



# GETTING TO ZERO

## Priorities for ASEAN in ensuring no one is left behind

Eamonn Murphy | Regional Director – UNAIDS Asia and the Pacific



# Journey of AIDS by the numbers

Since the beginning of the epidemic -

**Globally...**

**75 million** people have become infected with HIV (Population size of Turkey)

**32 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)

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# Asia and the Pacific Fast-Track Targets

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By 2020

Fewer than

**90 000**

new infections

More than

**4.2 million**

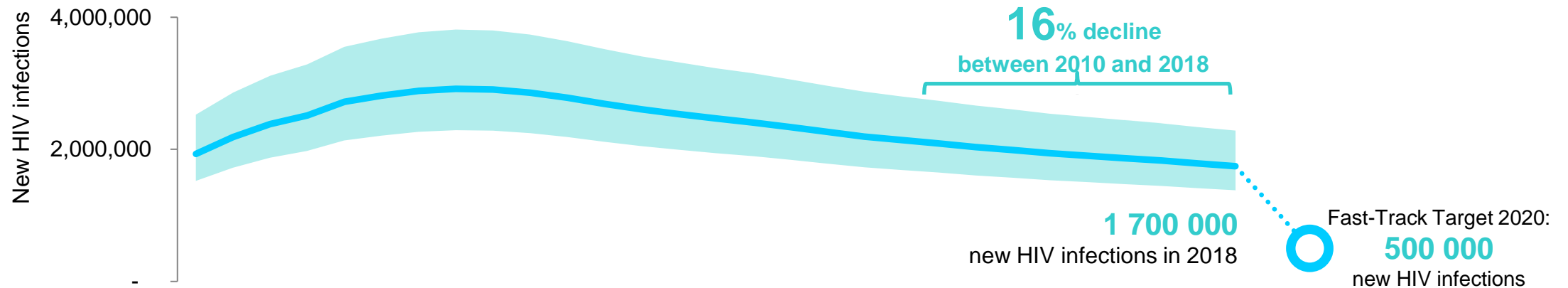
on treatment

**ZERO**

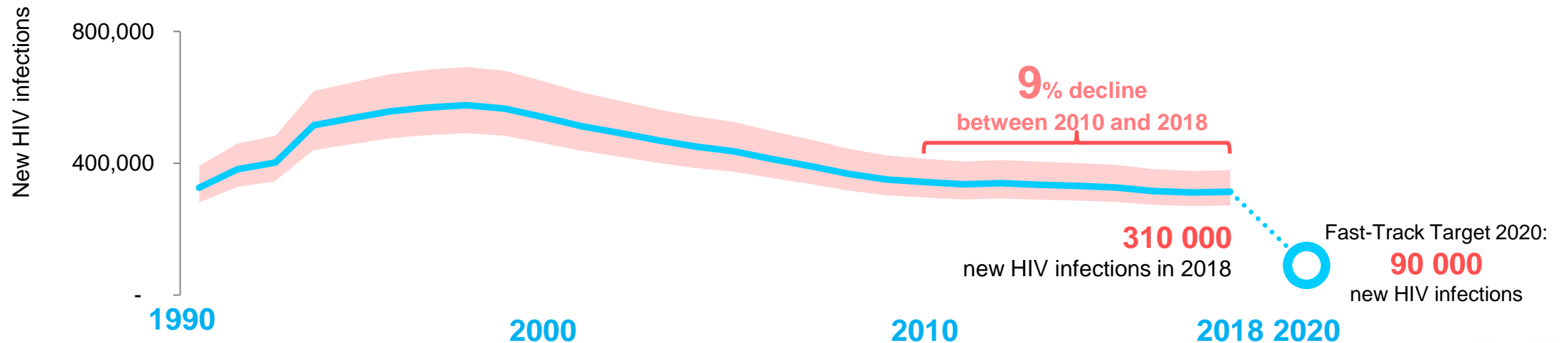
discrimination

# HIV response has achieved notable success in declining new infections globally and regionally, but during the past 8 years the decline in new HIV infections has stalled

## Global



## Asia and the Pacific



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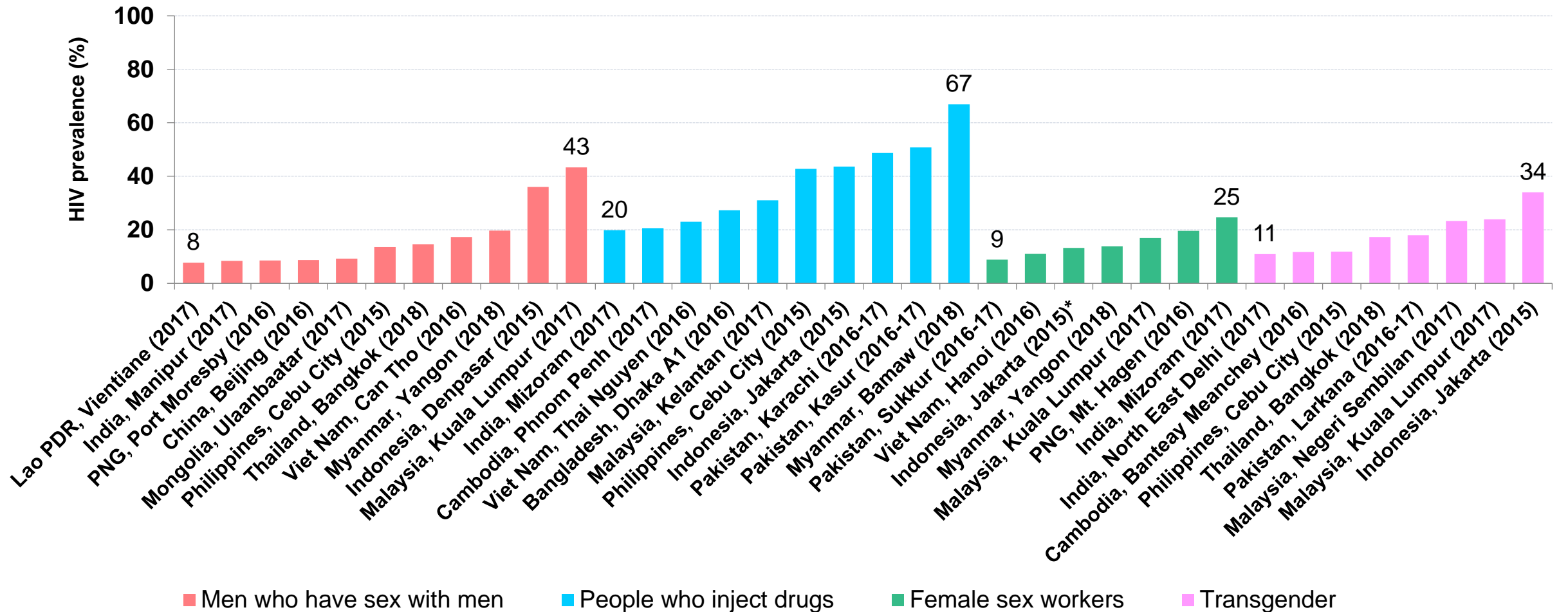
— New HIV infections

