



The road to zero new infections among people who inject drugs in Asia

Anne Bergenstrom, PhD
Regional Adviser, HIV/AIDS
UNODC Regional Centre for East Asia and the Pacific

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Explanatory note at the end of presentation



Countries with high burden of HIV among people who inject drugs

Fig 1.3. Focusing on: countries with a high burden of HIV among people who inject drugs*

Azerbaijan	Indonesia	Malaysia	Thailand
Brazil	Iran (Islamic Republic of)	Pakistan	Ukraine
China	Kazakhstan	Russian Federation	Viet Nam
India	Kenya	South Africa	

*Low- and middle-income countries estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%

Source: adapted from Mathers et al. (22).

UNAIDS 2019 STRATEGY
GETTING TO ZERO



UNAIDS

Other High Impact Countries in Asia:
Cambodia and Myanmar



Political Declaration on HIV/AIDS (2011)

Resolution adopted by the General Assembly on 10 June 2011 (A/RES/65/277)

Targets and elimination commitments



PREVENT HIV
AMONG
DRUG USERS

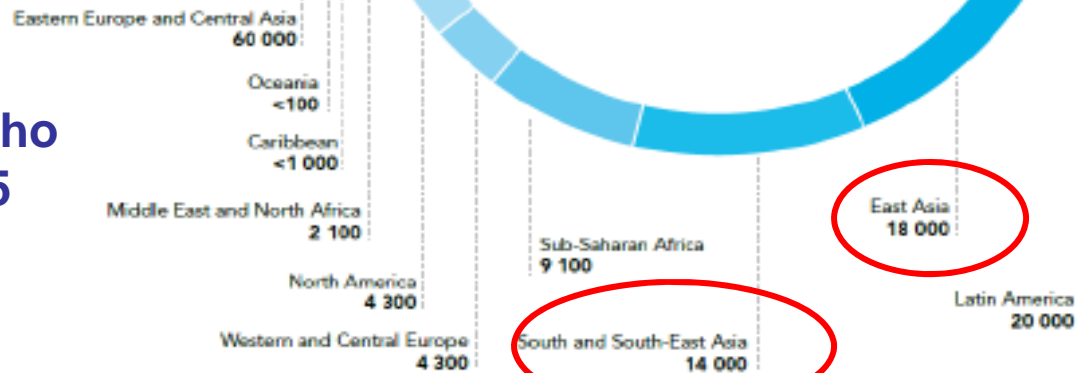
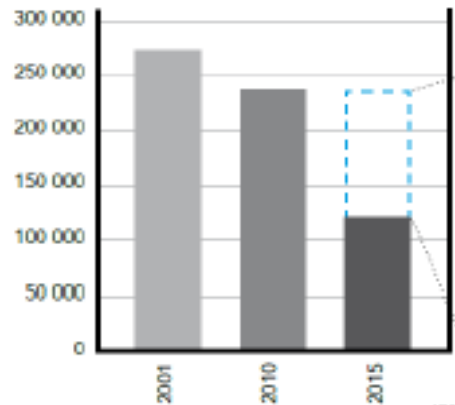
***Commit to working towards
reducing transmission of HIV
among people who inject drugs
by 50 per cent by 2015***



Political Declaration on HIV/AIDS (2011)


