

# Fast-Tracking the HIV response: Ending AIDS by 2030

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# 2016 United Nations Political Declaration on Ending AIDS sets world on the Fast-Track to end the epidemic by 2030



**Getting to zero**



# Fast-Track Targets

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By 2020

Fewer than

**500 000**

new infections

By 2030

Fewer than

**200 000**

new infections

Fewer than

**500 000**

AIDS-related deaths

Fewer than

**200 000**

AIDS-related deaths

**ZERO**

discrimination

**ZERO**

discrimination

# Fast-Track Targets – Asia and the Pacific

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By 2020

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Fewer than

**90 000**

new infections

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More than

**4.2 million**

on treatment

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**ZERO**

discrimination

# Fast-Track commitments to end AIDS by 2030



**90-90-90**  
treatment  
target by  
2020



Eliminate  
new HIV  
infections  
among  
children



Access to  
combination  
prevention  
(at least 90%  
among key  
populations)



Eliminate  
gender  
inequalities



90% of young  
people have the  
skills, knowledge  
and capacity to  
protect  
themselves from  
HIV



75% of people  
living with and  
affected by HIV  
benefit from  
social protection



At least 30% of  
all service  
delivery is  
community-led  
by 2020



HIV investment  
increase to 26 B  
by 2020, quarter  
for prevention,  
6% for social  
enablers



Empower  
people living  
with HIV, at risk  
and affected by  
HIV to know  
their rights and  
access justice  
and legal  
services



Taking HIV out  
of isolation  
through people  
centered  
systems

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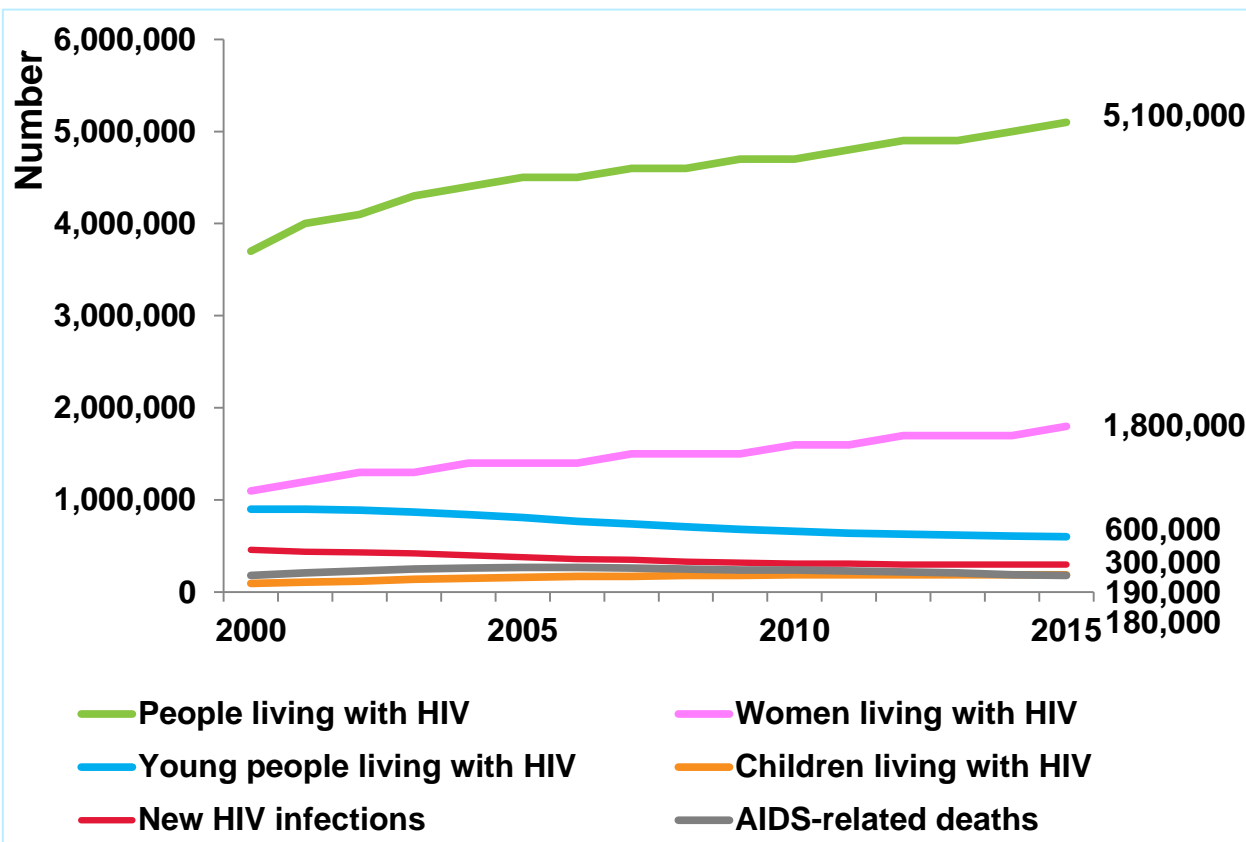
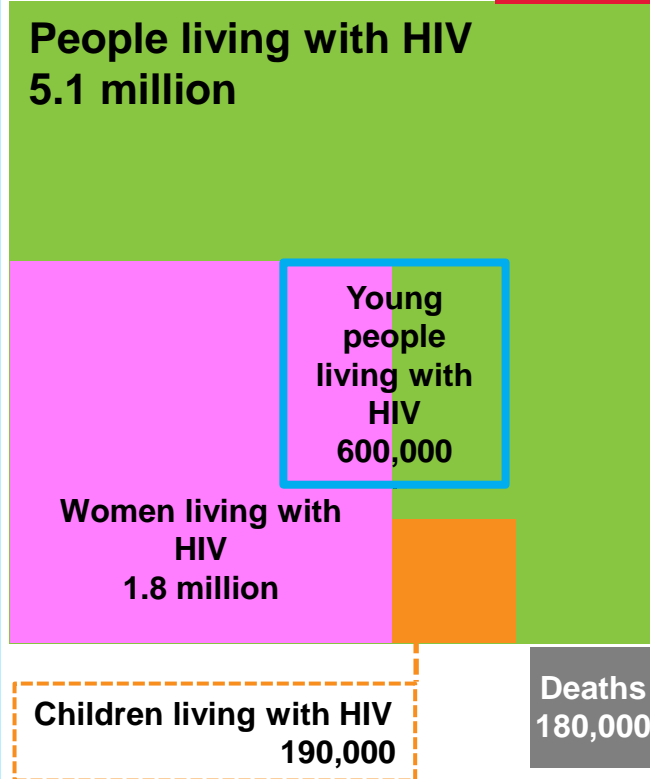
# State of the HIV Epidemic in Asia and the Pacific

# Regional overview of trends in HIV infections and AIDS-related deaths

## HIV and AIDS in Asia and the Pacific 2000-2015

### 2015 “zoom-in”


**New HIV infections**  
300,000






























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# 12 countries in Asia and the Pacific account for >90% of PLHIV and new infections, and high HIV prevalence among key populations

 Yes

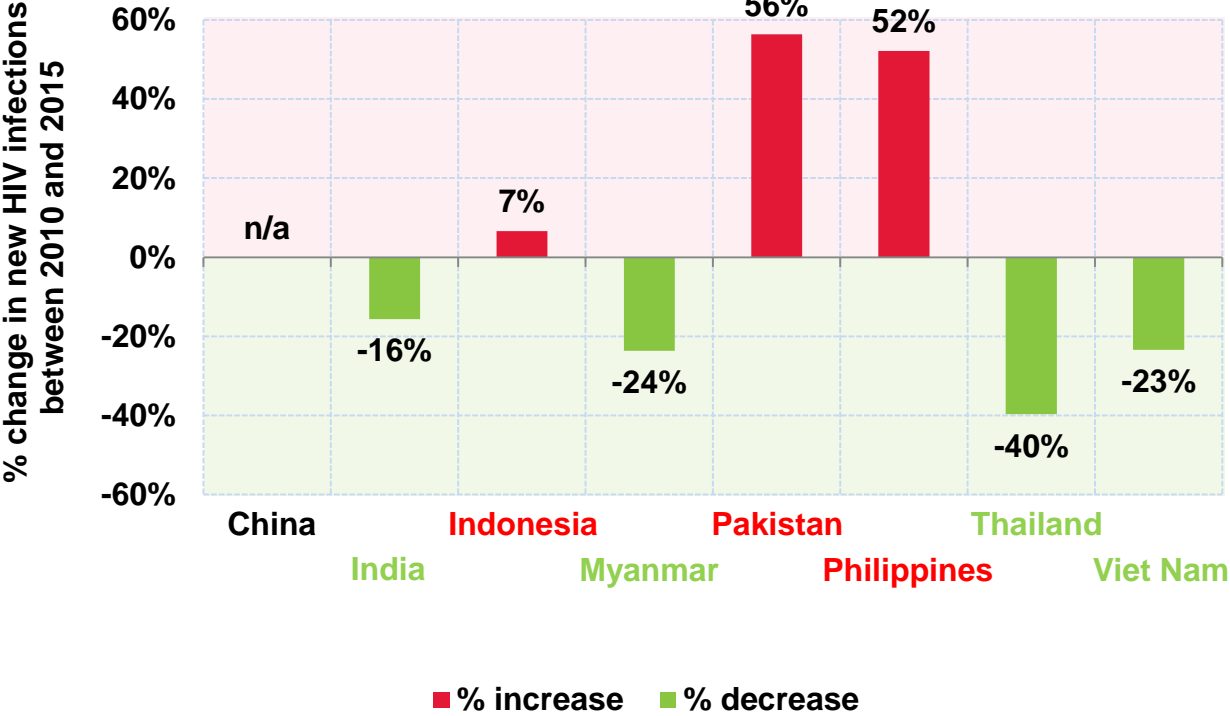
 ≥ 20% increase, 2000-2015

	New HIV infections (2015)	People living with HIV (2015)	National HIV prevalence ≥ 5 % among MSM	National HIV prevalence ≥ 5% among PWID	National HIV prevalence ≥ 5% among FSW	National HIV prevalence ≥ 5% among transgender
India	86,000	2,100,000				
Indonesia	73,000	690,000				
China*	45,000	850,000				NA
Pakistan**	17,000	100,000				
Viet Nam	14,000	260,000				NA
Myanmar	12,000	220,000				NA
Thailand	6,900	440,000				NA
Philippines	6,400	42,000				
Malaysia	5,200	92,000				
Papua New Guinea	2,700	40,000	NA	NA	NA	NA
Nepal	1,300	39,000				
Cambodia	<1,000	74,000				
Estimated pop. size			11.7 million	4.1 million	4.2 million	NA