● 2020 Fast-Track target\*



# Population zoom-in: how far are we with ending AIDS as a public health threat by 2030?

HIV prevalence among key populations in select geographical locations, 2015-2018



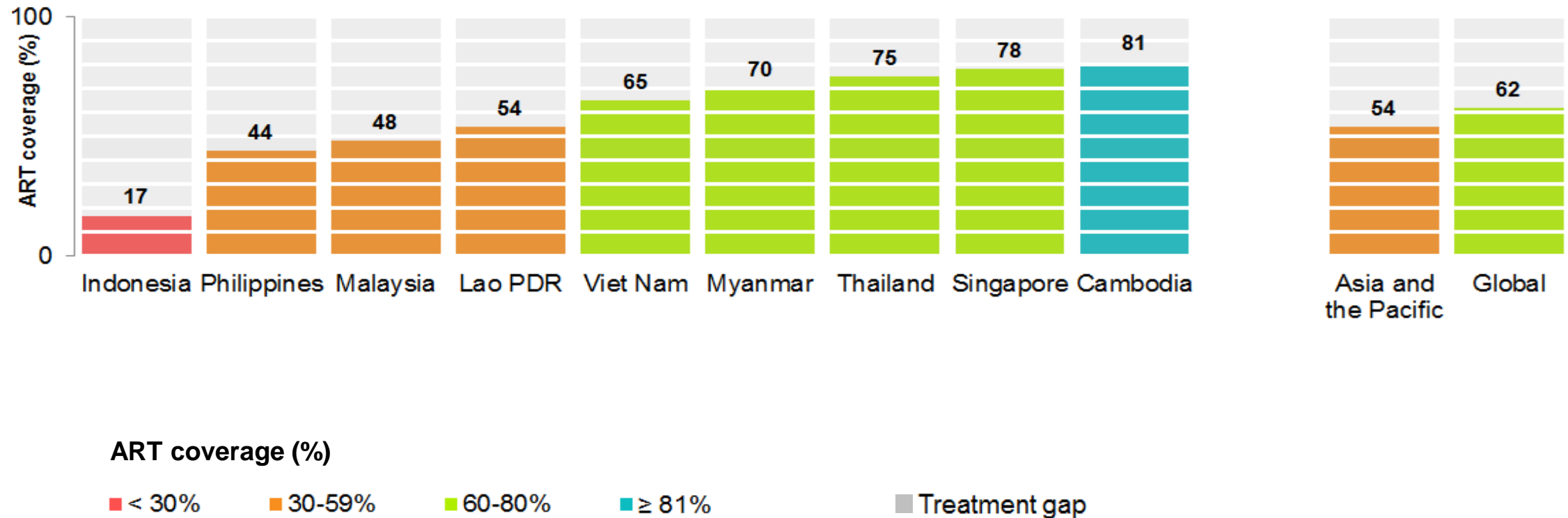
\* Direct female sex workers

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# Current treatment scale-up has made significant achievement but the region is lagging behind the global trend

## ART coverage and treatment gap, ASEAN Member States, 2018

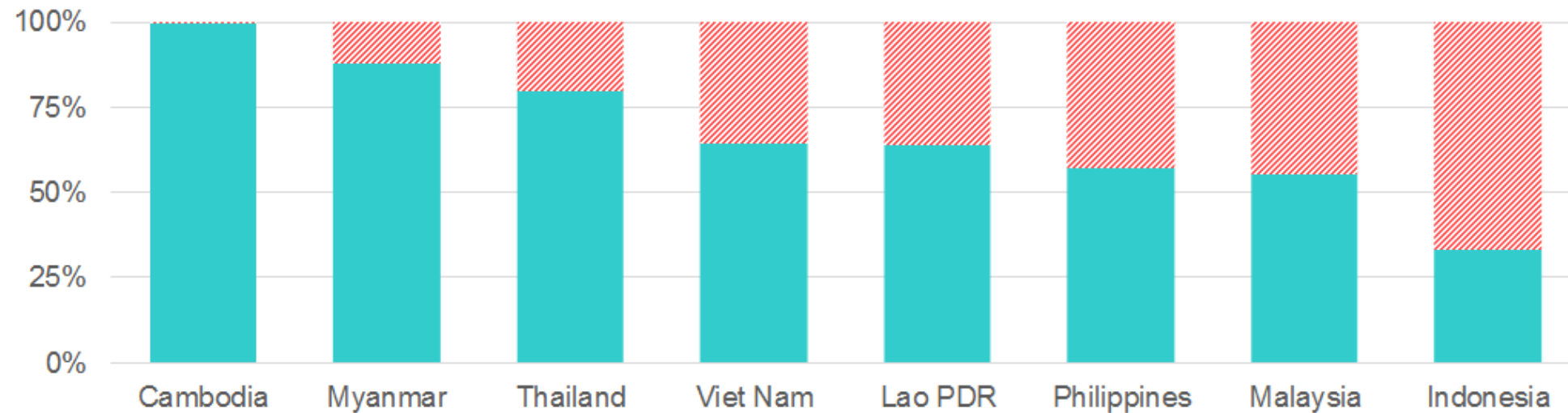


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# Missed opportunities to prevent onward transmission and AIDS-related deaths

Proportion of PLHIV who know their HIV status by treatment, ASEAN Member States, 2018



▨ PLHIV aware of status but NOT on treatment

■ PLHIV aware of status and on treatment

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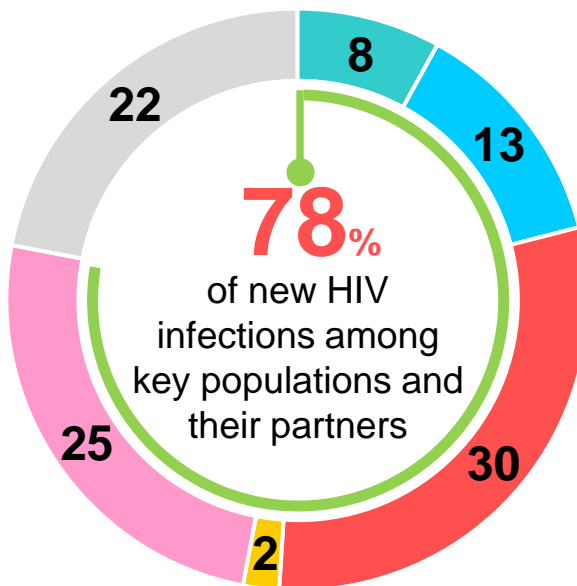