PREVENT HIV
AMONG
DRUG USERS

HALVING NEW HIV INFECTIONS IN PEOPLE WHO INJECT DRUGS

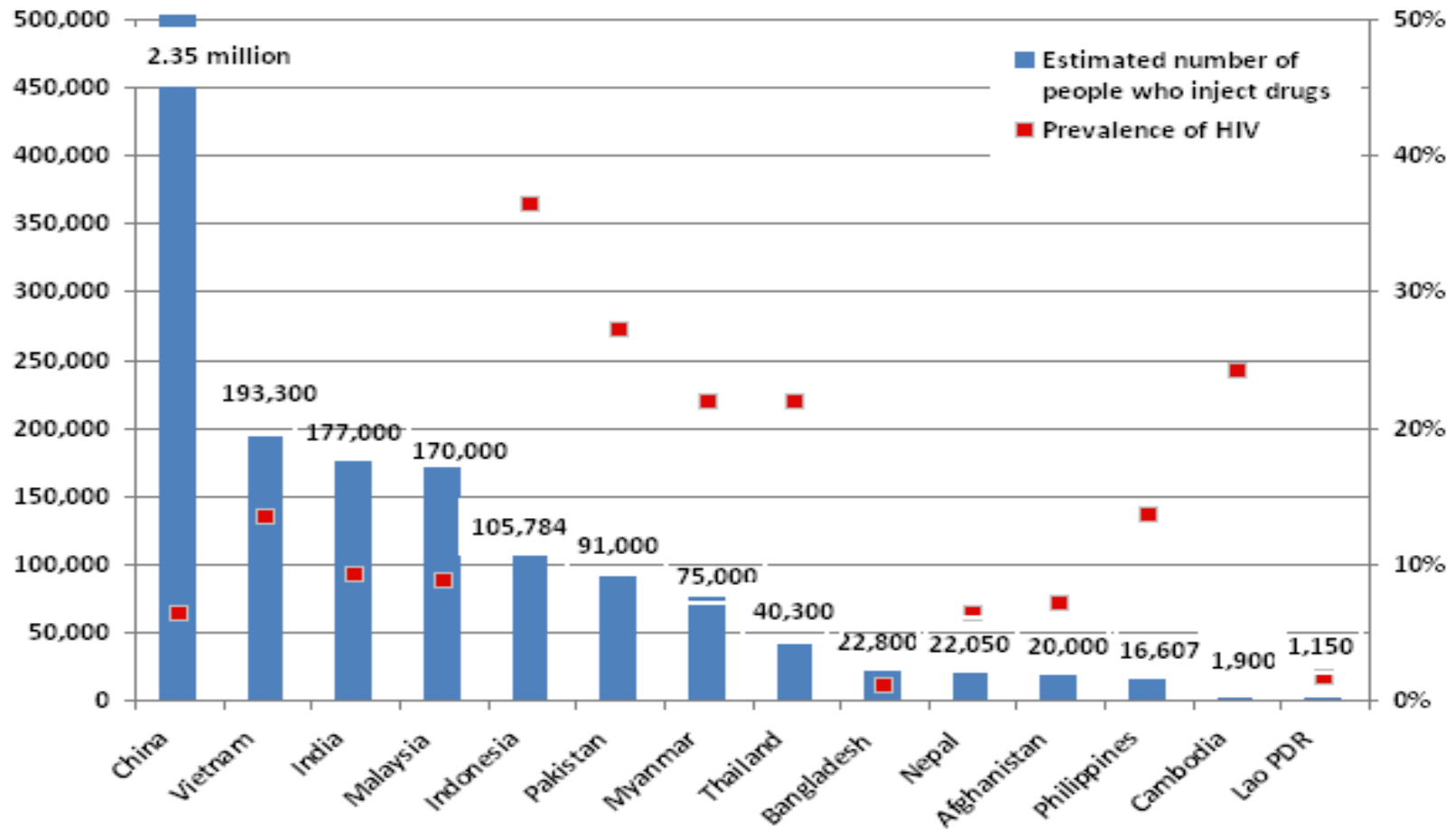


32,000 infections to be prevented among people who Inject drugs in Asia by 2015

Source: United Nations General Assembly Sixty-Sixth Session (April 2012). Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS, Report of the Secretary-General, United to End AIDS: Achieving the Targets of the 2011 Political Declaration.