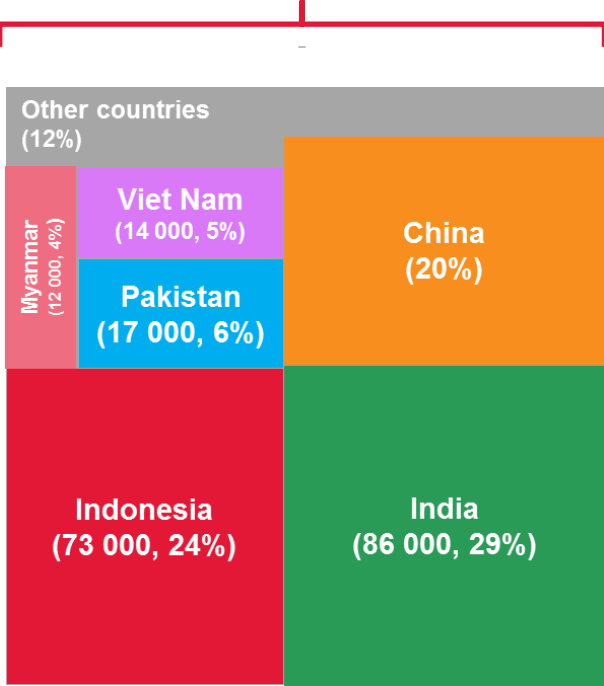


# Only 5% decline in new HIV infections in Asia and the Pacific between 2010 and 2015

Percent change in new HIV infections between 2010 and 2015



300 000 new HIV infections in Asia and the Pacific in 2015



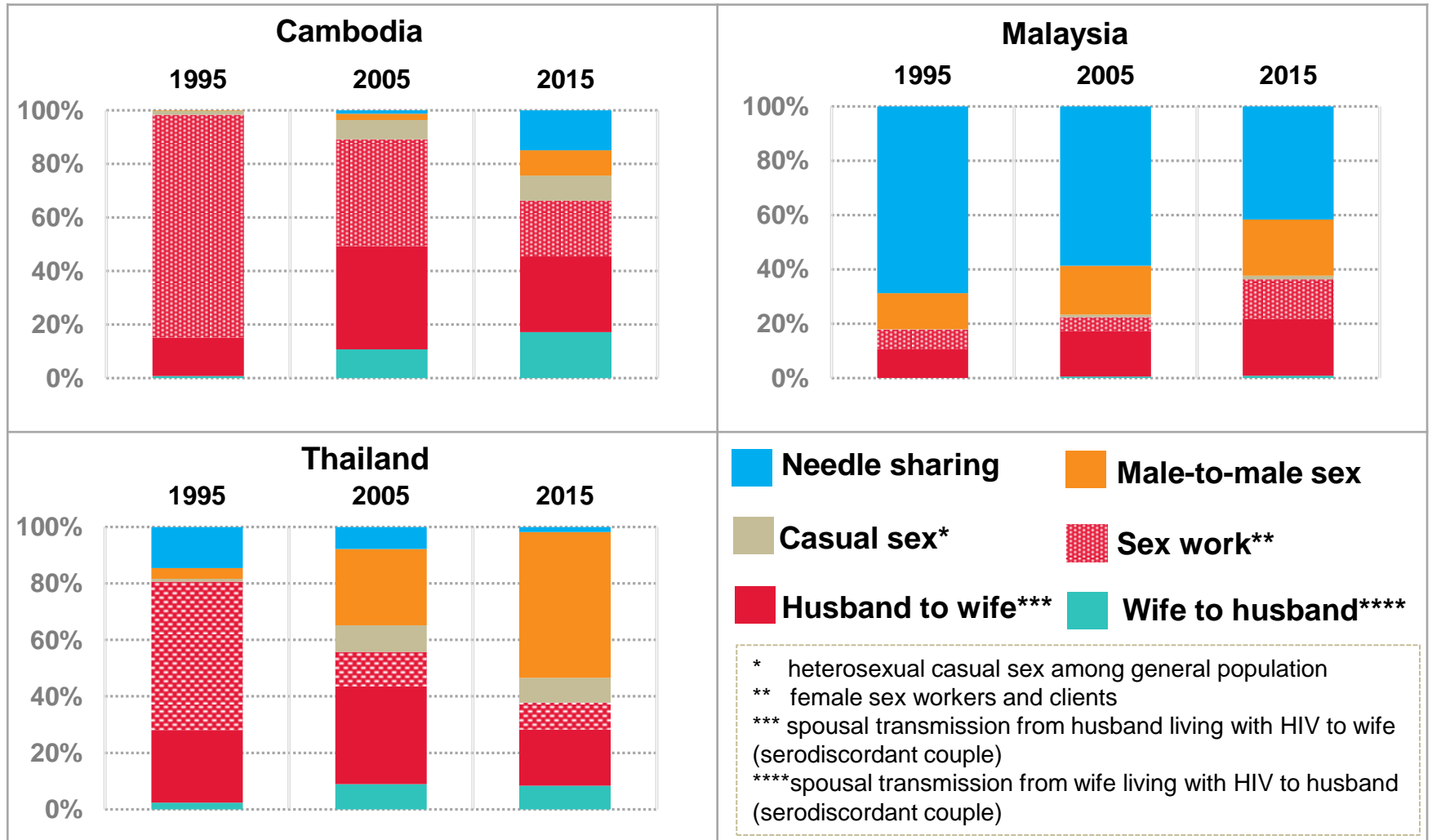
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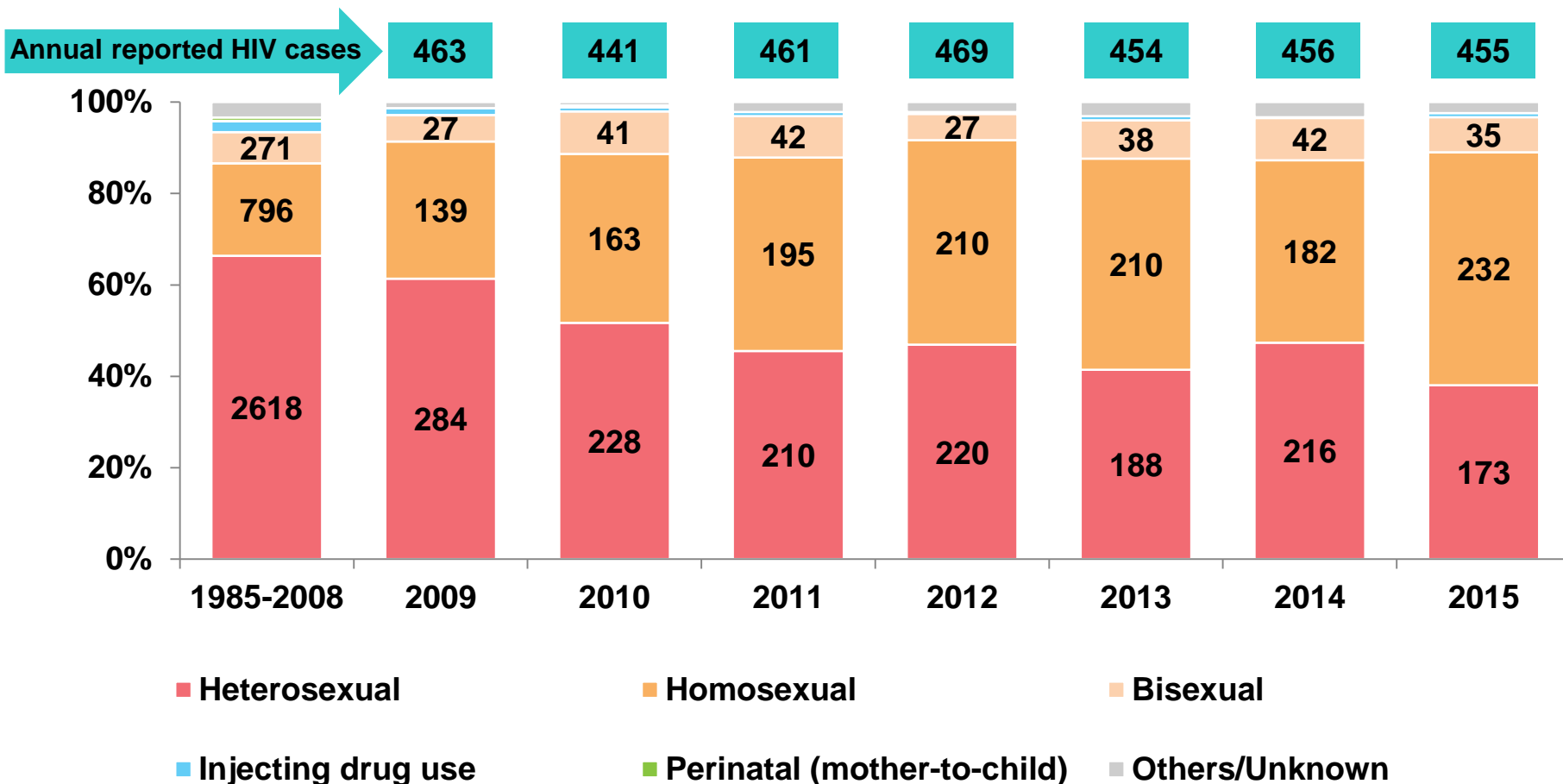
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS 2016 HIV Estimates

# New HIV infections in Asia and the Pacific are concentrated among key populations and their intimate partners though transmission pattern varies within countries and overtime

Distribution of new infections by mode of transmission, 1995, 2005 and 2015, select countries in Asia and the Pacific

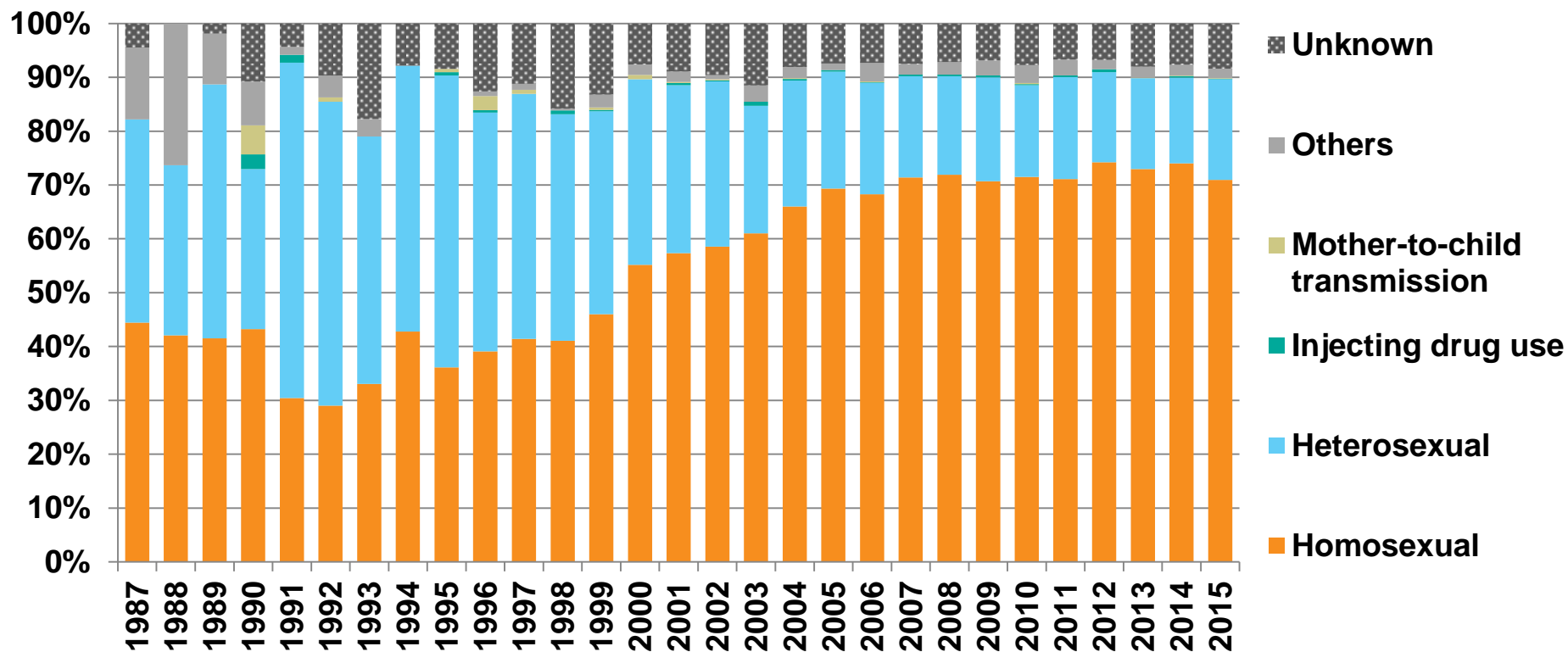


# Reported HIV cases by mode of transmission, Singapore, 1985-2015



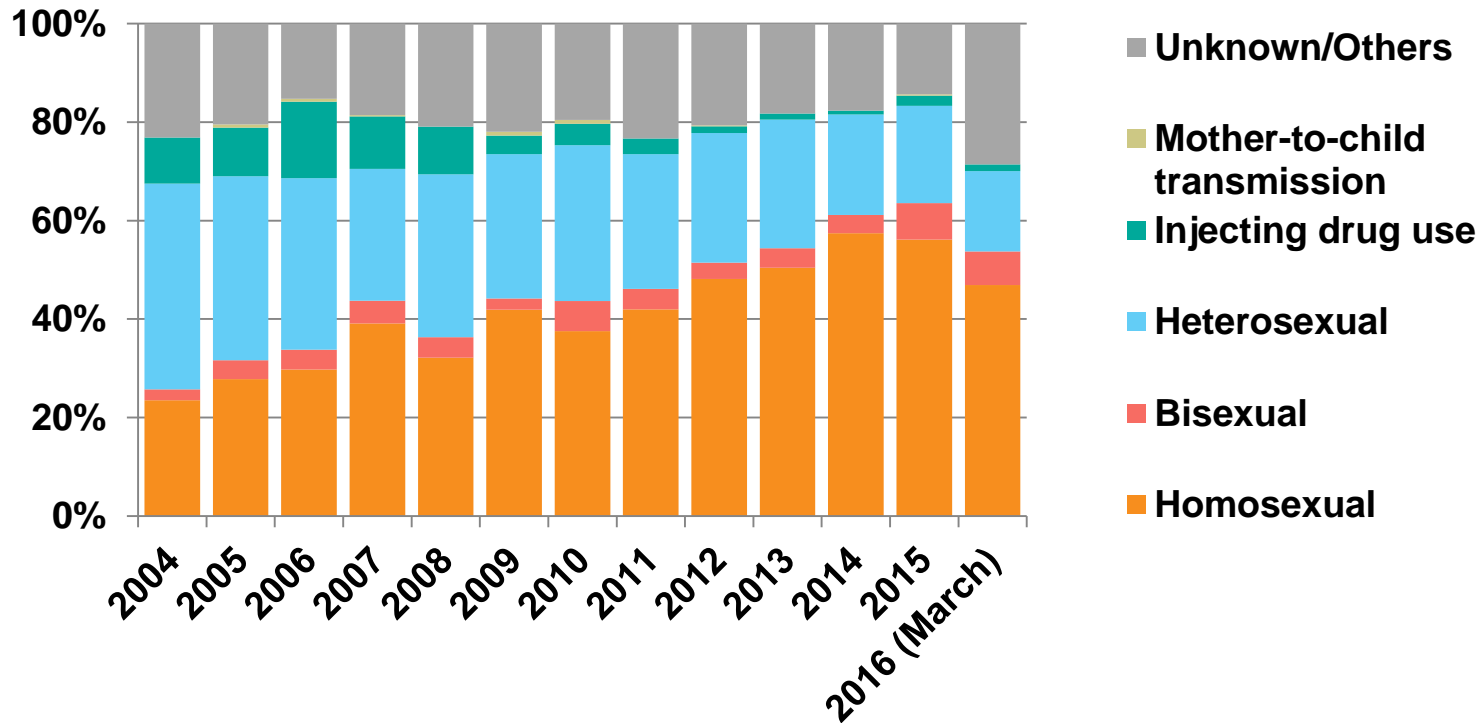
# Similar epidemic pattern observed in developed countries in Asia and the Pacific, Japan

