

**7th IAS Conference on HIV Pathogenesis,
Treatment and Prevention**

***Tracking the HIV/AIDS epidemic in
Asia and the Pacific***

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Asia and the Pacific**

3 July 2013

Kuala Lumpur, Malaysia

- 1. Epidemic and response**
- 2. Financing AIDS response**
- 3. Legal environment**
- 4. HIV/AIDS and post 2015
development agenda**

Epidemic and response

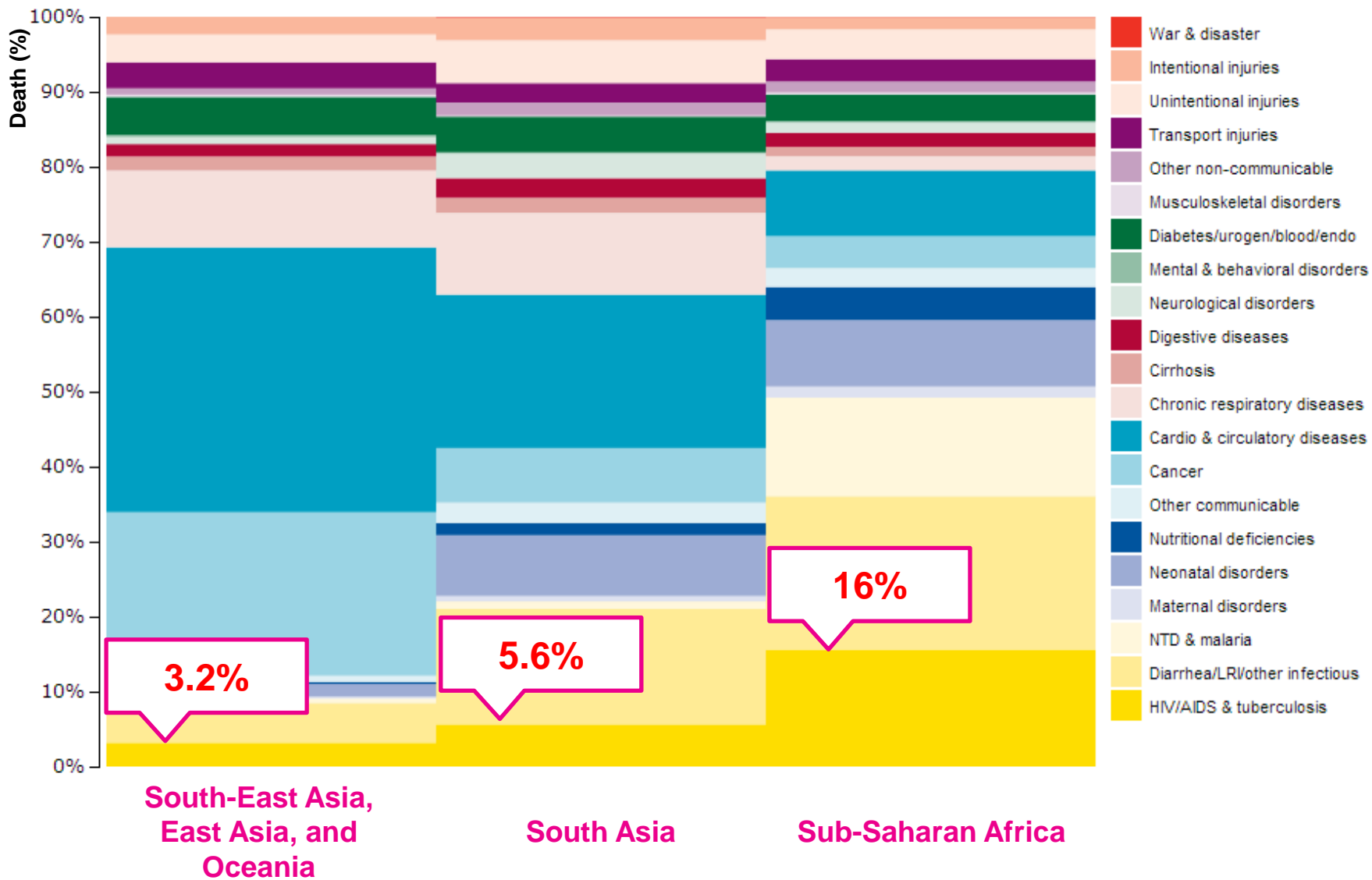
State of the epidemic: Global and Asia and the Pacific

	Global	Asia and the Pacific
People living with HIV	34,000,000 [31,400,000 – 35,900,000]	4,900,000 [3,900,000 – 6,100,000]
Women living with HIV	15,000,000 [13,900,000 – 15,700,000]	1,600,000 [1,200,000 – 2,100,000]
Children living with HIV	3,300,000 [3,100,000 – 3,800,000]	170,000 [150,000 – 200,000]
New HIV infections	2,500,000 [2,200,000 – 2,800,000]	370,000 [250,000 – 550,000]
Adult HIV prevalence	0.8 % [0.7% – 0.8%]	0.2 % [0.2% – 0.2%]
AIDS-related deaths	1,700,000 [1,500,000 – 1,900,000]	310,000 [240,000 – 400,000]

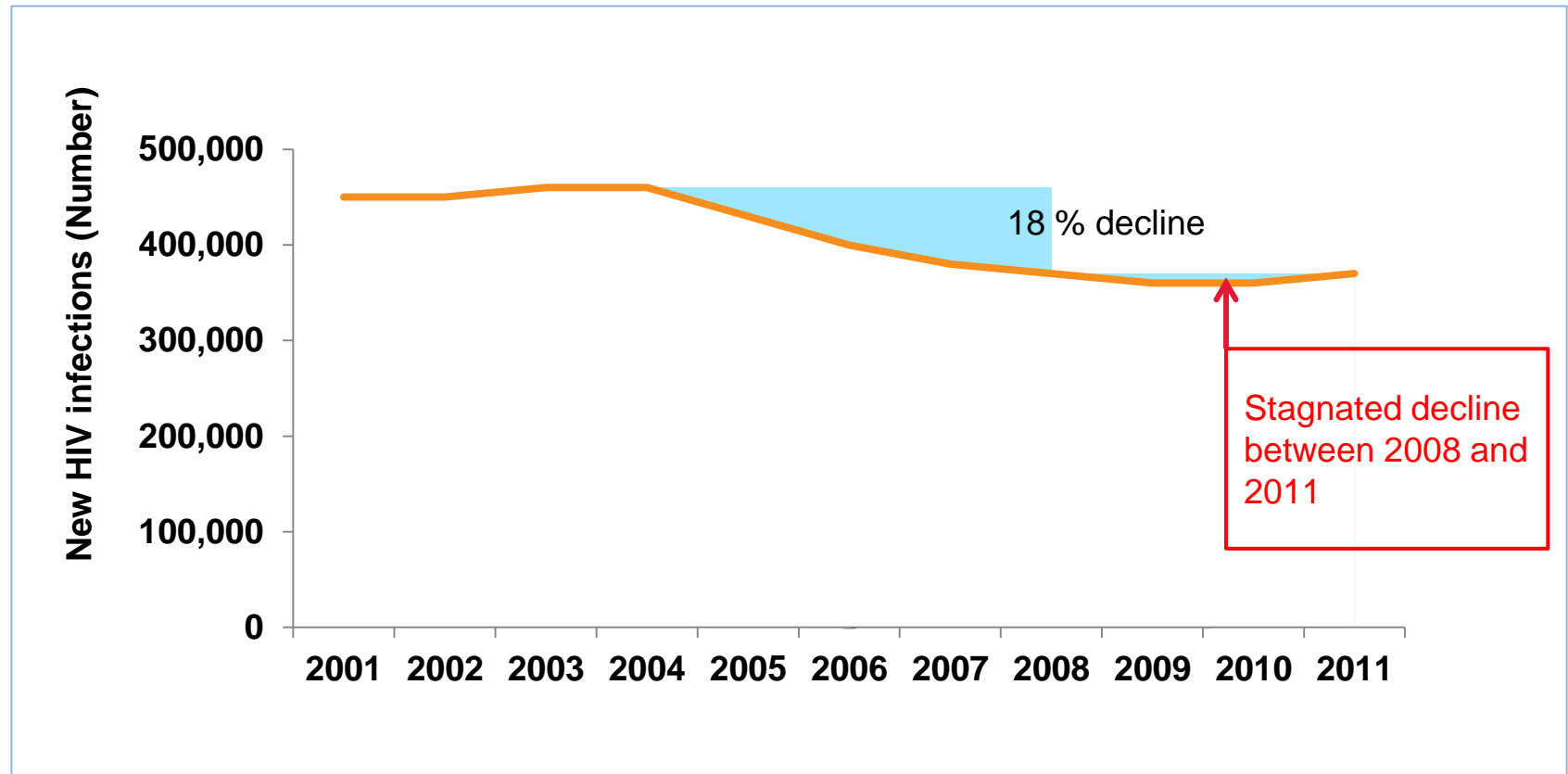
Epidemic and response: Asia and the Pacific and Sub-Saharan Africa

	Sub-Saharan Africa	Asia and the Pacific
Type of epidemic	Generalized	Concentrated among key populations
Populations affected by AIDS	General population: men, women, and young people	Sex workers and their clients, Men who have sex with men, Transgender, People who inject drugs, and all of their intimate partners
Burden of epidemic	<i>23.5 million</i> People living with HIV <i>1.8 million</i> New infections	<i>4.9 million</i> People living with HIV <i>370,000</i> New infections
Prevention interventions	Larger population sizes but relatively easier to reach	Relatively smaller populations but more difficult to reach due to stigma and legal barriers

