

Fifth National Conference on AIDS

ENDING AIDS BY 2030

***Where are we in Asia and opportunities
for Indonesia***

J.V.R. Prasada Rao

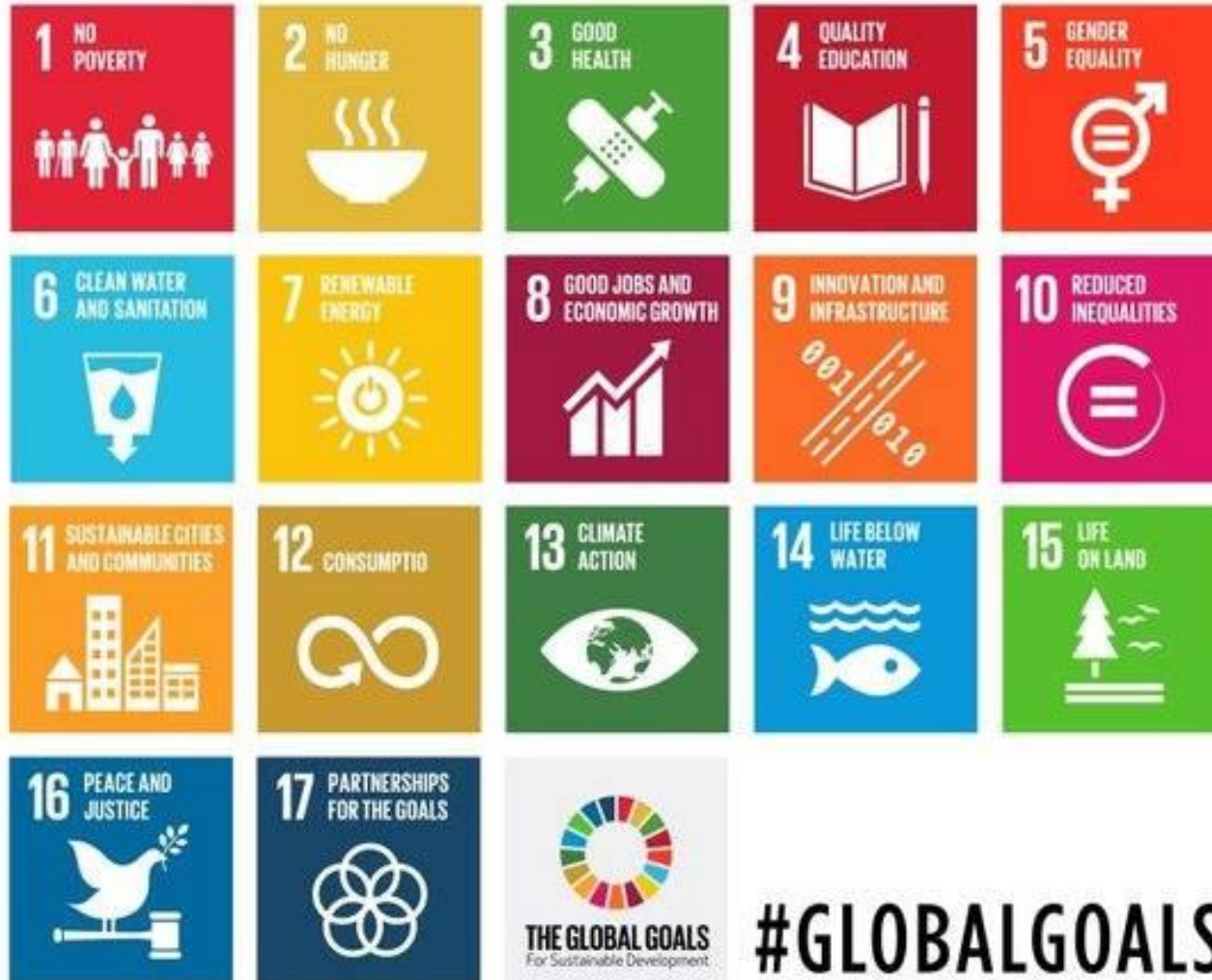
***United Nations Secretary-General's Special Envoy for AIDS
in Asia and the Pacific***

Makassar, Indonesia

28 Oct 2015

THE GLOBAL GOALS

For Sustainable Development



UN General Assembly 69th Session,

September 2015

- United Nations summit for the adoption of the post-2015 development agenda
 - 17 development goals
 - Goal 3. Ensuring healthy lives and promote well-being for all at all ages
 - *3.3. By 2030, **end the epidemic on AIDS**, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*
- Indonesia had a central role in formulating the post-2015 SDGs, as co-chair of the High-Level Panel whose recommendations formed the basis for the development of the 17 development goals

UN General Assembly 69th Session,

September 2015

- United Nations summit for the adoption of the post-2015 development agenda (17 development goals)
 - Goal 3. Ensuring healthy lives and promote well-being for all at all ages
 - *3.3. By 2030, **end the epidemic on AIDS**, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases*
- SDGs to HIV/AIDS:
 - SDG 5 (Achieve gender equality and empower women and girls)
 - SDG 10 (Reduce inequalities in access to services and commodities)
 - SDG 16 (Promote just, peaceful and inclusive societies)
 - SDG 17 (Revitalise the global partnership for sustainable development)

Asia and the Pacific Fast-Track Targets



Fast-Track Targets

by 2020

90-90-90

HIV Treatment

79 000

New HIV infections or fewer

ZERO

Discrimination

by 2030

95-95-95

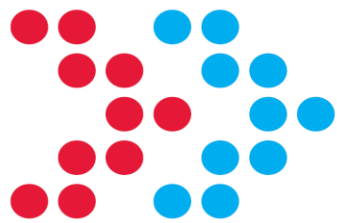
HIV Treatment

53 000

New HIV infections or fewer

ZERO

Discrimination



Fast track is not new

The Four I's

- 1. INNOVATING** (innovating in service delivery, communications, horizontal learning, test and treat, community based testing)
- 2. INTEGRATING** (synergies with other areas of the development agenda, using AIDS as an entry point for other MDGs)
- 3. INVESTING** strategically – greatest impact with better implementation efficiencies, focus on cities, new funding opportunities (APBD and JKN)
- 4. INCLUDING** – people at the centre, leaving no one behind

Status of the response in Asia and the Pacific



Fast-Track Targets

by 2020

90-90-90

Treatment

500 000

New infections among adults

ZERO

Discrimination

by 2030

95-95-95

Treatment

200 000

New infections among adults

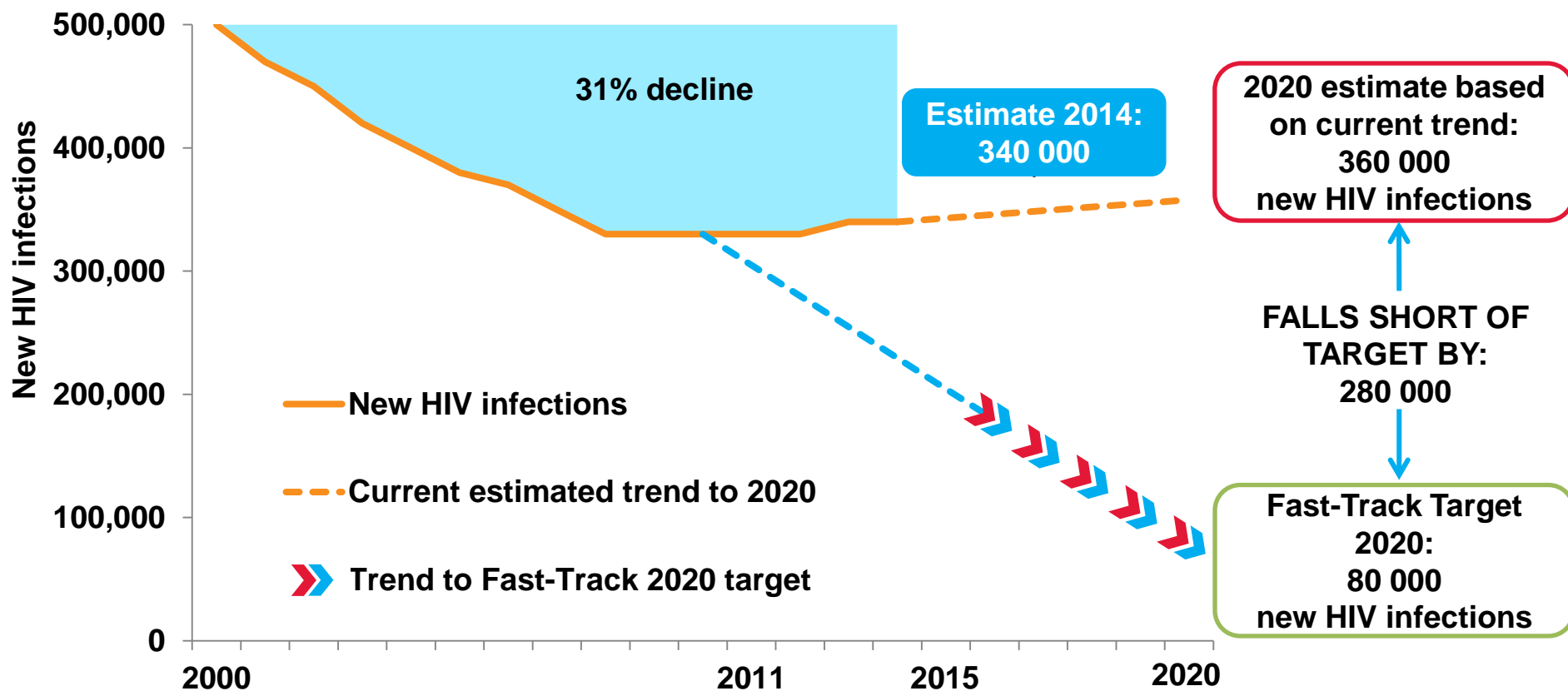
ZERO

Discrimination

ENDING AIDS BY 2030:

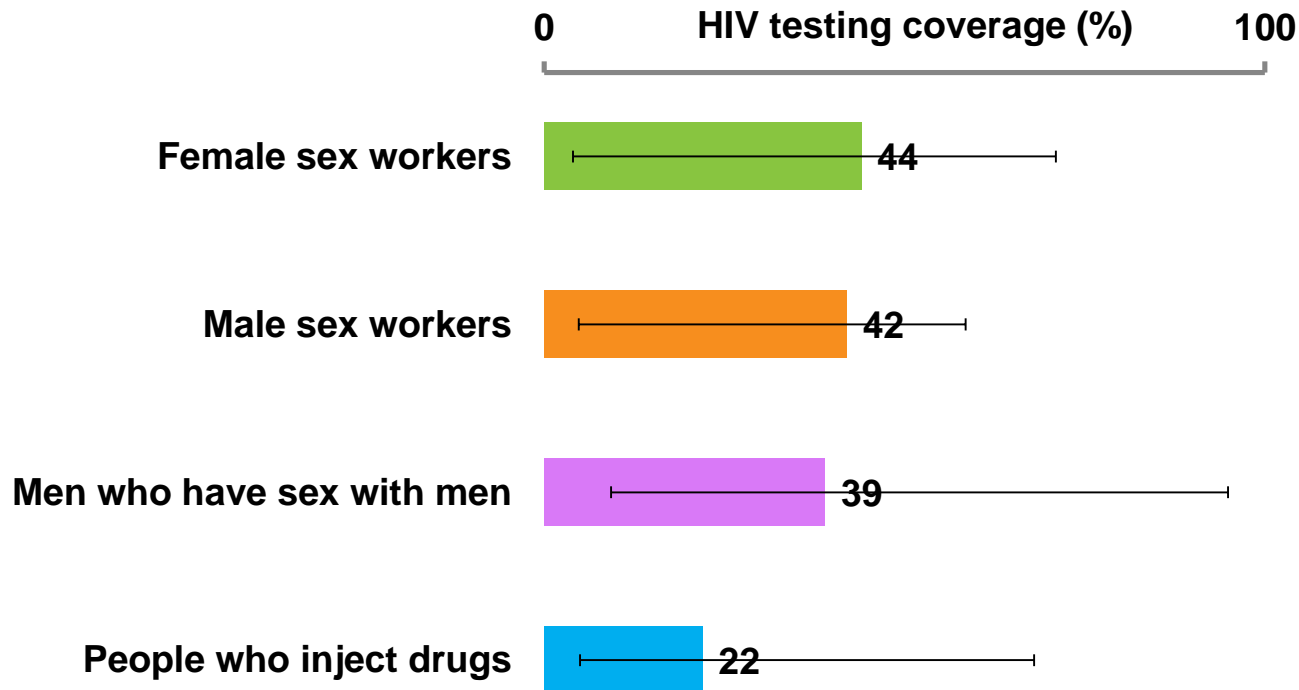
Fast-Track and reduce new infections by 2020