Reported HIV cases by mode of transmission, Japan, 1987-2015



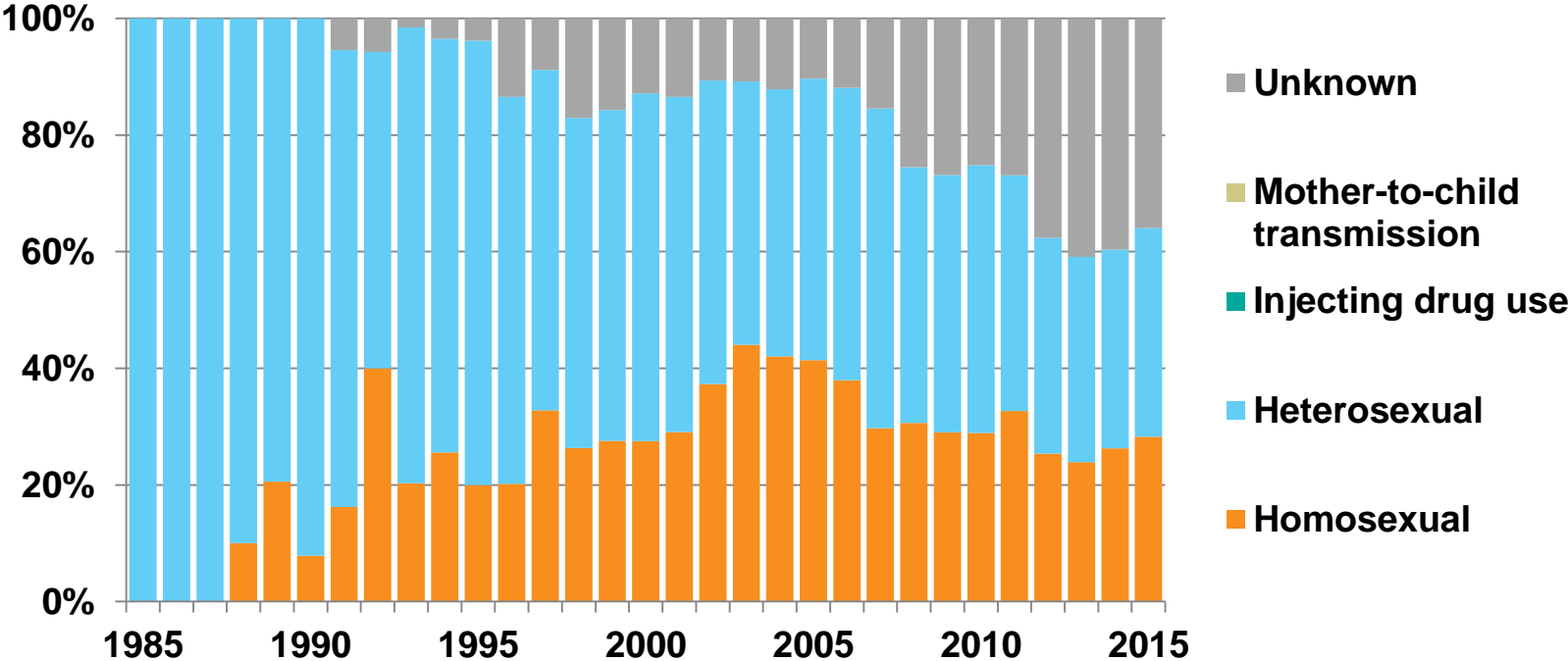
# Similar epidemic pattern observed in developed countries in Asia and the Pacific, Hong Kong

Reported HIV cases by mode of transmission, Hong Kong, 2004- 2016 (March)



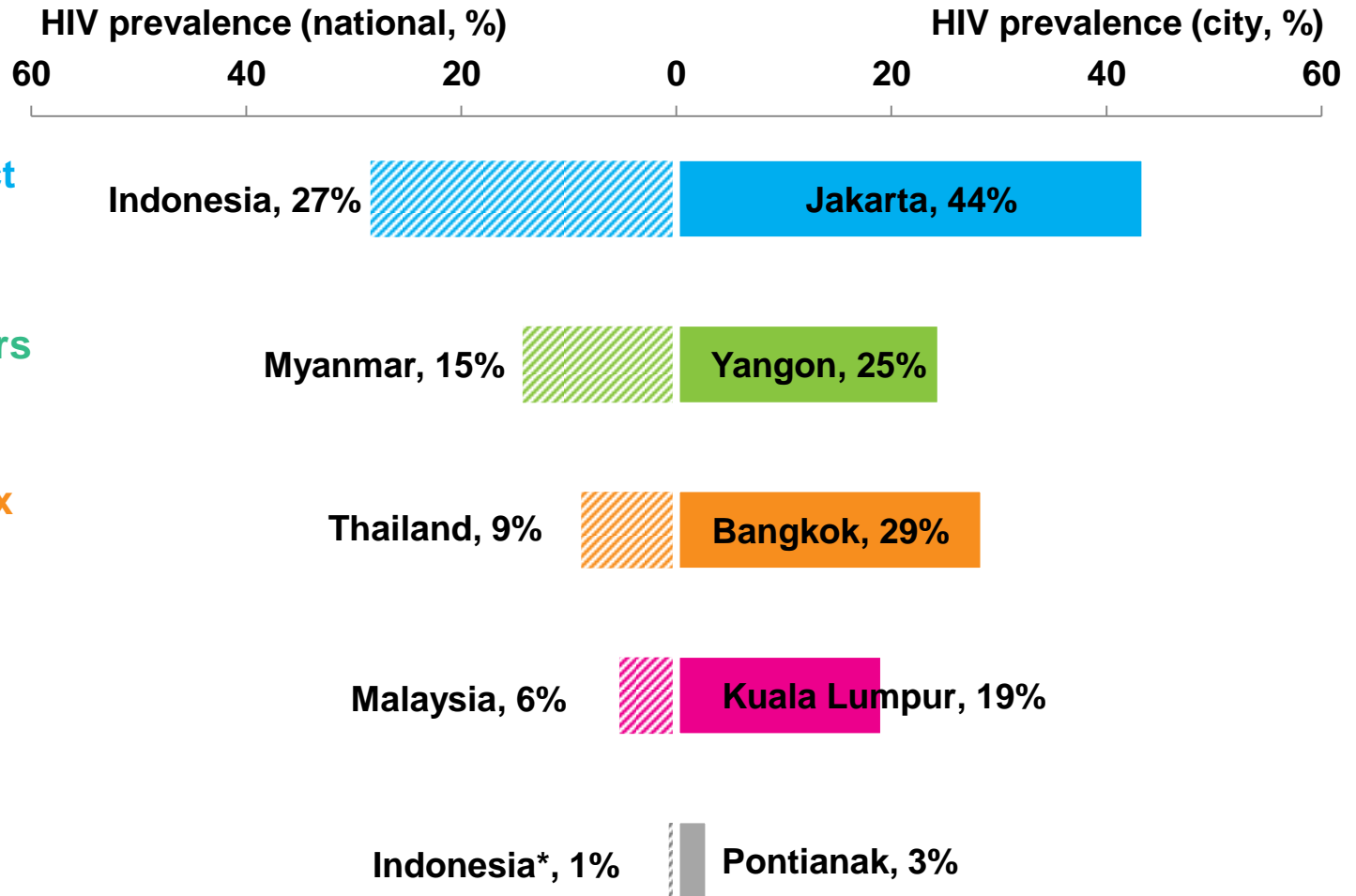
# Similar epidemic pattern observed in developed countries in Asia and the Pacific, Republic of Korea

Reported HIV cases by mode of transmission, Republic of Korea, 1985-2015



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Centers for Disease Control and Prevention, Republic of Korea. (2016). Annual Report on the Notified HIV/AIDS in the Republic of Korea 2015

# HIV in Asia and the Pacific is concentrated among key populations, especially in cities



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\*an average of 3 cities data



# Rising HIV prevalence among MSM particularly young MSM, Indonesia

Men who have sex with men  
HIV prevalence (%)

5%

8.5%

26%

2007

2011

2015

Young men who have sex with men (<25 years)  
HIV prevalence (%)

4%

6%

24%

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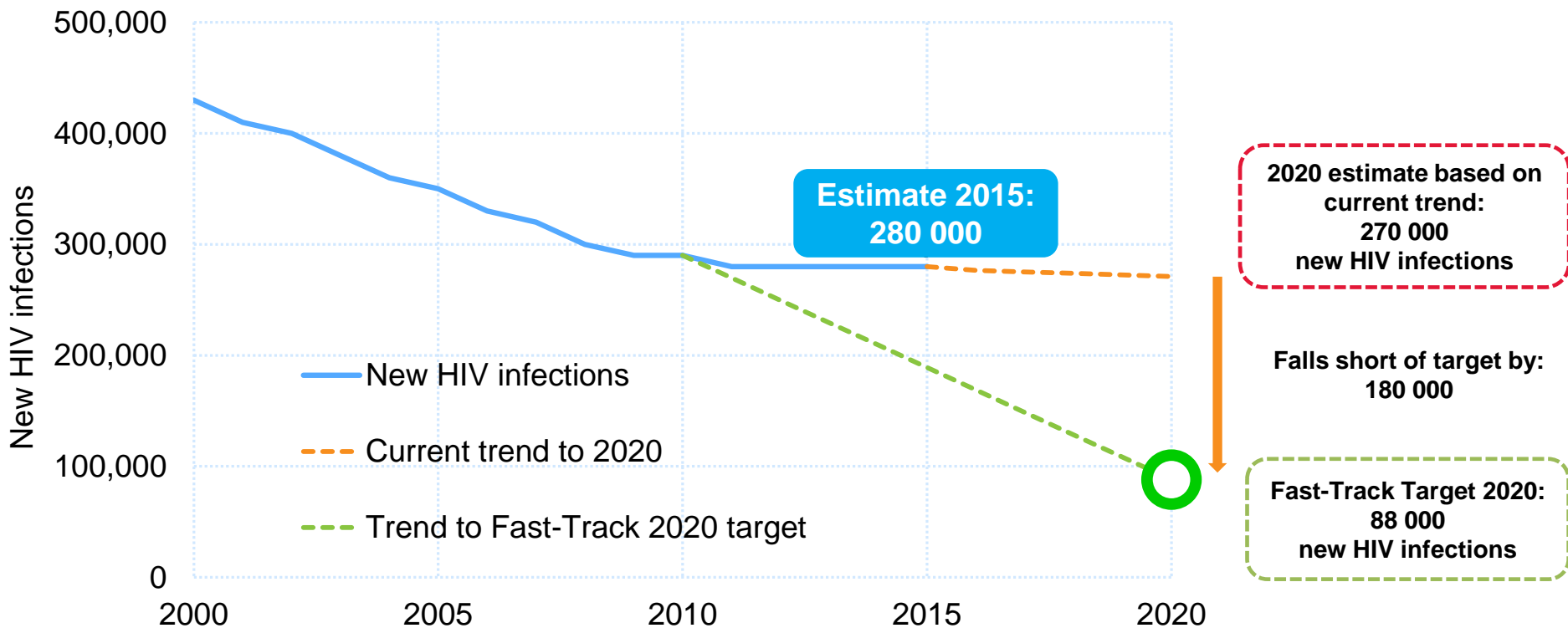


# Regional Fast-Track Targets and Response Gaps

# ENDING AIDS BY 2030:

## Fast-Track and reduce new infections by 2020

Estimated new HIV infections among young people and adults in Asia and the Pacific

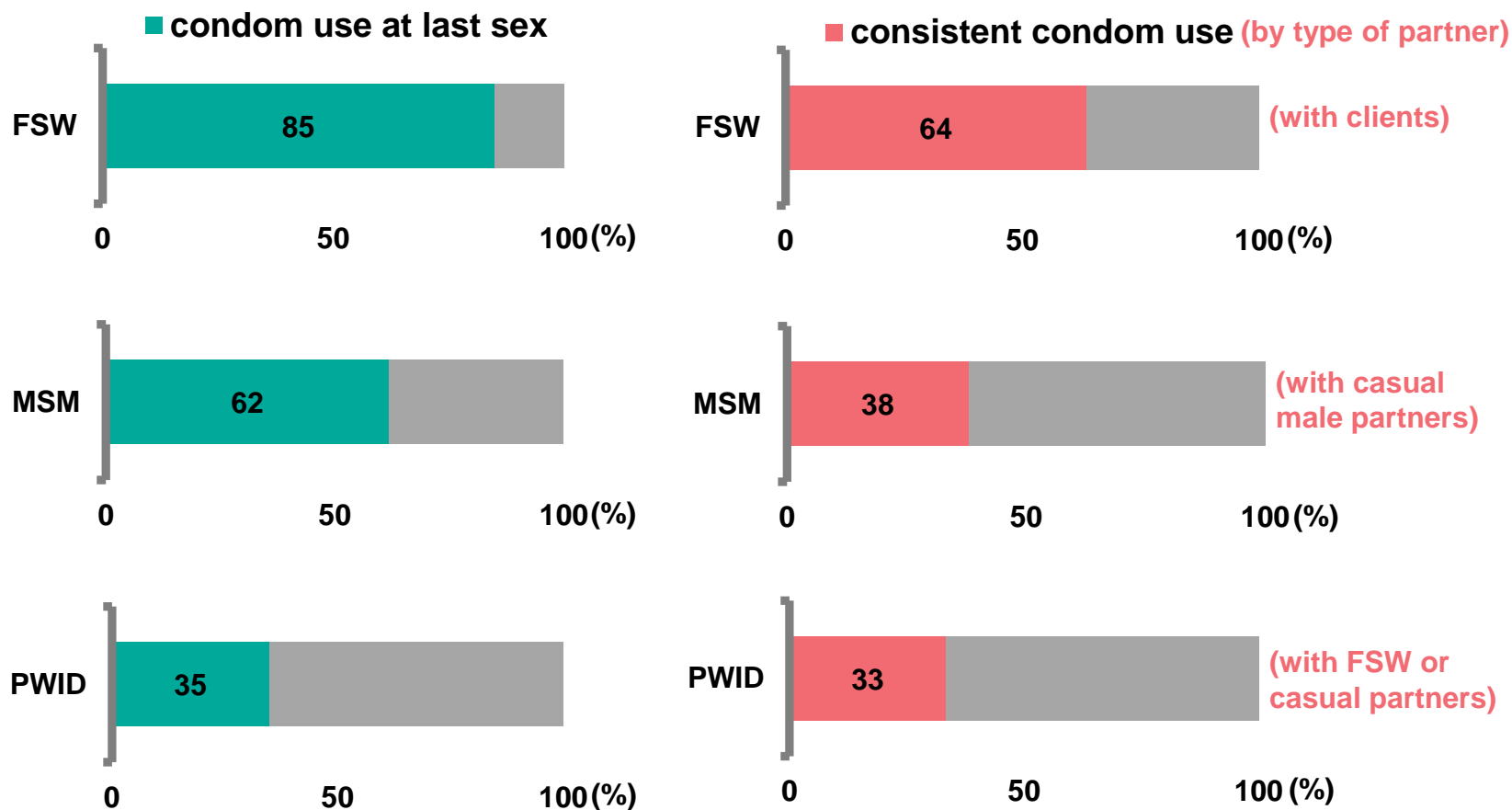


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# Level of condom use among key populations: not high enough to prevent new HIV infections