**So why are we missing on targets ?**



# Urgent need for focused response: Epidemic mostly affecting KPs and their partners

Share of new HIV infections by population in Asia and the Pacific



Sex workers

People who inject drugs

Men who have sex with men

Transgender

Clients of sex workers and partners of key populations

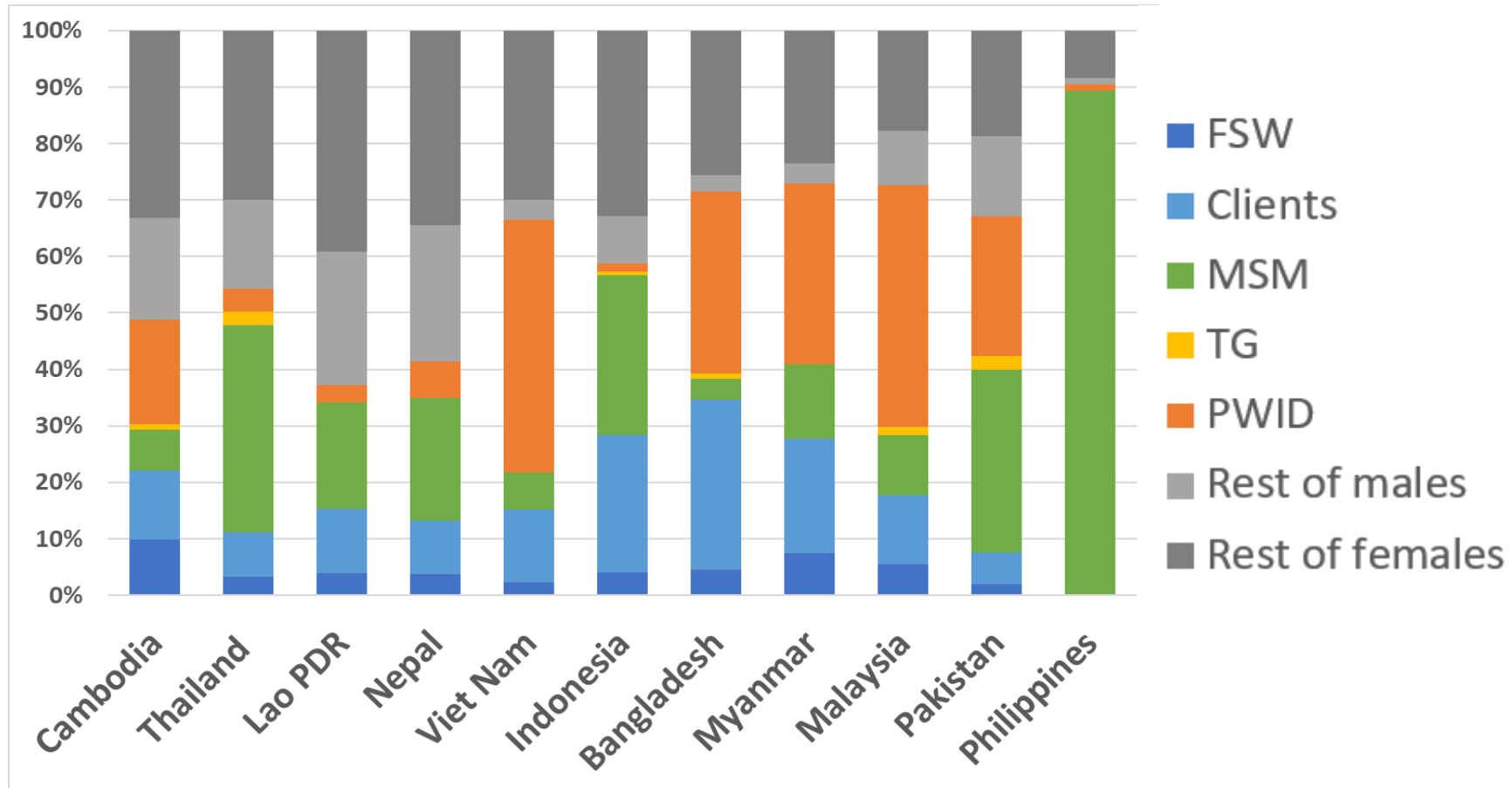
Rest of population

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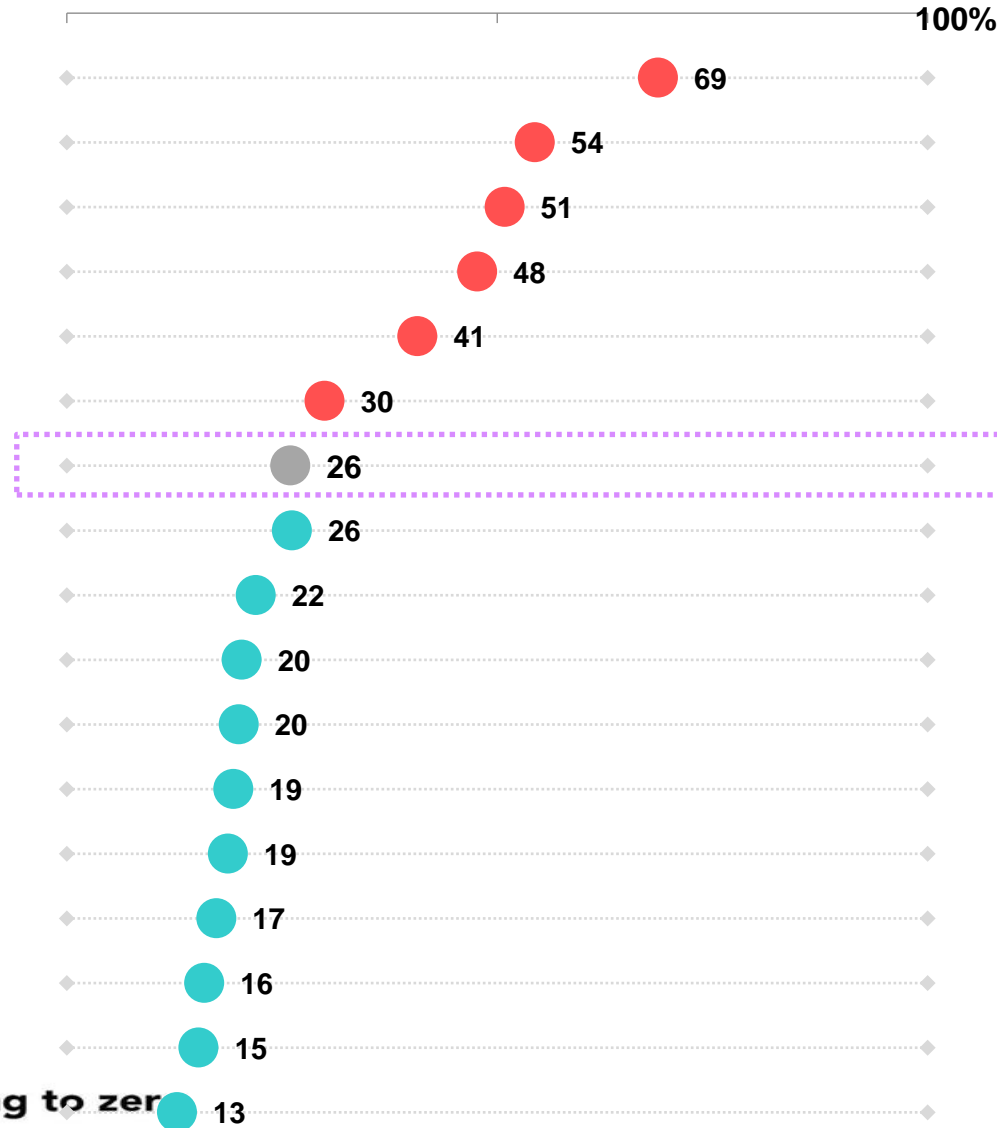
# Diverse epidemic dynamics in in countries but KPs and their partner are the most vulnerable in the region

Proportion of new HIV infections by risk groups – AEM countries

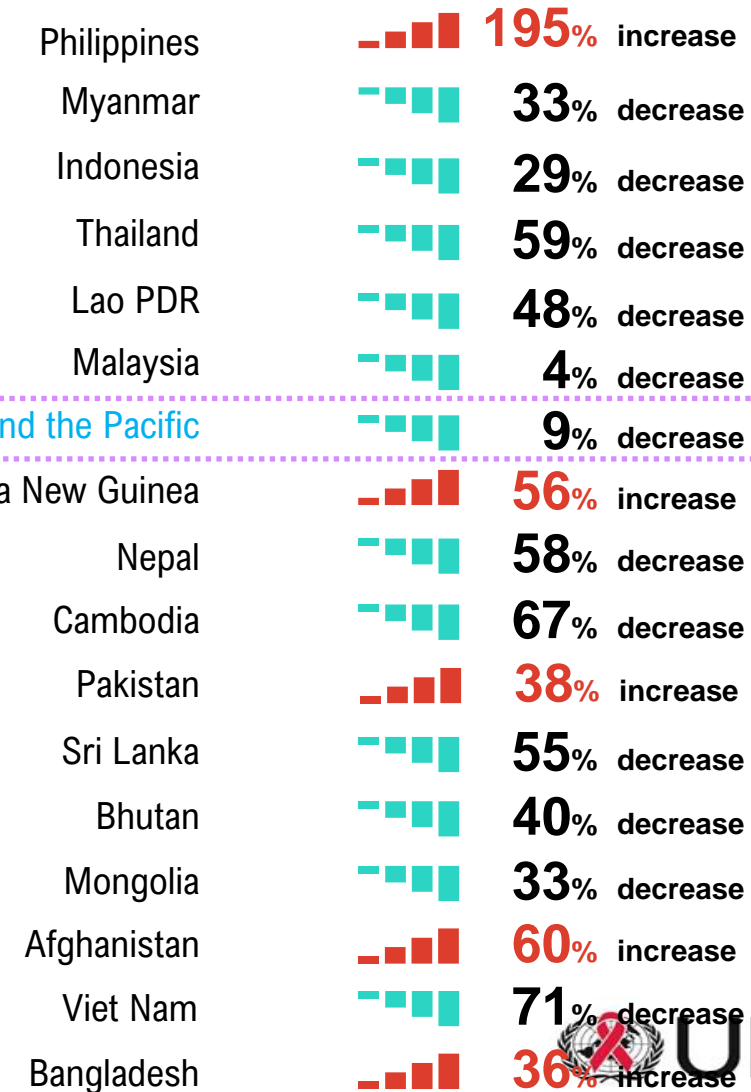


# young people (15-24) represent a substantial share of new infections

Proportion of young people (15-24) in total new HIV infections, 2018



Percent change in new HIV infections among young people, 2010 and 2018

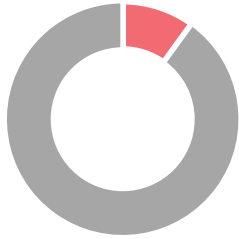


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# Young key populations are less accessible to HIV testing services

In Pakistan...

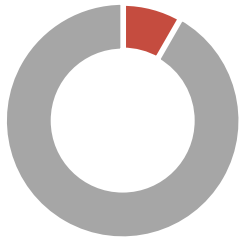


**1 in 10**

Young sex workers

know their HIV status that is **3 times lower** than their older counterparts

In Lao PDR...



Less than **1 in 10**

Young MSM

know their HIV status that is **2 times lower** than their older counterparts

In Malaysia...

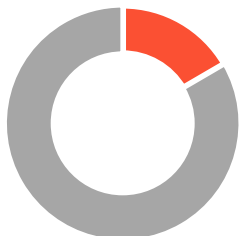


Less than **1 in 3**

Young TG

know their HIV status that is **two-third** of the testing coverage of their older counterparts

In Pakistan...