Estimated new HIV infections in Asia and the Pacific



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, 2007-2014



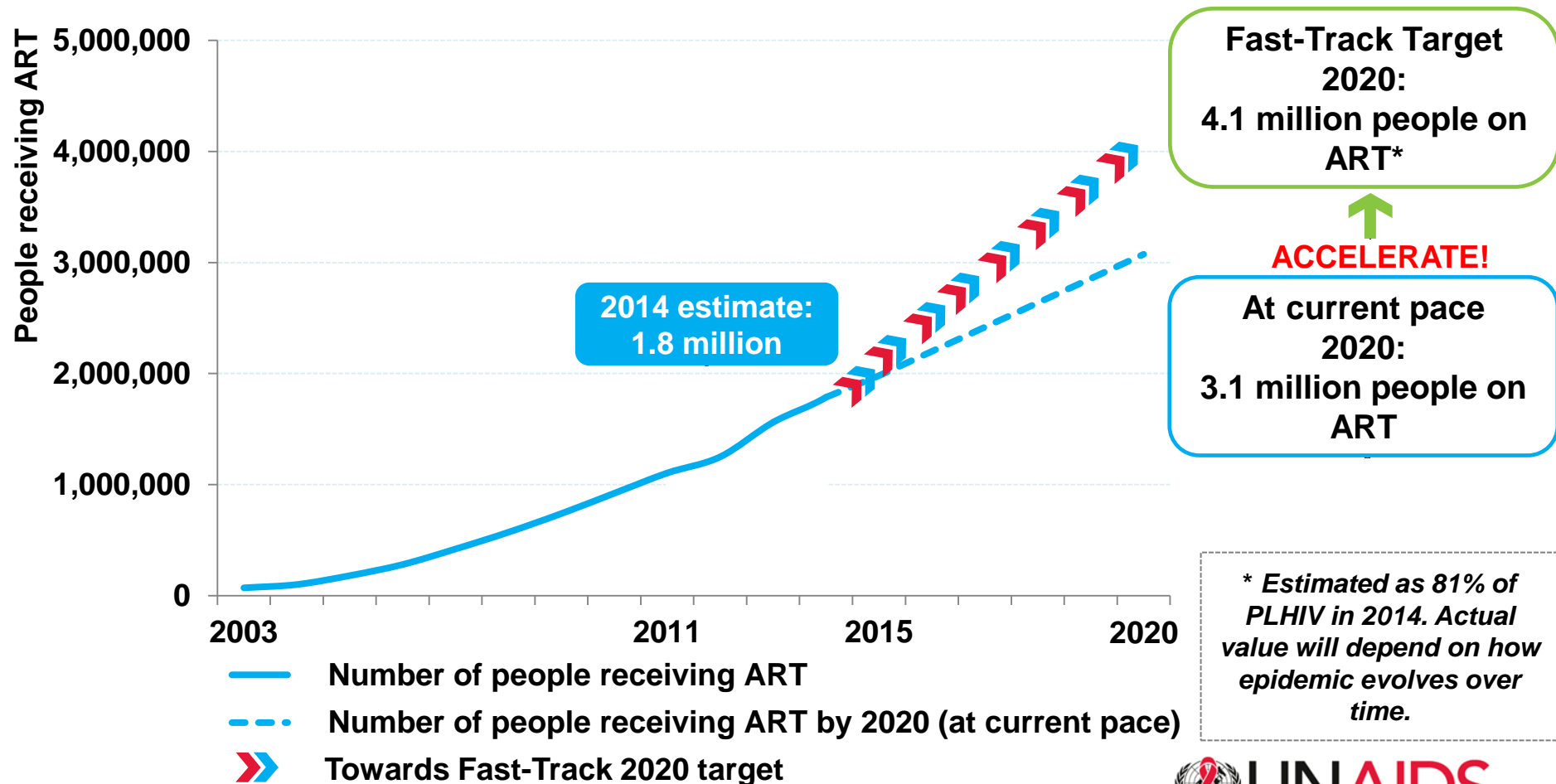
Getting to zero



ENDING AIDS BY 2030:

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

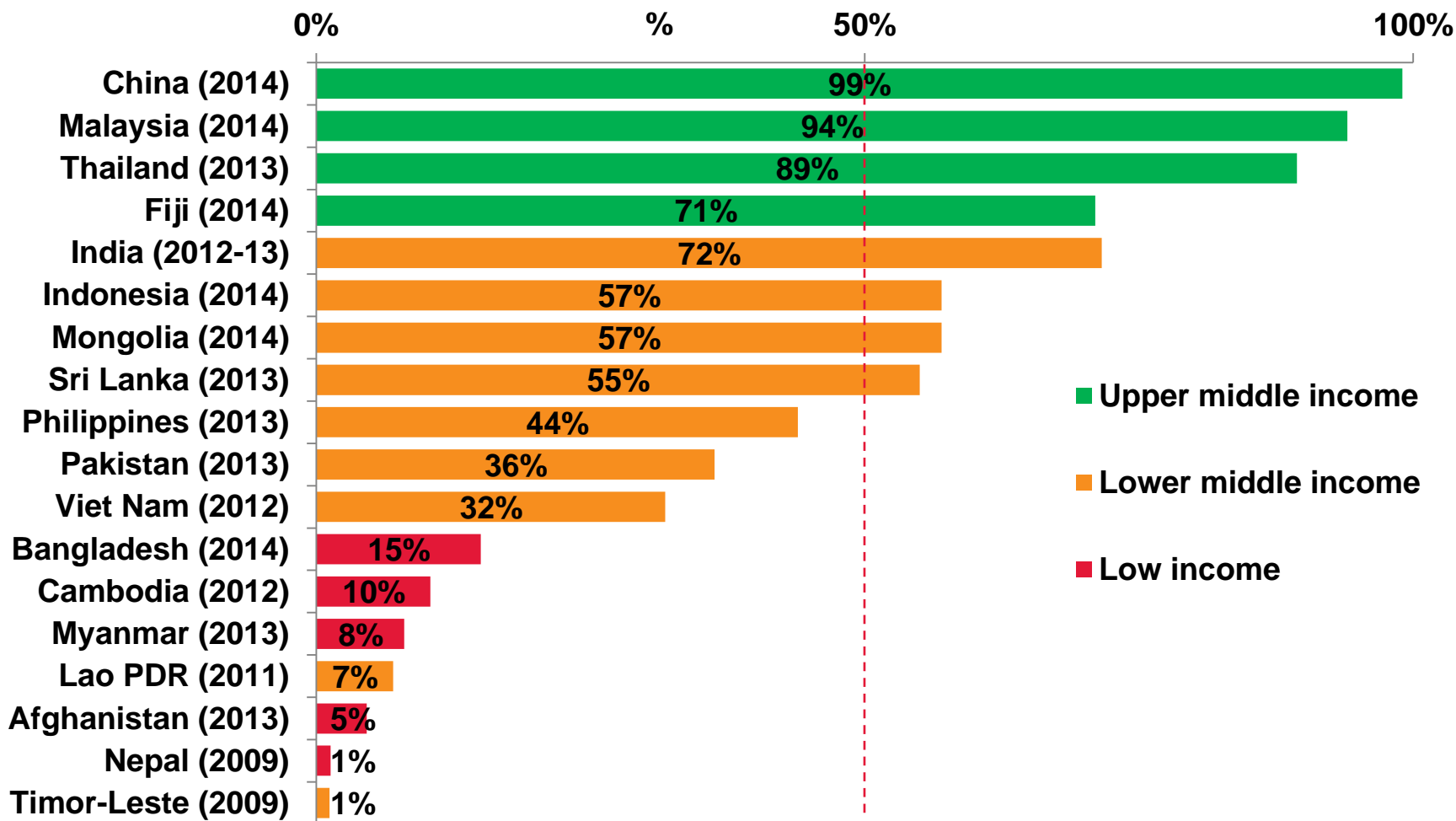
Number of people receiving ART in Asia and the Pacific



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

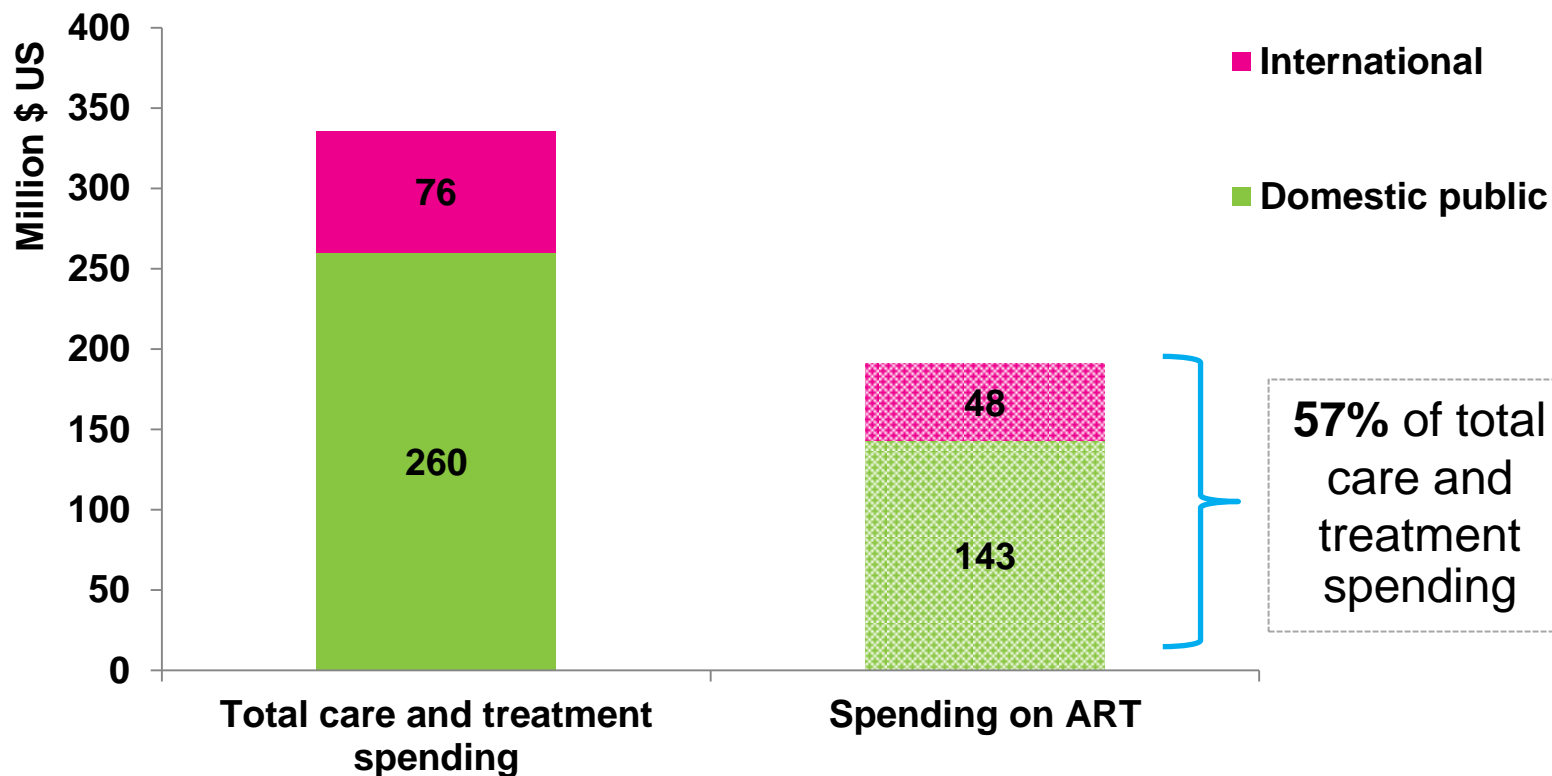
HIV expenditure from domestic sources, Asia and the Pacific, latest available year, 2009-2014