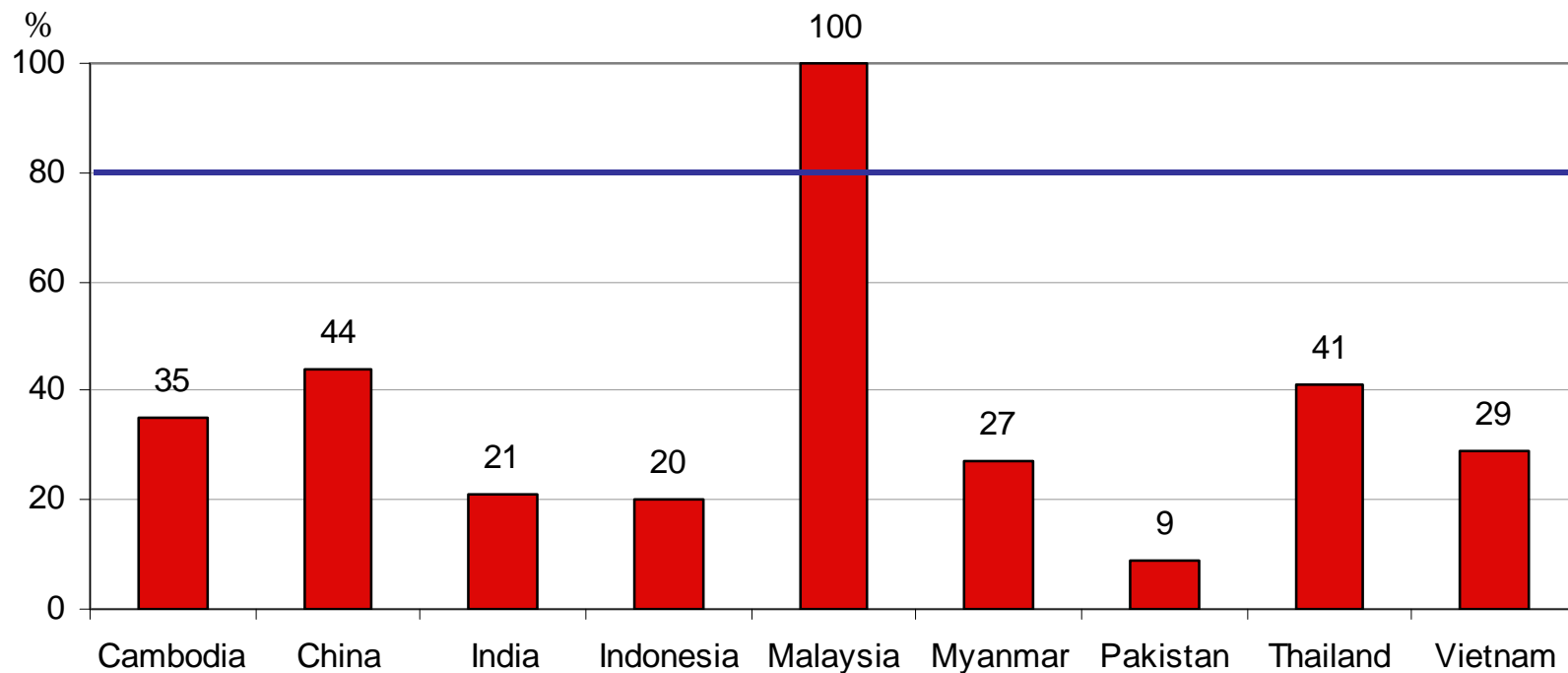
Estimated number of people who inject drugs in Asia (3-4 million)



Sources: Global AIDS Response Progress Reports 2012 submitted by countries, National AIDS Control Organisation, Department of AIDS Control, Ministry of Health and Family Welfare, India. (2011). Annual Report 2010-11, and Philippine National AIDS Council. (2011). Estimates of the Most At-Risk Population and People Living with HIV.