Condom use at last sex and consistent condom use, regional median, 2010-2015



# Provision of PrEP through pilot or demonstration sites in Asia and the Pacific

4 out of 8

Priority Fast-Track countries\*  
in Asia and the Pacific region have  
**PrEP** pilot or demonstration sites  
for **Key Populations**



## Countries where PrEP is piloted

- No pilot site/no info
- Key populations
- MSM
- MSM and FSW
- MSM and Transgender
- Serodiscordant couples

\*Priority Fast-Track countries: China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Viet Nam

4 priority Fast-Track countries that have PrEP pilot sites for key populations: China, India, Thailand and Viet Nam

# PrEP in Thailand

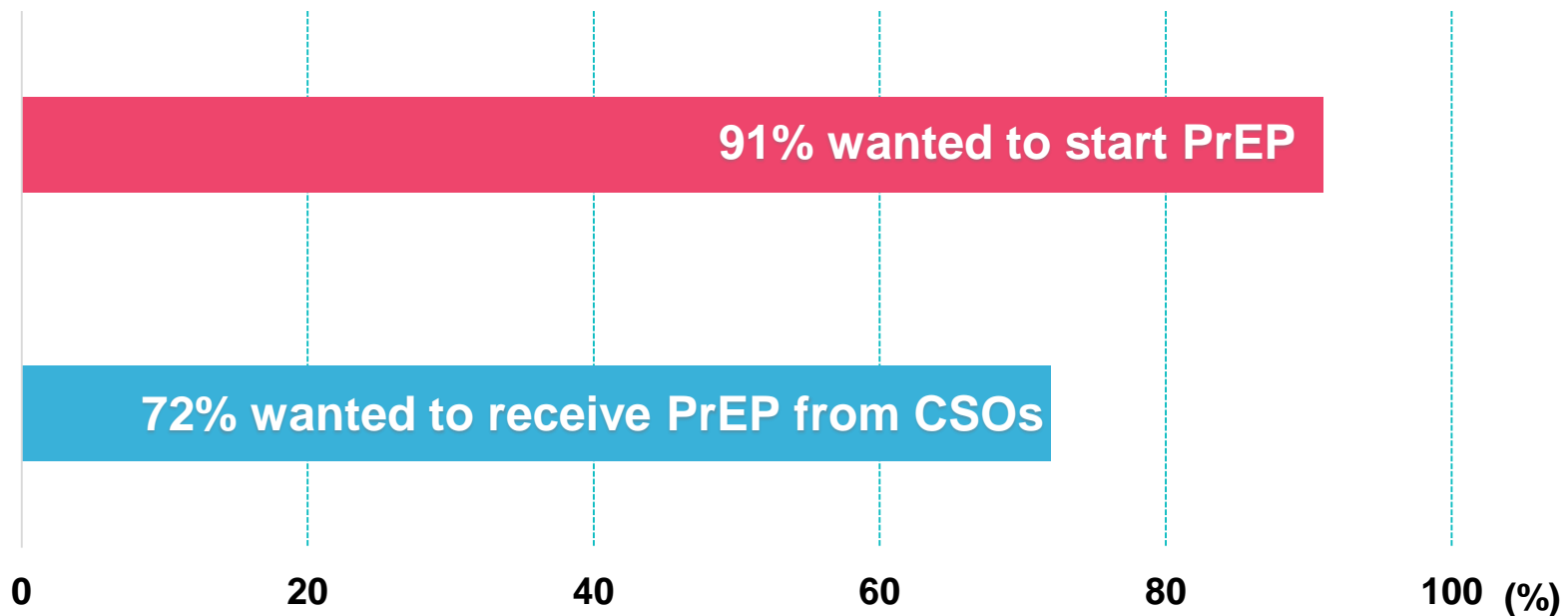
**Policy :** The 2014 Thai guideline on HIV Prevention and Care has recommended PrEP as an additional HIV prevention method for people at risk. PrEP is not yet included in Thailand's Universal Health Coverage (UHC) but endorsed by the National AIDS Committee to be piloted in different settings and to make it available in public hospitals (out-of-pocket).

## Experience from Thai Red Cross AIDS Research Centre :

- **Launch:** December 2014 (510 on PrEP as of July 2016)
- **Operations:** Fee-based PrEP and established in an existing VCT/ART clinic using current staff and clinic facilities; cost - 30 Thai Baht (<1\$) per day
- **Protocol:** Simple protocol for VCT counselors to screen for “at-risk” clients, introduce PrEP to clients, and refer to doctor if PrEP indicated and client agrees. PrEP provided at first visit, after HIV test with negative result. Lab tests such as kidney function and HBsAg tests are also part of “check list of needs” to start PrEP
- **Indications for PrEP-** >18 years with recent HIV test negative AND
  - at least one risk factor in the last 6 months → HIV-positive partner, history of sex work, use PEP for sexual exposure, injecting drug use, any STI, ≥ 5 sexual partners, inconsistent condom use
- **As of April 2016, no PrEP user has become HIV positive**

# PrEP acceptance among MSM and TG in Viet Nam

Recent baseline survey (July – September 2016) conducted by **Program for Appropriate Technology in Health (PATH)** and **Center for Creative Initiatives in Health and Population (CCIHP)** among **799 MSM and TG** in **Ho Chi Minh City** found:

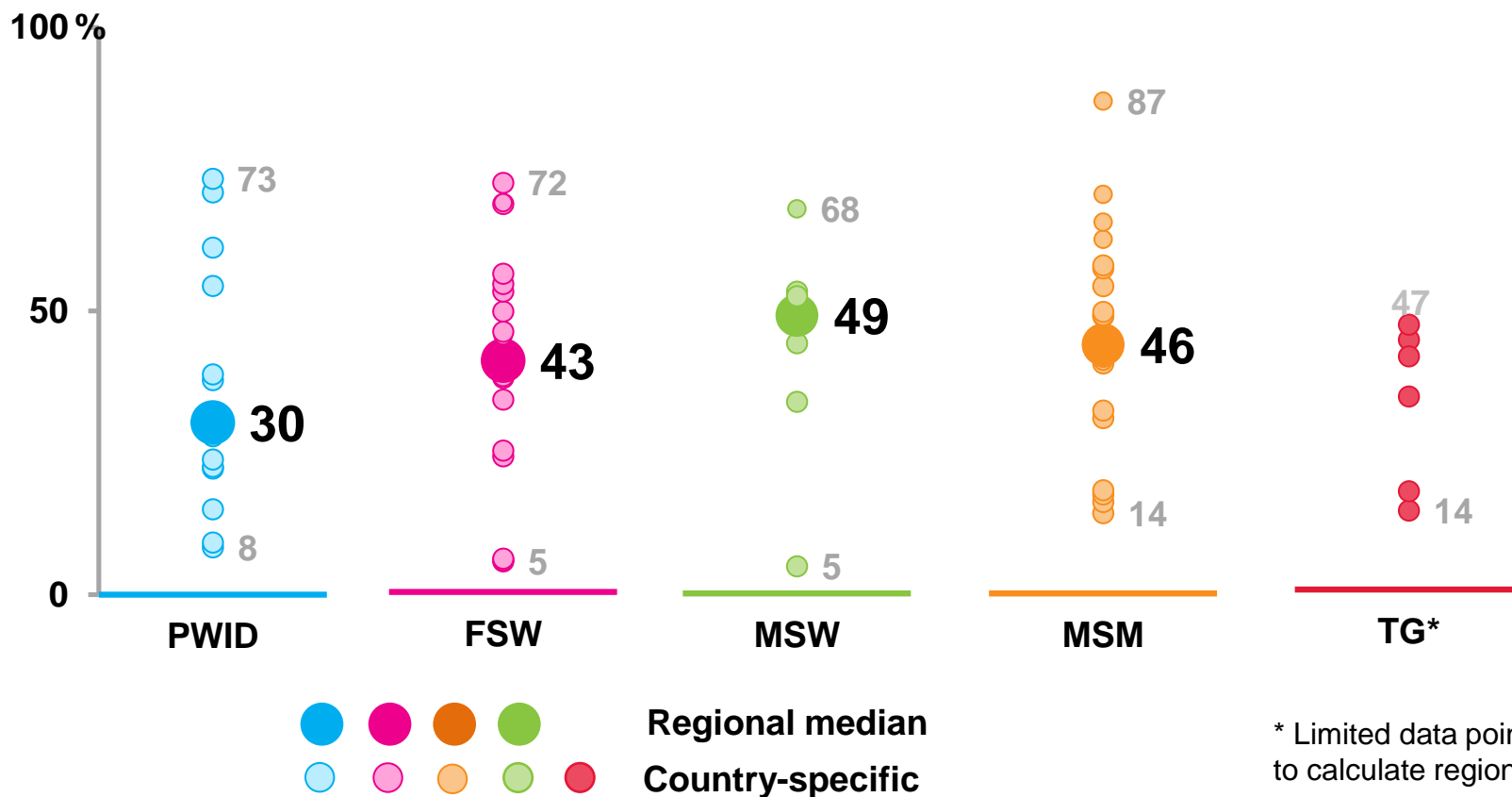


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# HIV testing is the entry point for prevention and treatment, but less than half of key populations know their HIV status