Getting to zero



Huge proportion (77%) of care and treatment spending is from domestic sources

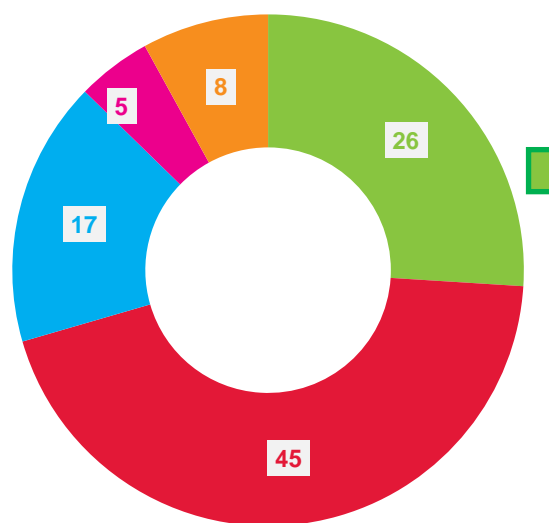


Getting to zero

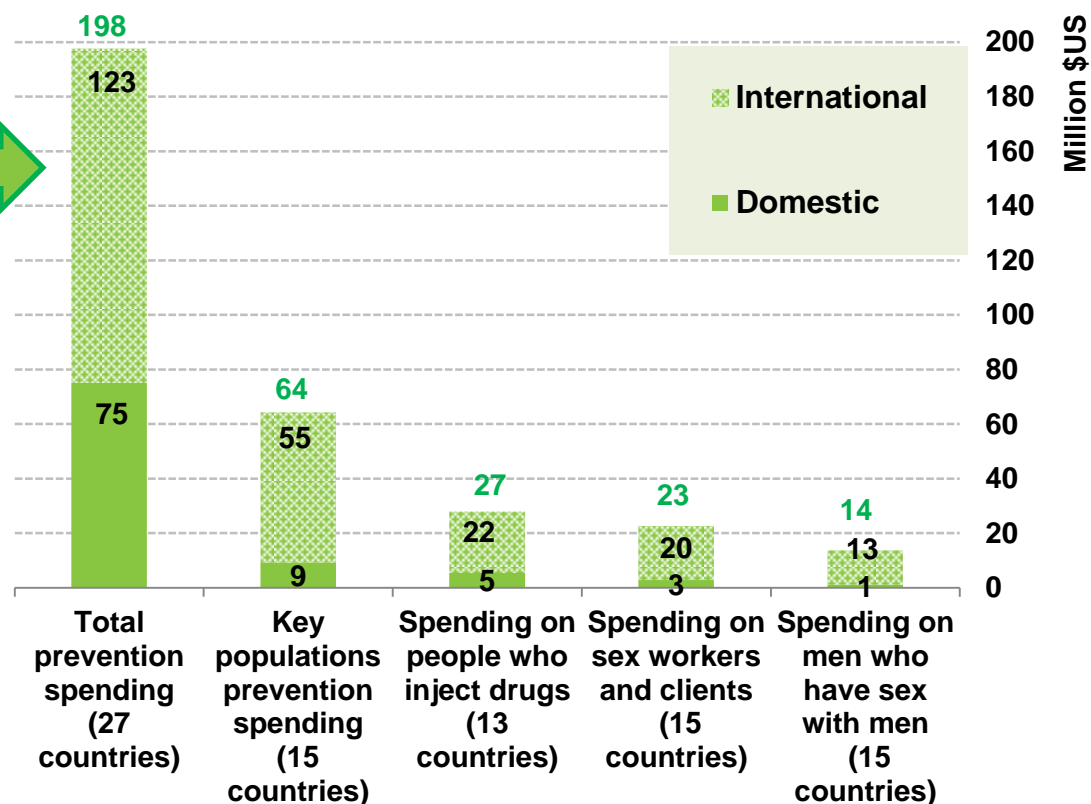


But not enough is spent on key populations prevention programmes

AIDS spending in the Asia and the Pacific by major spending categories and prevention spending on key populations, latest available year, 2009 - 2013



- Prevention
- Care and treatment
- Programme management and admin
- Incentives for human resources
- Others

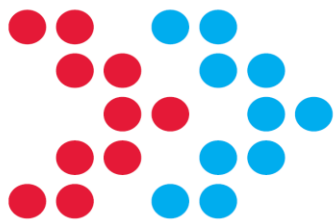


Getting to zero



Prevention and key populations spending breakdown is not available for China and India

Fast-track in Indonesia: Progress made



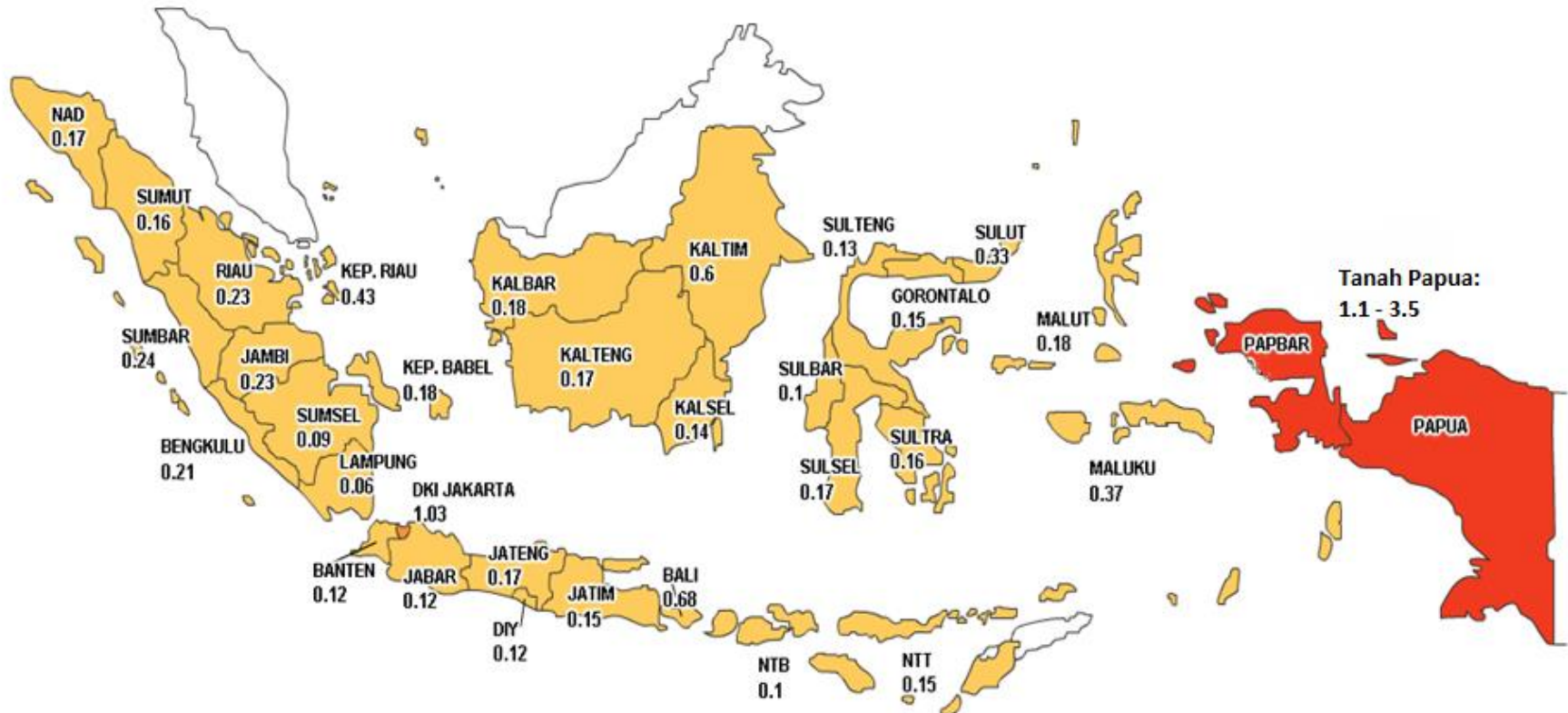
Policy and program foundations

- 2006** : Harm reduction - **drug related infection**
- 2010** : National HIV Strategy and Action Plan 2010-2014 – mainstreamed in National Mid Term Development Plan. Focus on K.A.P and 141 priority districts.
- 2010** : Structural intervention - **sexual transmission**
- 2011** : Strengthen **PMTCT** – parent to child transmission
- 2012** : HIV response national priority – MDG Goal 6: **Comprehensive Decentralized Integrated HIV services** (CoC/LKB)
- 2013** : Strategic use of **ARV (SUFA)** → test & treat policy throughout Indonesia
- 2013** : Control of HIV and AIDS, MOH Decree 21/2013
- 2014** : National Strategy and Action Plan (NASAP, 2015-2019) – halve new infections by 2019, focus on 141 districts

Where we are now

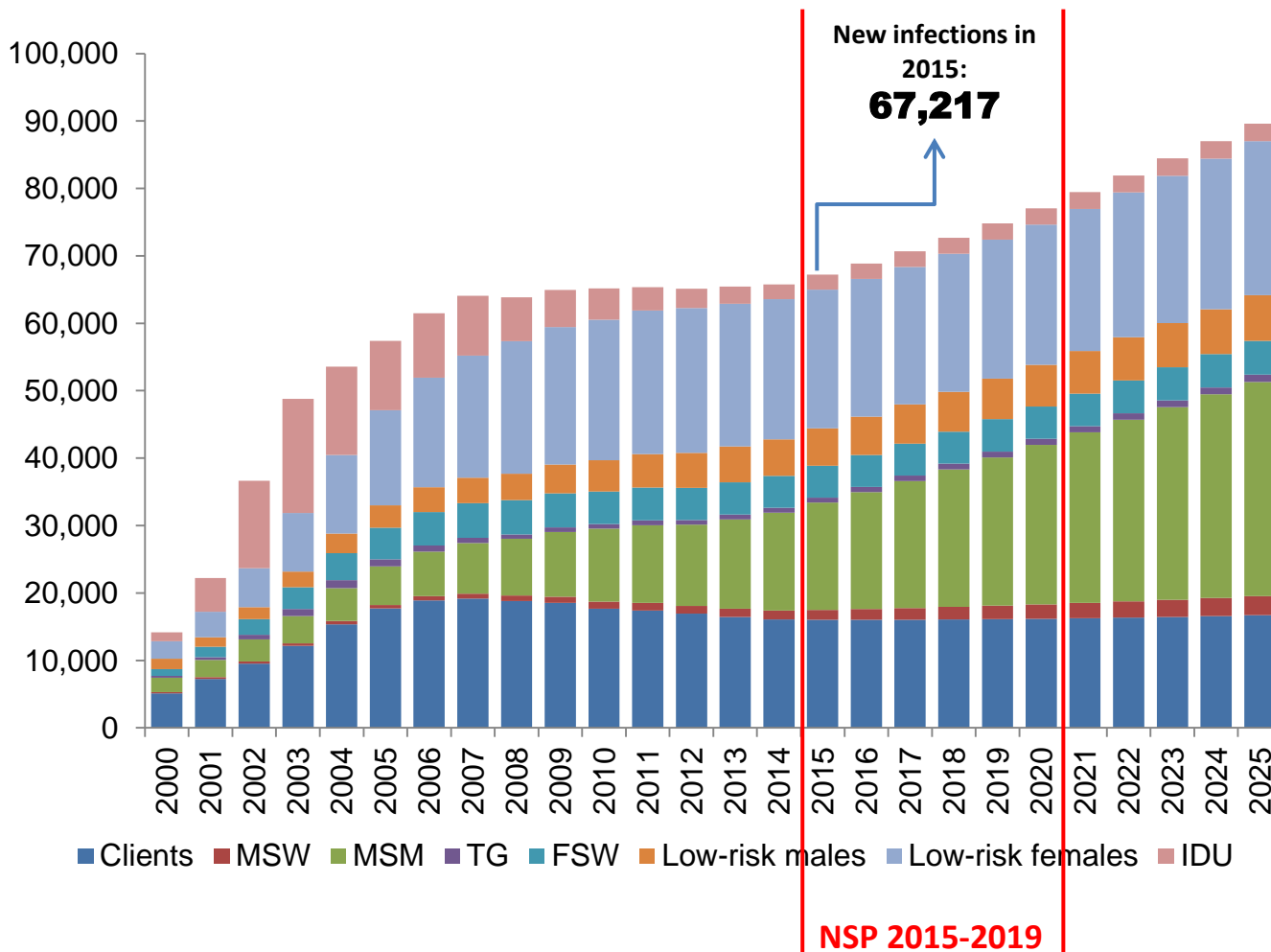
HIV epidemic in Indonesia is concentrated among KAPs, except in Tanah Papua where the epidemic is among the general population.