**1 in 6**

Young PWID

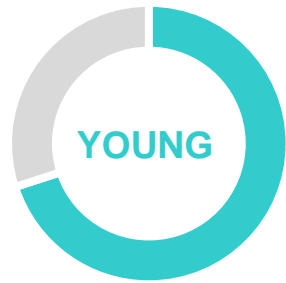
know their HIV status that is **3 times lower** than their older counterparts

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# Risk profiles of MSM who use social platforms to find sexual partners

Findings from internet-based survey of Vietnamese MSM



70% were in the age bracket of 18-25



66% had multiple sex partners



66% were hidden MSM (Bong Kin)



77% never tested for HIV

## Digitalization and its consequences: changing pattern of meeting and finding sex partners

% of MSM who used internet to find sex partners  
(among those who are physically recruited through Integrated Biological and Behavioural surveys)

23% in Papua New Guinea



33% in Sri Lanka



38% in Philippines



50% in Timor-Leste (Bacau)



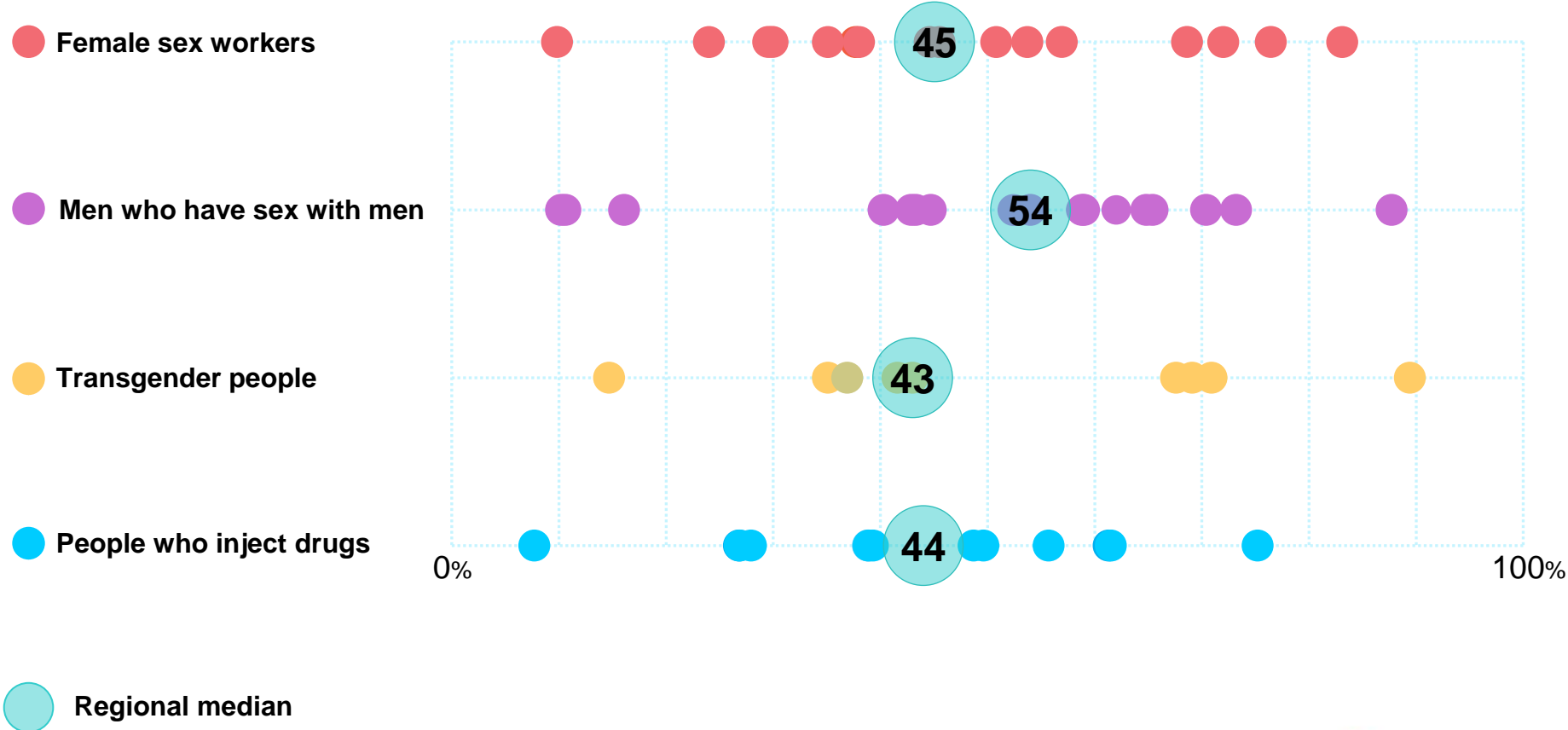
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Integrated Biological and Behavioural Surveys

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# HIV testing is the entry point for prevention and treatment but about half of key populations do not know their HIV status

HIV testing coverage among key populations, 2014 - 2018



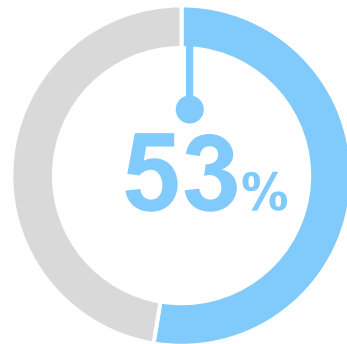
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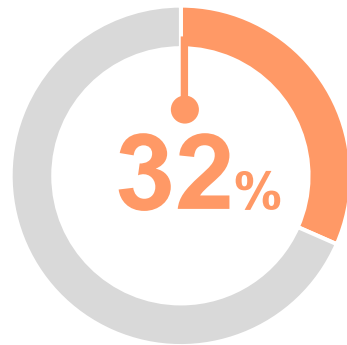
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Monitoring (GAM) Reporting

# Innovative HIV testing strategies to reach prevention and treatment Fast-Track targets in Asia and the Pacific

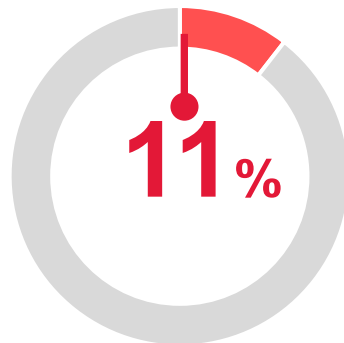
## Proportion of countries in Asia and the Pacific by HIV testing approach



**20** out of **38** countries have community-based HIV testing



**12** out of **38** countries allow lay provider HIV testing



**4** out of **38** countries have HIV self testing\*

\* 4 countries – Cambodia, China, Lao PDR and Nepal have included HIV self-testing as a national policy or plan

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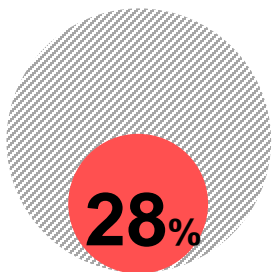
Source: [www.aidsdatahub.org](http://www.aidsdatahub.org) based on National Commitments and Policies Instrument of Global AIDS Monitoring (GAM) 2019



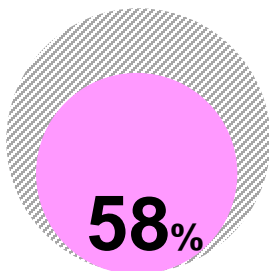
# Mind the gap: use innovations to maximize prevention