Disease burden: Asia and Sub-Saharan Africa

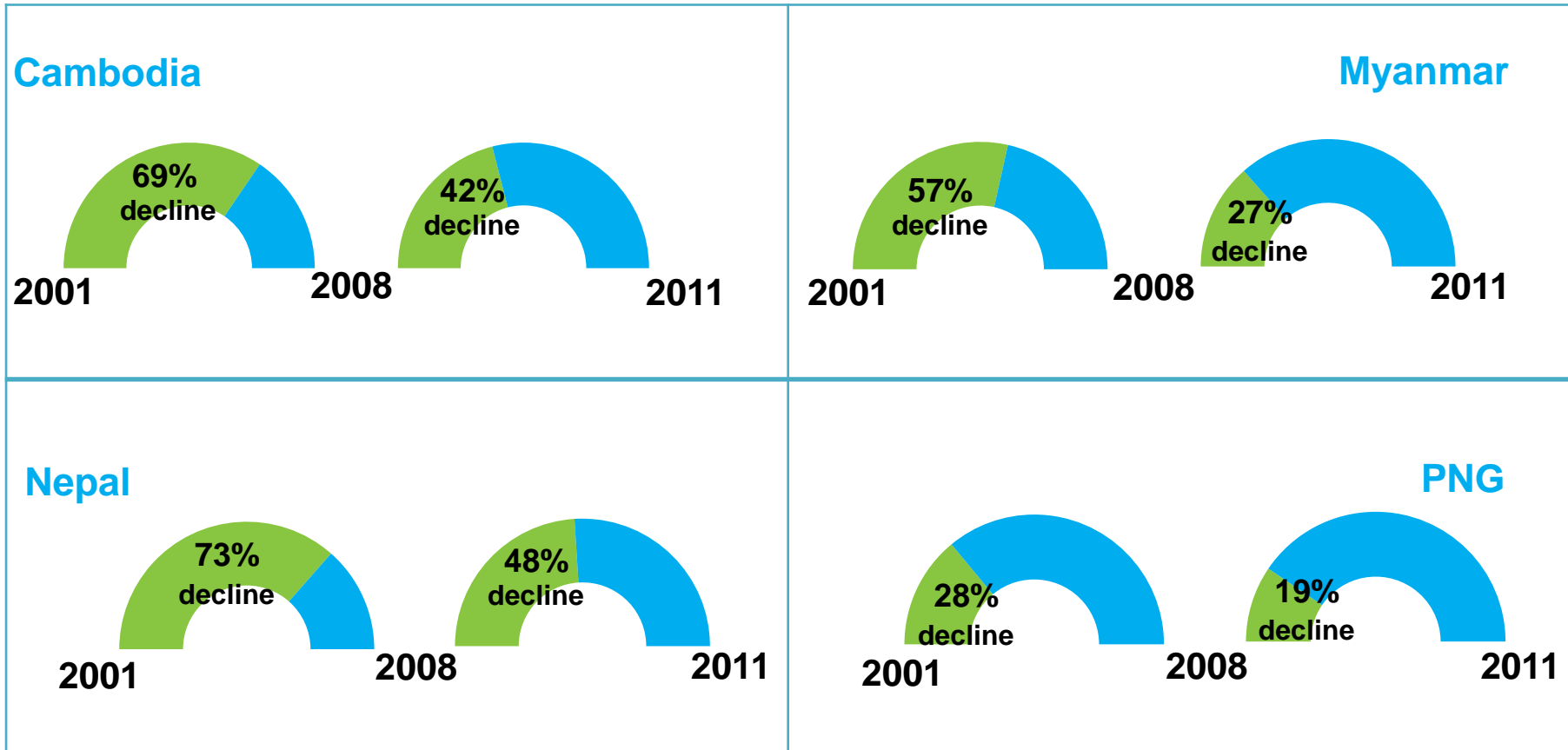


New HIV infections in Asia and the Pacific region



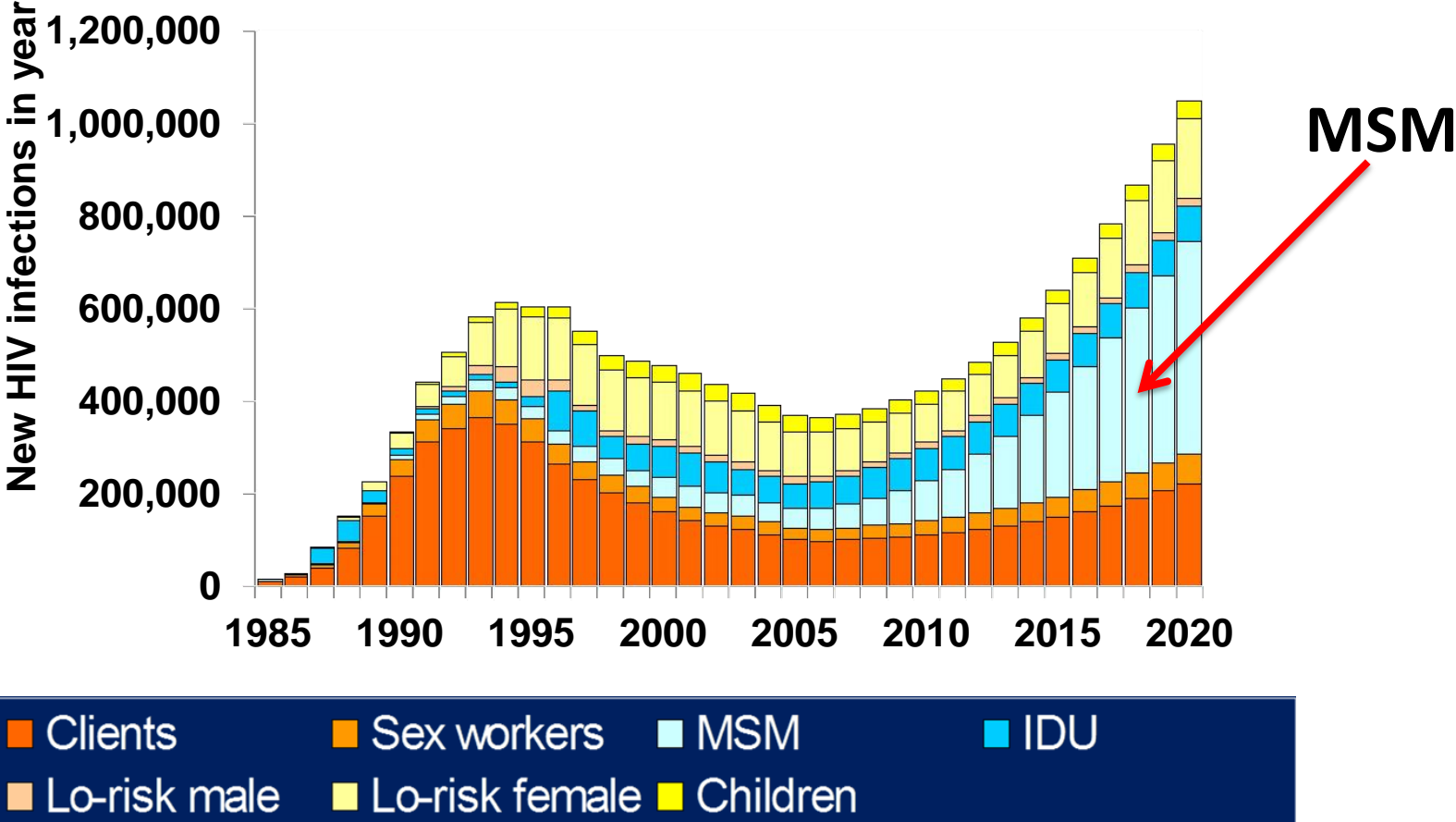
Significant decline in new HIV infections in the last decade, but slow-down between 2008 and 2011

Example of countries with declining new HIV infections



Same is true for countries where the epidemic is slowing down

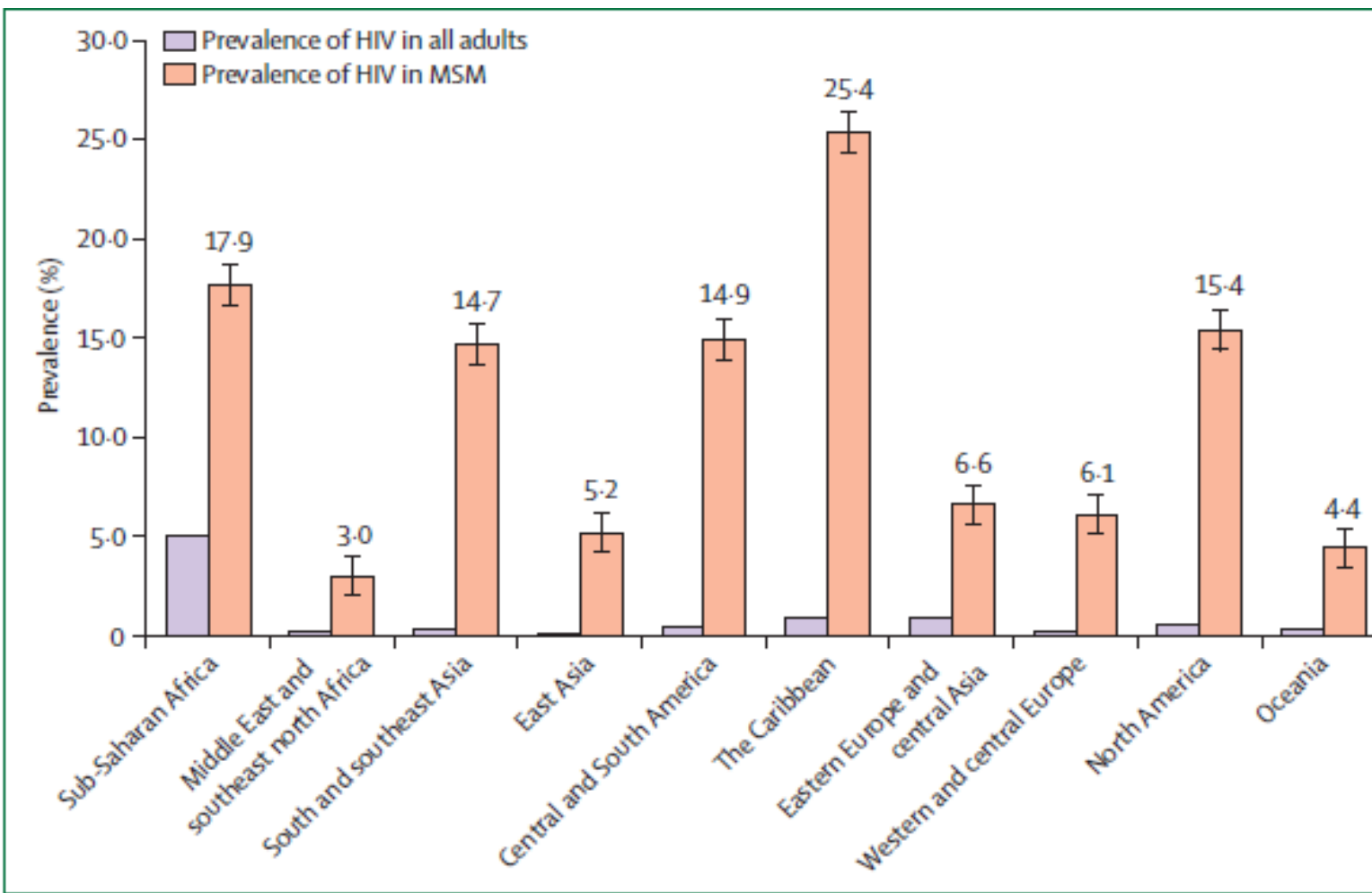
Estimated annual new HIV infections by population group, Asian Epidemic Model



Half of all new infections among MSM by 2020 if 'business as usual' - Commission on AIDS in Asia

Source: Commission on AIDS in Asia. (2008). Redefining Aids in Asia: Crafting an Effective Response.