HIV prevalence in Indonesia is 0.4%, Tanah Papua 2.3%

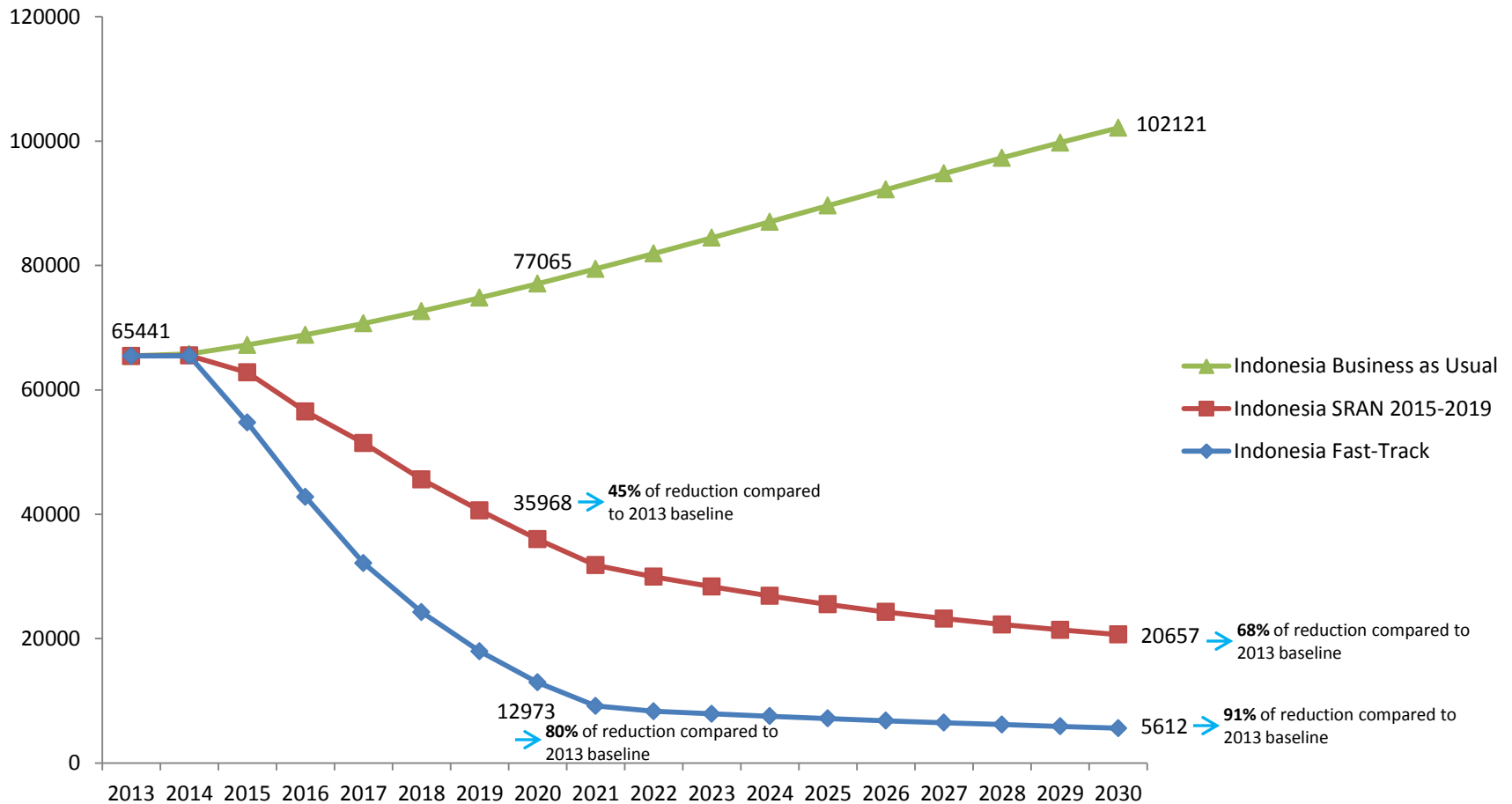


Source: Size Estimation of Key Populations and PLHIV, MoH, 2012

Proportion of new HIV infection by key populations, 2000 – 2025



Number of New Infections (Total) for Total Adults, 2013-2030



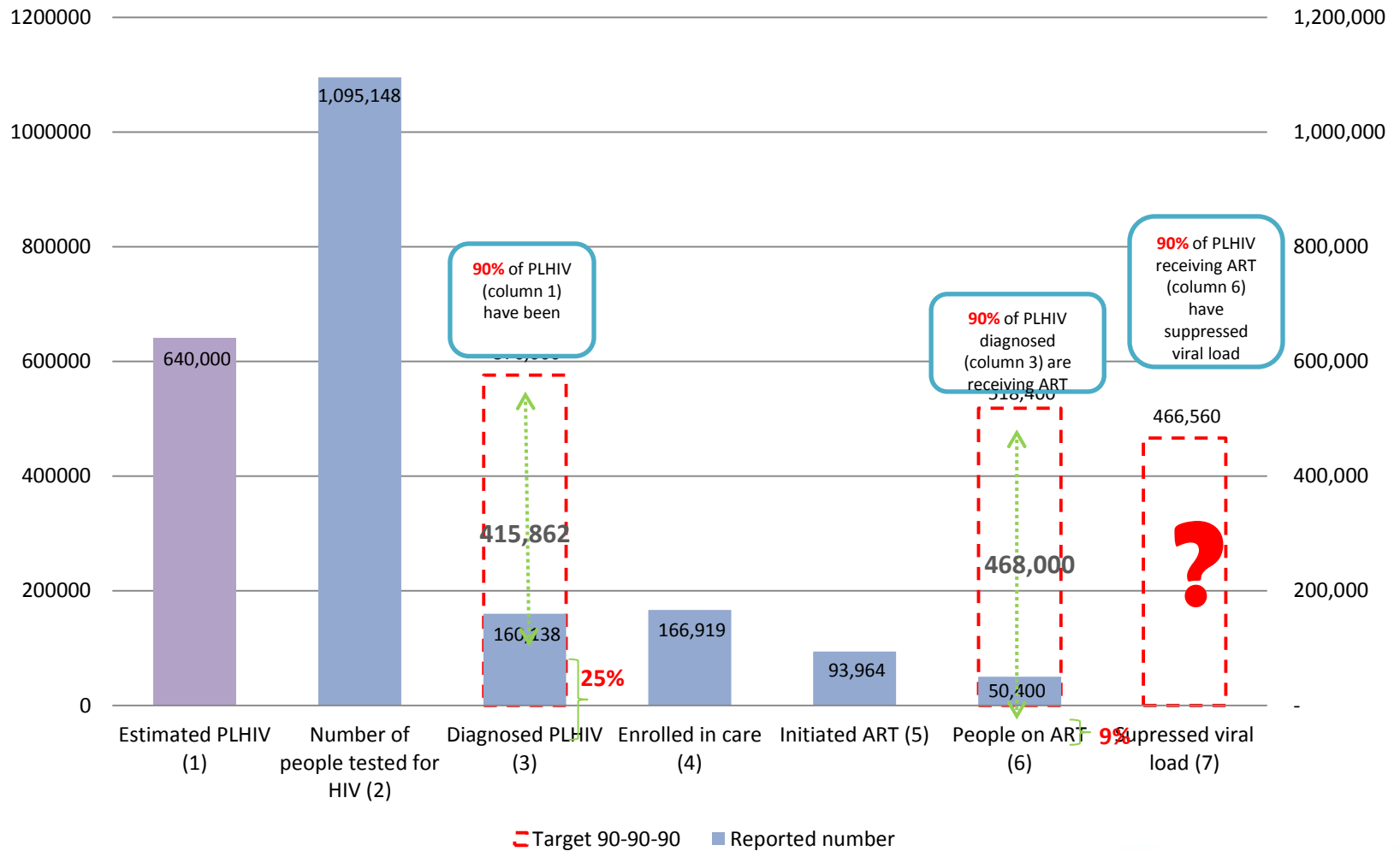
Source: AEM 2014, MOH

Note: The scenario of fast-track is still draft and we need to re do it only based on 141 districts not the whole districts (in progress).

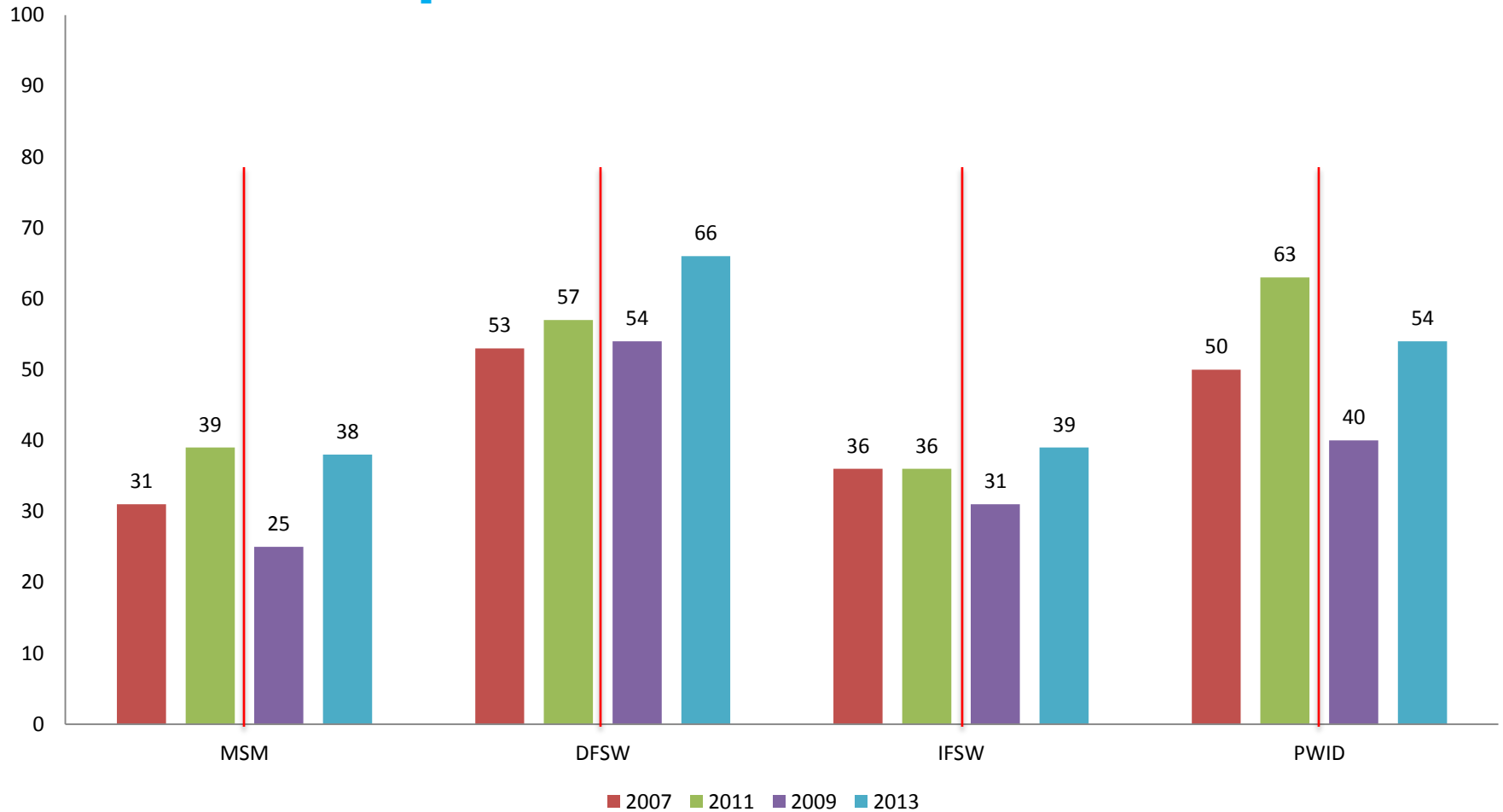
Three investment scenarios

	Business as Usual Scenario	SRAN 2015-2015	Fast-Track
Treatment	Sustained at present level of treatment coverage (17%, using eligibility criteria)	Treat all KAPs regardless of CD4 and general population @ CD4 350 (SUFA)	90 – 90 – 90 by 2020 95 – 95 – 95 by 2030
Prevention	Sustained at present levels for all KAPs (51% DFSW, 20% IFSW, 50% IDU, 20% MSM, TG 30%)	Scale up coverage to 80% of DFSW, 60% of IFSW, 80% of IDU, 60% of MSM, and 70% of TG by 2019	Scale up coverage to 80% for all KAPs