## Prevention gap, select countries and populations

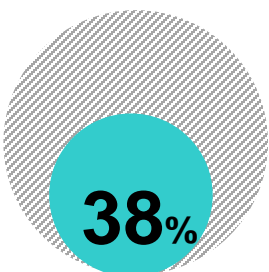
Philippines, Men who have sex with men



Malaysia, Transgender women



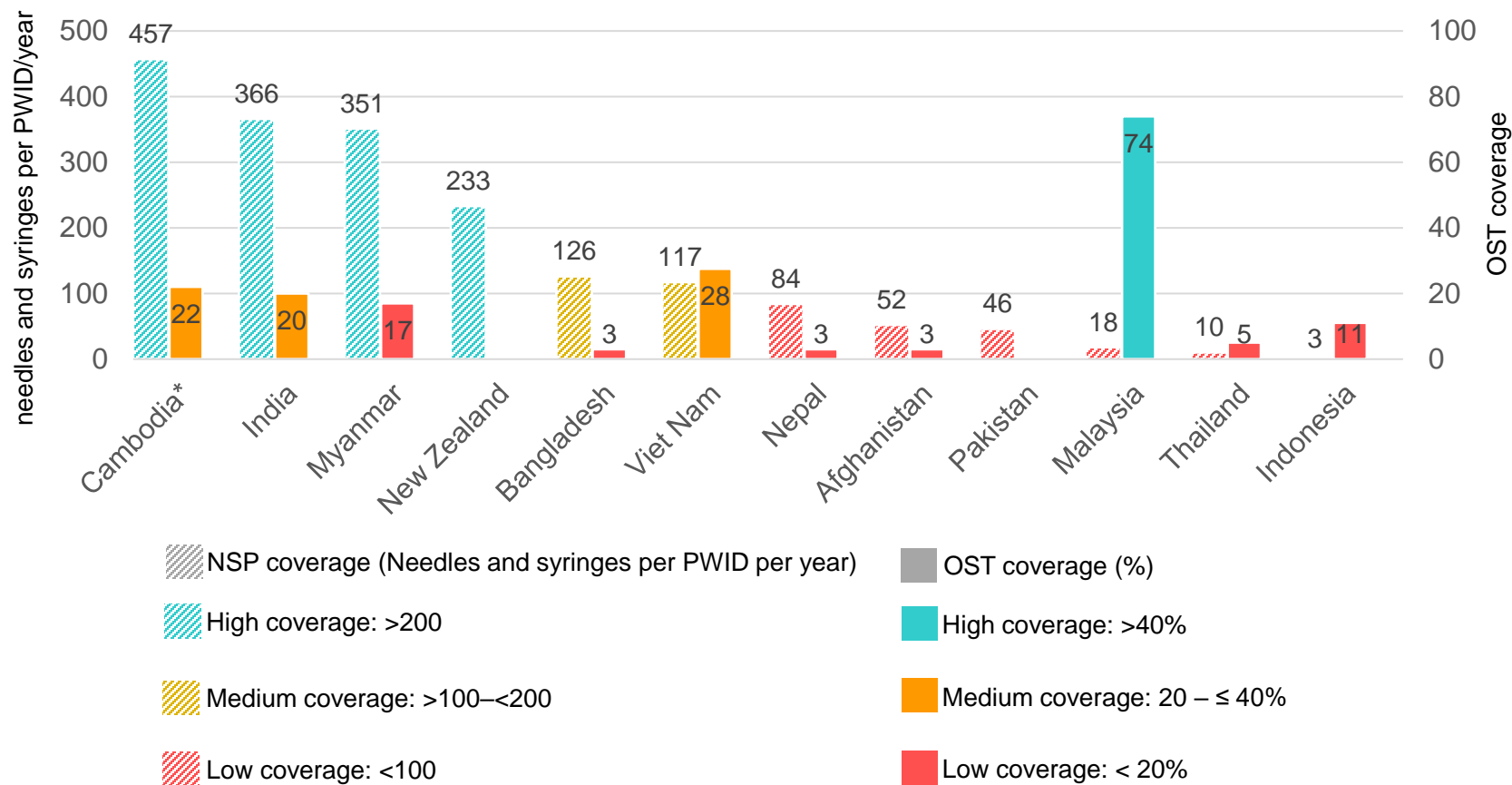
PNG, Port Moresby, Female sex workers



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## Needle and syringe programme (NSP) and Opioid substitution therapy (OST) coverage among people who inject drugs, select countries with available data, 2018



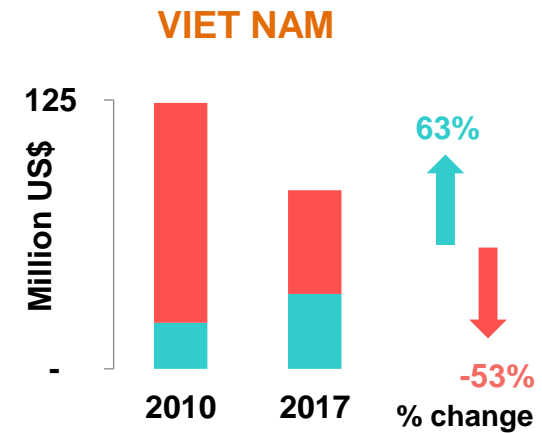
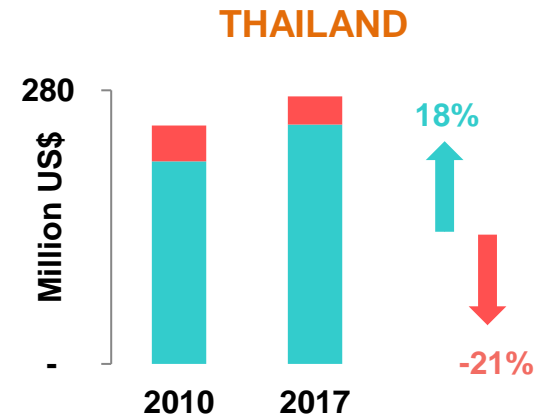
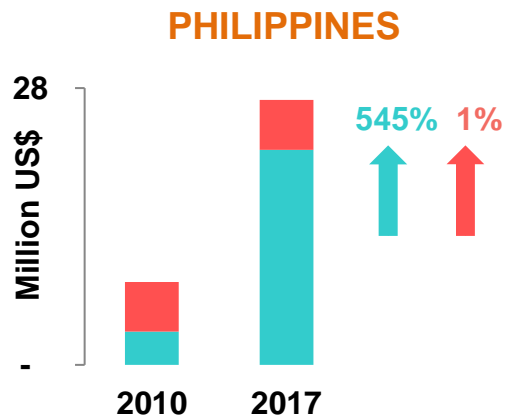
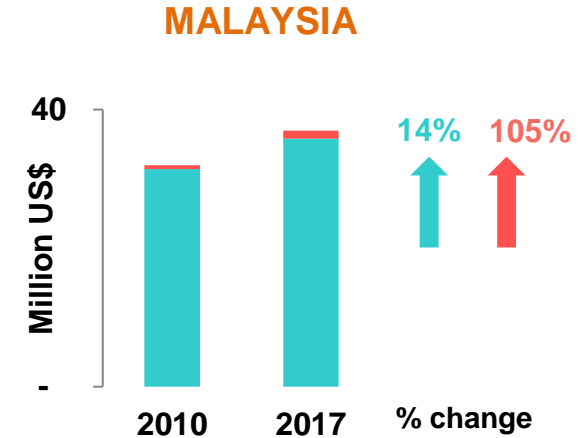
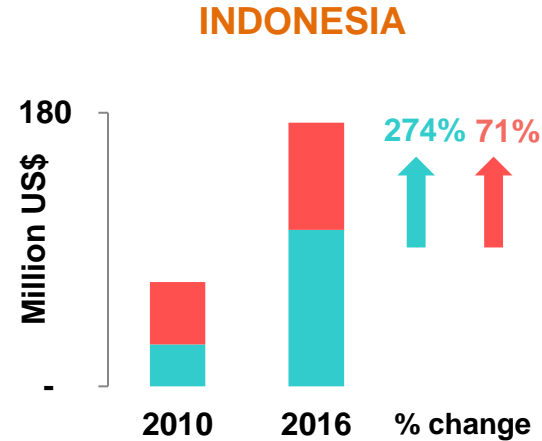
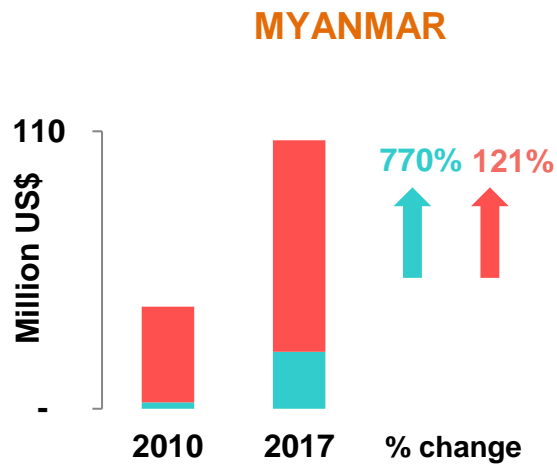
\* 2016 data for OST coverage