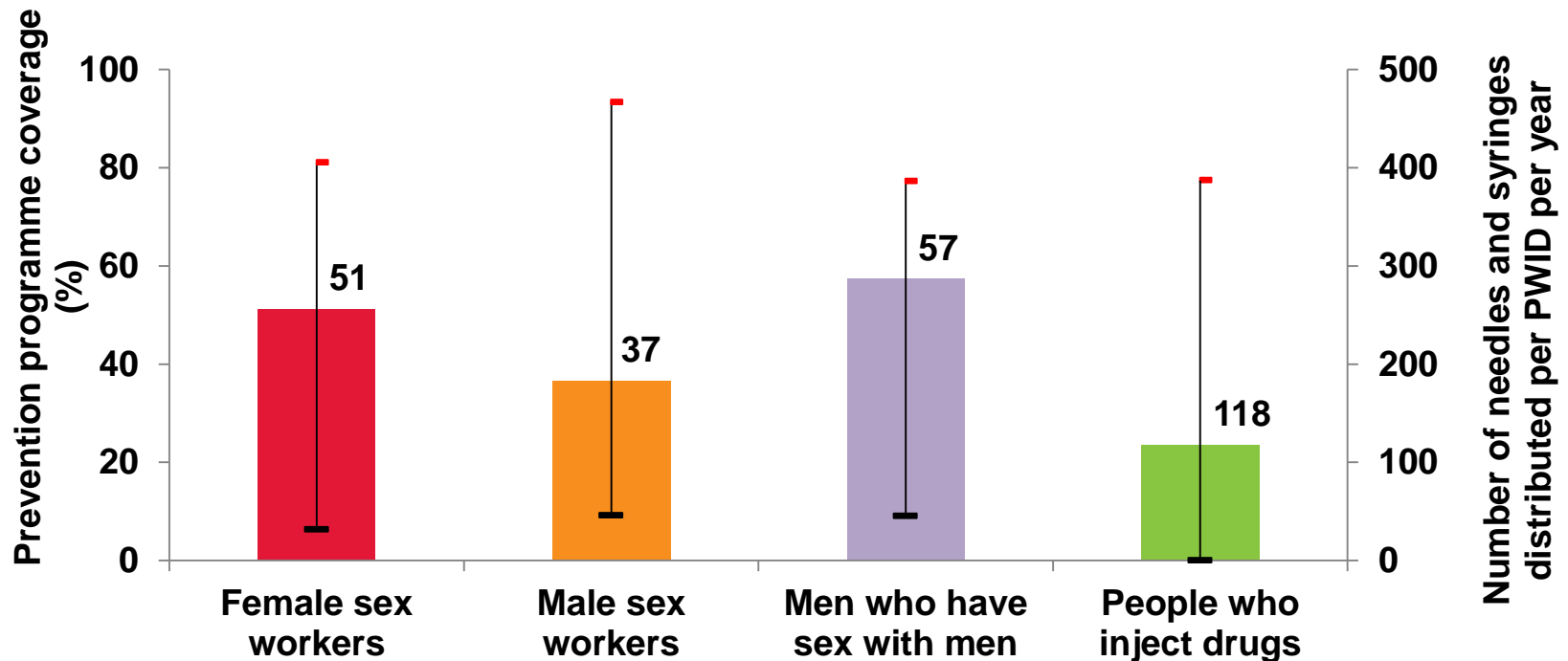
HIV prevalence among MSM vs. adults



Rising HIV epidemic among MSM in many regions across the world

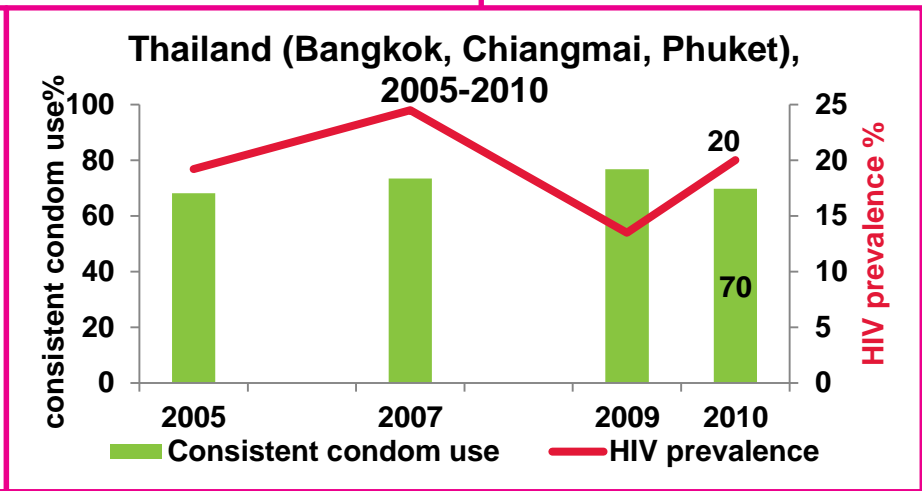
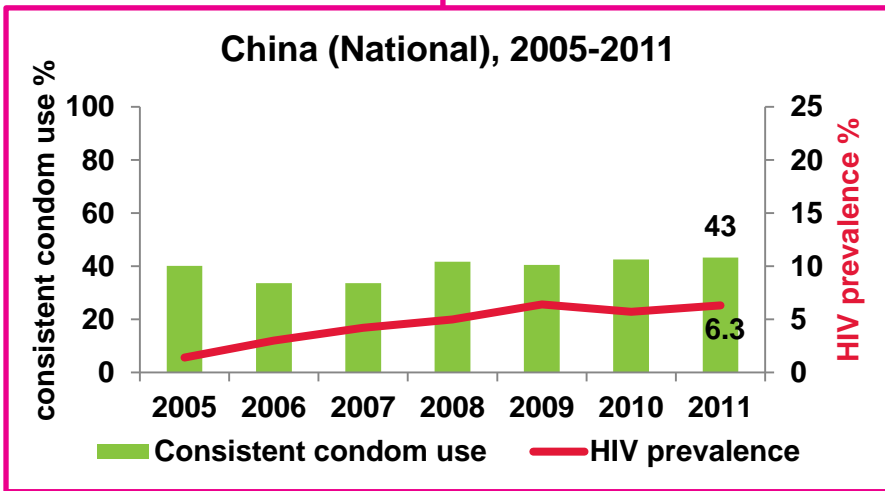
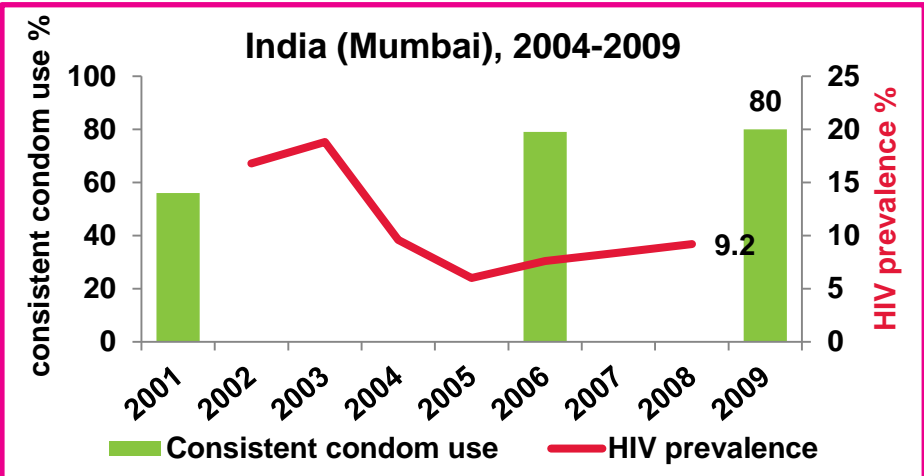
Source: Beyrer, C., Baral, S. D., Griensven, F. v., Goodreau, S. M., Chariyalertsak, S., Wirtz, A. L., & Brookmeyer, R. (2012). Global epidemiology of HIV infection in men who have sex with men. *Lancet*, 380(9839), 367-377.

Key populations reached by prevention services, regional median, 2011



Key populations are central to the epidemic but not enough are reached by prevention services

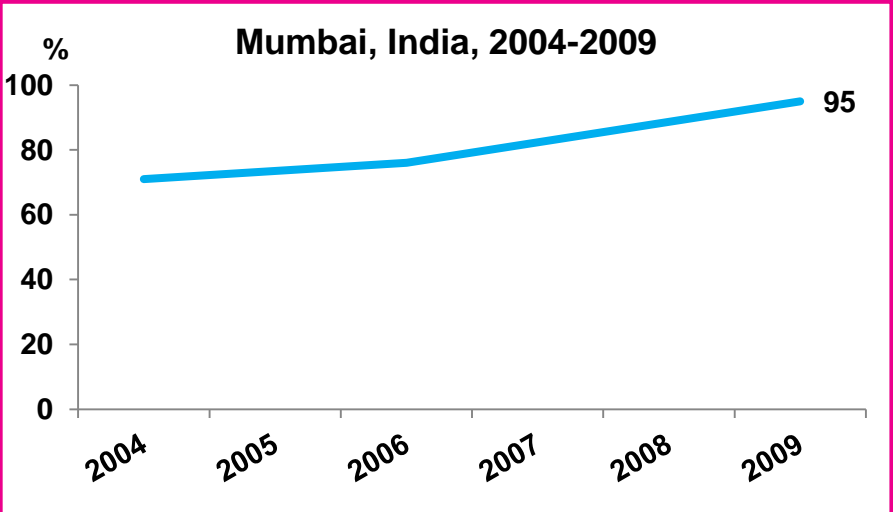
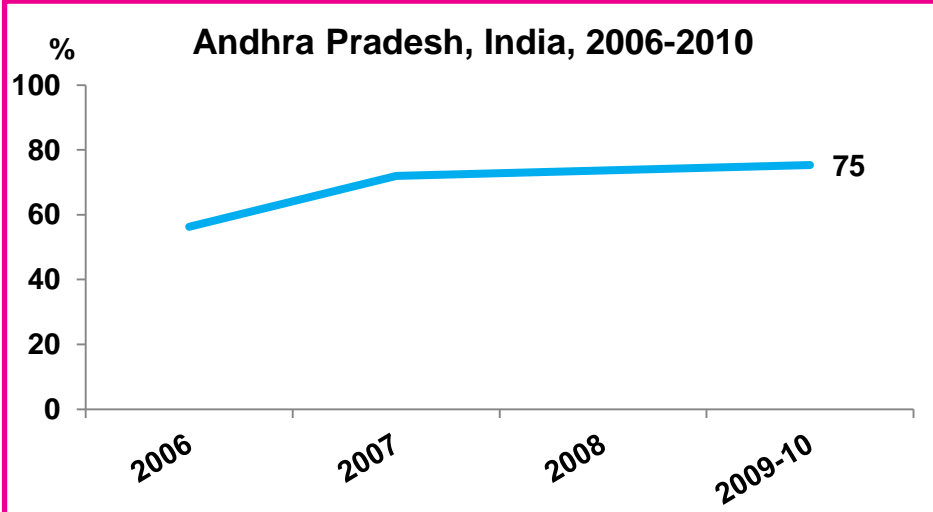
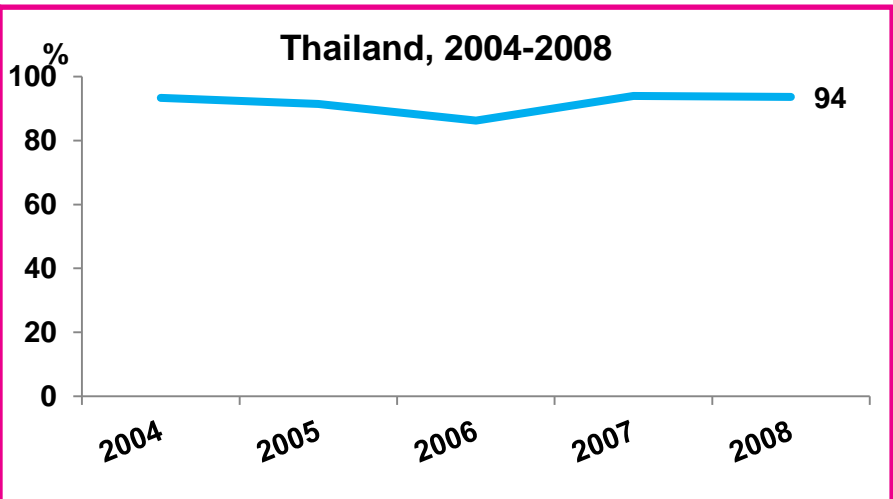
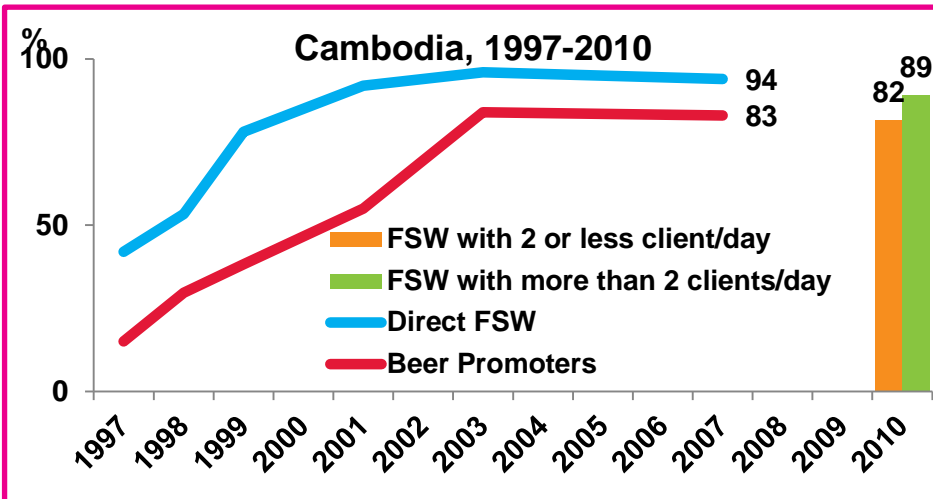
Proportion of consistent condom use and HIV prevalence among MSM