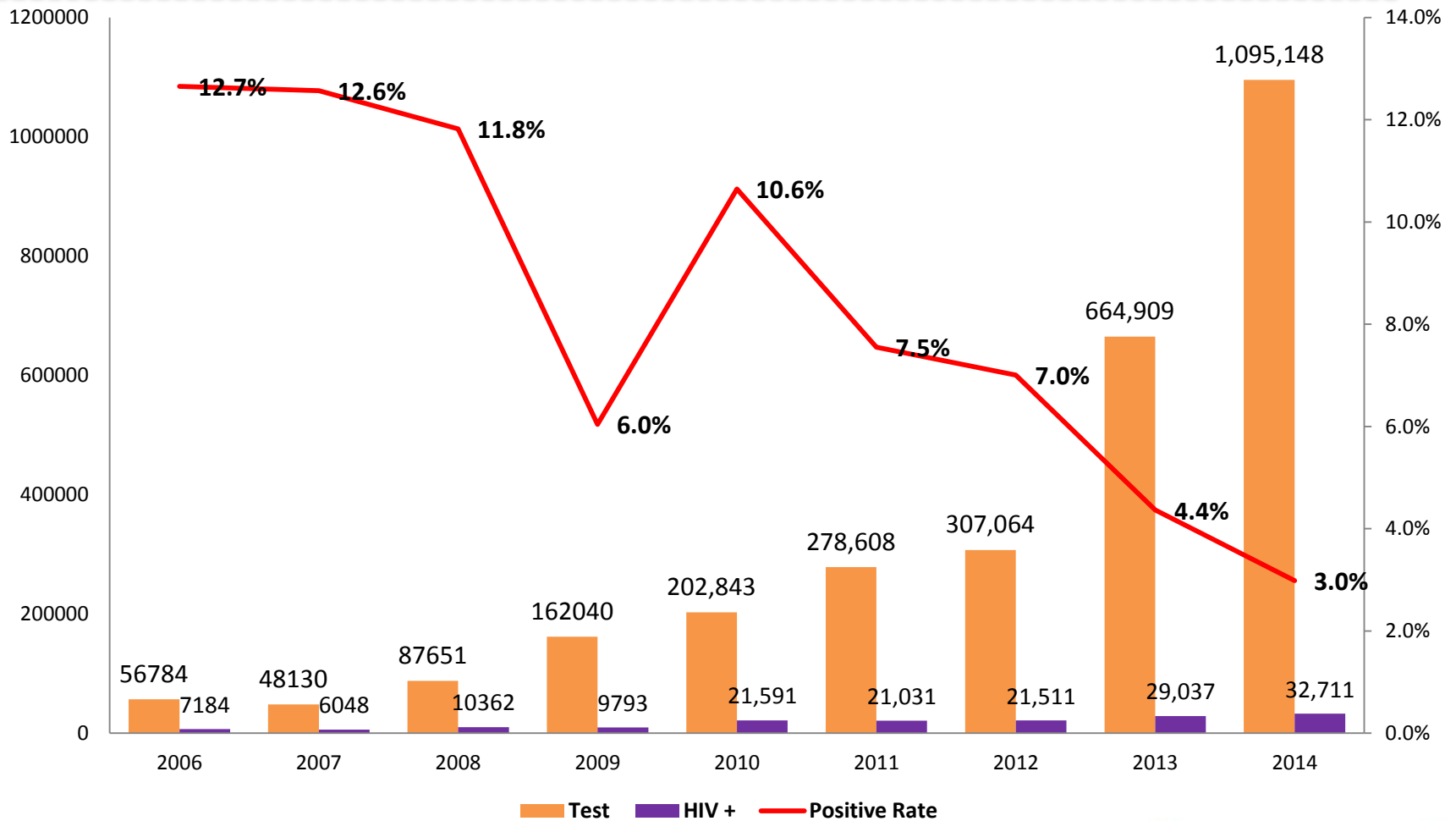
Cascade for HIV Treatment and Care, Indonesia, 2014



HIV Testing Coverage among Key Populations in Indonesia



Scale up of Testing in Indonesia



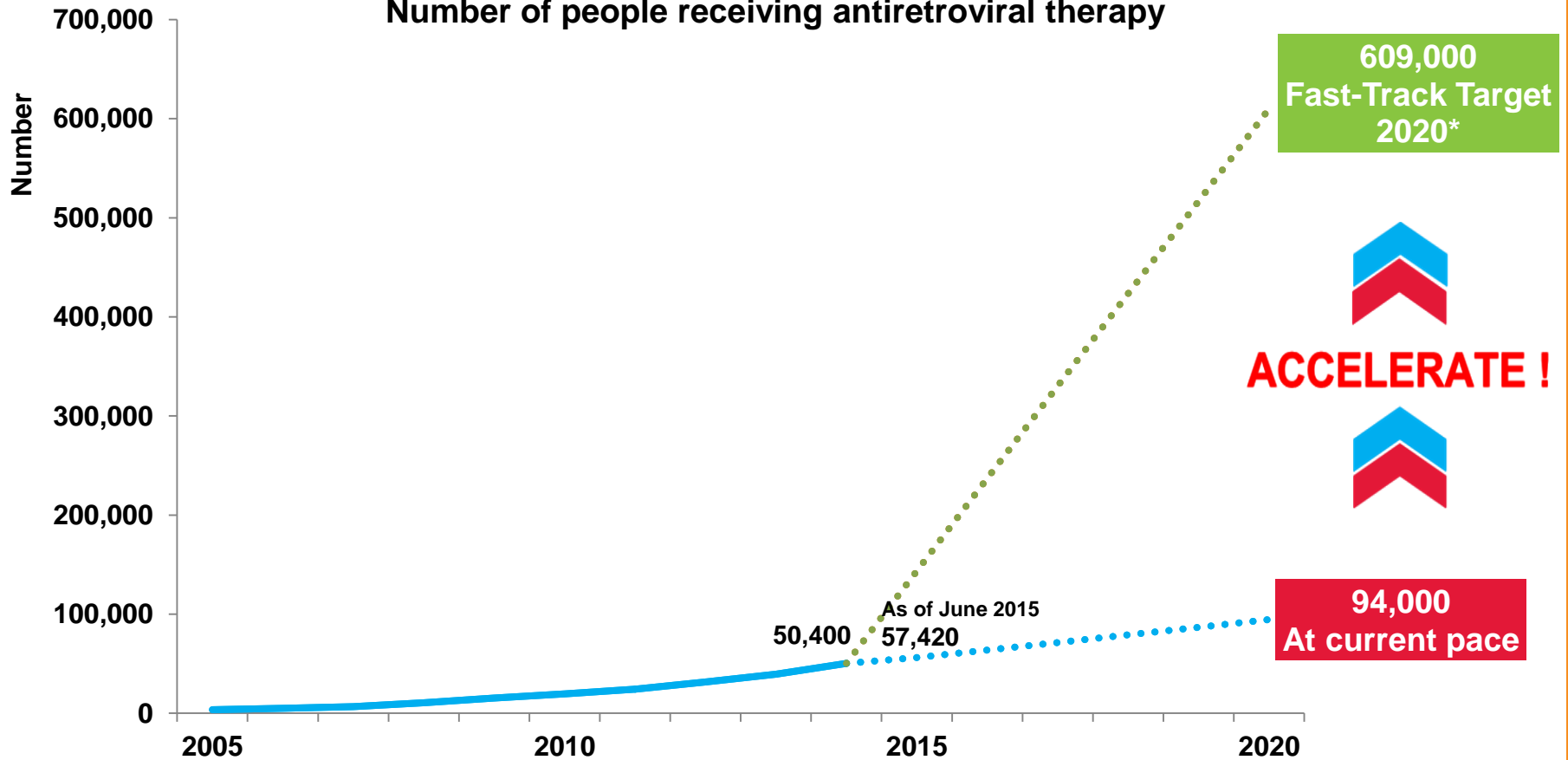
Getting to zero
Source: MoH Indonesia, 2014





660,000 people living with HIV in 2014

Number of people receiving antiretroviral therapy



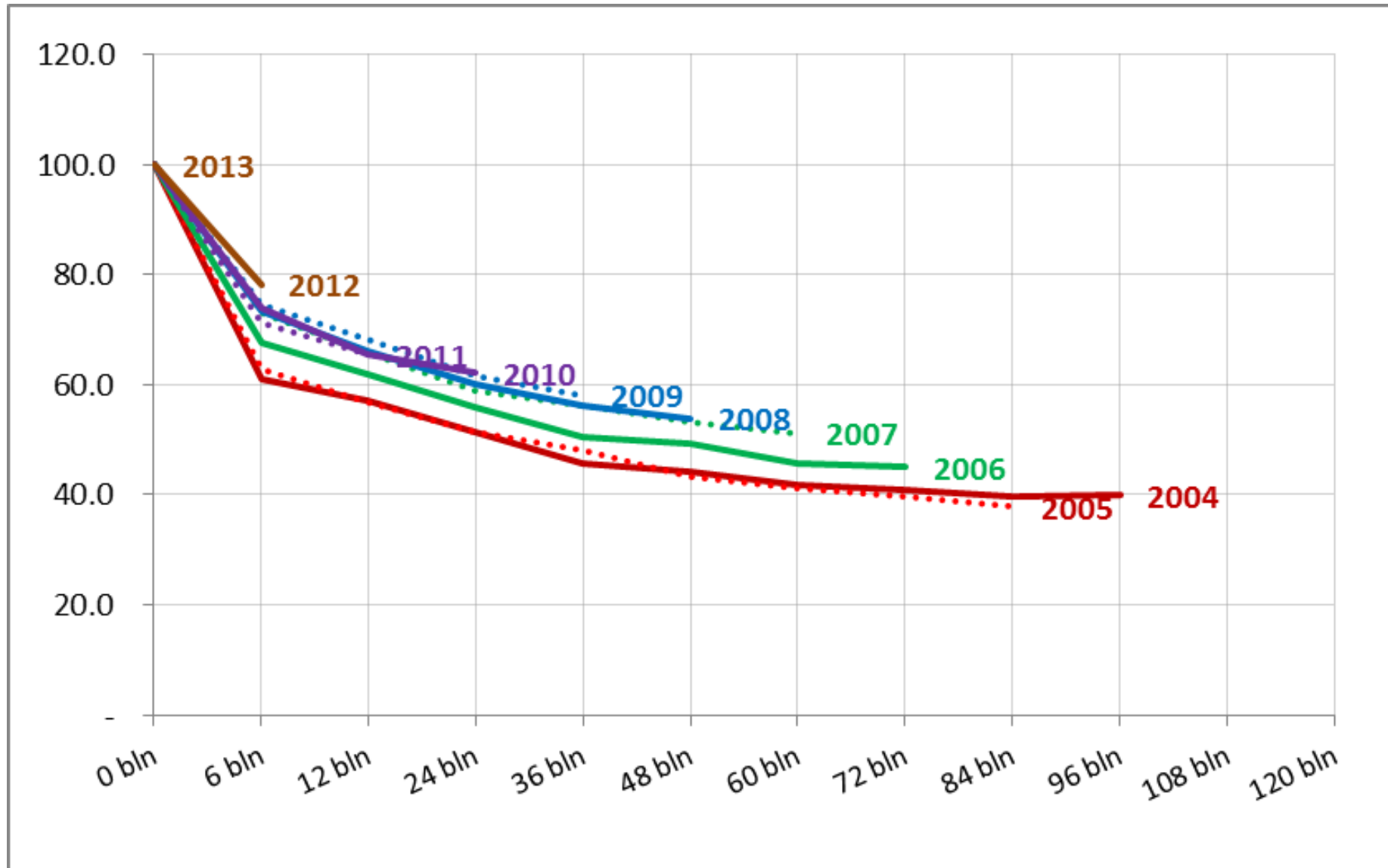
609,000
Fast-Track Target
2020*

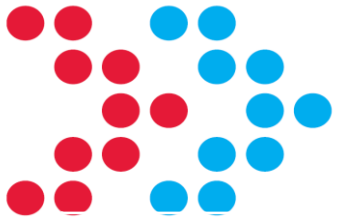
ACCELERATE !

94,000
At current pace

* Estimated as 81% of PLHIV in 2020. Actual value will depend on how epidemic evolves over time

Proporsi Hidup Odha (Retensi) dgn ART menurut Lama Pengobatan





Fast-tracking is possible in Indonesia: what are the game changers needed?

