

# AIDS IN ASIA - PRIORITIZING AND SUSTAINING THE RESPONSE IN THE ECONOMIC CRISIS



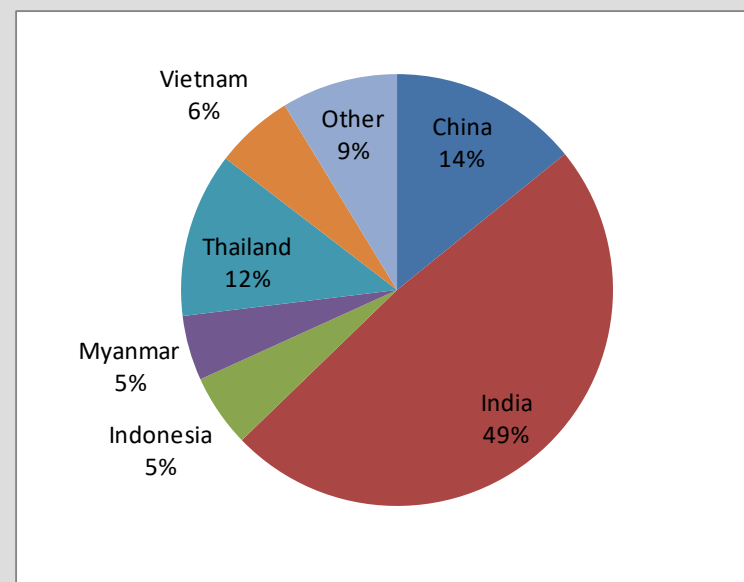
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# Presentation Outline

- AIDS in Asia
- Funding for Prevention and Care
- Vulnerability to the Crisis
- Targeted Response is Key
- ART Increases Program Costs
- Response Publicly Financed
- Summary

# AIDS in Asia

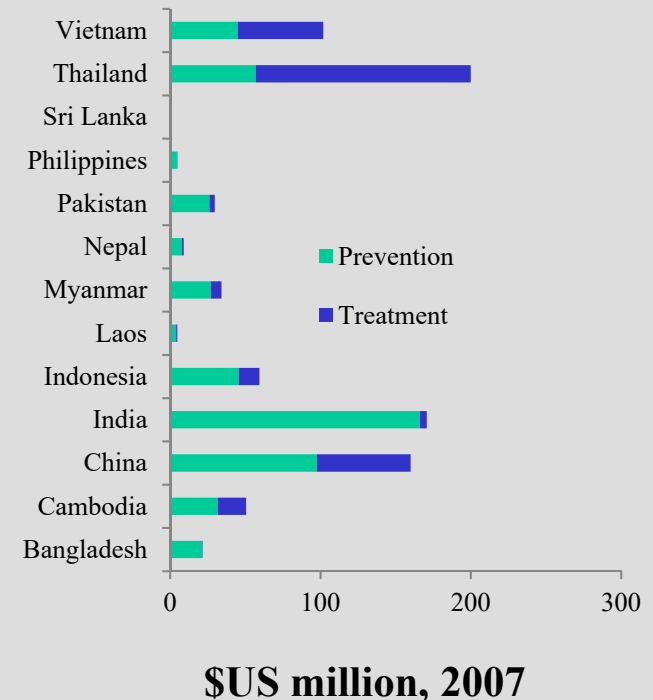
- Most of the regional burden of disease is found in India
- Countries such as Cambodia, Thailand and Vietnam have relatively higher prevalence's
- Infection is concentrated amongst most-at-risk-populations (MARPs)
- Injecting drug use, sex work and unprotected sex amongst men key drivers of Asian Epidemic



Proportion of Asian Cases by Country, 2007

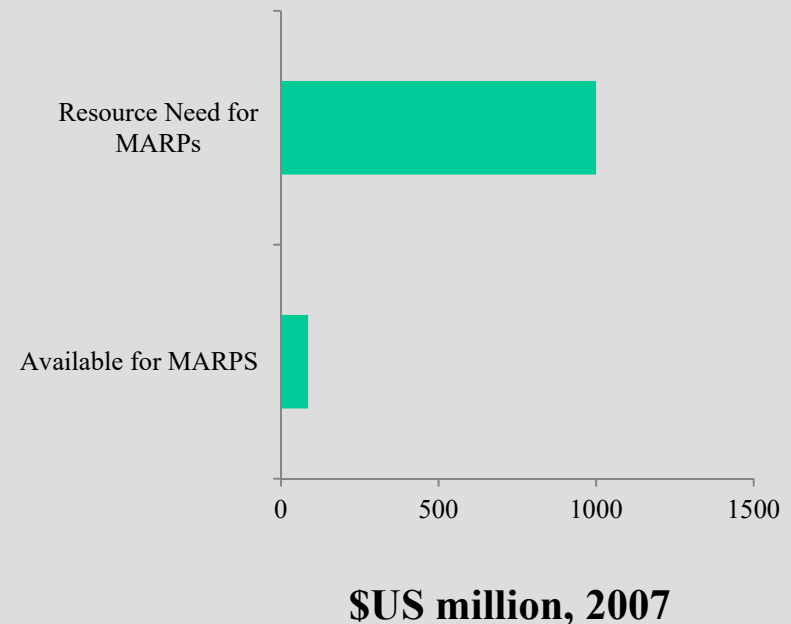
# Funding for HIV Prevention and Care in 2007

- Funding for prevention and care has increased from <math>\\$US 0.6</math> billion in 2004 to  billion in 2007
- India and China accounted for around 40% of regional spending
- Expenditure per person highest in Thailand and Cambodia. Average regional spending per person
- Expenditure on prevention is greater than treatment spending of around  billion.