Stagnating consistent condom use among MSM - impact on HIV prevalence

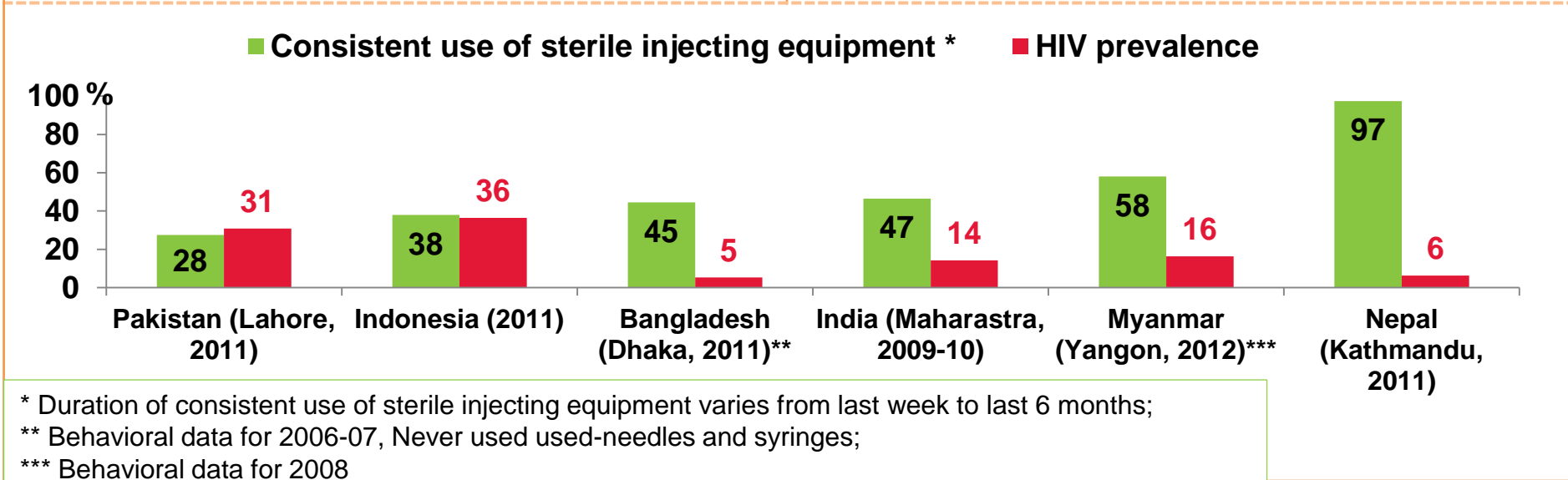
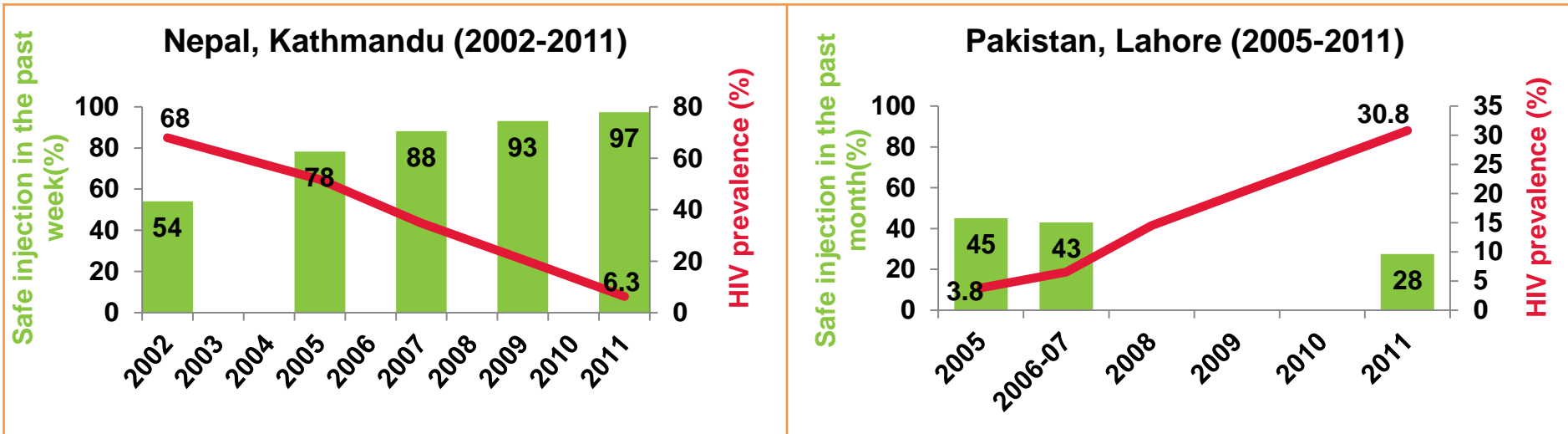
Source: Prepared by www.aidsdatahub.org based on 1) Mishra, R. M., Dube, M., et al. (2012). Changing epidemiology of HIV in Mumbai: an application of the Asian epidemic model. *Glob J Health Sci*, 4(5), 100-112.; 2) Lan, W., Lu, W., et al. (2012). HIV Prevalence and Influencing Factors Analysis of Sentinel Surveillance among Men who have Sex with Men in China, 2003-2011. *Chinese Medical Journal*, 125(11), 1857-1861.; 3) Data from UNAIDS Country Office Thailand.

Consistent condom use among female sex workers with their clients

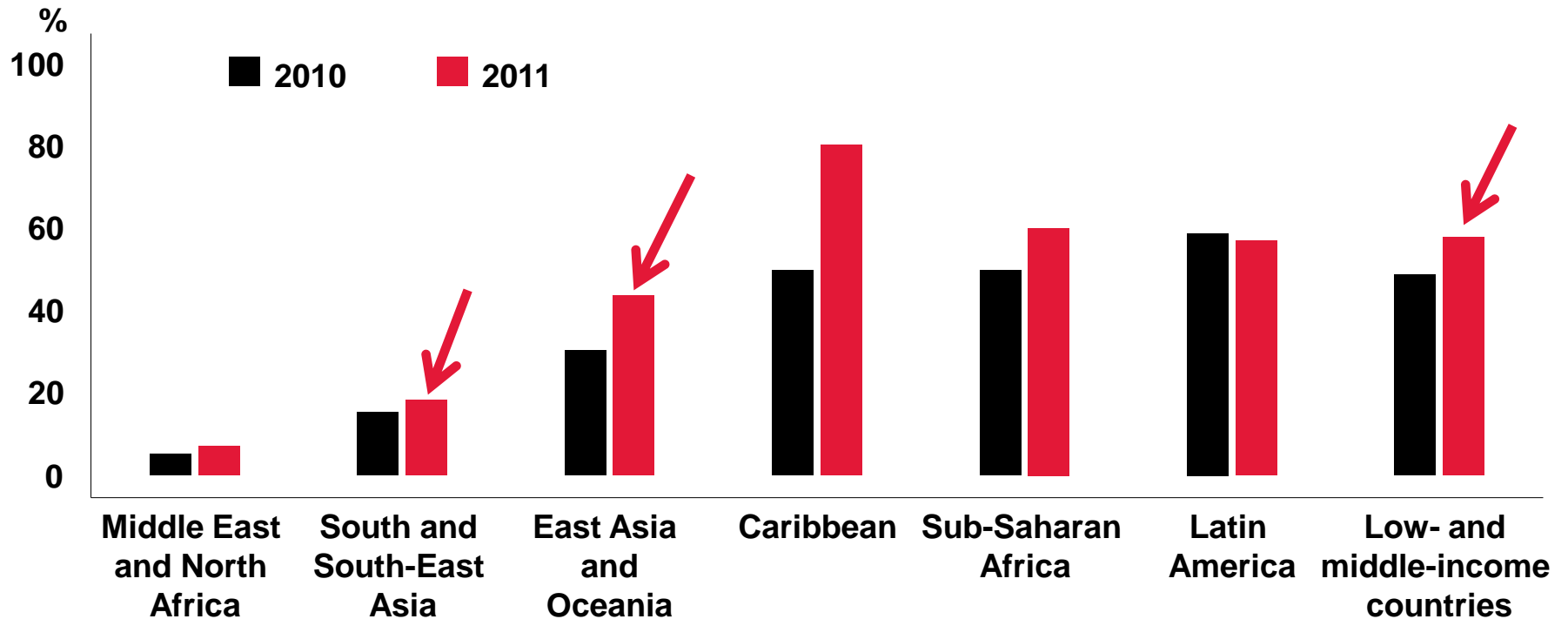


Source: Prepared by www.aidsdatahub.org based on 1) Chhorvann, C. (2011). *Behavioral Sentinel Surveillance 2010*. Power Point Presentation. National Center for HIV/AIDS Dermatology and STD; 2) Thailand UNGASS Report 2010; 3) Erausquin, J. T., Biradavolu, M., et al. (2012). Trends in condom use among female sex workers in Andhra Pradesh, India: the impact of a community mobilisation intervention. *J Epidemiol Community Health*, 66(2), 2011-200511; 4) Mishra, R. M., Dube, M., et al. (2012). Changing epidemiology of HIV in Mumbai: an application of the Asian epidemic model. *Glob J Health Sci*, 4(5), 100-112.