Fast-tracking towards 90-90-90 is possible but is not just about targets. It is also about building on the foundations that exist but also to adopt some changes. These four game changers will be needed and will be described further in the following sections:

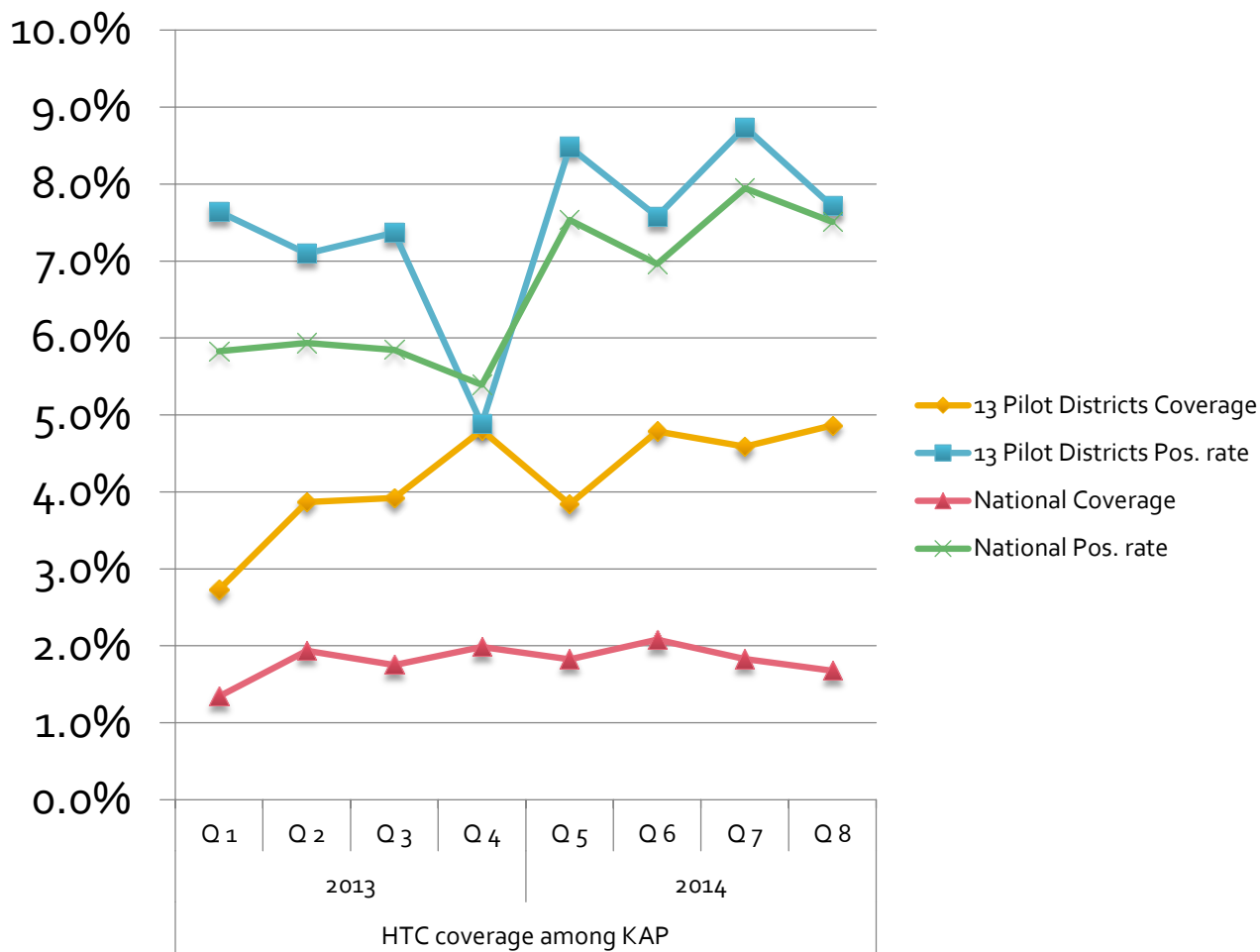
1. Build on the foundations provided through the Strategic Use of ARV but expanding to **'Test and Treat'** as recommend by 2015 WHO ART guidelines
2. Strengthen prevention programmes especially for MSM and sex work; ensure that sex work venues are not threatened with closure; prevention programmes for **PWID** should build on the legal and policy foundations for harm reduction that already exist and avoid criminalisation
3. Mobilise the **top 20 cities** to adopt and fund a fast-track approach towards 90-90-90 just ask Jakarta has done
4. Develop a **transition strategy for AIDS TB and Malaria**, and to focus on providing domestic resources to prevention and civil society organisations

Game changers for fast-track in Indonesia: building on SUFA

Moving from SUFA to TasP

- Consider expanding SUFA to Test and Treat
- START (NIH randomised trial results released in May 2015) and adopted by WHO:
 - Risk of progression to AIDS and illness was reduced by 53% among people who initiated treatment when their CD4 was 500 or above, compared to those given treatment after CD4 dropped below 350.
 - WHO 2015 guidelines: a) ART should be initiated in EVERYONE living with HIV at any CD4 count; b) Use of PrEP is recommended for people with risk of HIV infection, as part of combination prevention approaches

HTC Coverage among KAP in 13 LKB/SUFA Pilot Districts and National 2013 - 2014

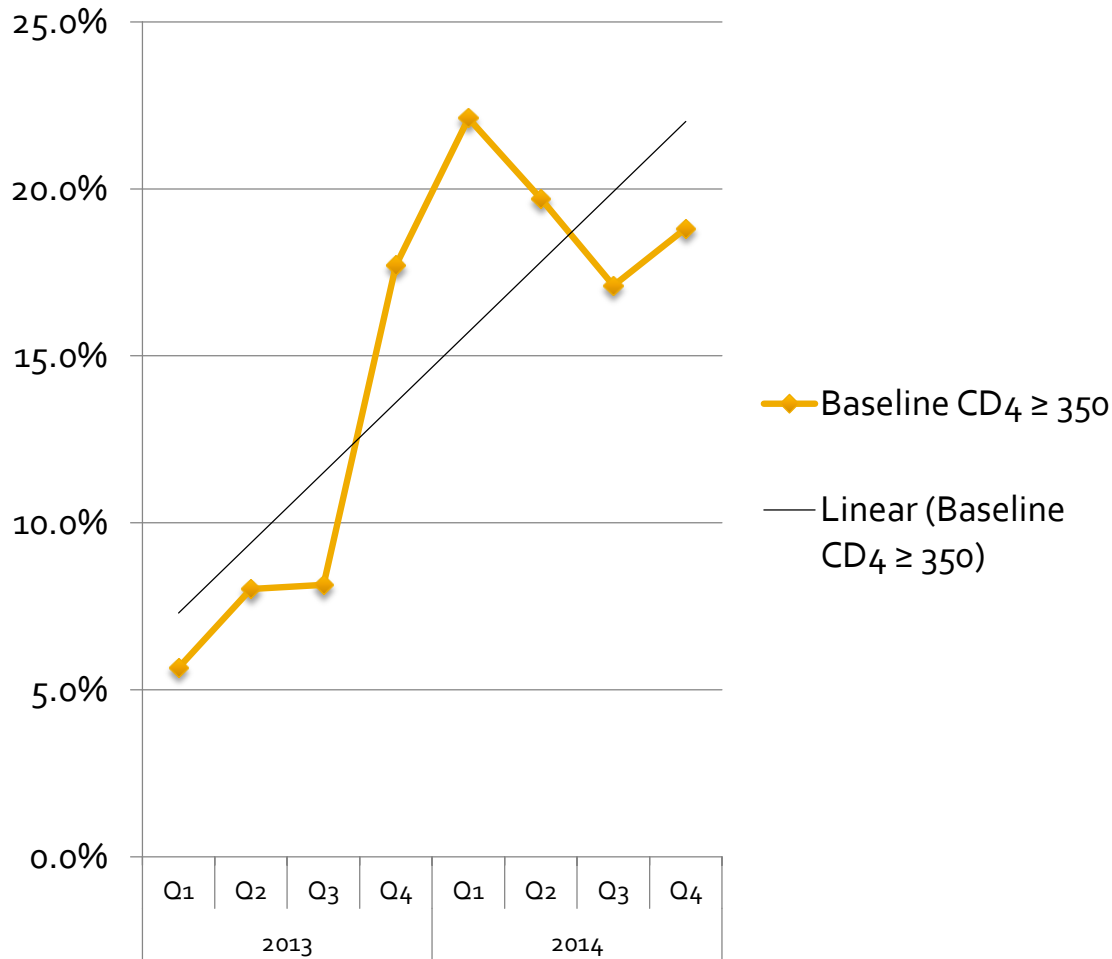


■ Higher coverage in 13 Pilot districts (but still <5%)

Source: Compilation Of HTC Monthly Report, MOH

Source: Compilation Of HTC Monthly Report 2013 -2014, MOH with 2012 PWID estimated number

% of PLHIV started ART on CD4 \geq 350 ml , 2013 – 2014



- Increasing Proportion of Patients started ART on CD4 \geq 350/ml soon after the Workshop

Source: ART registers from 14 hospitals

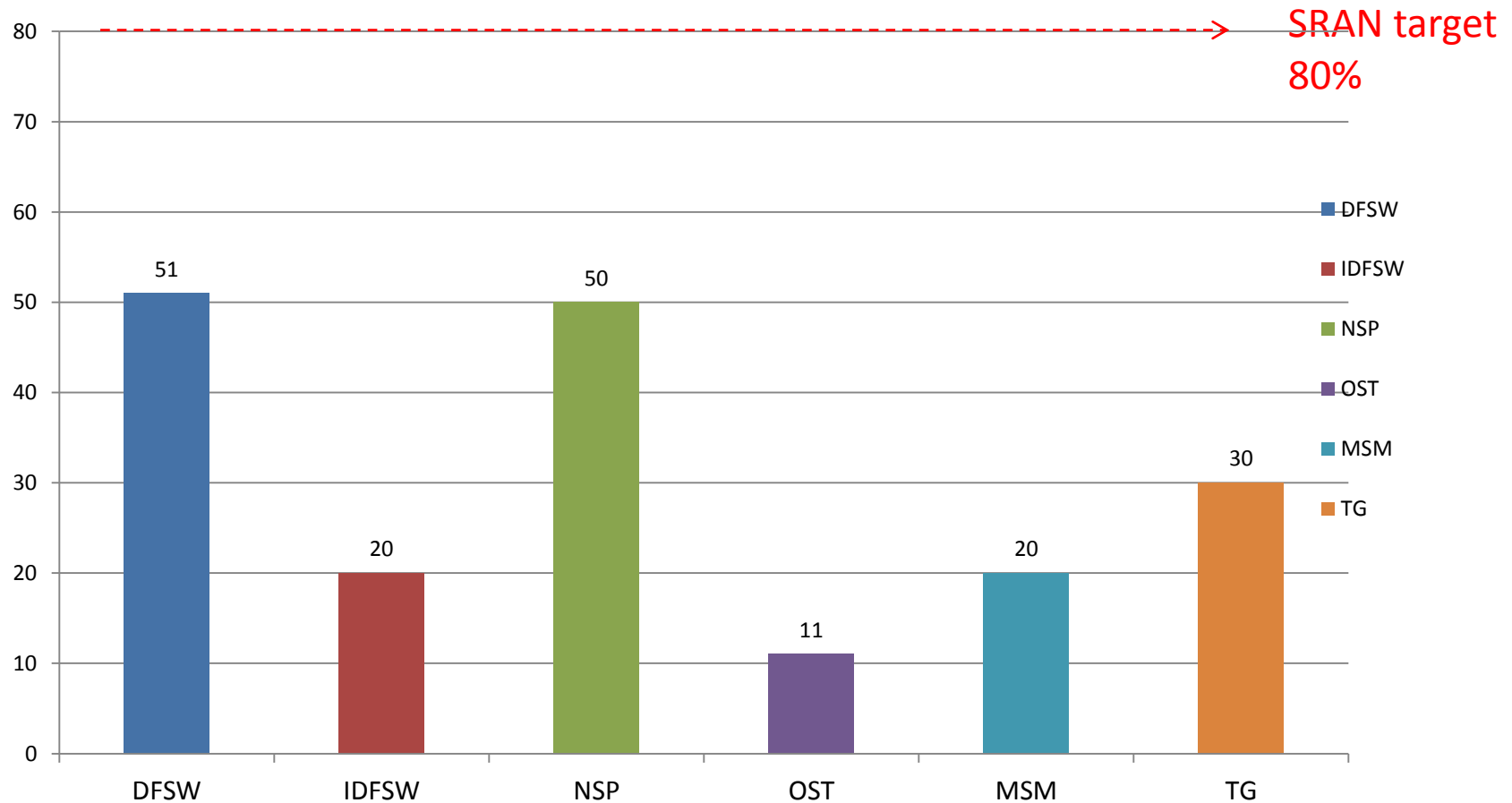
Fast Track in Indonesia: foundations
(strengthening prevention
esp for MSM)

4. Epidemiological Impact

Has Indonesia reached a turning point?

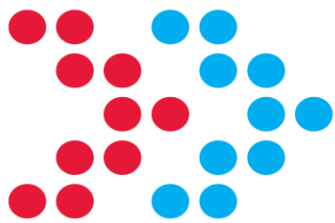
**2010-2014 : new infections levelling off:
Dropping among PWID,
Stabilizing among FSW
Increasing among MSM & HRM**

Prevention Coverage among KAPs in Indonesia



Definition of prevention coverage: received Minimum standard of package

Source: Prevention Program Monitoring, NAC and MoH 2014



Fast-tracking the HIV response for MSM and Waria in Indonesia

The core package of services for MSM and Waria in Indonesia is being built around 4 elements:

- 1. Focused outreach** – finding and accompanying MSM and Waria to HIV testing and being there after they receive the results.
- 2. Linked to ‘friendly’ medical services** – building relationships between the community and clinics / hospitals, making services more accessible, convenient and friendly. Pilot community based HIV screening and PrEP.
- 3. Innovative use of internet and social media** – building an online culture of awareness and using technology to enhance both outreach and case management.
- 4. Case management** – ensuring newly diagnosed PLHIV are not lost to follow-up and do not drop out of the HIV treatment cascade.