HIV testing coverage among key populations, regional median, 2010-2015

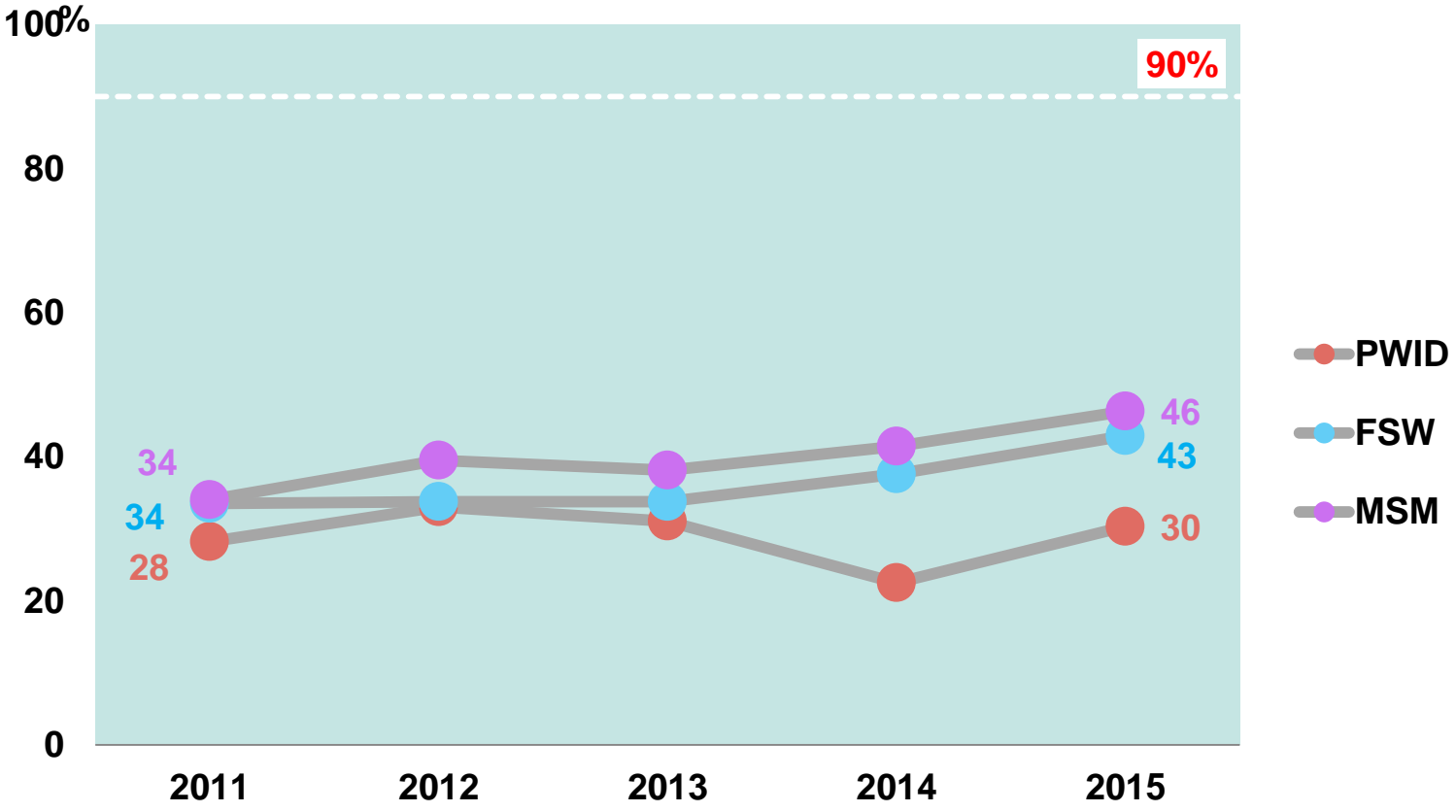


\* Limited data points available to calculate regional median

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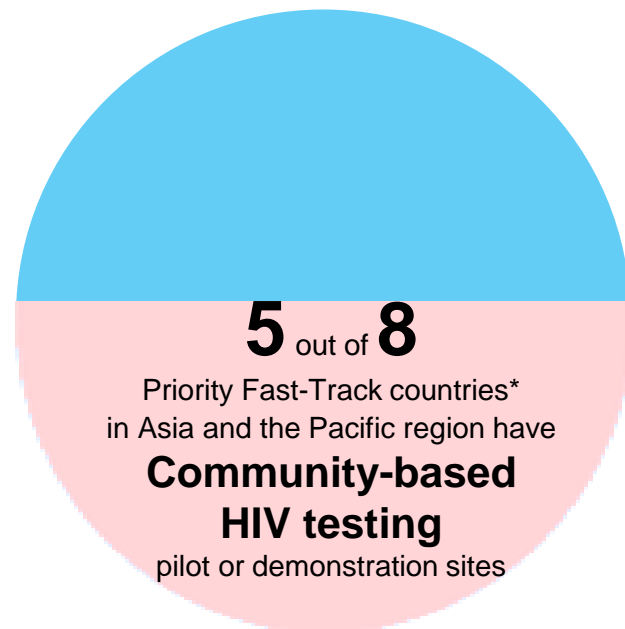
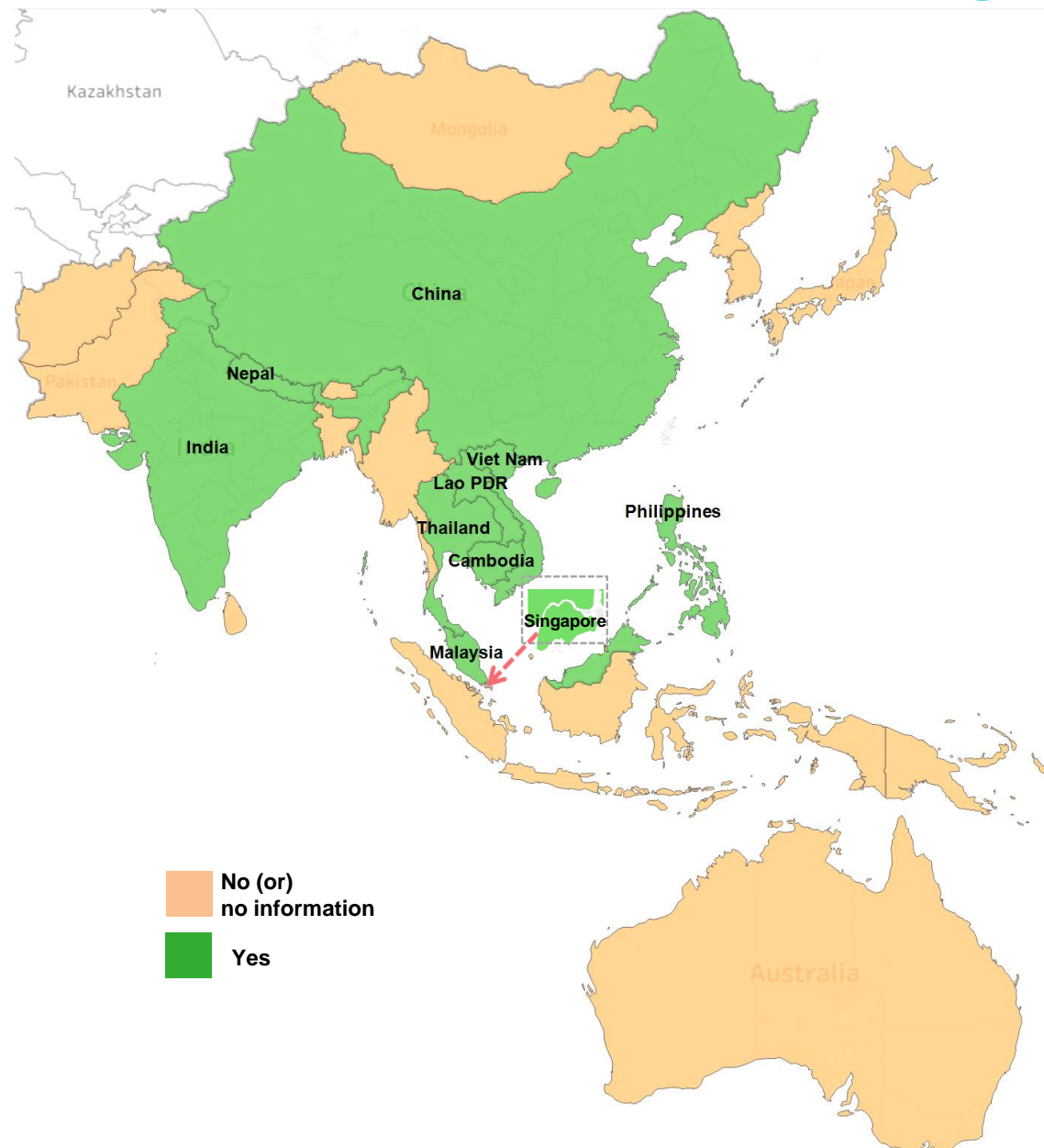
# Slow and steady won't win the race in the Fast-Track era: Less than half of key populations know their HIV status



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



# Countries in Asia and Pacific where community-based HIV testing is piloted

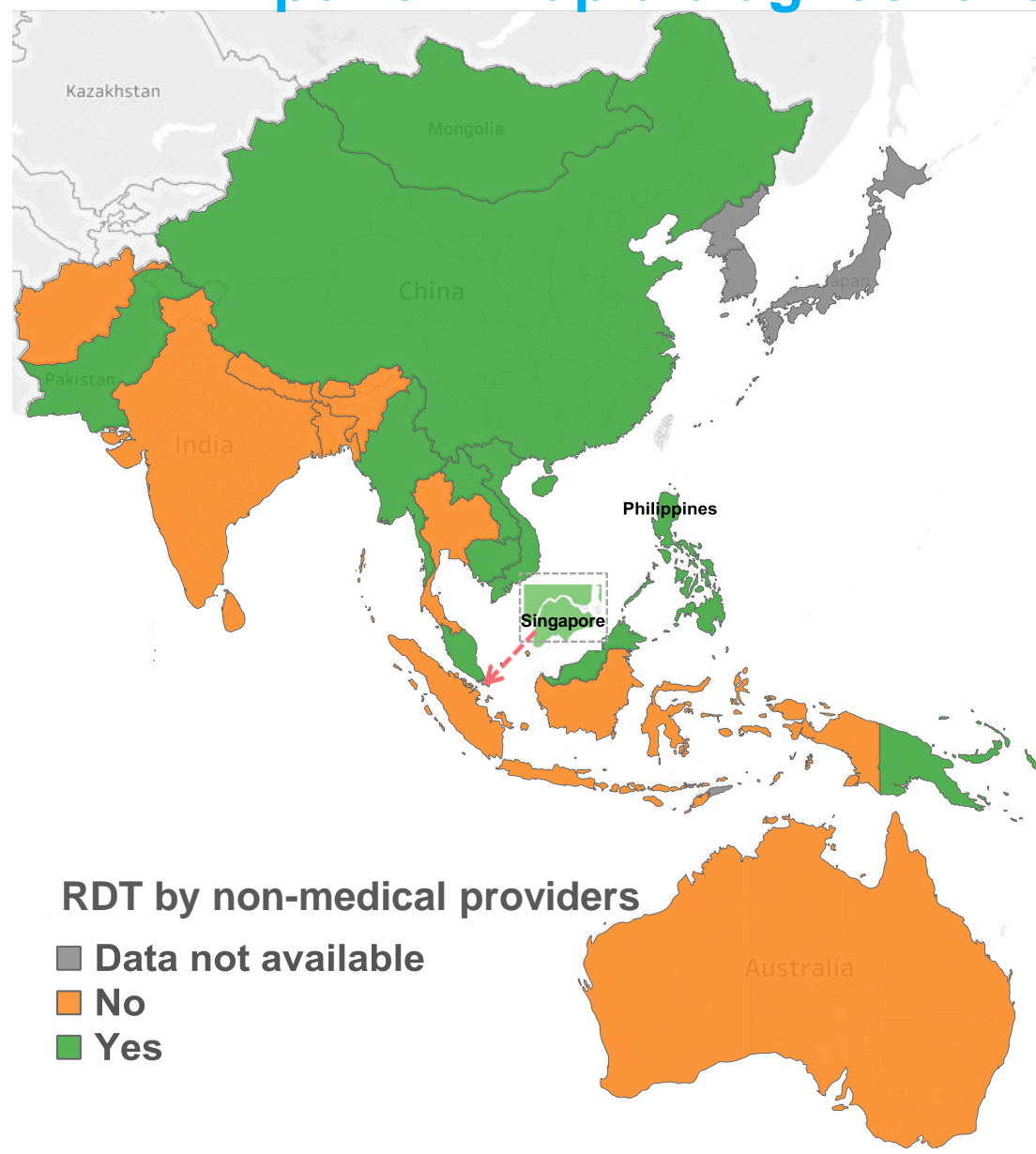


\*Priority Fast-Track countries: China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Viet Nam

5 priority Fast-Track countries that have community-based HIV testing pilot sites: China, India, Philippines, Thailand, and Viet Nam

Source: [www.aidsdatahub.org](http://www.aidsdatahub.org) based on communications with national HIV programmes and UNAIDS country offices

# Countries in Asia and the Pacific with national policies that permit non-medical providers to perform rapid diagnostic tests (RDTs), 2015



## Non-medical testers - considerations for success

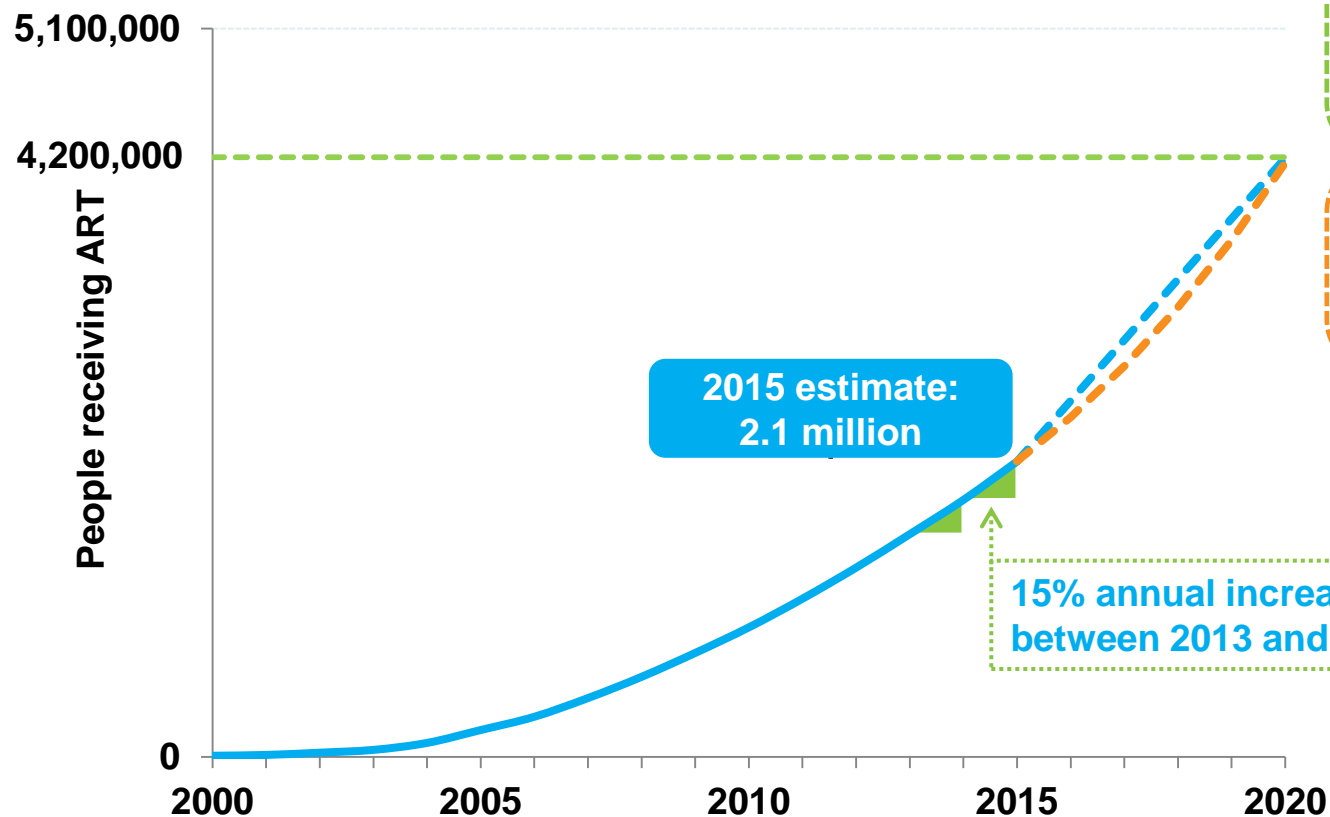
- **Choose wisely** –select and train non-medical providers well-matched to clientele
- **Ongoing training**, mentoring and support is key—having a quality assurance system in place is essential
- **Adequate remuneration** – trained non-medical providers should receive adequate compensation
- **National policies** need to establish a role for trained non-medical providers to perform HTS

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Response Progress Reporting 2016 and WHO. (2015). Consolidated Guidelines on HIV Testing Service.