Correlation between safe injecting and HIV prevalence among PWID

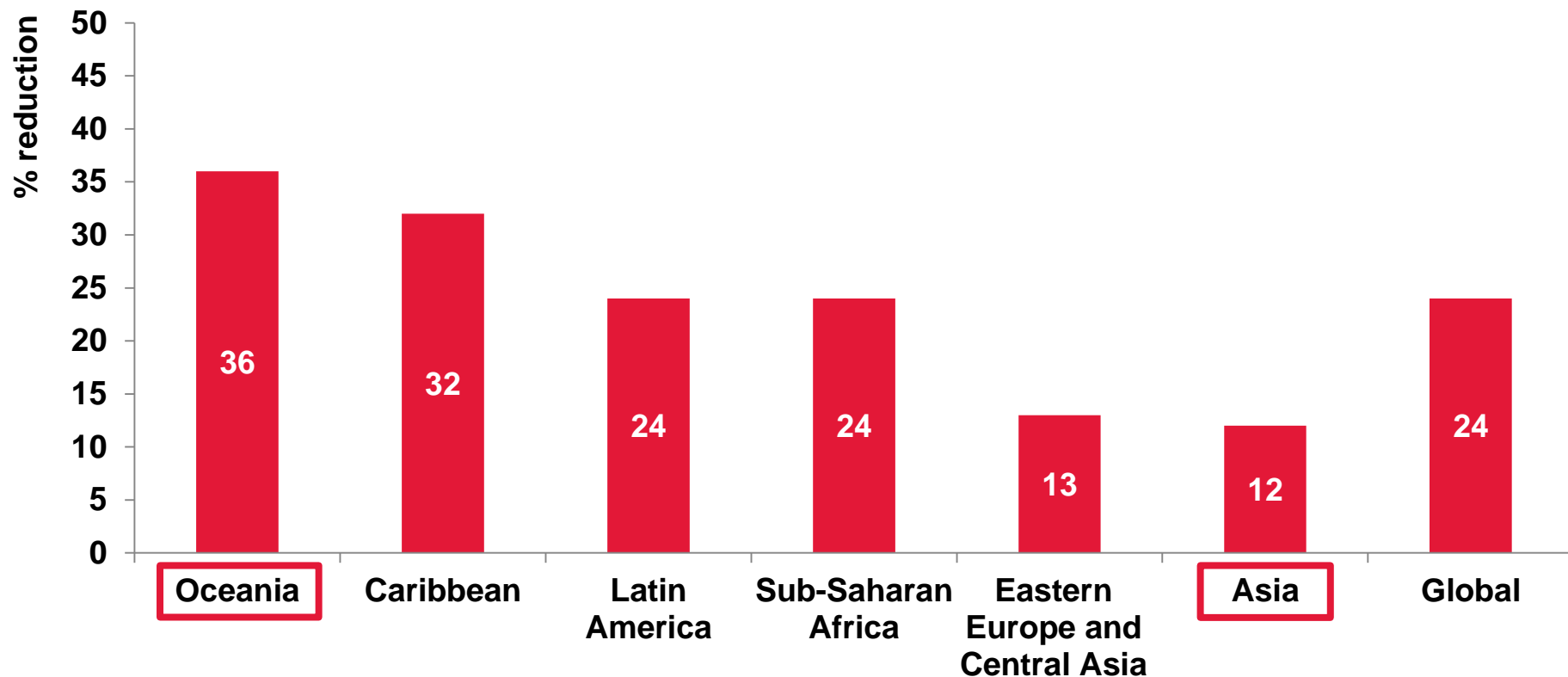


Prevention of mother-to-child transmission coverage, by region, 2010 and 2011



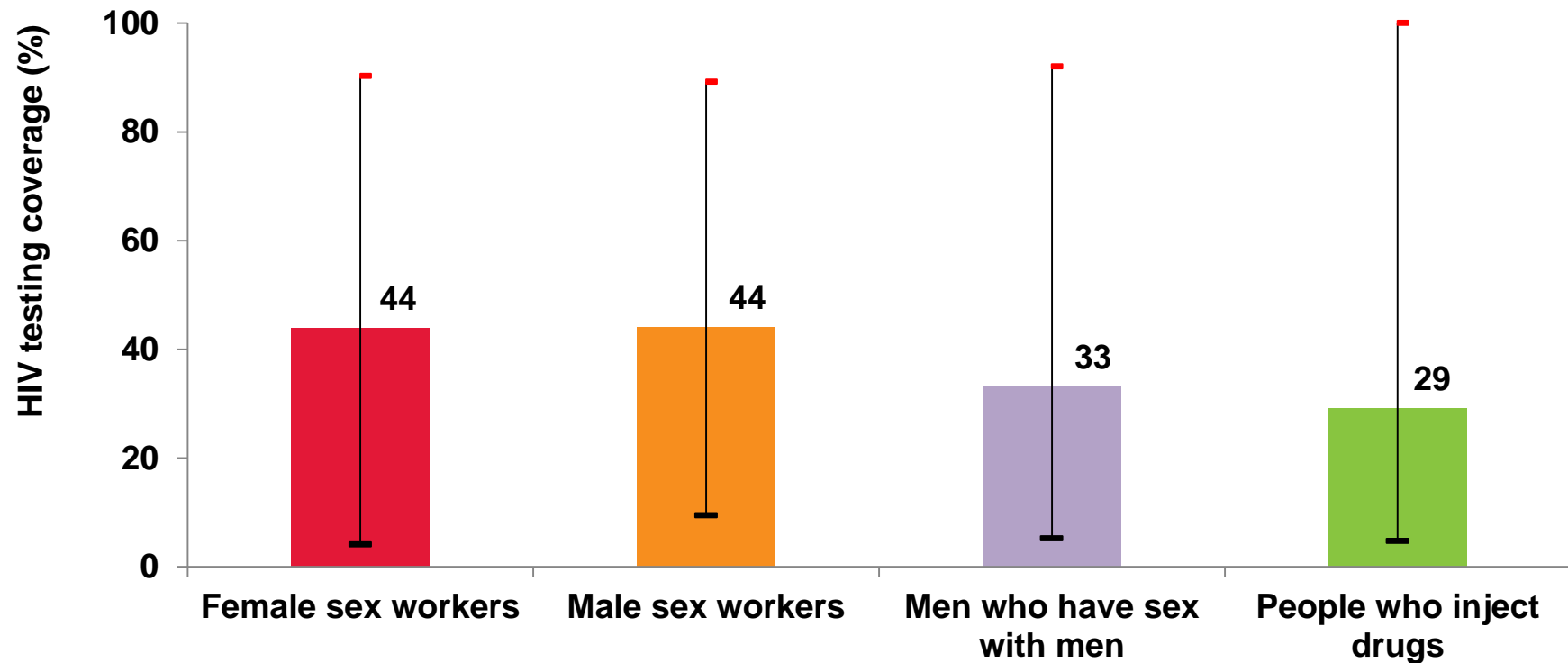
Only one in five pregnant women living with HIV received effective ART regimens for PMTCT in South and South-East Asia

Percentage reduction in new HIV infections among children, 2009 to 2011



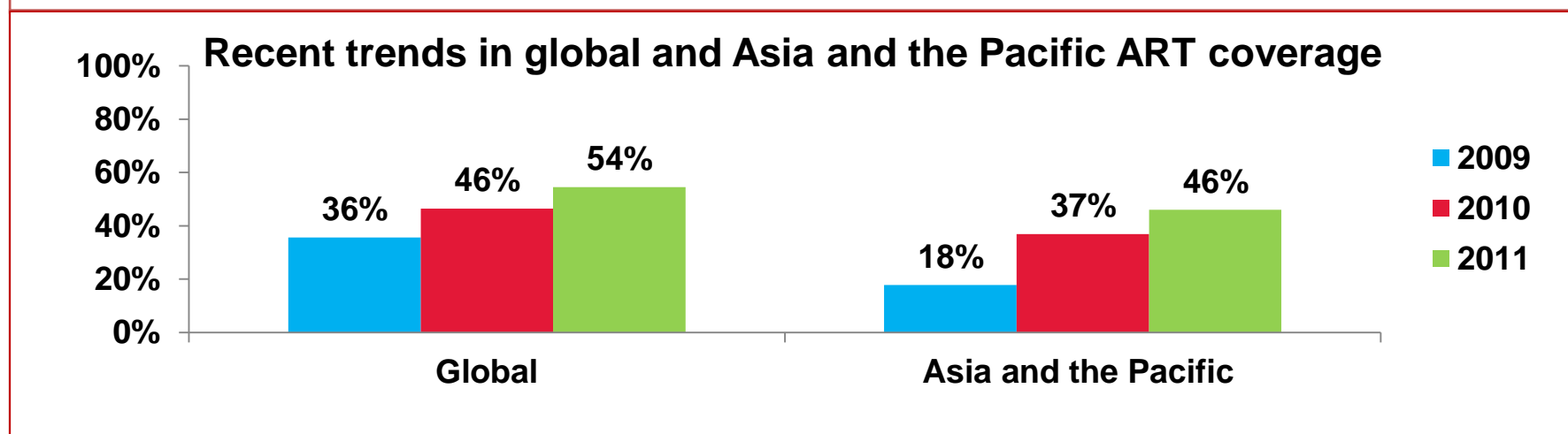
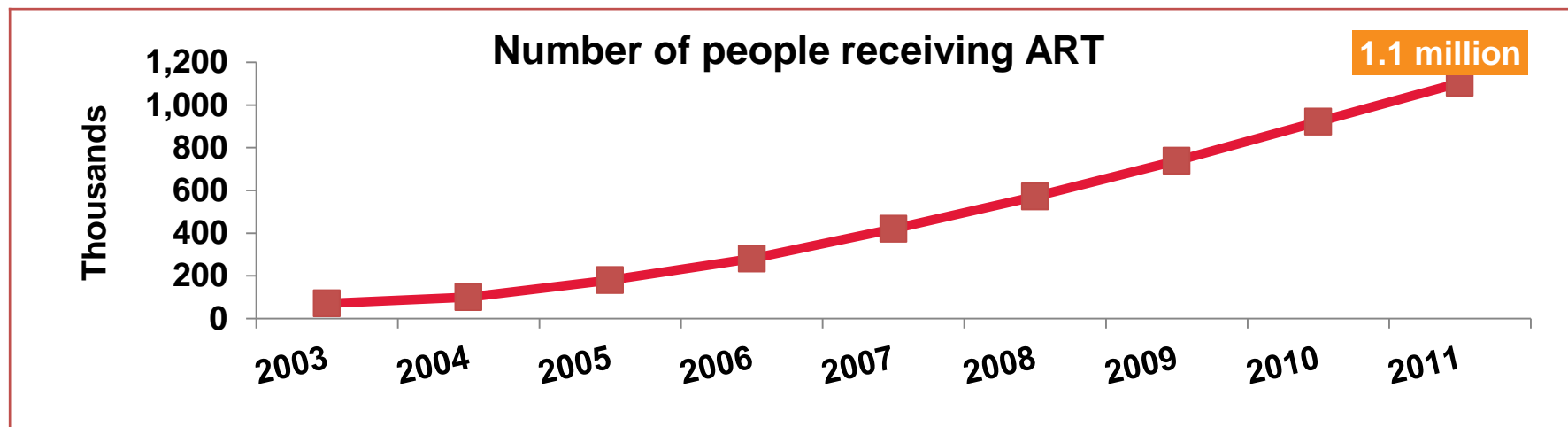
Progress NOT apparent in eliminating new HIV infections among children

HIV testing coverage among key populations, regional median, 2011



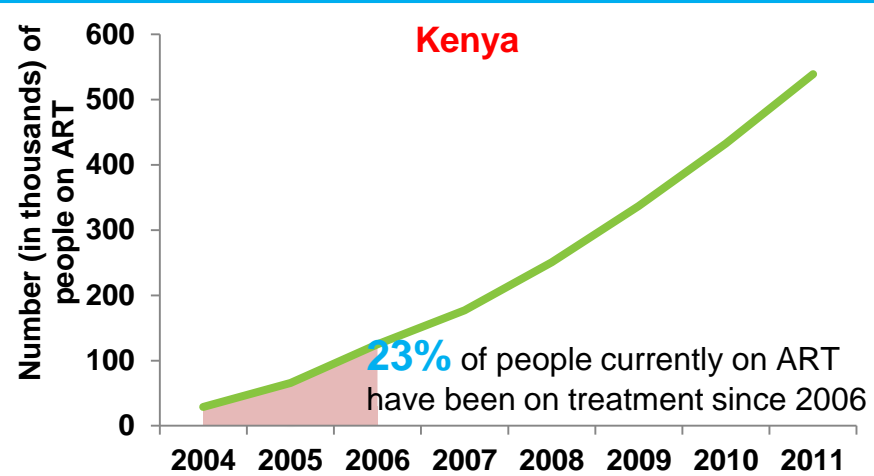
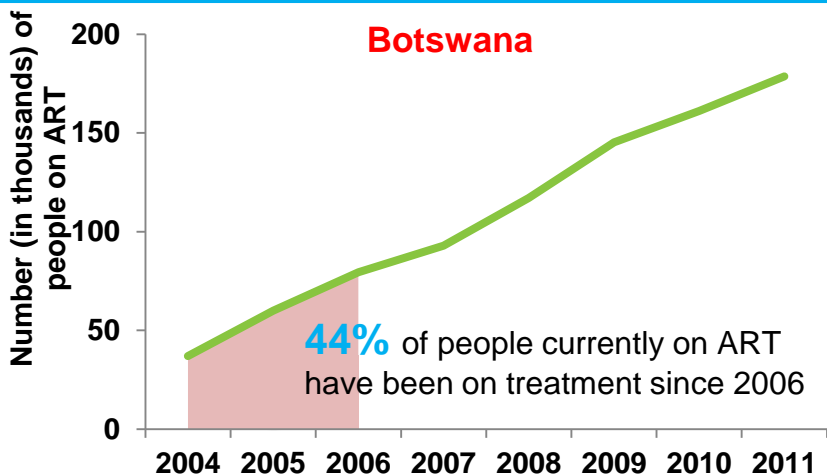
Though HIV is concentrated among key populations, less than half of them know their HIV status