Situation in “Before” and “After” Closure of Brothel Complex

FSW becomes more vulnerable to HIV infection

2013: Before closure

- Brothels Working Groups are operational
- 176 outlet condoms
- *Mobile clinic is running*
- Access to health service Jan - Dec: 13.207
- Reported case of HIV/AIDS Jan-Jun: 378

2014: After Closure

- **Brothels Working Groups disappear**
- **Condom Outlet ↓ 16**
- **Mobile Clinic disappears**
- **Access to health service ↓, Jan – Oct: 5.447**
- Reported case of HIV/AIDS Jul-Dec: **424**

Drug rehabilitation instead of incarceration

- **Make use of existing Laws and Agreements to support a treatment approach to drug use:**
 - **Health Minister’s Decree 567/2006 on Harm reduction: to protect PWID in accessing substitution therapy and sterile needles and syringes**
 - **Law No. 35/2009, Article 54: “Narcotic users and victims to narcotic abuse must undergo medical and social rehabilitation”; Article 103: A judge may instruct a person to undergo treatment if proven guilty of drug offence**
 - **2014 MOU of seven government bodies (including the police, National Narcotics Board, Ministry of Health and Ministry of Social Affairs) calling for drug users to be ‘rehabilitated rather than incarcerated’**

Game Changers for fast-track in
Indonesia: **cities are key** in the
response

DÉCLARATION DE PARIS / LUNDI 1^{ER} DÉCEMBRE 2014

PARIS DECLARATION / 1 DECEMBER 2014



DÉCLARATION DE PARIS / LUNDI 1^{ER} DÉCEMBRE 2014

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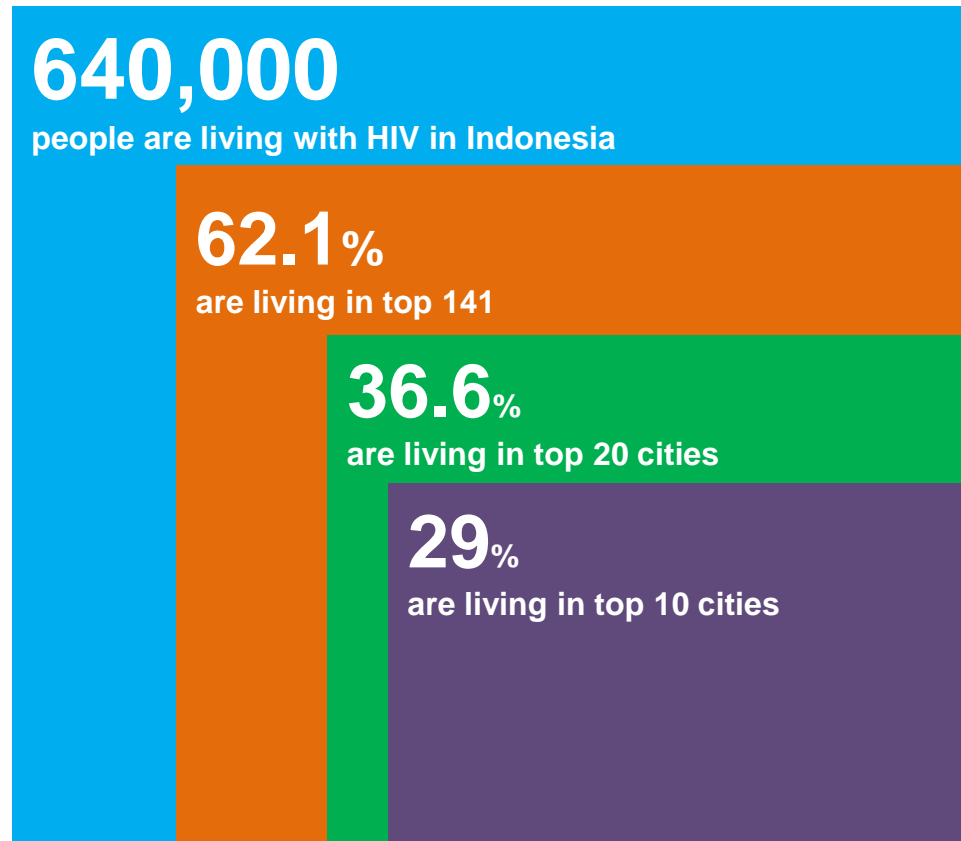
Ville de Port au Prince
City of

Ville de Salvador
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Ville de East Delhi
City of

Cities in Indonesia must drive the response to HIV

People living with HIV in cities



Circular letter on Fast Track

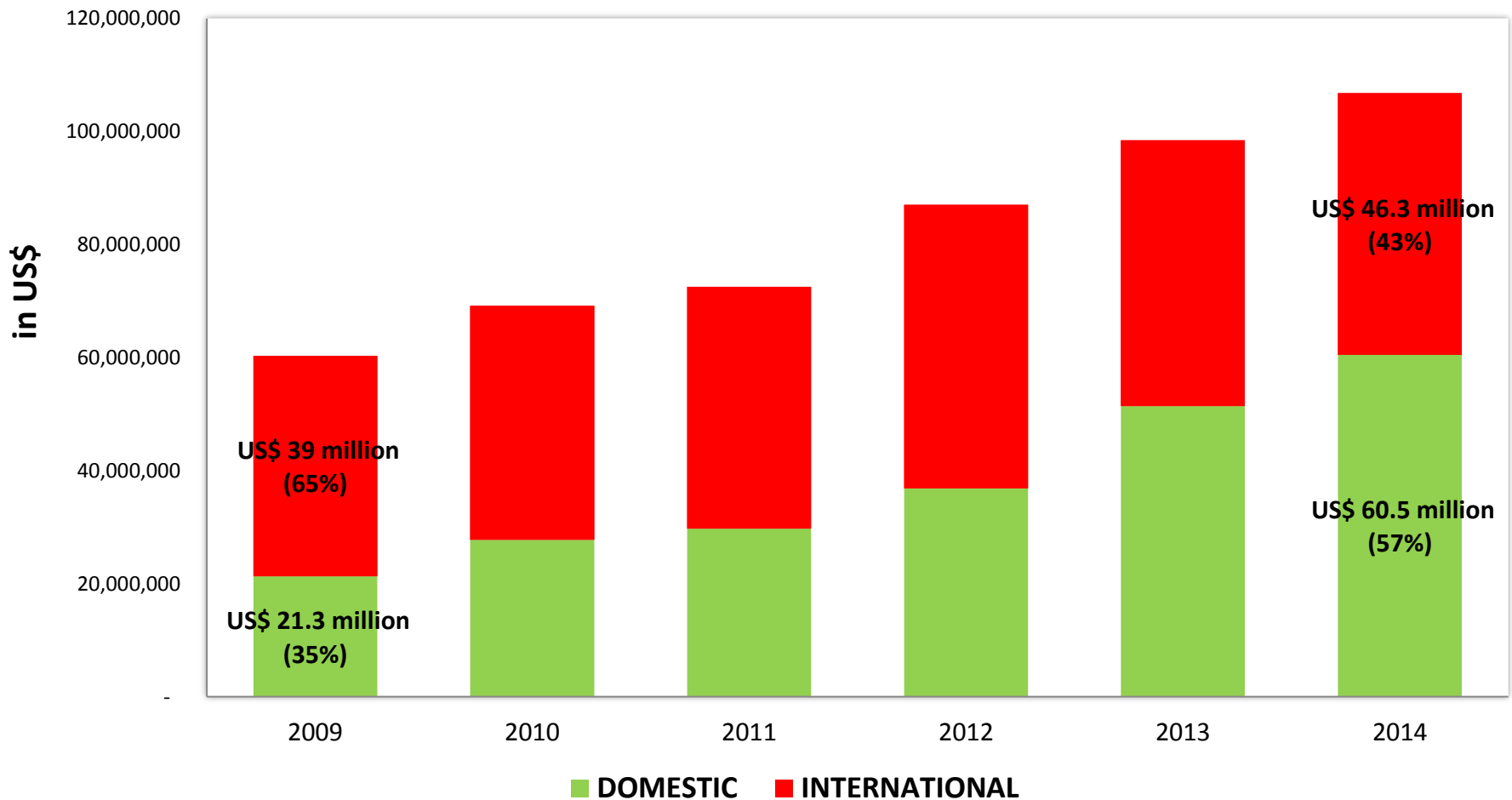
- DKI Jakarta participated in Fast Track Cities Meeting – Cities Achieving 90-90-90 Targets by 2020, held in May 2015 in Mumbai, India
- DKI Jakarta decides to adopt Fast Track Strategy → Governor of DKI Jakarta has released a Circular Letter on Fast Track to 90-90-90 in DKI Jakarta directed to all Mayors (10 Sep 2015)

Jakarta Governor's Circular Letter on Fast Track

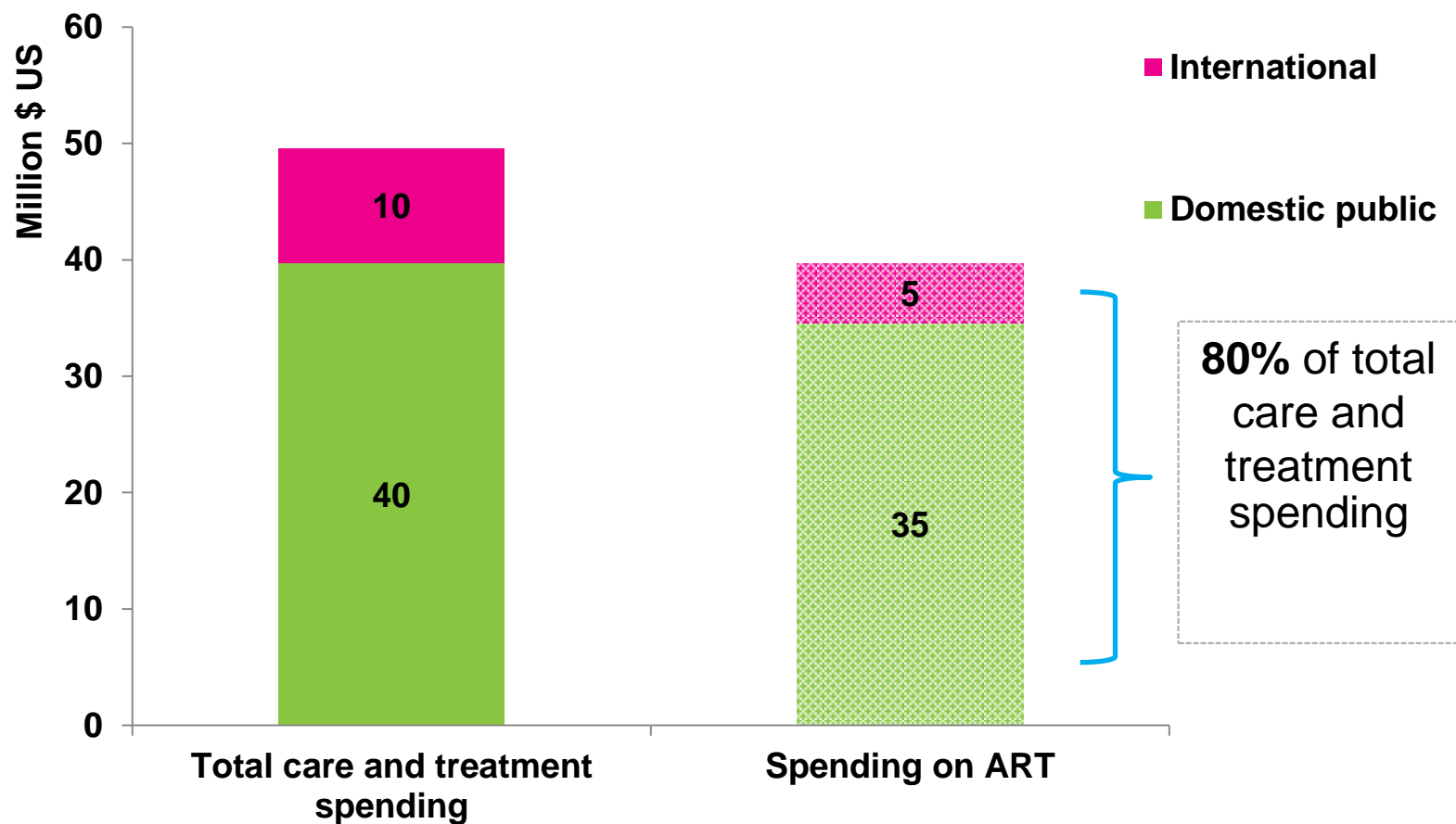
- All Mayors are requested to lead the City AIDS Commission to prepare progress report and costed work plan for the next 18 months following the 90-90-90 framework
- All head of sub-districts to align their work plan and update them following the 90-90-90 framework; and to establish a coordination forum at the sub-district level for all stakeholders which should include civil society organizations
- All districts/sub-district leaders to identify and allocate resources for the administration of fast track work-planning
- All districts/sub-district leaders to appoint representatives of local AIDS Commissions and local health office at sub-districts level to attend Jakarta Fast Track City workshop to be held in Bogor, October 2015