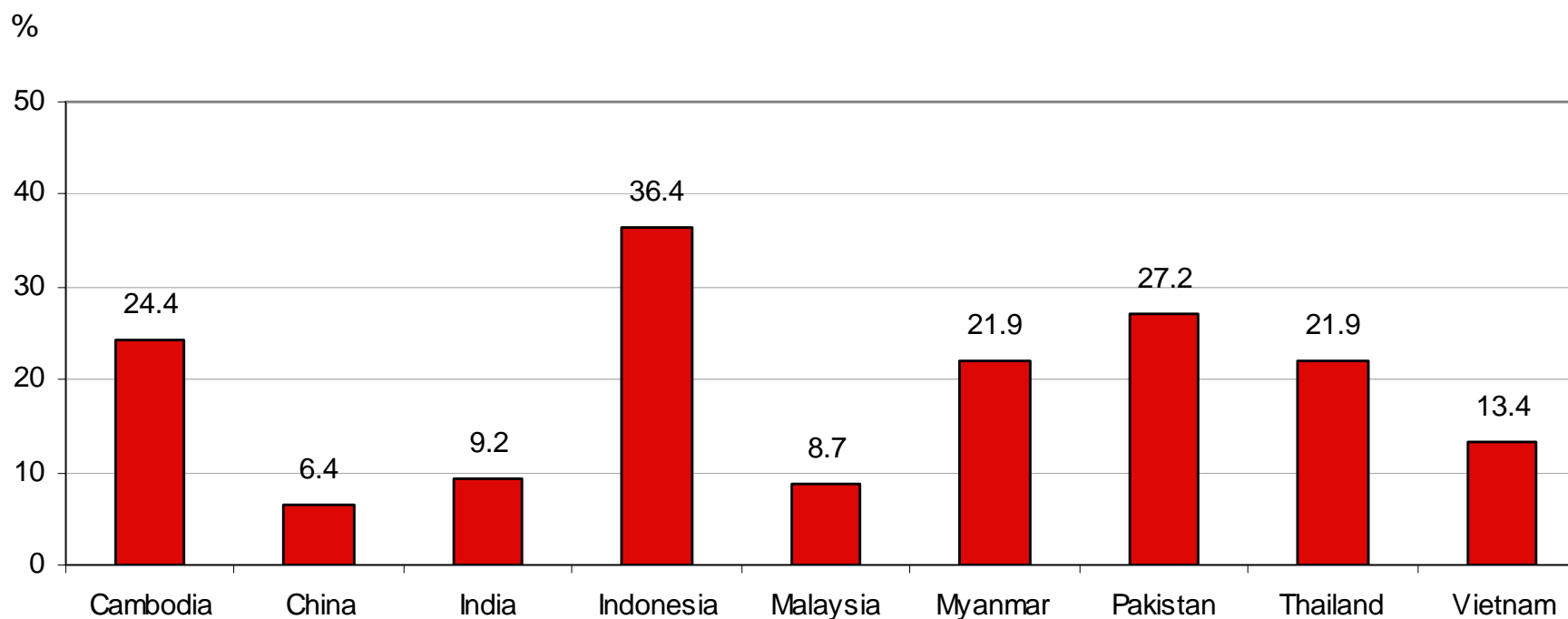
Percentage of PWID that have received an HIV test in the past 12 months and know their results



Sources: Global AIDS Response Progress Reports 2012 submitted by countries, WHO, UNAIDS, & UNICEF. (2011). Global HIV/AIDS Response: Epidemic Update and Health Sector Progress Towards Universal Access, and National AIDS Control Organisation, Department of AIDS Control, Ministry of Health and Family Welfare, India. (2010). UNGASS Country Progress Report



Percentage of PWID living with HIV in countries with high burden of HIV among PWID in Asia



Sources: Global AIDS Response Progress Reports 2012 submitted by countries, and National AIDS Control Organisation, Department of AIDS Control, Ministry of Health and Family Welfare, India. (2010). UNGASS Country Progress Report



Where are the new infections happening?

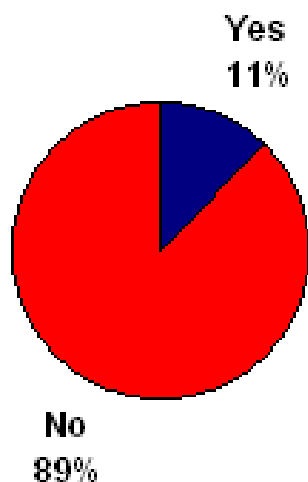
	Estimated number of new infections (2009)	Number of reported cases of HIV/AIDS	% of reported cases through IDU	Minimum number of reported cases through IDU in 2009, 2010 or 2011
Cambodia	1,211	--	--	--
China	79,438	82,437 (2010)	22.1 (2010)	18,219
India	120,688	--	1.6 (2011)	--
Indonesia	48,838	21,031 (2011)	15.3 (2011)	3,218
Malaysia	10,000	3,652 (2010)	38.7 (2011)	1,737
Myanmar	16,040	2,144 (2010)	4.6 (2010)	99
Pakistan	10,350	--	--	--
Thailand	11,753	--	3.0 (2011)	44
Vietnam	26,000	14,125 (2011)	53.0 (2009)	7,486
	324,318	96,562		30,803

Source: Prepared by United Nations Office on Drugs and Crime (UNODC) based on Global AIDS Response Progress Reports 2012 submitted by countries and other official data sources



Current levels of coverage in in countries with high burden of HIV among PWID in Asia

Needle and syringe programme



Recommended level of coverage: > 60%

Opioid substitution treatment



Recommended level of coverage: > 40%

Source: Prepared by United Nations Office on Drugs and Crime (UNODC) based on Global AIDS Response Progress Reports 2012 submitted by countries and other official data sources



