
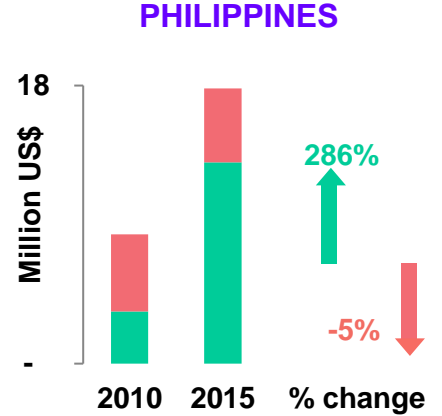
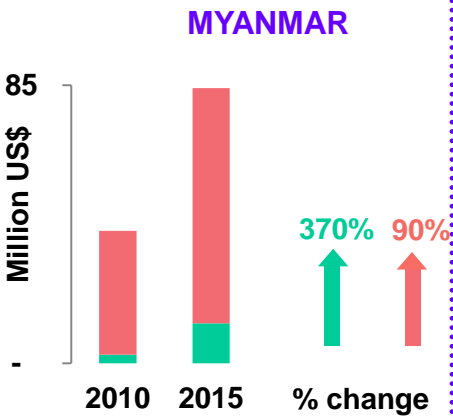
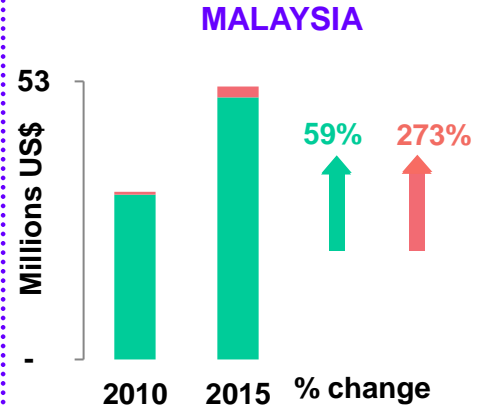
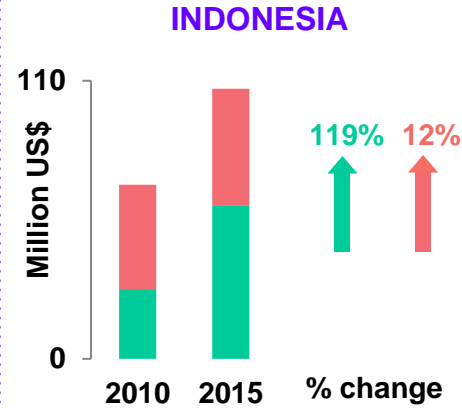
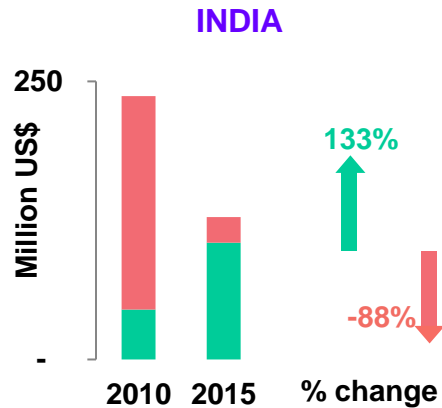
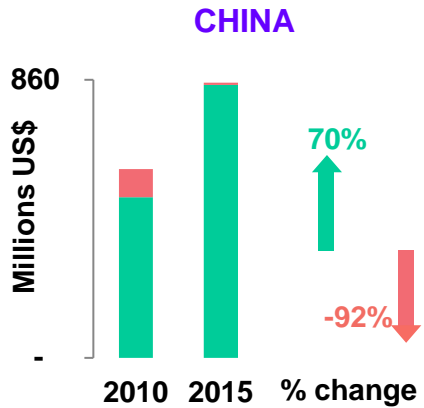
# How tuberculosis programmes can benefit from the HIV public health model

TB and HIV prevention and care interventions are mutually reinforcing. Interventions to tackle tuberculosis and HIV can occur as a comprehensive integrated approach

- **Early diagnosis and optimize linkages for early treatment model**
- **Point-of-care rapid diagnostic test model** to expand and enhance case detection and linkage to care
- **Comprehensive case management model** tailored to the needs of the clients rather than disease centered approach
- **Adherence support models** has proven positive outcomes in maintaining people under treatment and it can be incorporated in and re-packaged the DOTS model of TB treatment
  - PDI+ - peer driven intervention plus programme – implemented by KHANA Cambodia shows almost 90% of enrollment and retaining in care among clients
- **Addressing vulnerable populations and prioritized locations approach** that has proven high impact on turning the HIV epidemic around can be also beneficial to TB programmes

# Increased government investments in AIDS

## Mostly goes for treatment !



Getting to zero  
 Domestic expenditure

International expenditure

Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Response Progress Reporting and Global AIDS Monitoring 2017



# UHC

## IS

1. “systems for health” not “health systems”, including multisectoral responses.
2. Covering the spectrum not only treatment
3. equity, development priorities and social inclusion.
4. focused at the community level.

## IS NOT

1. Just about health financing. It encompasses all components of the health system.
2. Only about a minimum package of services, but is anchored in the right to health for everyone.
3. about individual health (treatment) services, but puts the focus on people, not diseases.

# AIDS response: *an exemplar for UHC*

- Covering the spectrum from prevention to treatment and support mechanisms
- Multisectoral and integrated multi-disease approaches
- Governance & accountability
- People and equity at the center of the response
- Meaningful engagement of civil society at all levels

# Thank you!