Game changers for fast-track in Indonesia: Increasing domestic funding

Domestic funding is increasing; international financing is leveling off

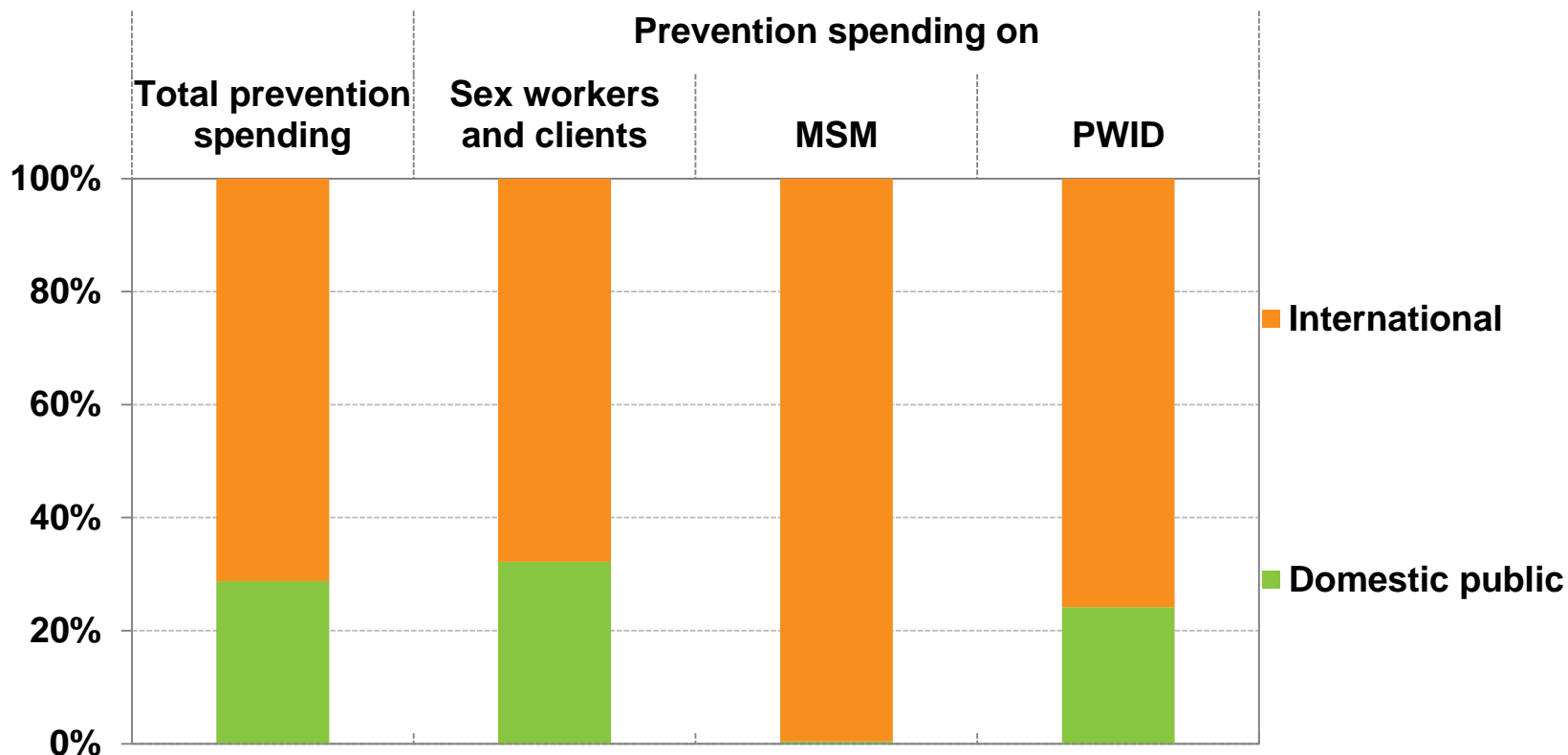


However 80% of care and treatment spending is from domestic sources (2011-2012)



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

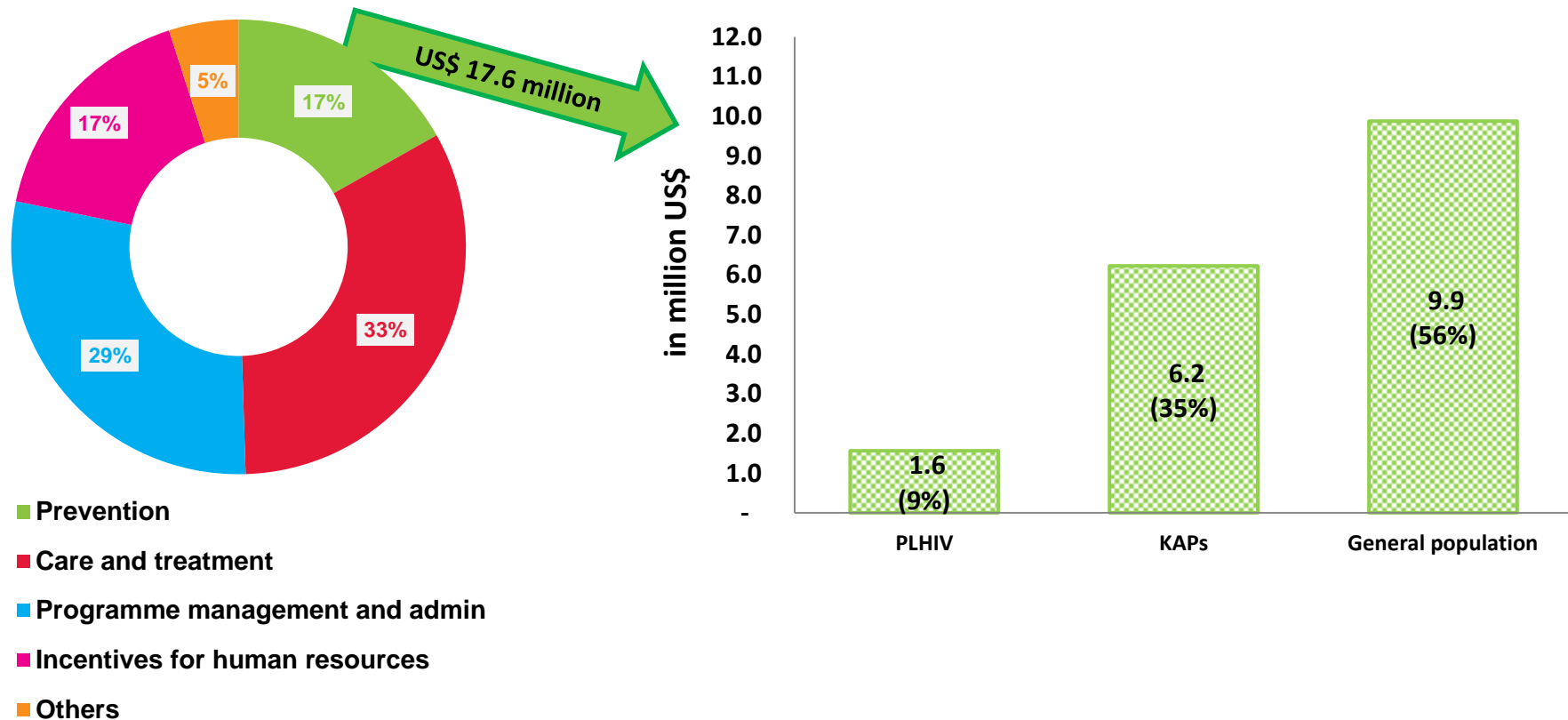
Distribution of prevention spending by financing source in Indonesia, latest available year, 2011-2012



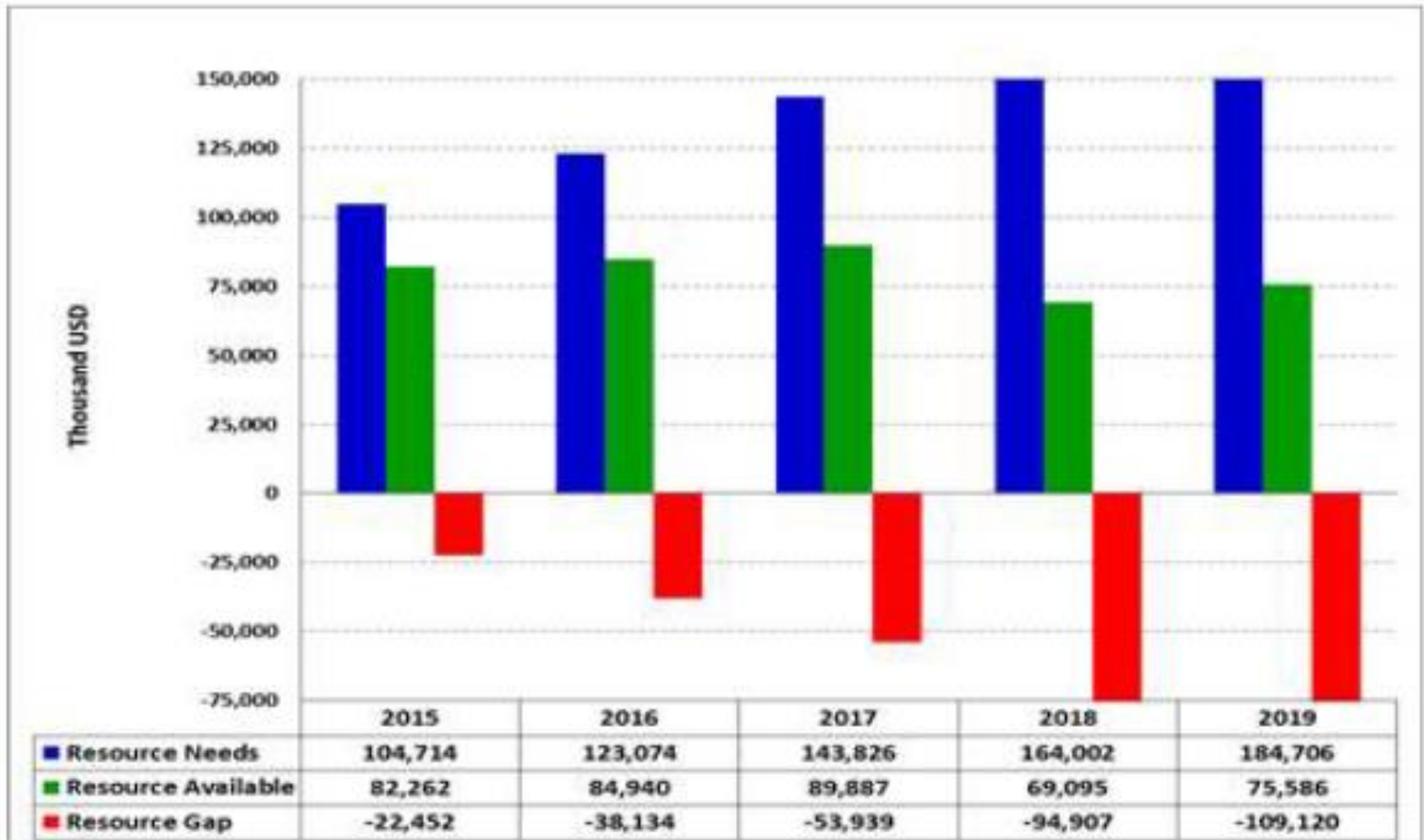
Source: National AIDS Spending Assessment, NAC

The main beneficiaries of the prevention programme is general population (56%)

Beneficiaries of the prevention programme in Indonesia, latest available year, 2014



Projection of Funding Need, Availability and Resource Gap, 2015-2019



Need for an 'Exit Strategy'

Elements of a transitional roadmap:

- Preparing an investment case (in progress, UNAIDS/WB)
- Increase allocation to targeted prevention
- Cities and provinces to provide a larger share of resources for health and HIV
- Include HIV into National Health Insurance (JKN) – benefit packages and premium calculation (WB)
- Strengthen service delivery at local level, linking outreach to testing to treatment/adherence
- Ensure capacity of local coordination and CSO collaboration through strengthening local AIDS commissions (NAC)
- Develop mechanisms for grants to CSOs and KAP groups (Bappenas/NAC)

Investing in AIDS gives a good return

- Under the National Strategy and Action Plan, the estimated Return on Investment (ROI) per *US\$ 1 invested today in HIV programming would be US\$ 2.10 through 2020 and US\$ 3.57 through 2030.*

Summary

Fast-track in Indonesia is possible, provided these key game changers are adopted:

- Build on existing good practice in prevention (harm reduction, PMTS and innovative MSM programming) and treatment (adopt Test and Treat, building on strategic use of ARV)
- Remove punitive and legal barriers that hamper the implementation of programs that are working in Indonesia
- Cities can follow Jakarta's lead by fast-tracking their AIDS response
- Develop an 'exit strategy' to secure more national resources to ensure the sustainability of the AIDS response beyond 2017



Ending AIDS as a public health threat, making the necessary political choices , requires of all of us to be part of “ coalition of the daring”

Michel Sidibé

UNAIDS Executive Director

Thank You