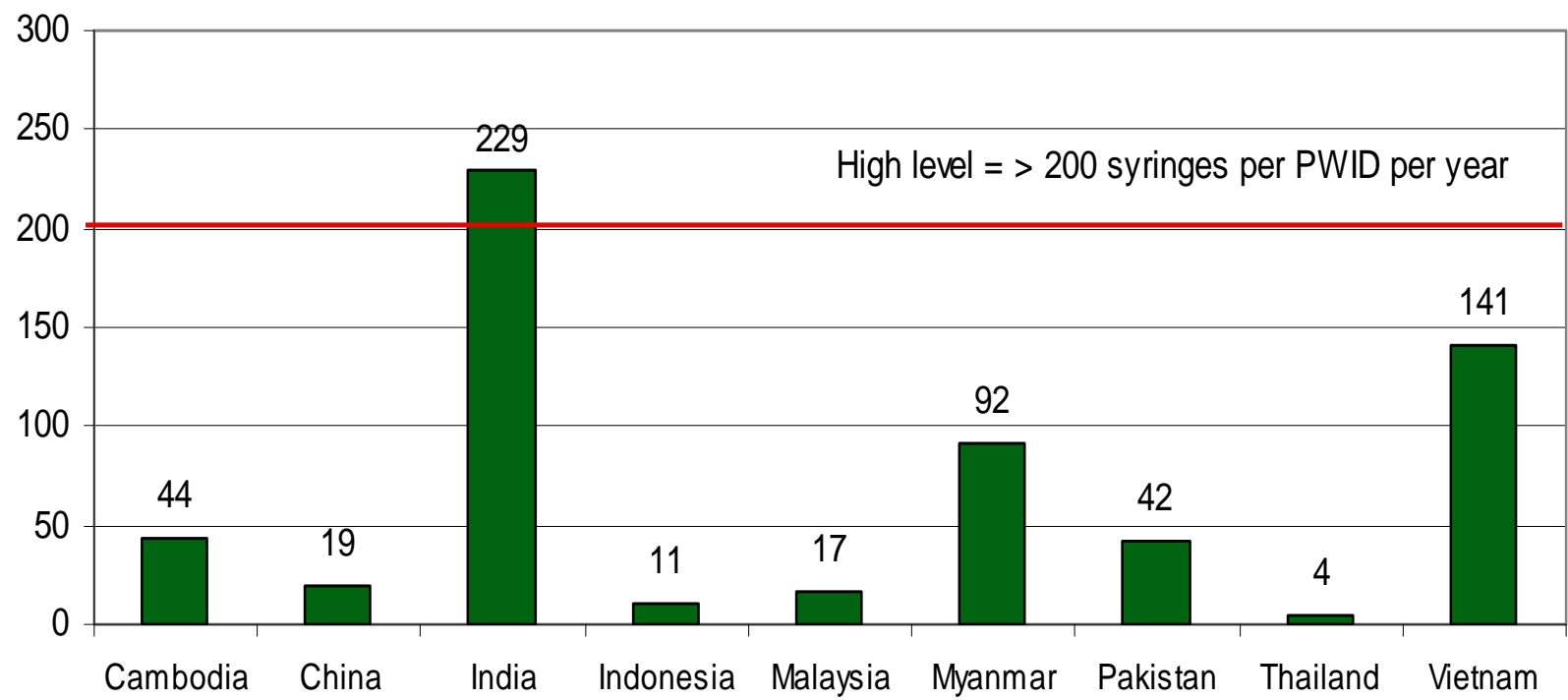
How many people are to be reached with needle and syringe programme to achieve 60% coverage?

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	Estimated number of people who inject drugs	Reported number of people reached with NSP	% reached with NSP	Estimated number of people yet to be reached to achieve 60% coverage
Cambodia	1,900	375	19.7	765
China	2,350,000	60,000	2.6	1,350,000
India	177,000	137,000	77.4	
Indonesia	105,784	49,000	46.3	14,470
Malaysia	170,000	34,244	20.1	67,756
Myanmar	75,000	13,368	17.8	31,632
Pakistan	91,000	18,488	20.3	36,112
Thailand	40,300	800	2.0	23,380
Vietnam	193,300	40,763	21.1	75,217
Total	3,204,284	354,038	11.0	1,599,332

Source: Prepared by United Nations Office on Drugs and Crime (UNODC) based on Global AIDS Response Progress Reports 2012 submitted by countries, programme monitoring data, and presentations by government officials

Number of syringes distributed /PWID/year in countries with high burden of HIV among PWID in Asia



Source: WHO, UNAIDS, & UNICEF. (2011). Global HIV/AIDS Response: Epidemic Update and Health Sector Progress Towards Universal Access.