# ENDING AIDS BY 2030:

## Fast-Track Treatment to Reach 90–90–90 by 2020

### People receiving ART in Asia and the Pacific



Fast-Track Target  
2020:

**4.2 million**  
people on ART

At current pace:

**4.2 million**  
people on ART  
by 2020

— People receiving ART

- - - Trend to Fast-Track target

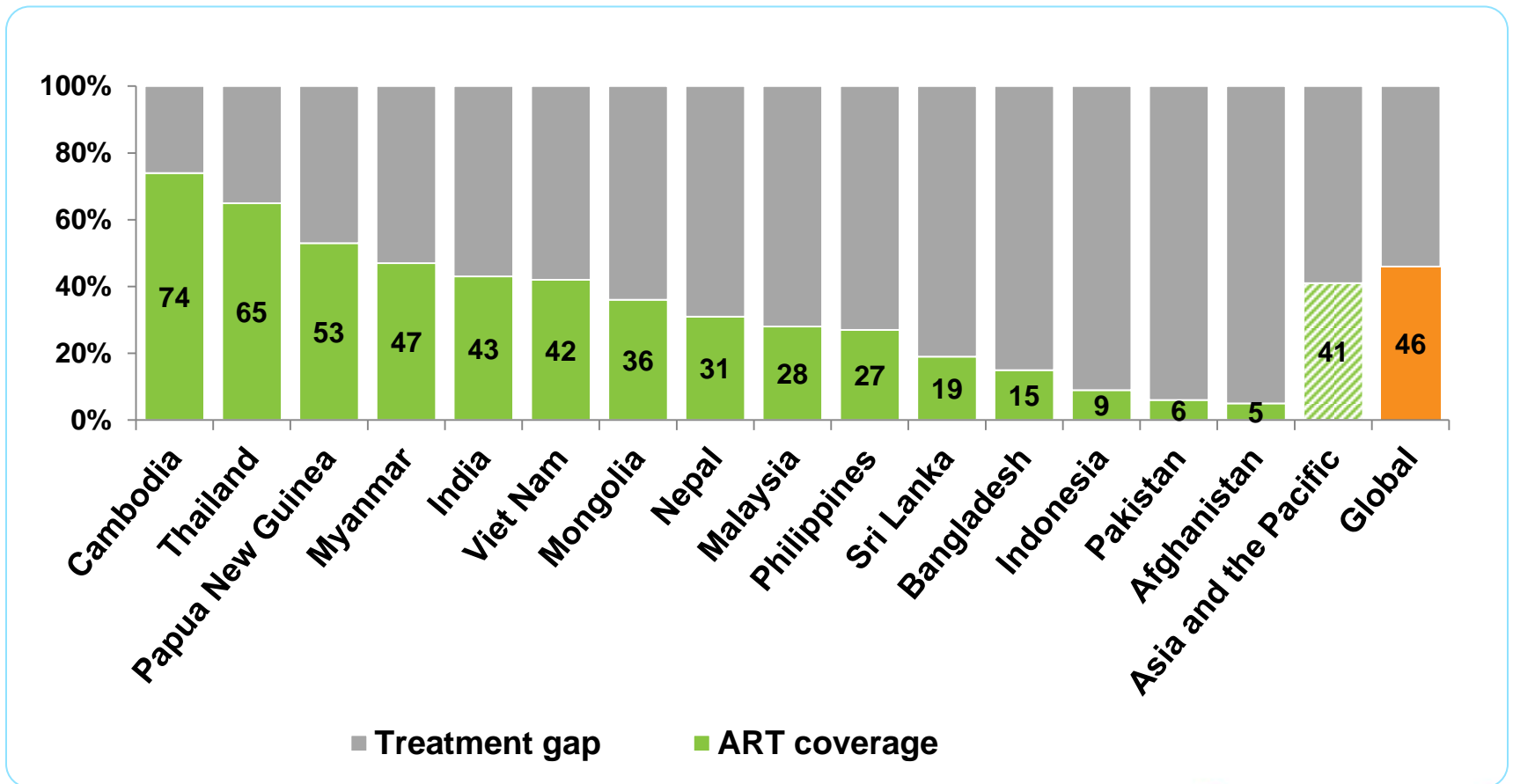
- - - People receiving ART by 2020 (at current pace)

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# Current treatment scale-up: only 2 in 5 PLHIV are on ART

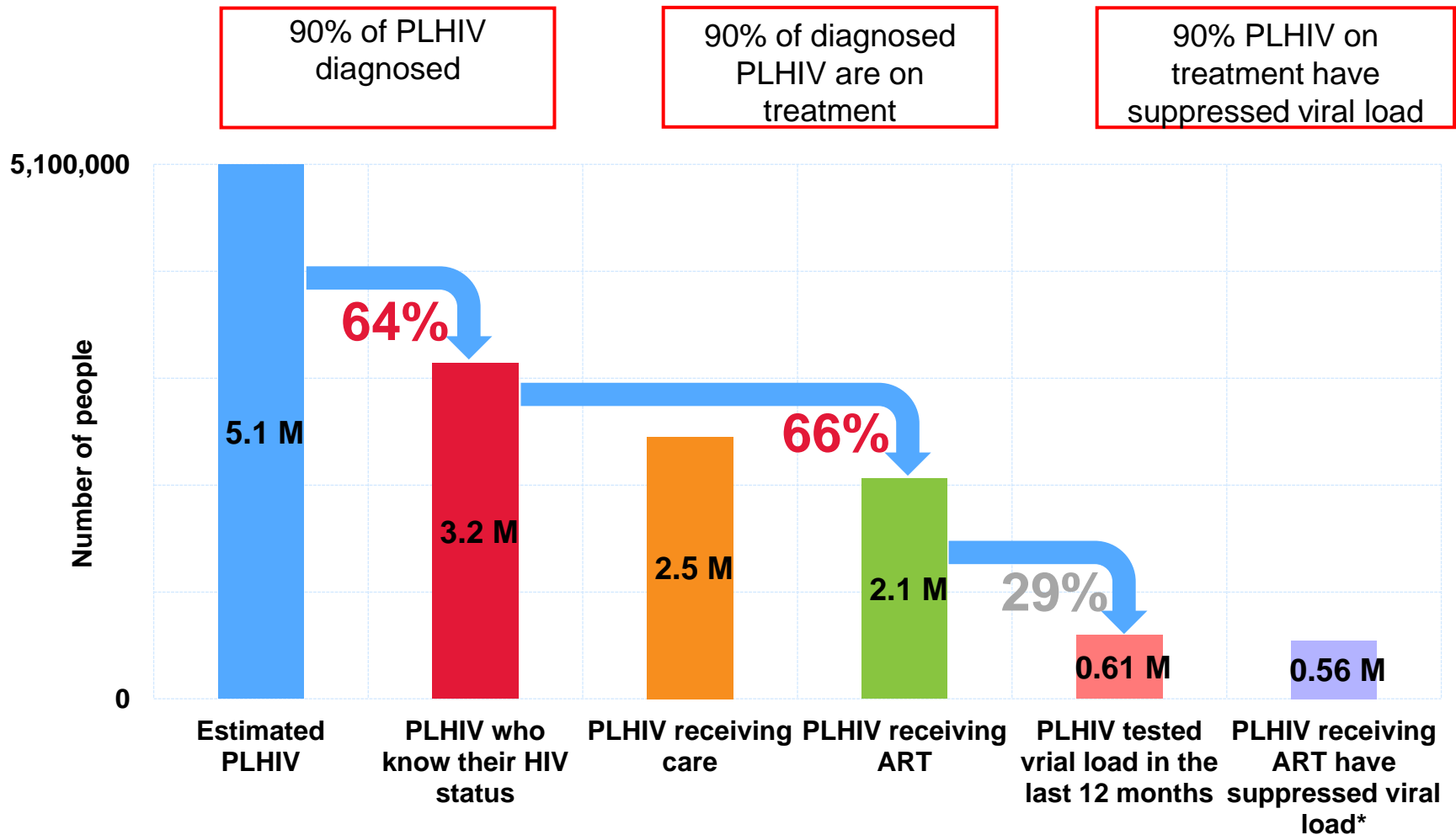
ART coverage and treatment gap among countries in Asia and the Pacific, 2015



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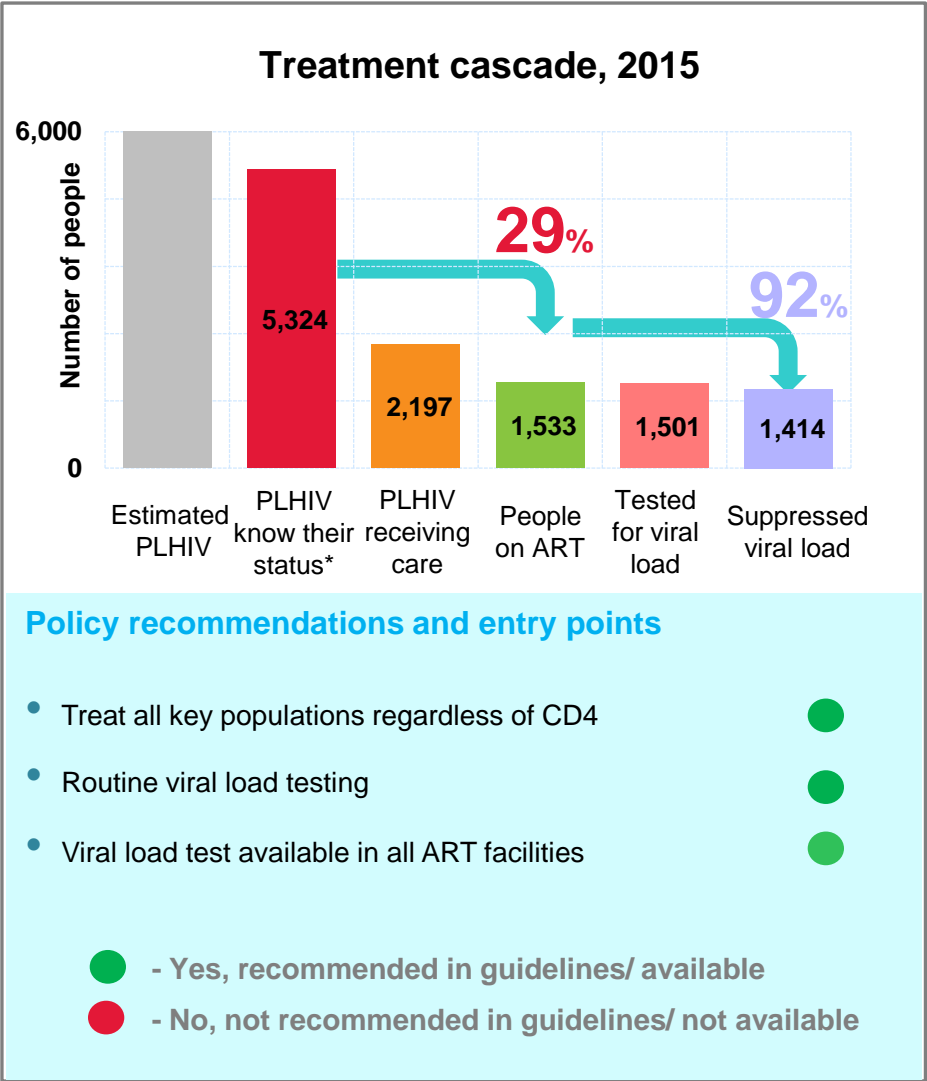
# 90-90-90 treatment target: Asia and the Pacific treatment cascade



\* Estimated 83% of PLHIV who are on treatment are virally suppressed



# 90-90-90 treatment target: Treatment cascade, policy recommendations and opportunities in Singapore



\* Total registered cases excluding deaths;  
 \*\* Most clinicians would initiate ARV in all HIV-positive patients, regardless of CD4 count. The main reason for ARV non-initiation is patient's preference.

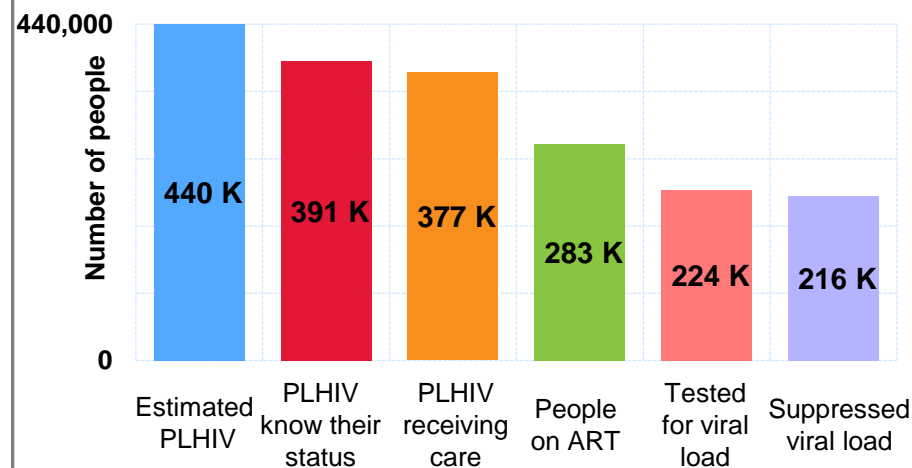
**42%** of newly diagnosed PLHIV in 2015 found first CD4 cell count < 200 cells/μL



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Response Progress Reporting (GARPR) 2016; and Ministry of Health Singapore. (2016). Update on HIV/AIDS Situation in Singapore 2015., accessed at [https://www.moh.gov.sg/content/moh\\_web/home/diseases\\_and\\_conditions/h/hiv\\_aids.html](https://www.moh.gov.sg/content/moh_web/home/diseases_and_conditions/h/hiv_aids.html)

# Towards 90-90-90 Fast-Track treatment targets: Thailand and Viet Nam

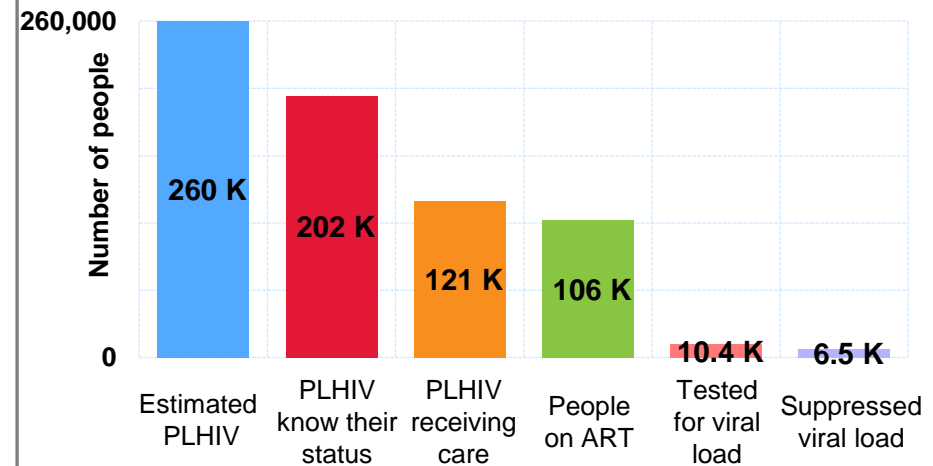
## Treatment cascade, Thailand, 2015



### Policy recommendations and entry points

- CD4 threshold for treatment initiation **TREAT ALL**
  - Treat all key populations regardless of CD4 ●
  - Routine viral load testing ●
  - Viral load test available in all ART facilities ●
- - Yes, recommended in guidelines/ available  
● - No, not recommended in guidelines/ not available