# Increased government investments in AIDS

## Mostly goes for treatment !



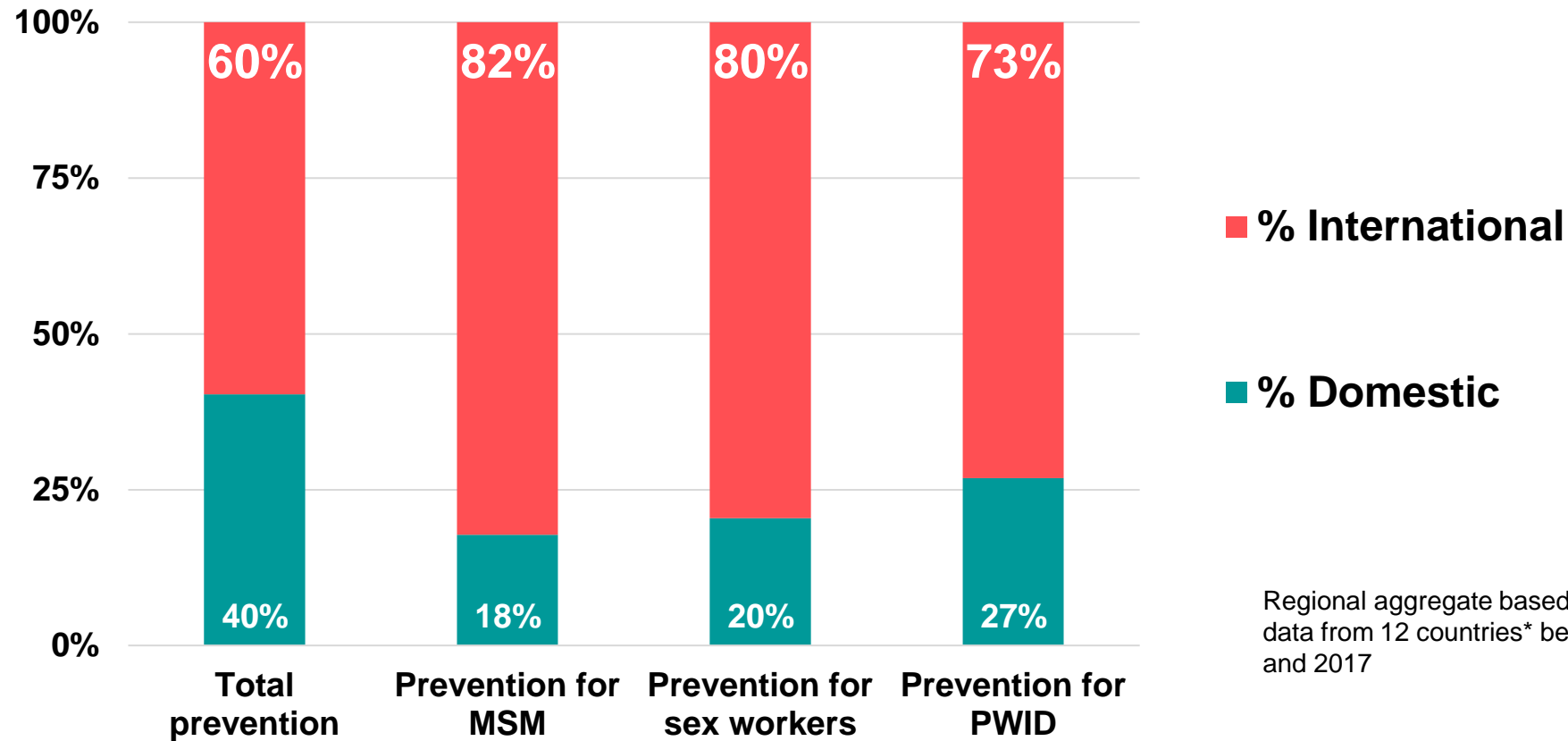
■ Domestic expenditure
 ■ International expenditure

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# Key populations prevention: heavy reliance on external financing sources

Prevention spending by financing source, 2012 - 2017



Regional aggregate based on available data from 12 countries\* between 2012 and 2017

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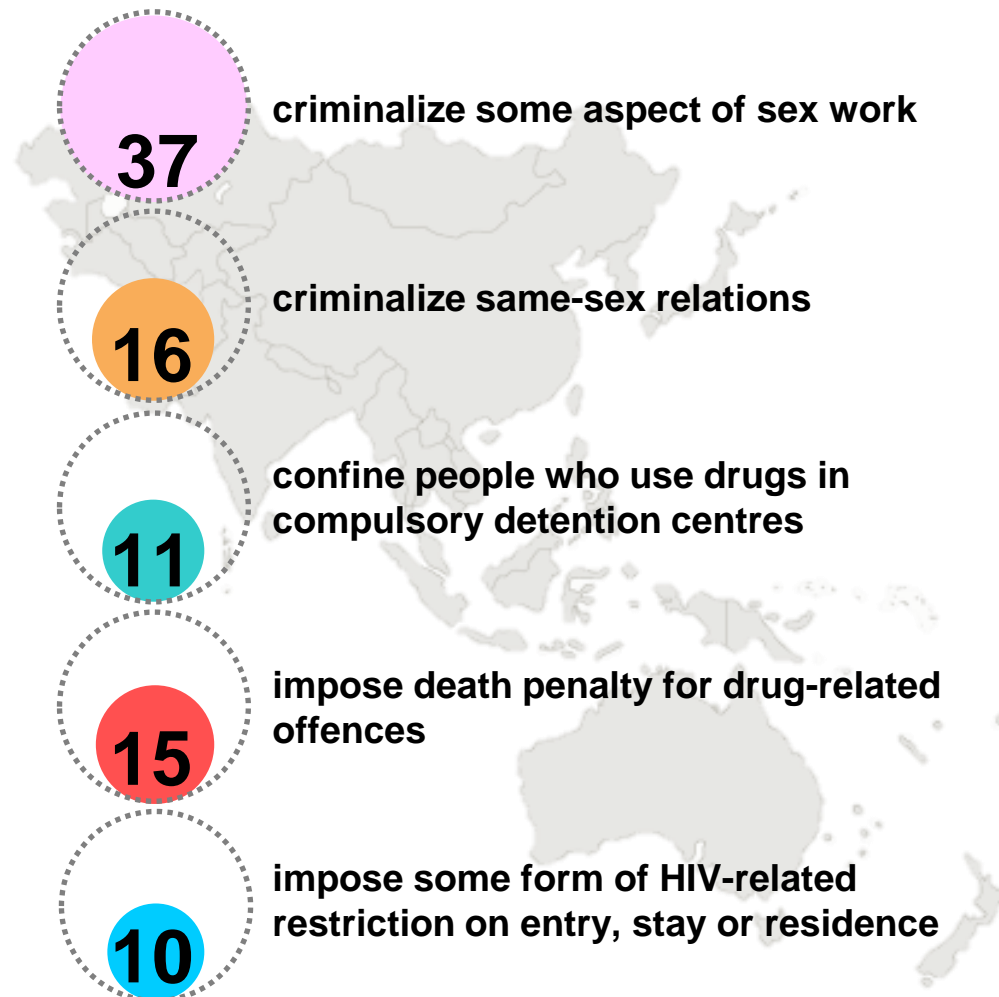
12 countries\* - Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Viet Nam



# Support countries to put in place guarantees against discrimination in law, policies, and regulations

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

Recent ground-breaking decision by India's Supreme Court strikes down law criminalizing LGBTI people



REPORTABLE

IN THE SUPREME COURT OF INDIA

CRIMINAL ORIGINAL JURISDICTION

WRIT PETITION (CRIMINAL) NO. 76 OF 2016

NAVTEJ SINGH JOHAR & ORS. ...Petitioner(s)

VERSUS

UNION OF INDIA  
THR. SECRETARY  
MINISTRY OF LAW AND JUSTICE ...Respondent(s)

WITH

WRIT PETITION (CIVIL) NO. 572 OF 2016  
WRIT PETITION (CRIMINAL) NO. 88 OF 2018  
WRIT PETITION (CRIMINAL) NO. 100 OF 2018  
WRIT PETITION (CRIMINAL) NO. 101 OF 2018  
WRIT PETITION (CRIMINAL) NO. 121 OF 2018