How many people are to be reached with opioid substitution programme to achieve 40% coverage?

	Estimated number of people who inject drugs	Reported number of people on OST programme	% reached with OST	Estimated number of people yet to be reached to achieve 40% coverage
Cambodia	1,900	113	5.9	647
China	2,350,000	140,100	6.0	799,900
India	177,000	5,350	3.0	65,450
Indonesia	105,784	2,536	2.4	39,778
Malaysia	170,000	44,428	26.1	23,572
Myanmar	75,000	1,637	2.2	28,363
Pakistan	91,000	0	0	36,400
Thailand	40,300	4,500	11.2	11,620
Vietnam	193,300	9,100	4.7	68,220
Total	3,204,284	207,764	6.5	1,073,950

Source: Prepared by United Nations Office on Drugs and Crime (UNODC) based on Global AIDS Response Progress Reports 2012 submitted by countries, programme monitoring data, and presentations by government officials



Compulsory drug detention centres

Over 300,000 people in some 1,000 centres in Asia with no or limited access to recommended interventions





Legal barriers to service access

	% reached with OST	Est. # of people yet to be reached to achieve 40% OST coverage	% reached with NSP	Est. # of people yet to be reached to achieve 60% NSP coverage	Known to have compulsory drug detention centres	Legal /policy barriers to services for PUD *	
Cambodia	5.9	647	19.7	765	Yes	-	Yes
China	6.0	799,900	2.6	1,350,000	Yes	-	No
India	3.0	65,450	77.4		No	Yes	
Indonesia	2.4	39,778	46.3	14,470	No	Yes	
Malaysia	26.1	23,572	20.1	67,756	Yes	Yes	
Myanmar	2.2	28,363	17.8	31,632	Yes	-	Yes
Pakistan	0	36,400	20.3	36,112	No	Yes	
Thailand	11.2	11,620	2.0	23,380	Yes	Yes	
Vietnam	4.7	68,220	21.1	75,217	Yes	-	Yes

*For split cells, left side is government response, right side is civil society response (NCPI, 2010)

Source: Prepared by United Nations Office on Drugs and Crime (UNODC)

Explanatory Note:
“The road to zero new infections among people who inject drugs in Asia”,
presented at the meeting of the UN Regional Inter Agency Team on AIDS (UN RITA)
14 June 2012

Globally, an estimated 16 million people inject drugs, of whom between 3-4 million live in Asia. HIV prevalence in this population remains high in several countries in Asia. For example, 36.4% of people who inject drugs (PWID) in Indonesia are living with HIV. Prevalence of HIV among PWID is also high in Pakistan (27.2%), Cambodia (24.4%), Thailand and Myanmar (21.9%) and Vietnam (13.4%), respectively (*Slide 7*).

Consequently, large numbers of PWID are already living with HIV. Based on the latest official data on HIV prevalence in this population, reported by governments in their 2012 global AIDS progress reports (available on UNAIDS website), at least 300,000 PWID are already infected with HIV in the nine priority countries in Asia.¹

In June 2011, Heads of State and Government and representatives of States and Governments convened at the United Nations in New York to review progress achieved in realizing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. At the High Level Meeting (HLM), the Heads of State also agreed on bold commitments on progress to be achieved by 2015.

One of the 10 commitments agreed during the HLM, as reflected in paragraph 63 of the Political Declaration on HIV/AIDS is “Commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015” (*Slide 3*).

In April 2012, the Report of the Secretary-General to the Sixty-sixth session, “Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS” at the General Assembly included information on the specific changes required to meet the target of a 50 per cent reduction in the number of new HIV infections among people who inject drugs. According to this report (page 9), to achieve the target related to drug use and HIV, 120,000 new HIV infections are to be prevented among people who inject drugs between 2011 and 2015. Of these, 32,000 new infections are to be prevented among people who inject drugs in Asia by 2015 (*Slide 4*).

The present exercise has two main purposes:

1. It attempts to establish a baseline in Asia for the HLM target “Commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015”
2. To understand the epidemic among PWID in the priority countries (*Slide 2*) in order to inform planning and prioritization of support to national HIV responses for this vulnerable population.