# Targeting of Response is Key

- Designing programs to minimize HIV incidence and contain treatment cost
- Focused response of Asia Commission could prevent 80 per cent of new infections
- Of the current \$0.9 billion for AIDS prevention and care in Asia, only <\$0.1 billion is targeting MARPs
- Inability to achieve behavioral change amongst vulnerable populations is underpinning rising incidence

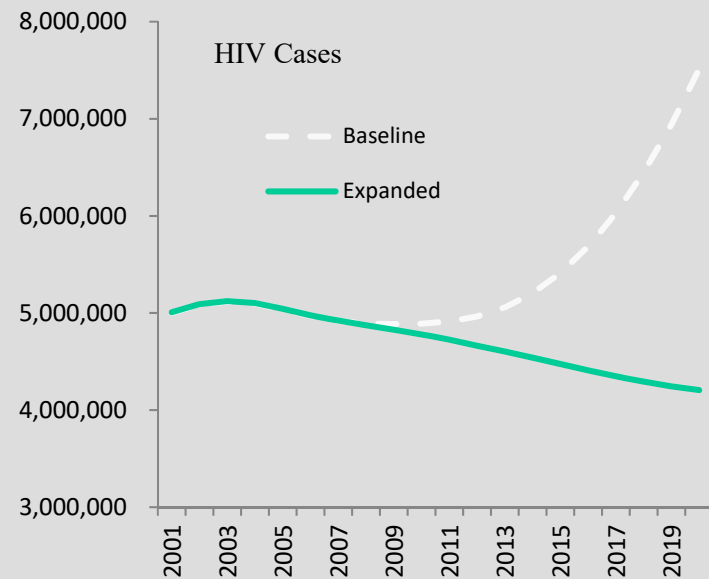


# ART Increases Program Costs and Financial Vulnerability

-Targeted package could reduce number of people living with HIV in 2020 by 3.1 million

-Modeling suggests resources needed for care will be \$1 billion more in 2020 for comprehensive intervention

-Without increase in MARP coverage ART need will further increase

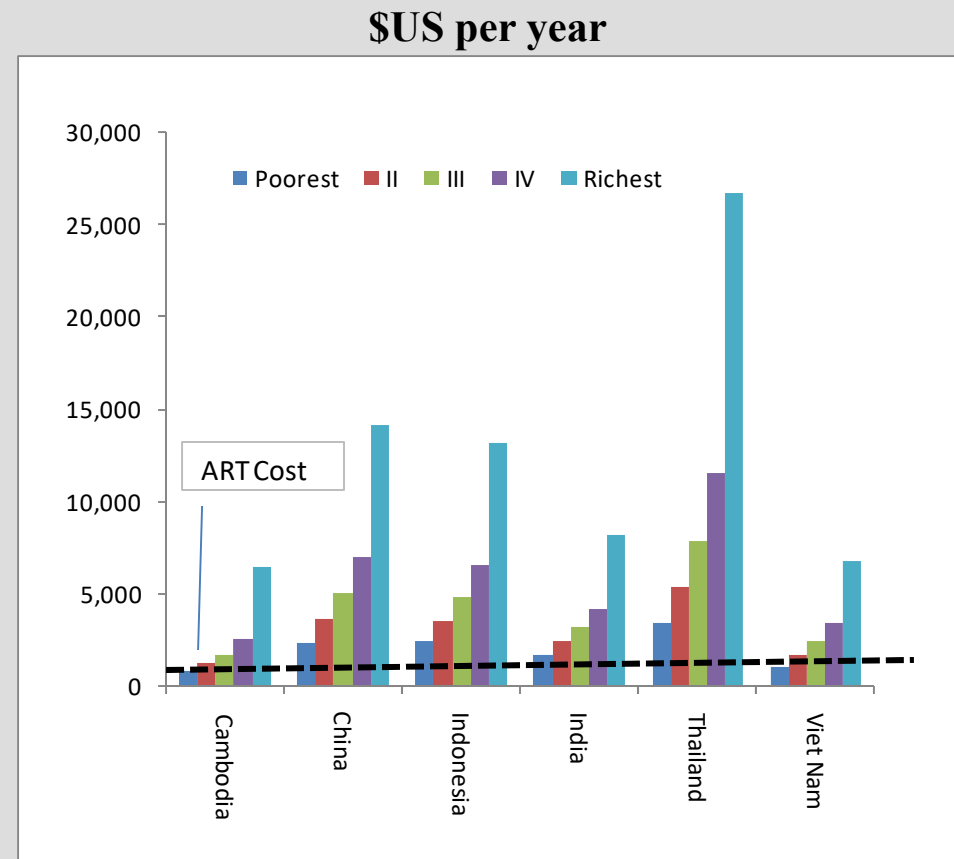


# Limited Options for Diversifying Financing of Programs

-Cost containment imperative as:

- Prevention a public good
- Care and treatment user fees difficult to implement and not affordable

-ART high cost for all but richest households



# Summary

- **Prevention is Key**
  - Most at risk groups preventions for sex worker, client, MSM and IDU most cost-effective. Coverage still very low.
  - Need for accurate and timely data, especially for populations, which are the drivers of the Asian epidemics
- **Effective Prevention Reduces Longer Term Costs**
  - Regional ART costs can be contained with effective prevention.
  - Limited options to finance increased ART demand
  - Containing cost enhances sustainability