Number and proportion of eligible people receiving ART at the end of 2011



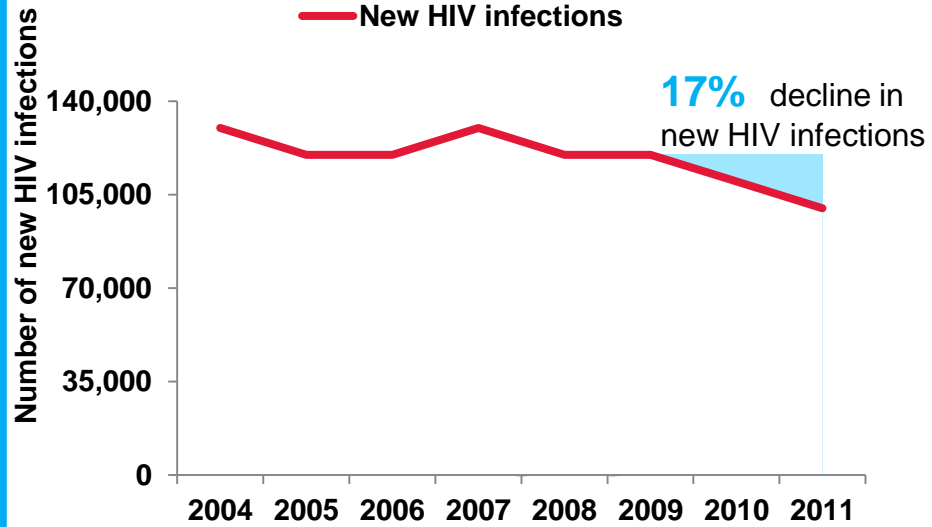
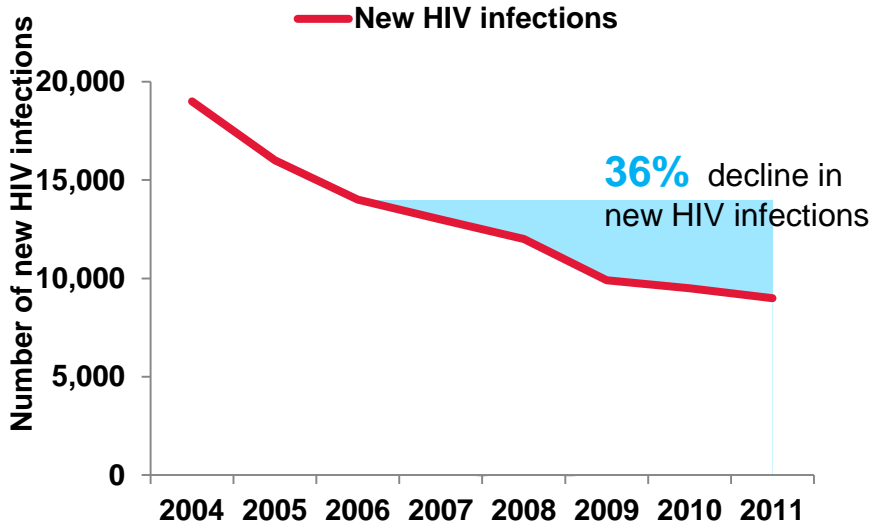
1.1 million people are receiving antiretroviral therapy – lagging behind global trend

Correlation between high level of treatment coverage and decline in new infections

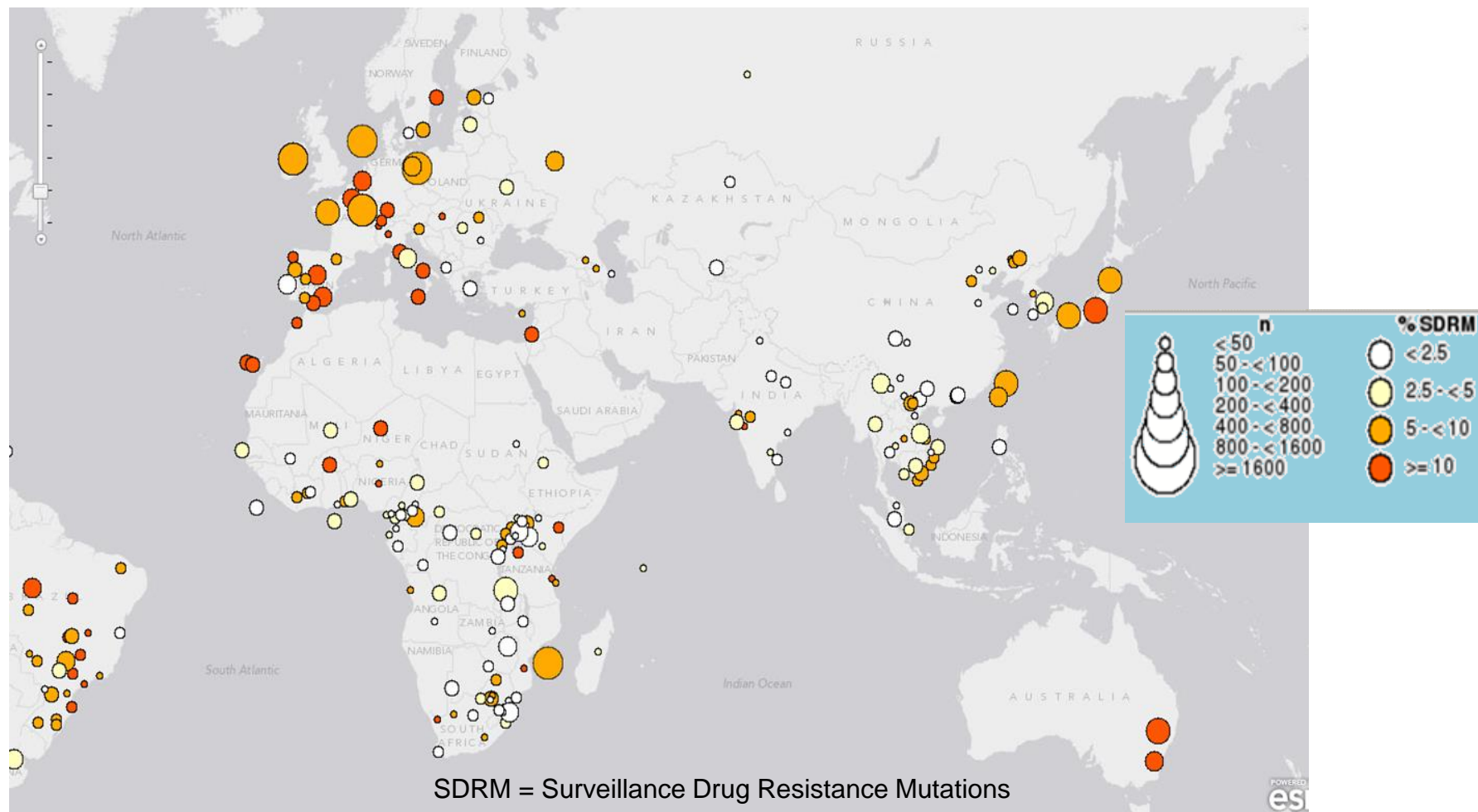


— People receiving ART
— New HIV infections

— People receiving ART
— New HIV infections



HIV-1 drug resistance in ARV-naïve populations

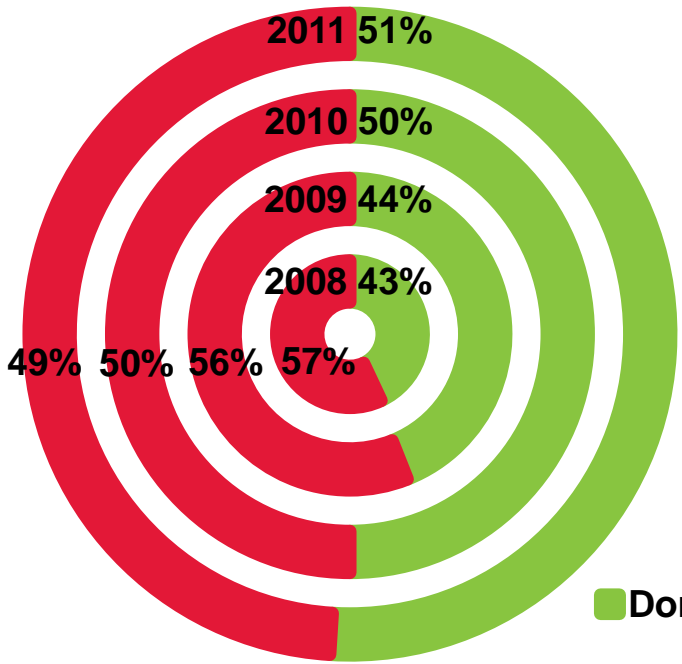


As ART coverage continues to grow, there is evidence of drug resistance emerging

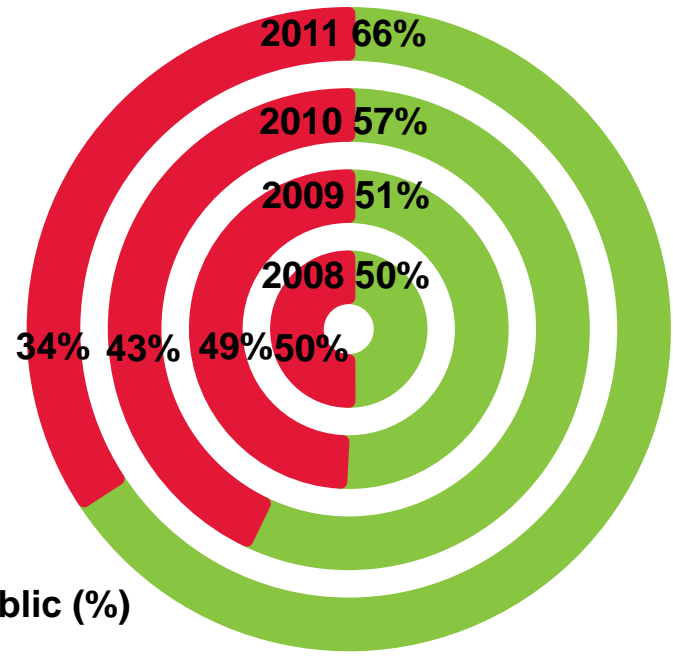
Financing AIDS response

Trends in domestic public and international AIDS spending, global and the Asia and the Pacific

Global



Asia and the Pacific

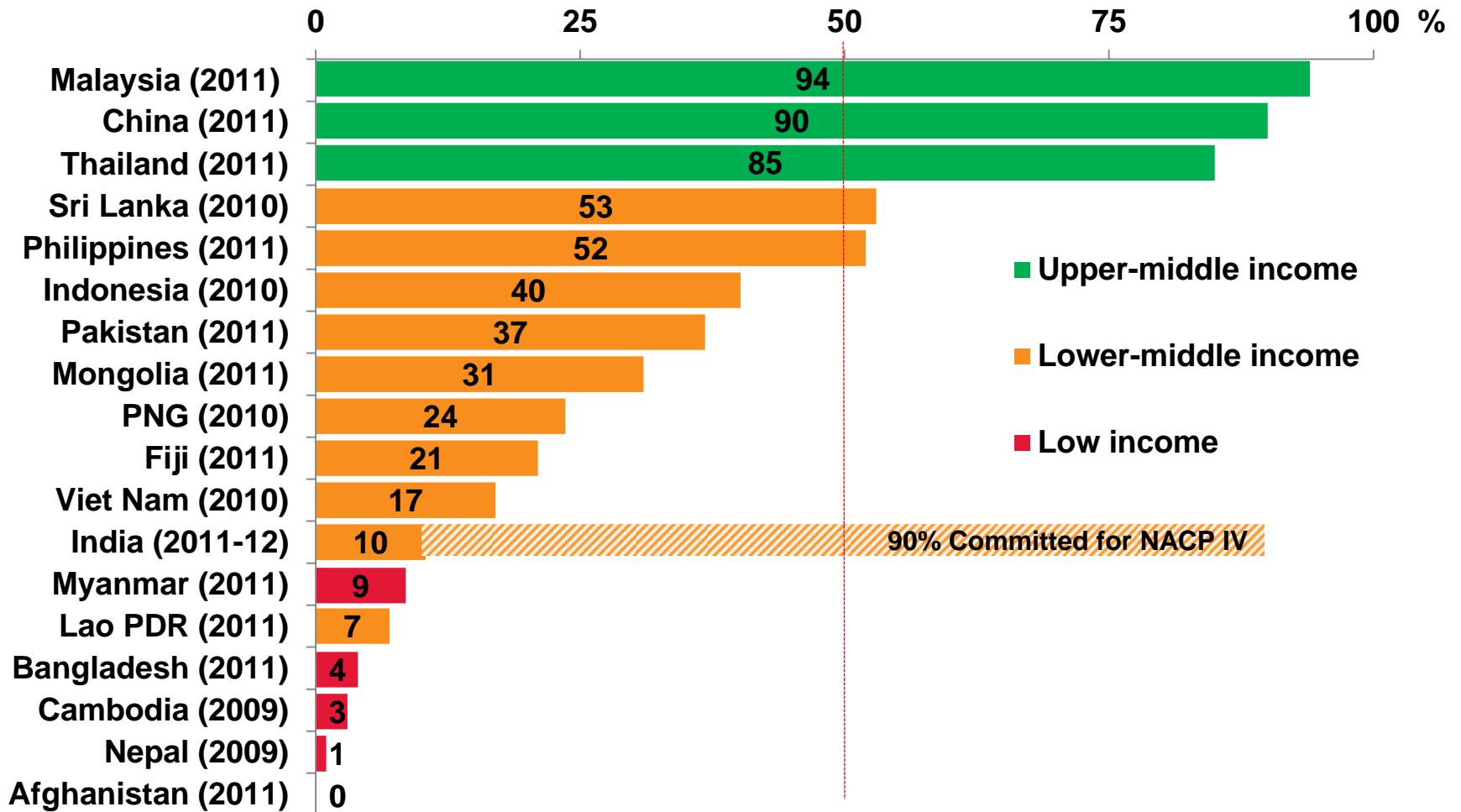


■ Domestic public (%)
■ International (%)