¹ Cambodia, China, India, Indonesia, Malaysia, Myanmar, Pakistan, Thailand and Vietnam. See Figure 1.3 in UNAIDS Strategy 2011-2015 “Getting to Zero”.

Slide 8 details key data on the latest available official estimate of the total number of new infections that occurred in the priority countries in 2009² (column #2), number of reported cases of HIV/AIDS³ (column #3) and the proportion of reported cases attributed to injection drug use (column #4). In column 5 are presented estimates made of the “minimum number of reported cases through injection drug use in 2009, 2010 or 2011, based on the latest available data outlined in columns 1 to 4.”⁴

It is important to note the following “caveats” with regard to the data on slide 8:

- The estimated number of new infections reflect data from 2009. Data on estimated number of new infections in 2011 will become available at the end of 2012.
- Some countries (Cambodia, India, Pakistan and Thailand) do not document reported cases of HIV per annum, so that they are accessible by the public.
- The data in column 3 for Indonesia, Malaysia and Myanmar is the number of reported cases of HIV, while for the other countries the data are HIV and AIDS cases together.
- The data in column 4 is the % of reported AIDS cases through injection drug use for Myanmar and Thailand, while for the other countries it is the % of reported HIV cases.
- The “minimum number of new reported cases of HIV through injection drug use” (column # 4) represents only the “tip of the iceberg” in each country. Due to under-reporting and other factors, the number of new infections among PWID, country by country, is likely to be higher than the reported number of new HIV infections in this population. Ideally, the table would include data on the estimated/projected number of new infections in 2011 that were attributed to IDU. However, such estimates/projections are currently not available for all countries.

Based on the available data, and with the above caveats in mind, three countries (China, Indonesia and Vietnam) appear to account for the majority of new reported cases of HIV associated with injection drug use.

The most effective interventions to prevent new infections among PWID are needle and syringe programme (NSP), opioid substitution treatment (OST) and antiretroviral treatment (ART) for those infected with HIV. At present, the coverage of the first two interventions (NSP and OST) is at 11 per cent and 7 per cent, respectively, in the nine priority countries as shown in *Slide 9*.

Slides 10 and 12 show attempts to calculate the estimated number of PWID (column #5) yet to be reached in order to achieve the recommended level of coverage of NSP (at least 60%) and OST (at least 40%) in the nine priority countries. The slides also reflect the latest available official data on estimated population size of PWID⁵ (*Slide 5*) and the reported number of people reached with NSP and OST.⁶

It is important to note the following “caveats” with regard to the data on slides 10 and 12:

² Source of data: List of 30+ High Impact Countries. UNAIDS Secretariat in Geneva.

³ Sources of data: Total reported cases of HIV/AIDS: GARP 2012 Reports and other official data sources.

⁴ Sources of data: % of reported cases through injection drug use: Datahub, primary sources: official data by governments.

⁵ Sources of data: GARP 2012 Reports.

⁶ Source of data: programme monitoring data, various sources, including 2012 GARP reports and presentations by government officials.

- Data in column # 2 reflect the “midpoint” of the population size estimates. For each size estimate, a range exists. It is important to appreciate and note the challenges in estimating population size of key affected populations and that it is rarely feasible to estimate the exact number of PWID in any given country.
- Data in column # 3 reflect the known number of people who are reported to be reached with the intervention. It is challenging to know the exact number of “unique individuals” who are reached with a service, such as NSP, given the limited use of “unique identifier code” in some countries, the various distribution modalities, etc. The NSP coverage data in particular is not readily available and the reported numbers are subject to frequent changes.
- The data mentioned above on the denominator “population size” and reported number of people reached with services, impact on the overall coverage as well as the estimated number of people “yet to be reached with the service”.

It is important to note that an estimated 300,000 people who inject drugs (or 10% of the total estimated number of PWID in Asia) are currently detained in some 1,000 compulsory centres. Access to HIV, prevention, treatment and care services in these centres is limited, hampering potential progress towards achieving the HLM target on IDU and HIV.

Note: New data and strategic information become available in an ongoing basis and the current presentation includes data that may no longer be the most recent official and/or nationally accepted data. Therefore, we would be grateful if colleagues at country level could share any data updates that may be used to improve and update the current presentation, and ultimately, understanding of the epidemic and response in this population. Please contact Dr Amala Reddy (redhya@unaids.org) and Anne Bergenstrom (anne.bergenstrom@unodc.org) for any data updates that you can share in this context. Thank you very much.