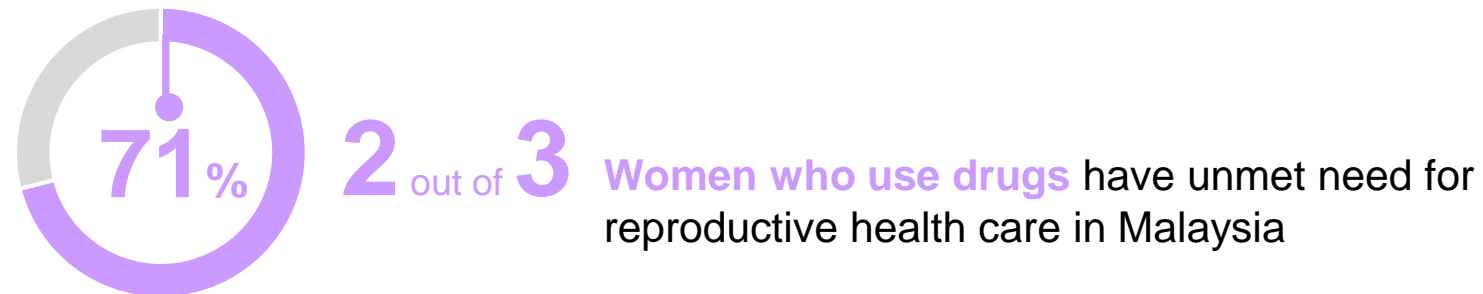
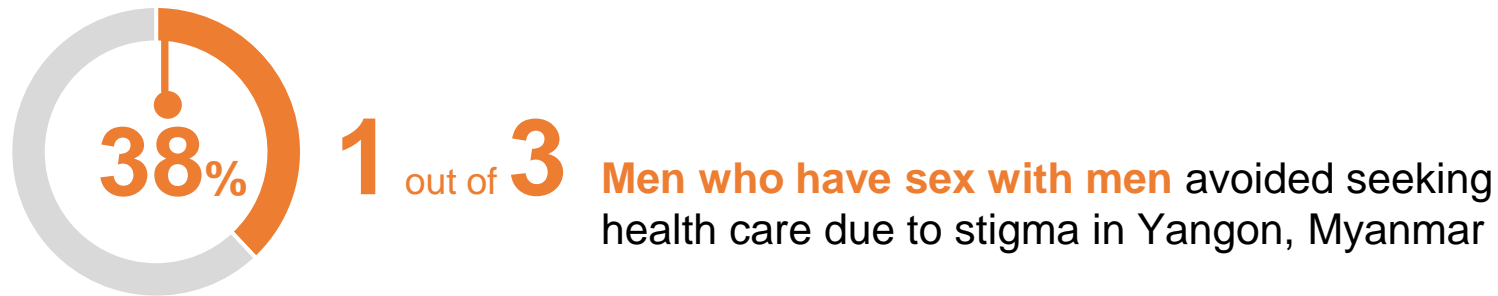
J U D G M E N T

Dipak Misra, CJI (for himself and A.M. Khanwilkar, J.)

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# Social justice and human rights are fundamental to address the health needs of key populations



# Recognizing the challenges and realities



**Rising epidemics**



**Limited use of innovative service delivery models**



**Shrinking space for civil society**



**Dependent on external funding and delays in availability resources**

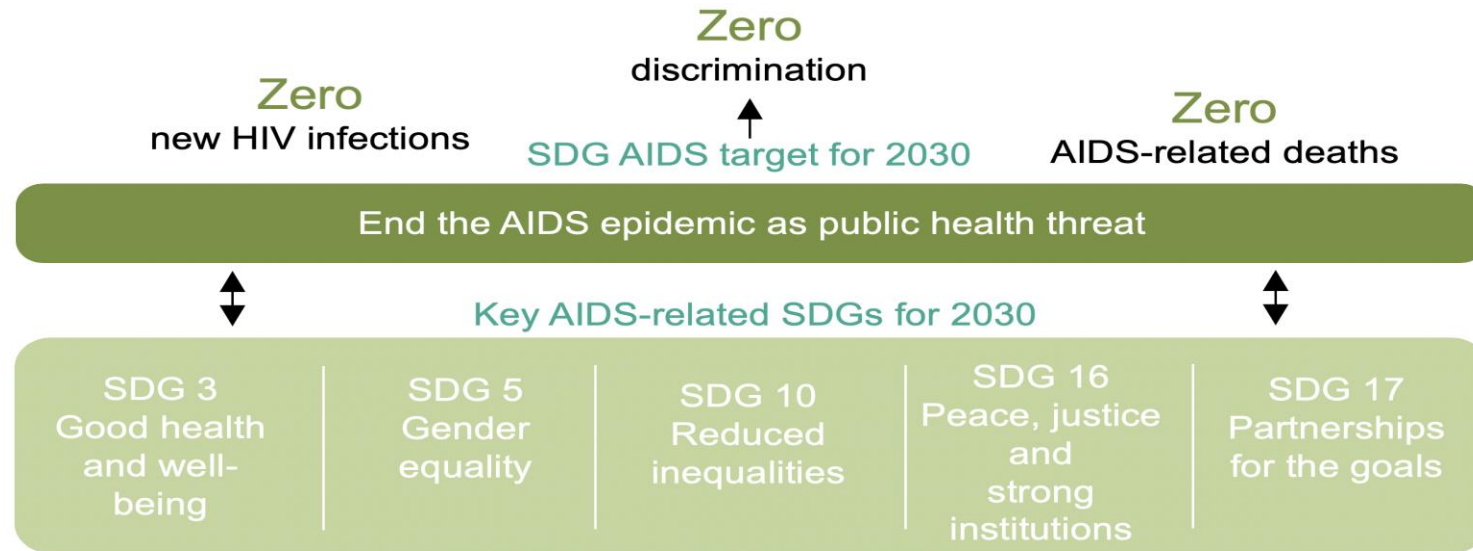


**Criminalization and punitive laws**

# Solutions to leverage AIDS response in Asia and the Pacific

- Cover the spectrum from prevention to treatment and support mechanisms
- Multisectoral and integrated multi-disease approaches
- Use innovative approaches for reaching those left behind
- Meaningful engagement of civil society at all levels
- Governance & accountability
- Use UHC as a tool to allow the poorest, the most marginalized and the most vulnerable people enjoy health and well-being
- People and equity at the center of the response

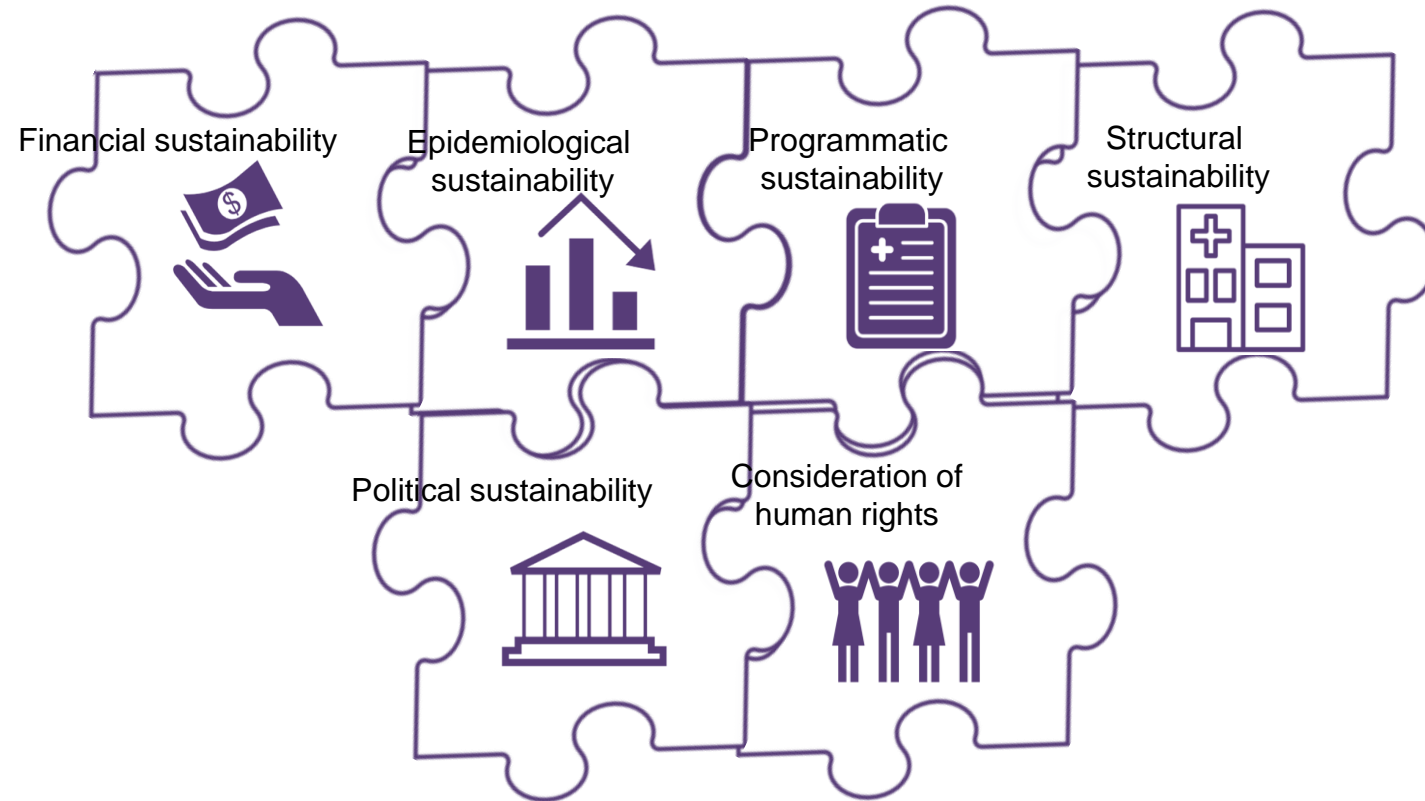
# Towards greater sustainability of results



How will the approach to sustainability take into account the epidemiological, programmatic and financing transitions to ensure that no one is left behind?