## Treatment cascade, Viet Nam, 2015

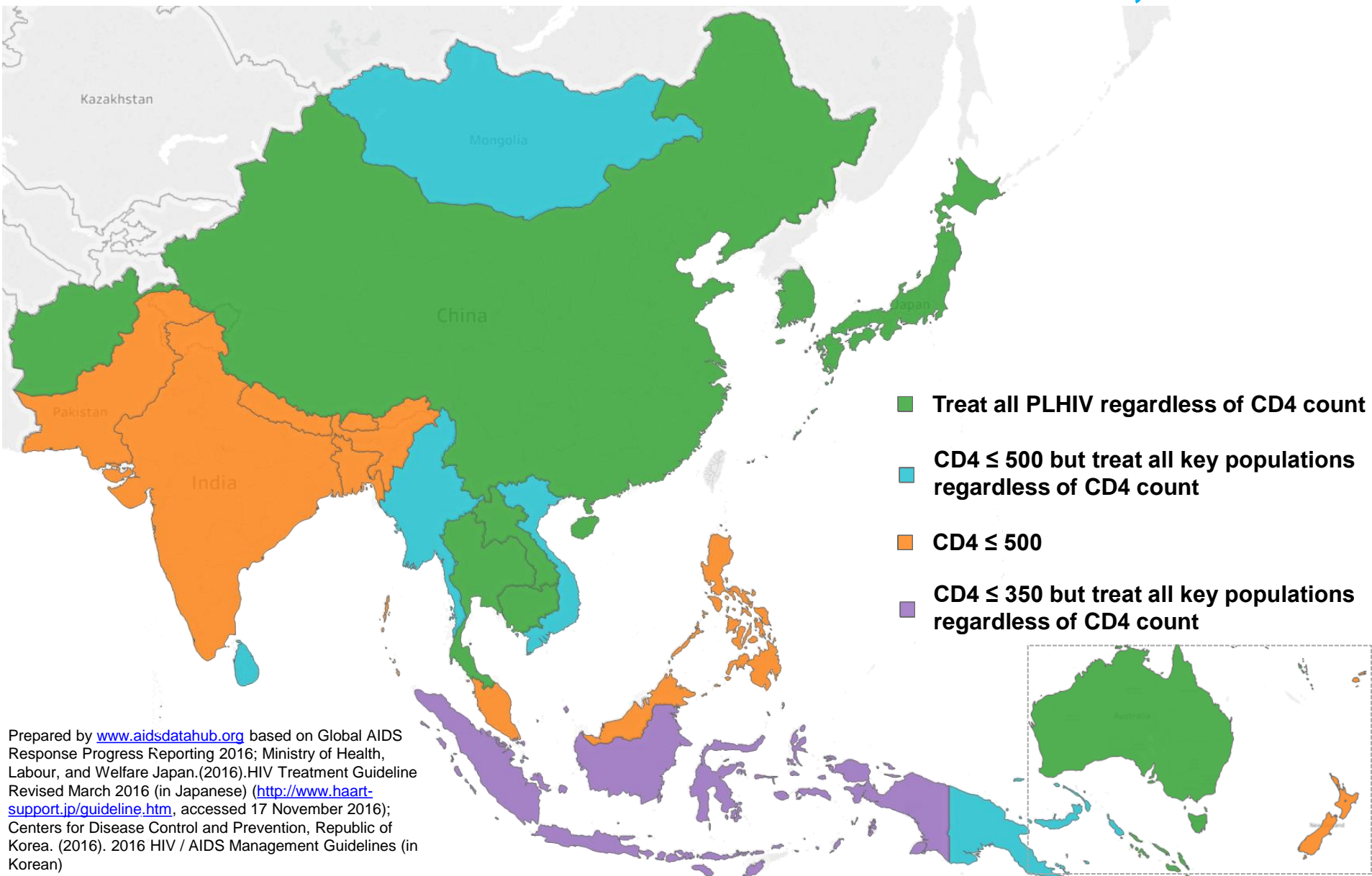


### Policy recommendations and entry points

- CD4 threshold for treatment initiation\* **CD4 ≤ 500**
  - Treat all key populations regardless of CD4 ●
  - Routine viral load testing ●
  - Viral load test available in all ART facilities\*\* ●
- - Yes, recommended in guidelines/ available  
● - No, not recommended in guidelines/ not available

\* Planned to adopt "TREAT ALL" policy in 2017; \*\* Prioritized viral load testing for clinical and immunological treatment failure

# Recommended CD4 threshold for initiating treatment in adults and adolescents in Asia and the Pacific, 2016

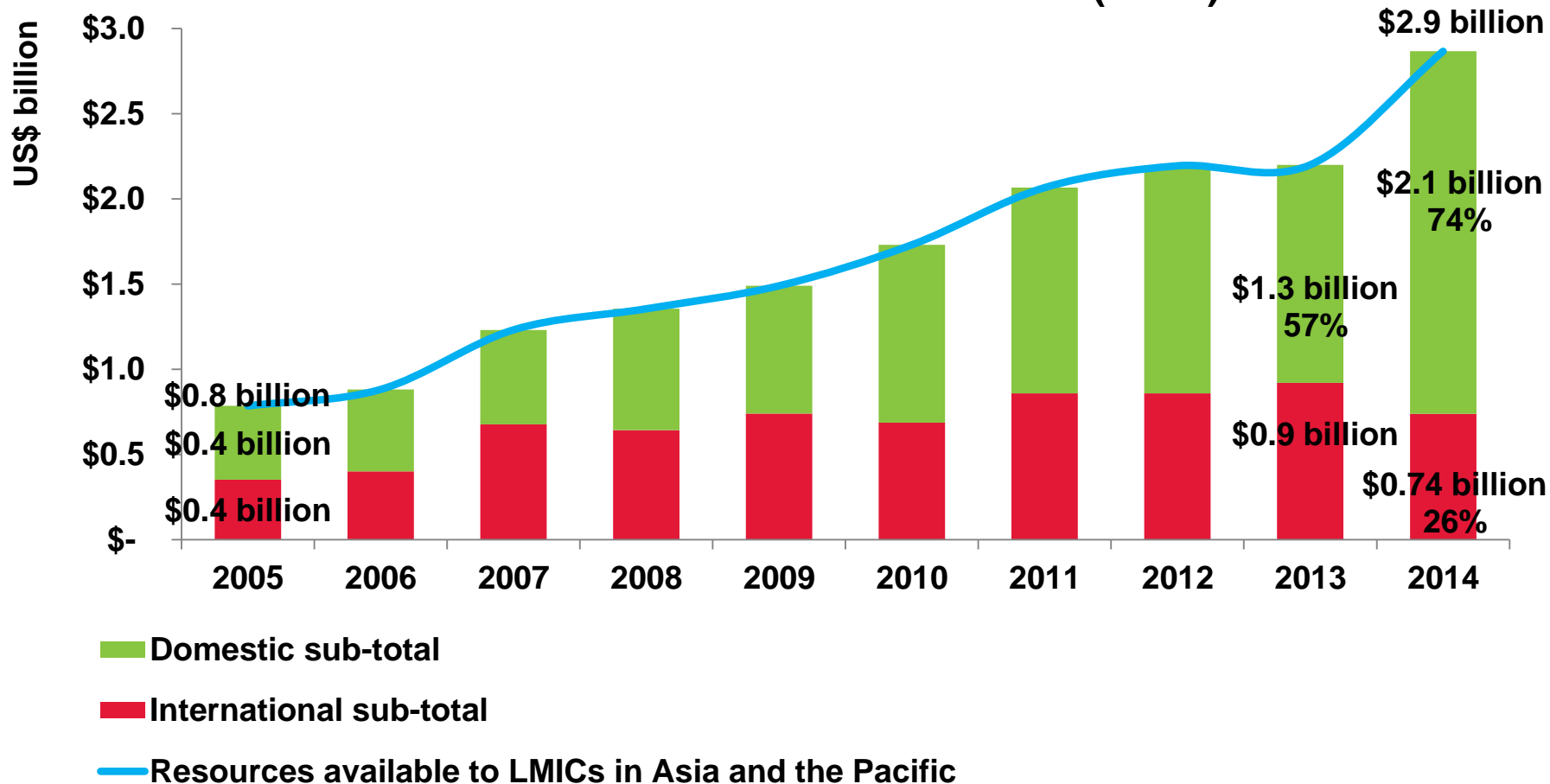


Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Global AIDS Response Progress Reporting 2016; Ministry of Health, Labour, and Welfare Japan. (2016). HIV Treatment Guideline Revised March 2016 (in Japanese) (<http://www.haart-support.jp/guideline.htm>, accessed 17 November 2016); Centers for Disease Control and Prevention, Republic of Korea. (2016). 2016 HIV / AIDS Management Guidelines (in Korean) (<http://cdc.go.kr/CDC/notice/CdcKrTogether0302.jsp?menuulds=HOME001-MNU1154-MNU0005-MNU0088&cid=66624>, accessed 16 November 2016)



# Countries in Asia and the Pacific continue to increase their share of investment in the AIDS response

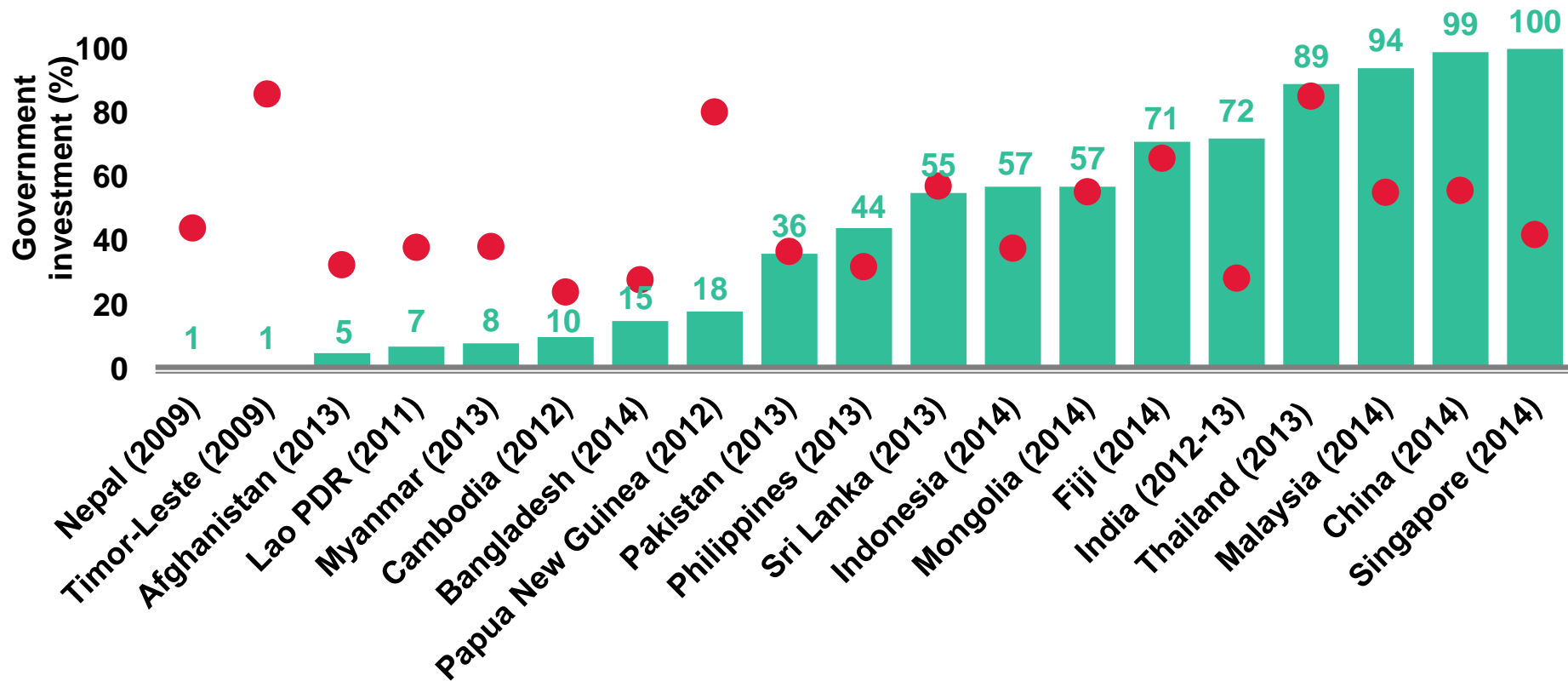
## Resources available for AIDS response in Asia and the Pacific, low-and middle-income countries (LMIC)



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# Government investment on HIV and health in Asia and the Pacific