Decreasing dependence on external aid

Source: Prepared by www.aidsdatahub.org based on 1) UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012.; 2) www.aidsinfoonline.org

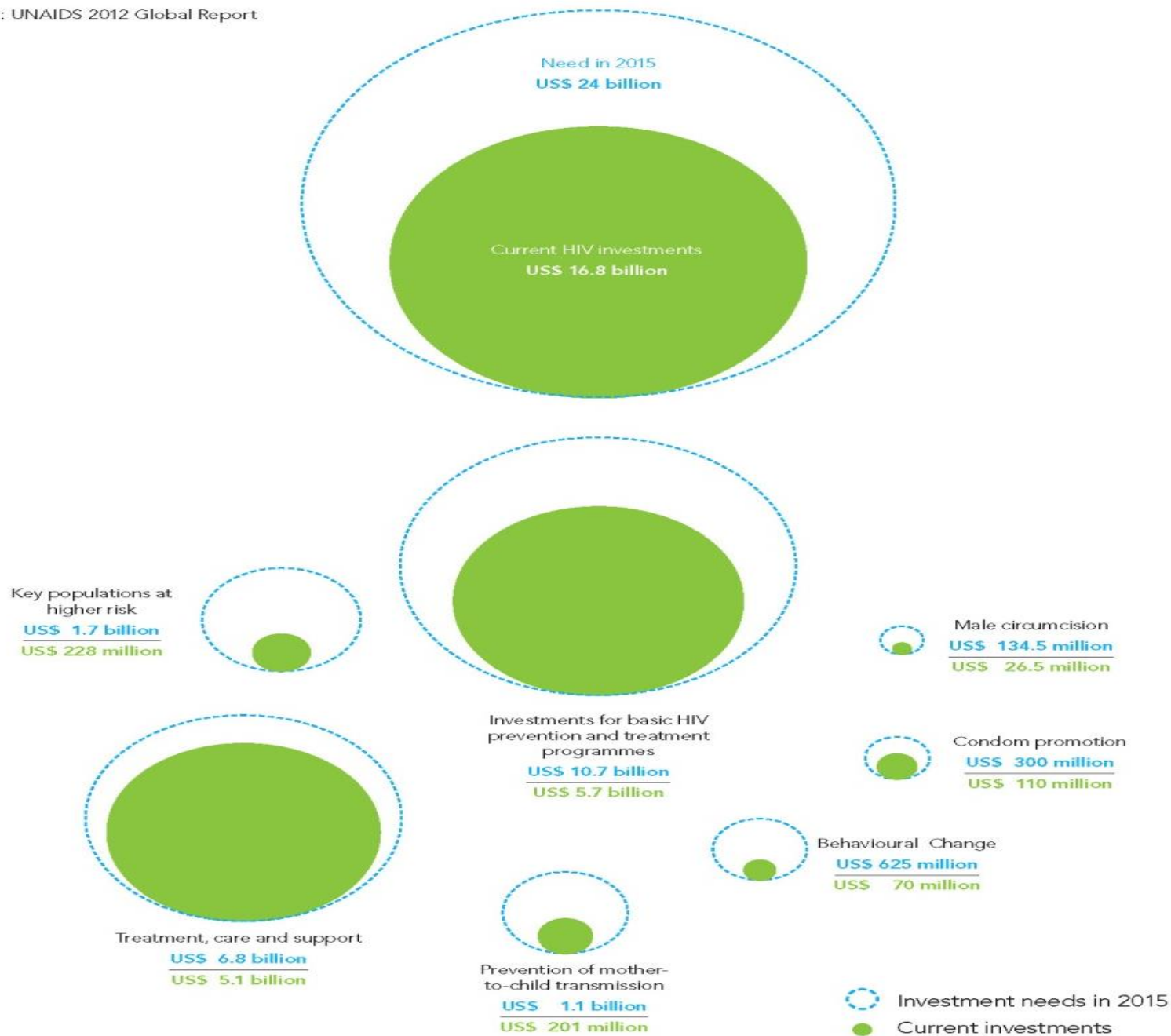
HIV expenditure from domestic sources, Asia and the Pacific



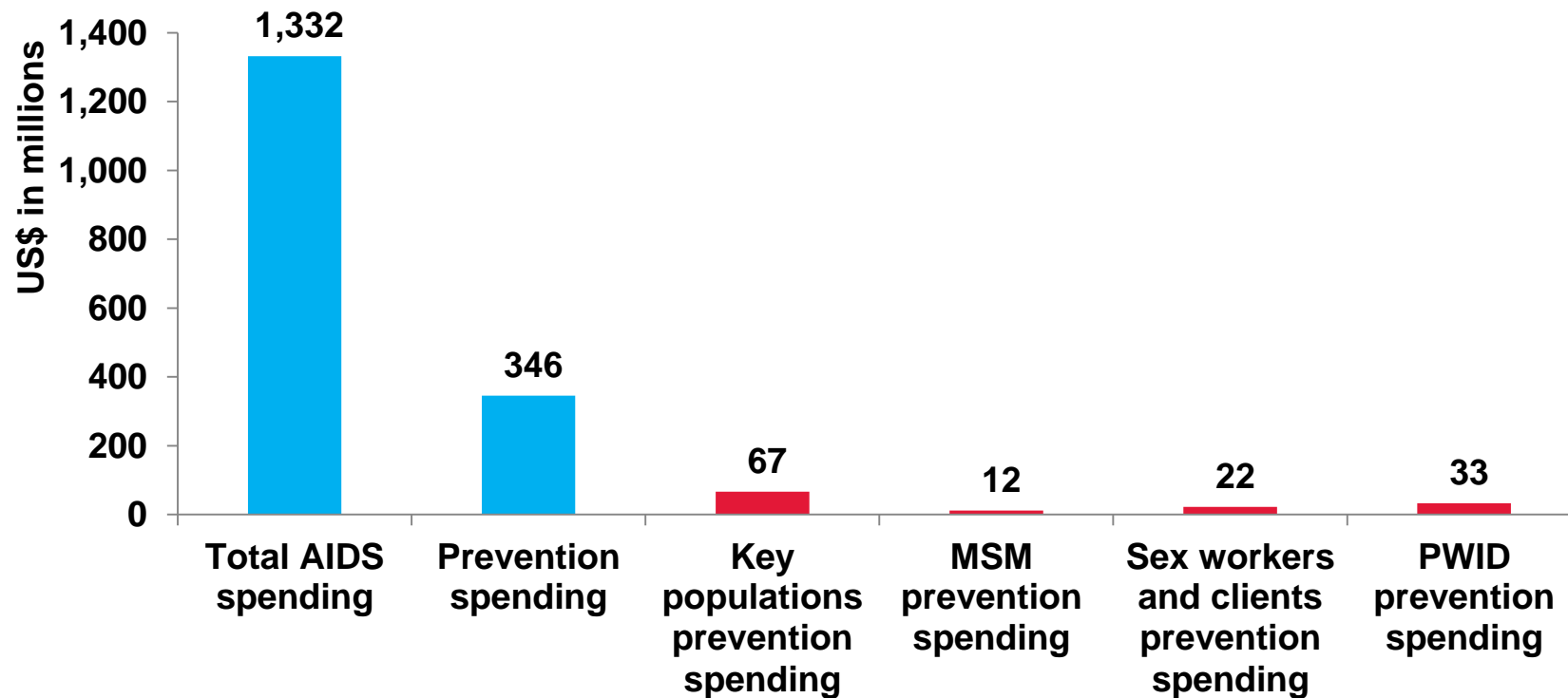
Investing in AIDS: Shared responsibility in Asia and the Pacific

Resources needed for HIV in low- and middle-income countries in 2015

Source: UNAIDS 2012 Global Report



Total AIDS spending and amount spent on key populations prevention programmes



AIDS spending in Asia and the Pacific – low on High Impact Prevention

Legal environment

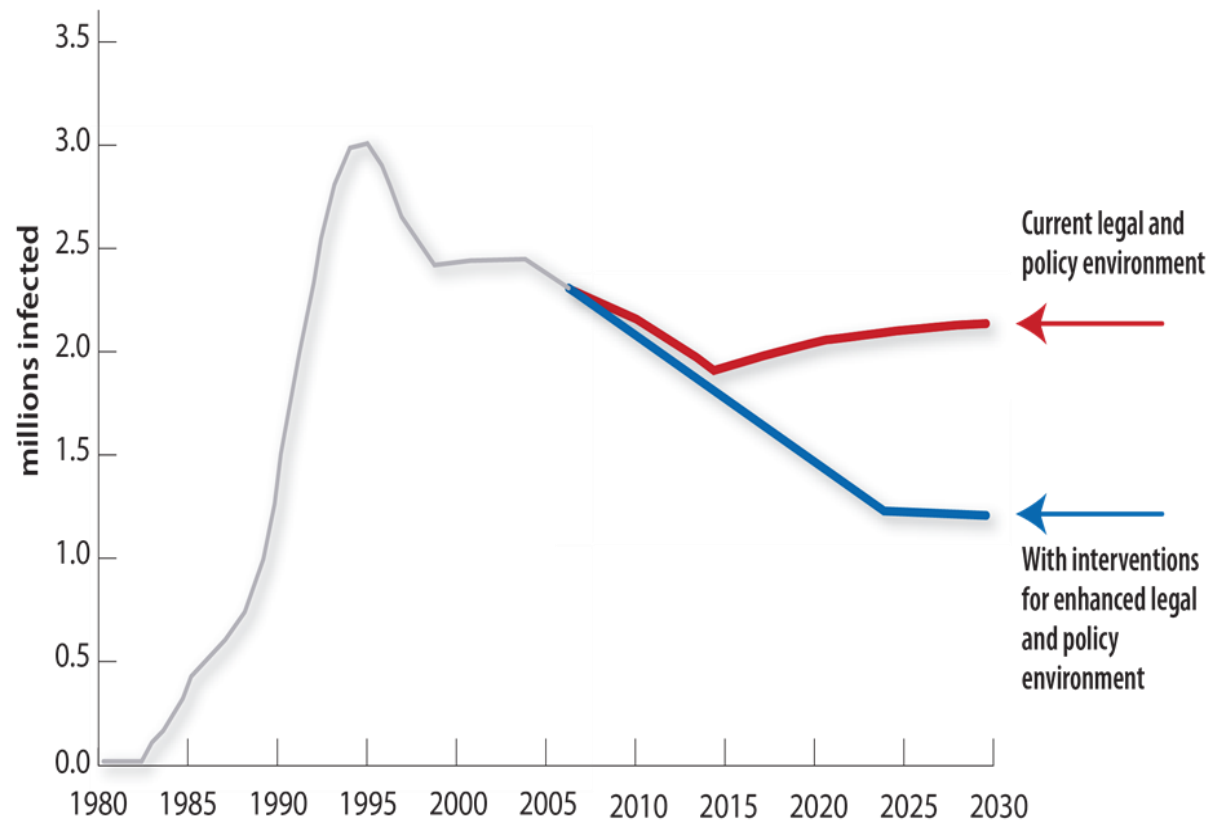
Adverse legal environment - Why the law matters?