# What do we mean by sustainability and transition?

## People-Centered Approach





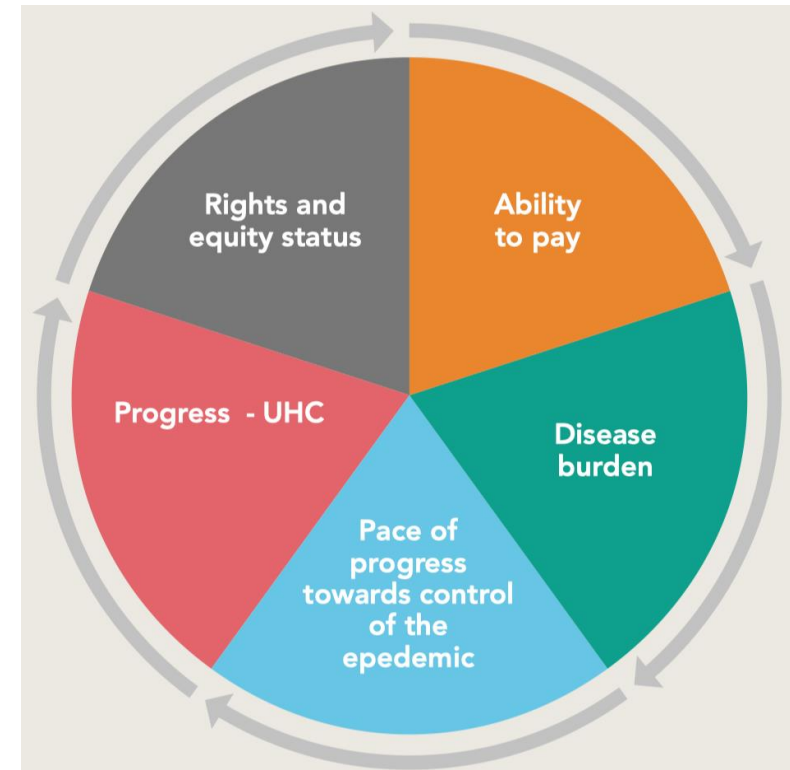
# Metric and Criteria to prioritize focus

## Revised Metrics to track progress towards sustainability of results

- Track progress towards the 2016 Political Declaration on AIDS
  - Domestic Funding trends
  - Domestic Funding trends per component
- **E.g.** Domestic Funding Trends for those left behind (equity)
- Tracking policy changes for increased impact of interventions
- Domestic Funding Trends for programmes for gender equality, human rights, other sectors' contribution
- HRH - Community Health Care Workers – does the country have an absorption plan?

Getting to zero Financing options in the country context

## Multi-criteria to guide country actions



# 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.

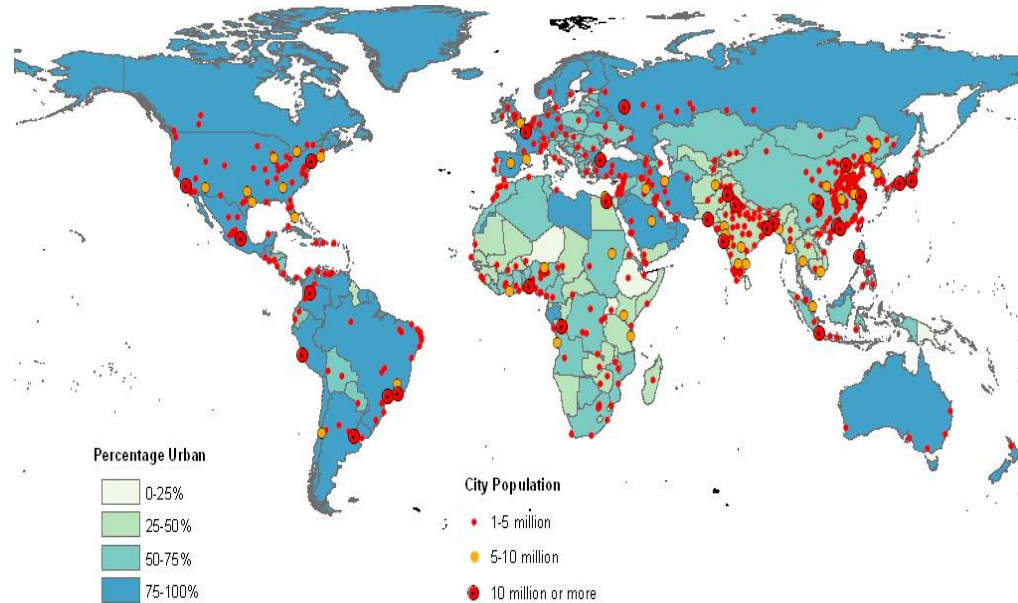
## IS NOT

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.

# Towards the SDGs: Opportunities in AIDS response 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

# Cities have a comparative advantage and offer important opportunities for effective action to end AIDS



**Top 600 Cities represent  
>60% of global GDP**

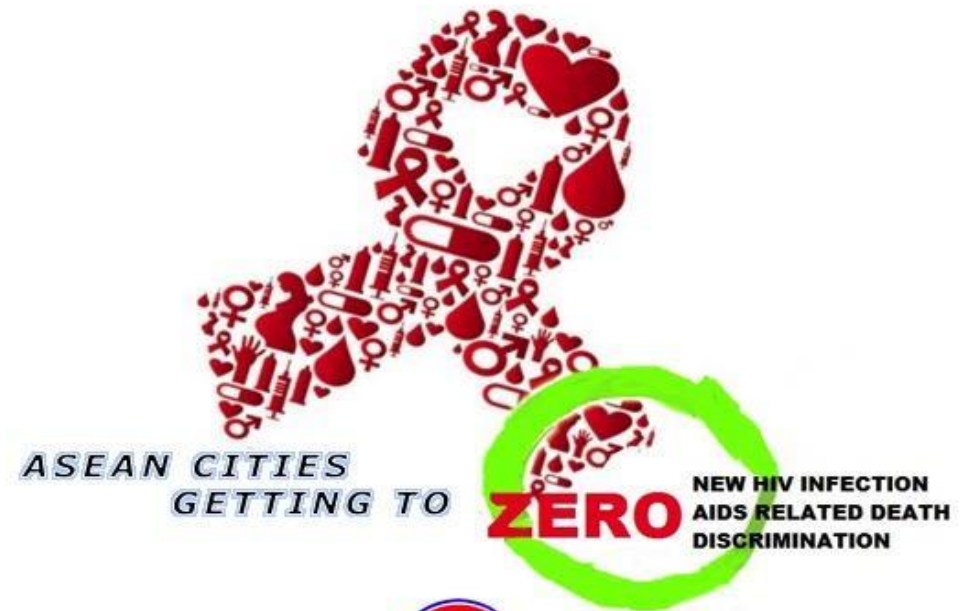
**Source:** United Nations, Department of Economic and Social Affairs, Population Division: *World Urbanization Prospects, the 2009 Revision*. New York 2010

- Powerful engines of economic growth
- Cities have regulatory powers
- Excel as spaces of learning, creativity and innovation (hosting academic and other institutions)
- Better job opportunities, better and more accessible social services
- Better health systems and infrastructure that can reach large numbers of people
- Political and social services are often more tolerant in cities
- Higher income, literacy and education levels
- Better transportation
- Better life expectancy

# Priorities towards achieving ASEAN commitments on Cities Getting to Zero

Under the “*2016 ASEAN Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS epidemic by 2030*”, ASEAN member states committed to focus on prevention and treatment responses along 90-90-90 and ending AIDS targets

- Review progress, share and adopt good practices
- Expand to more cities
- Integrate city programs into national programs
- Strengthen partnerships



THANK YOU !

[www.aidsdatahub.org](http://www.aidsdatahub.org)