■ % government investment as % of total AIDS spending

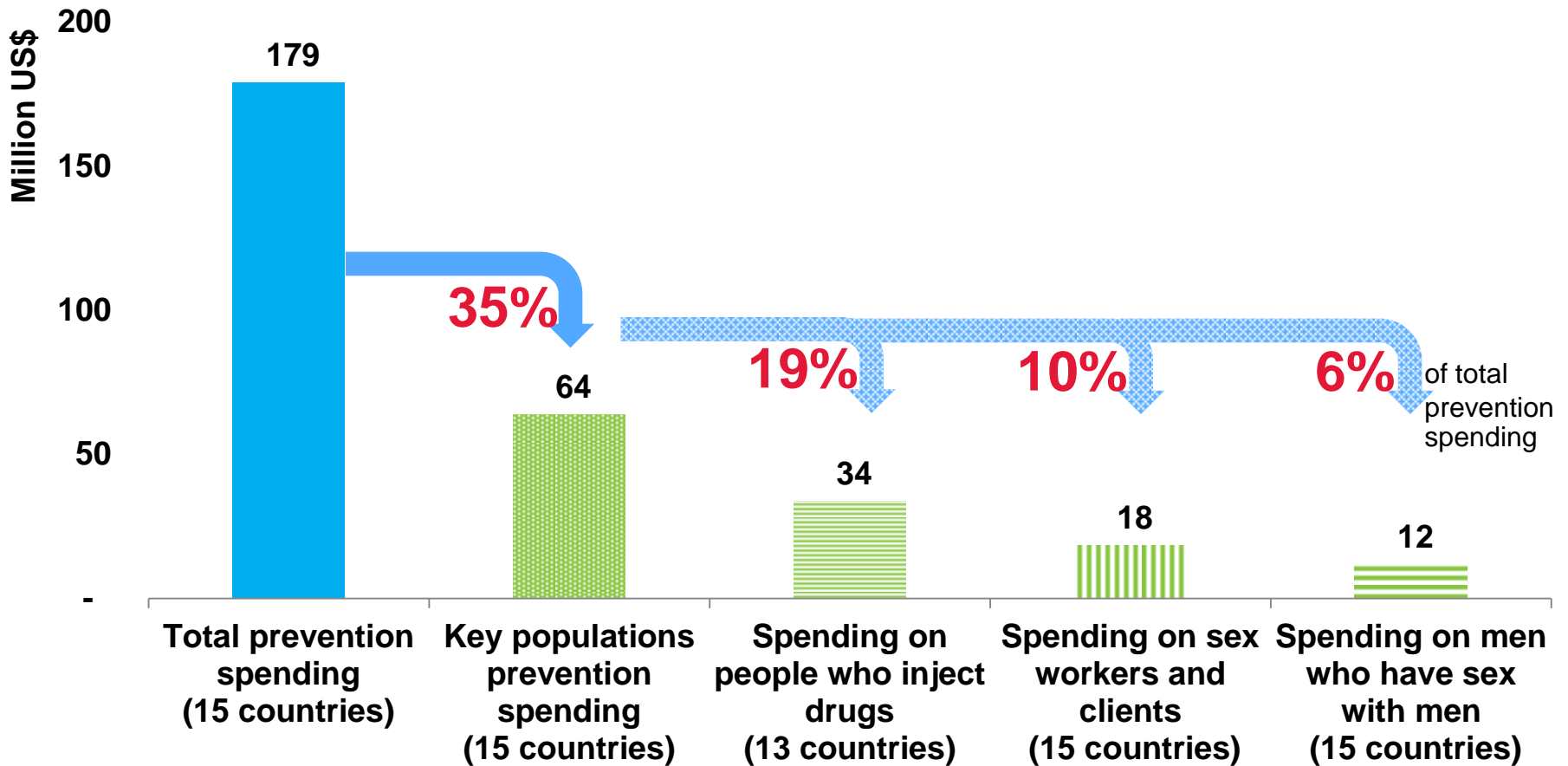
● % government investment on health as % of total health spending

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# Key populations account for 60-90% of new HIV infections in Asia and the Pacific but only a third was spent for key populations HIV prevention programme

Proportion of prevention spending among key populations in Asia and the Pacific region



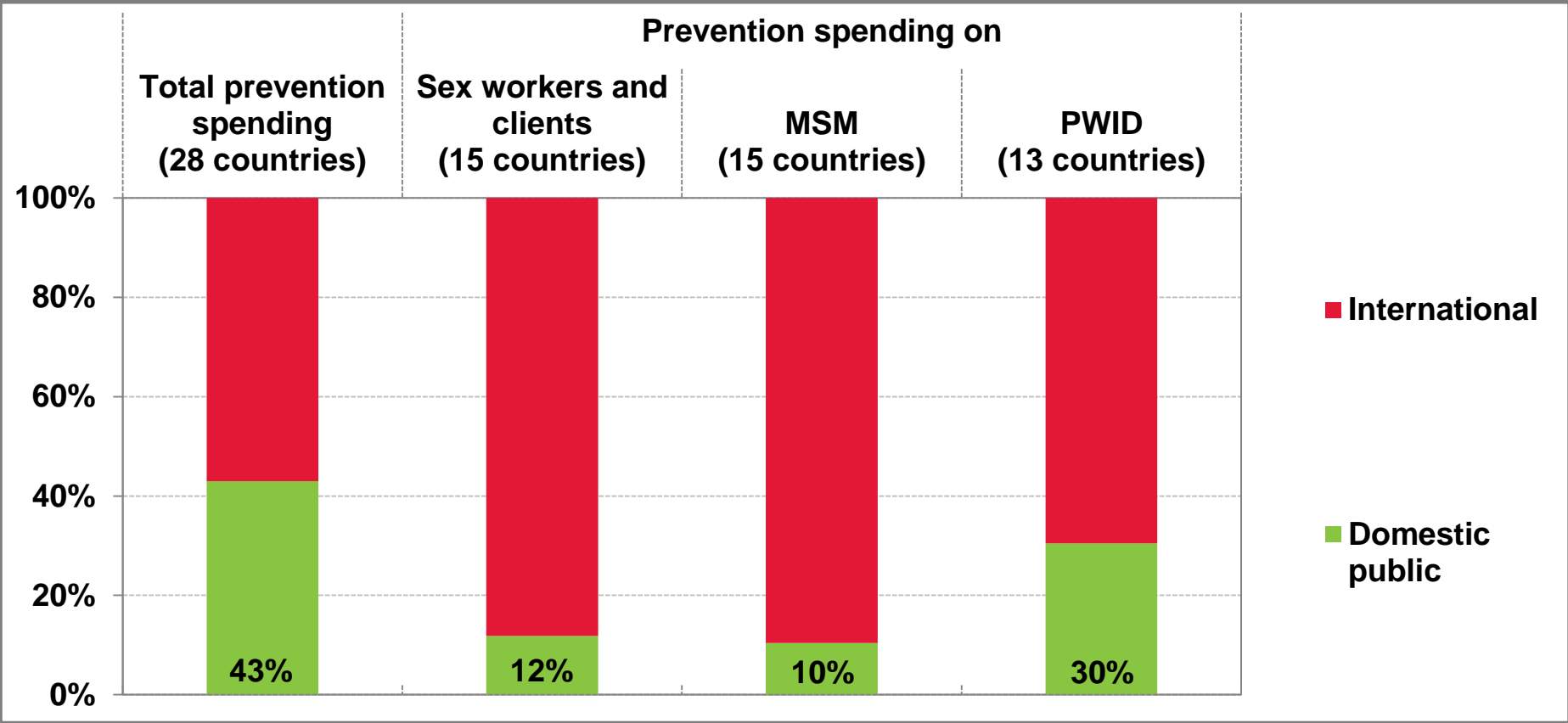
15 countries: Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Palau, Pakistan, Philippines, Solomon Island, Sri Lanka, Thailand and Vietnam

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# 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, 2009-2014



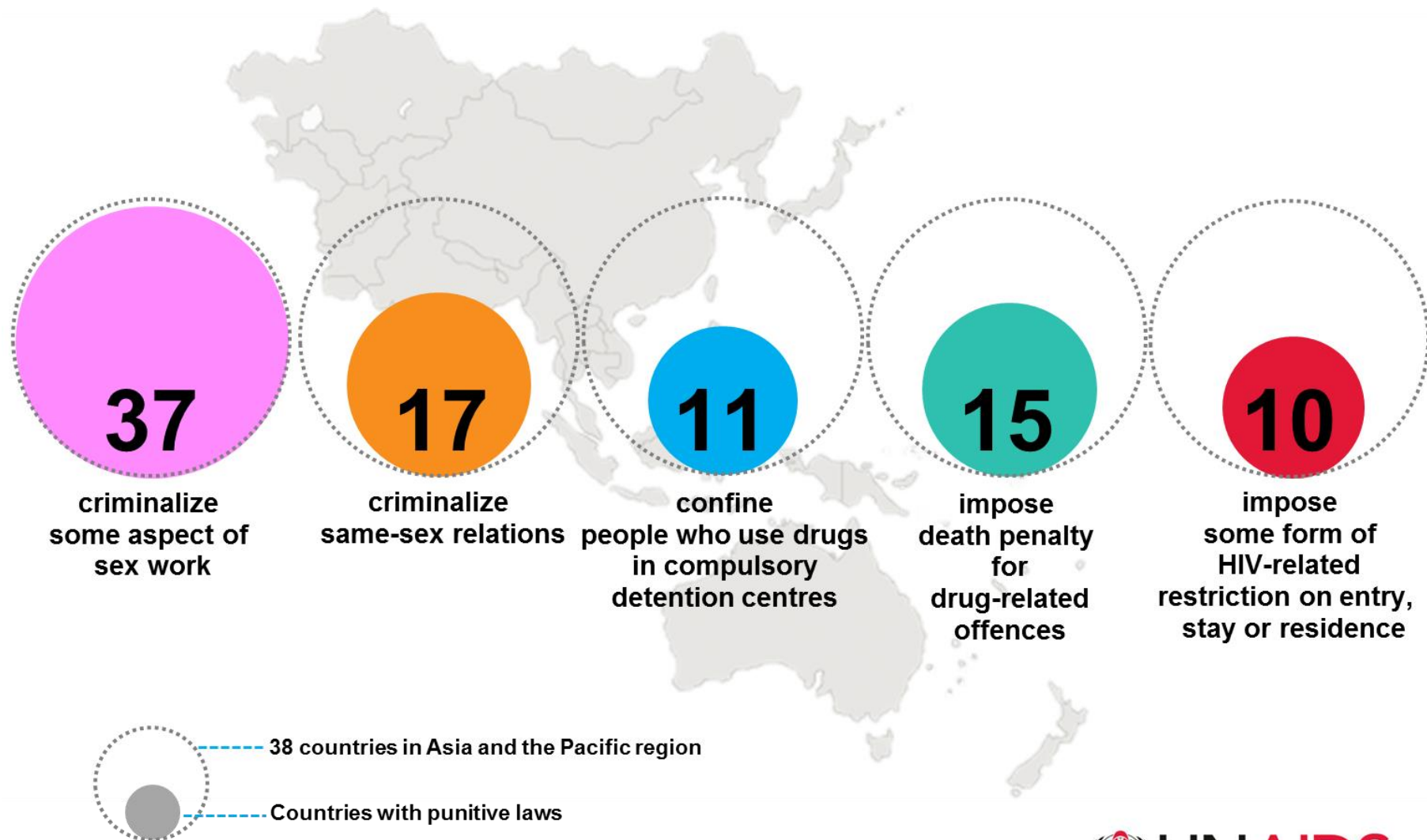
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Spending by service category is not available for India and China



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

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

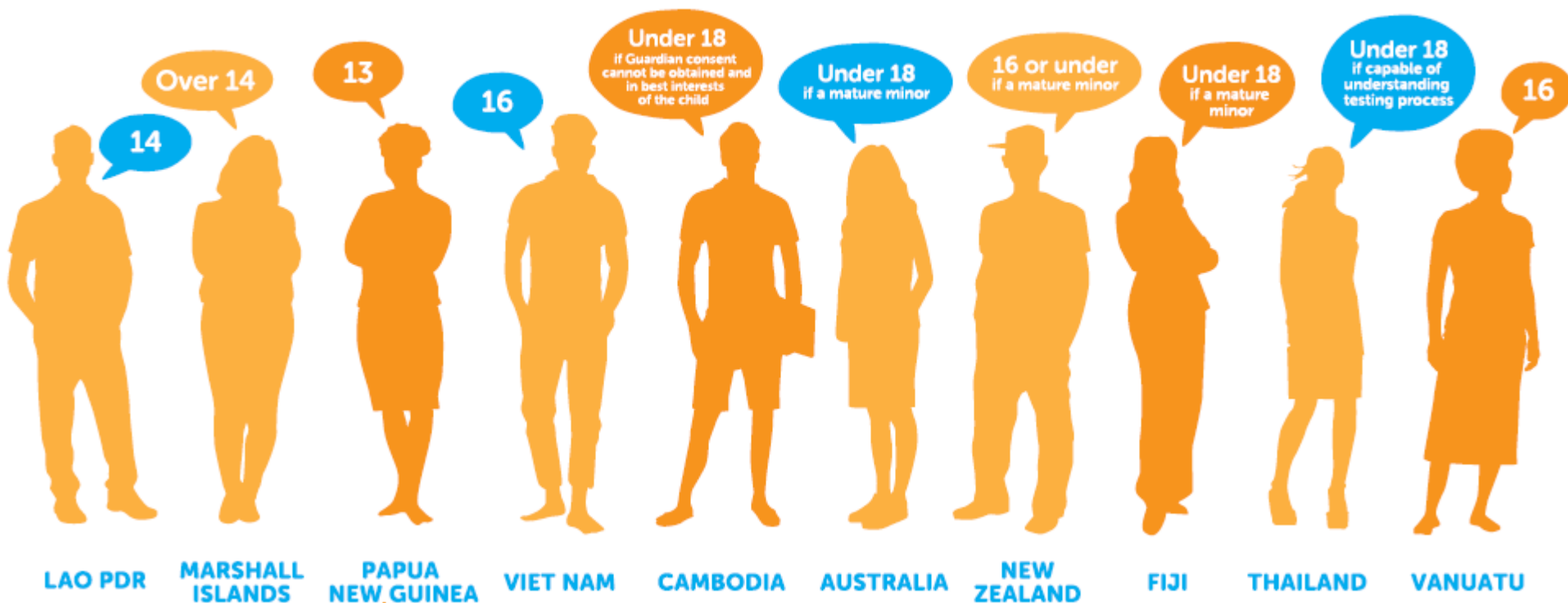


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# Independent access to HIV testing and related services for young people in Asia and the Pacific

## Age of legal capacity to consent independently to an HIV test, Asia and the Pacific



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# THANK YOU

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