WHY THE LAW MATTERS

Annual number of new HIV infections among adults aged 15–49

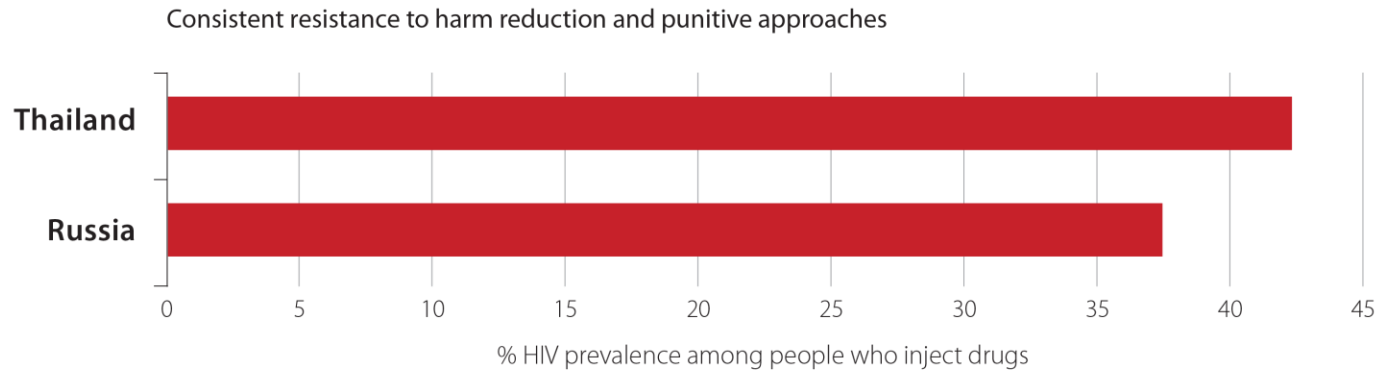
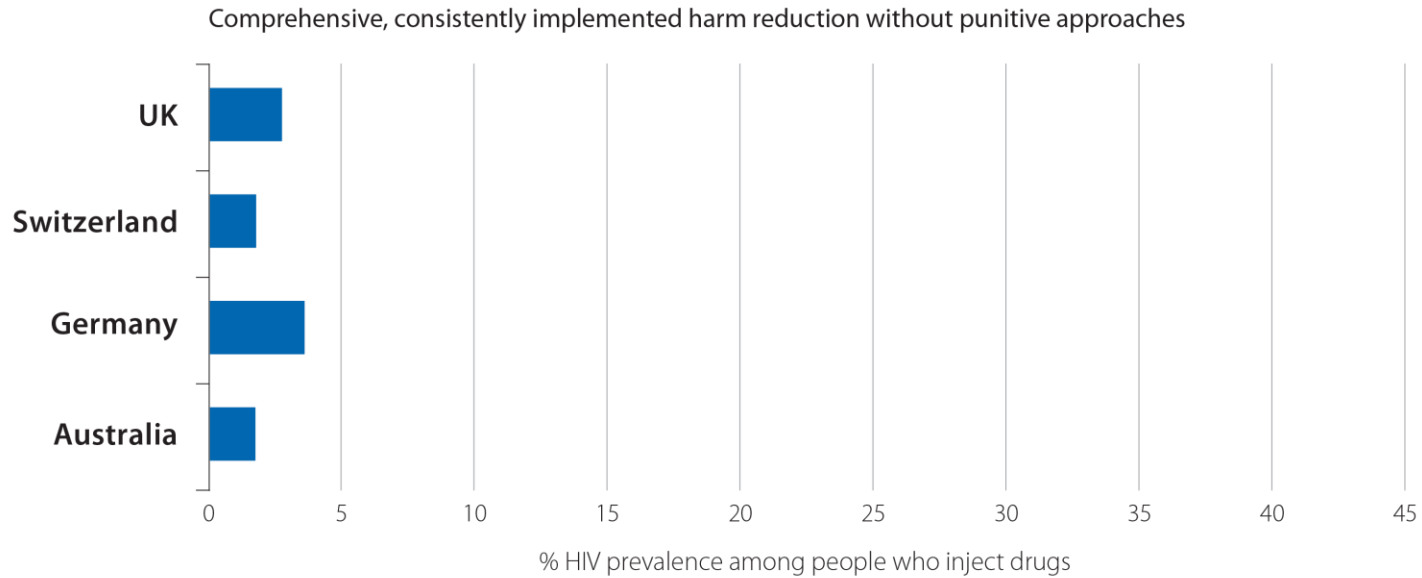
- historical trend
- current trend
- structural change*

* change to legal and policy environment



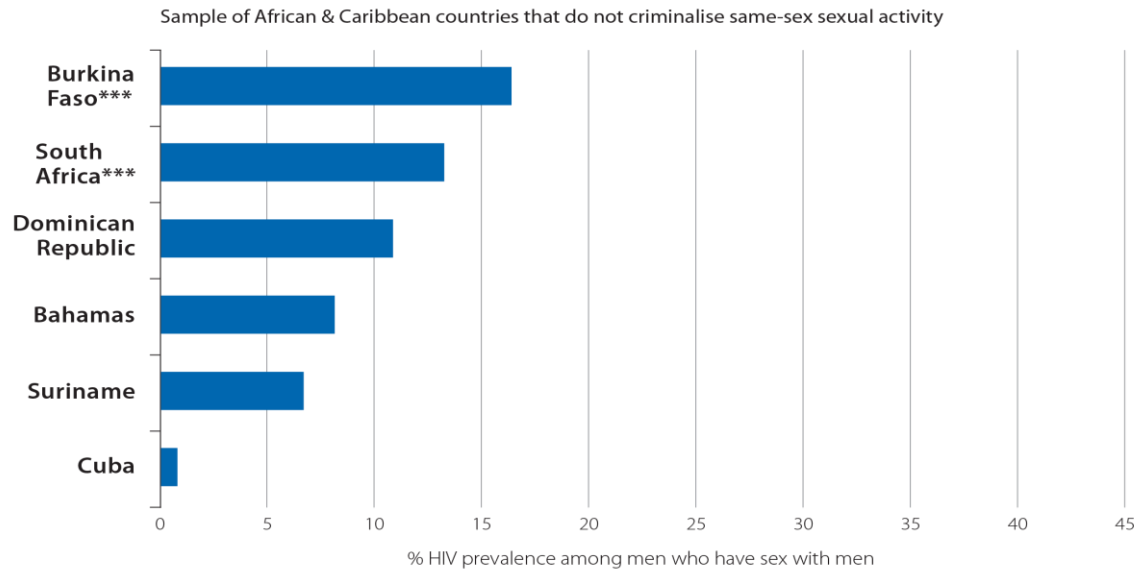
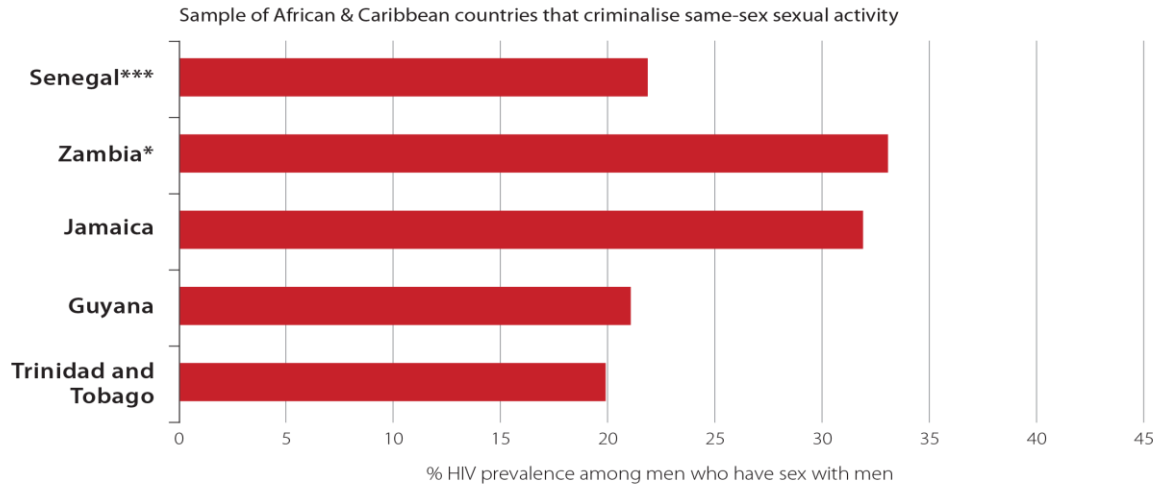
Source: Results for Development Institute, Costs & Choices: Financing the Long-Term Fight Against AIDS, An aids2031 Project, 2010.

MITIGATING THE HARM



Sources: War on Drugs, Report of the Global Commission on Drug Policy, 2011; Mathers B et al., for the 2007 Reference Group to the UN on HIV and Injecting Drug Use: Global epidemiology of injecting drug use and HIV among people who inject drugs: A systematic review. The Lancet, Volume 372, Issue 9651, 2008; Mathers B et al., HIV prevention, treatment and care for people who inject drugs: A systematic review of global, regional and country level coverage. The Lancet, Volume 375, Issue 9719, 2010.

MEN WHO HAVE SEX WITH MEN, LAW & HIV



Note: Estimated prevalence for Jamaica ranges from 25–30%.

Sources: * Data from Smith, Adrian D. et al., Men who have sex with men and HIV/AIDS in sub-Saharan Africa, Lancet, 2009.

** Data based on Baral, S. et al. A Systematic Review of HIV epidemiology and risk factors among MSM in Sub-Saharan Africa 2000–2008, International AIDS Conference, Mexico City, 2008.

*** Data based on the UNGASS Reports.

Adapted from UNAIDS Report on the global AIDS epidemic 2008 and UNAIDS Progress Report towards Universal Access to HIV Prevention, Treatment, Care and Support in the Caribbean.

HIV/AIDS in post 2015 development agenda

Millennium Development Goal 6: Global progress by region, 2012

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goals and Targets	Africa		Asia				Oceania	Latin America & Caribbean	Caucasus & Central Asia
	Northern	Sub-Saharan	Eastern	South-Eastern	Southern	Western			
Halt and begin to reverse the spread of HIV/AIDS	Low incidence	High incidence	Low incidence	Low incidence	Low incidence	Low incidence	Low incidence	Low incidence	Low incidence
Halt and reverse the spread of TB	Low mortality	High mortality	Low mortality	Moderate mortality	Moderate mortality	Low mortality	High mortality	Low mortality	Moderate mortality

The progress chart operates on two levels. The word in each box indicate the present degree of compliance with the target. The colours show progress towards the target according to the legend below:

- Target already met or expected to be met by 2015.
- Progress insufficient to reach the target if prevailing trends persist.
- No progress or deterioration.

Status of progress towards MDG targets in Asia and the Pacific, 2010-11

Country	MDG Goal 6		
	HIV prevalence	TB incidence	TB prevalence
Asia and the Pacific	●	●	●
Cambodia	●	●	●
China		●	●
India	●	▲	▼
Indonesia	▼	▲	●
Lao PDR	▼	▼	●
Malaysia	●	●	●
Myanmar	●	▲	●
Nepal	●	▲	▼
Pakistan	▼	▲	●
Philippines	▲	●	●
Thailand	●	▲	●
Viet Nam	●	●	●

● Early achiever

▲ On track

■ Slow

▼ Regressing/No progress

Post 2015 development agenda

- **UNSG's High Level Panel of Eminent Persons**
- **Rio + 20 Conference on Sustainable Development**
- **Task Team for Global Thematic Consultation on Health**

Is HIV/AIDS a priority ?

HLP report - Proposed new health MDGs: Post 2015

- 4a. End preventable infant and under-5 deaths,
- 4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated
- 4c. Decrease the maternal mortality ratio to no more than x per 100,000
- 4d. Ensure universal sexual and reproductive health and rights
- 4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases

MDG on AIDS 2015 and 2030

Millennium Development Goal of 2015	Post 2015
Goal 6: Combat HIV/AIDS, malaria and other diseases	4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and priority non-communicable diseases
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	

- **Country support in UN General Assembly for a specific MDG for ending AIDS by 2030.**
- **Donors and UN agencies need to support the call to end AIDS by 2030.**
- **Civil society pressure crucial**

Global response to HIV/AIDS is delicately balanced.

We need to firmly tilt it towards the goal of elimination.

Thank you