



# Getting to zero HIV new infections in Asia and the Pacific region: Possible or impossible dream?

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Director

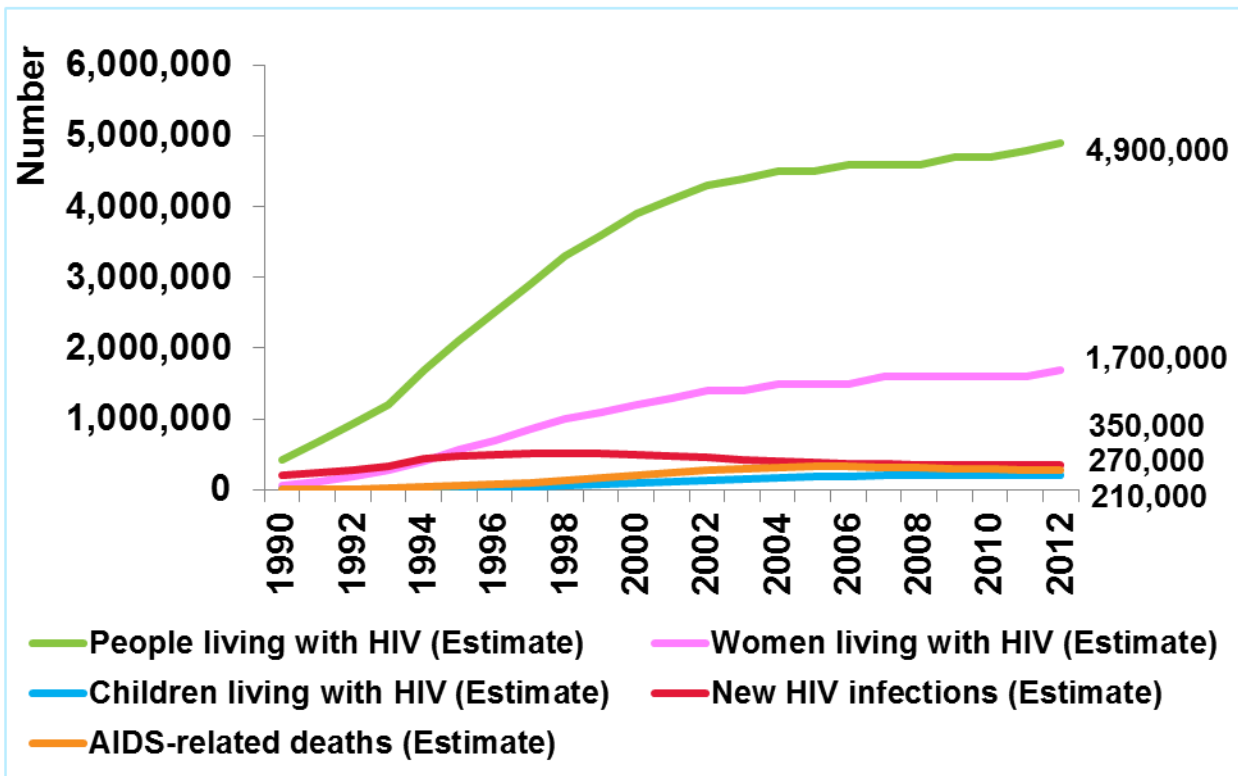
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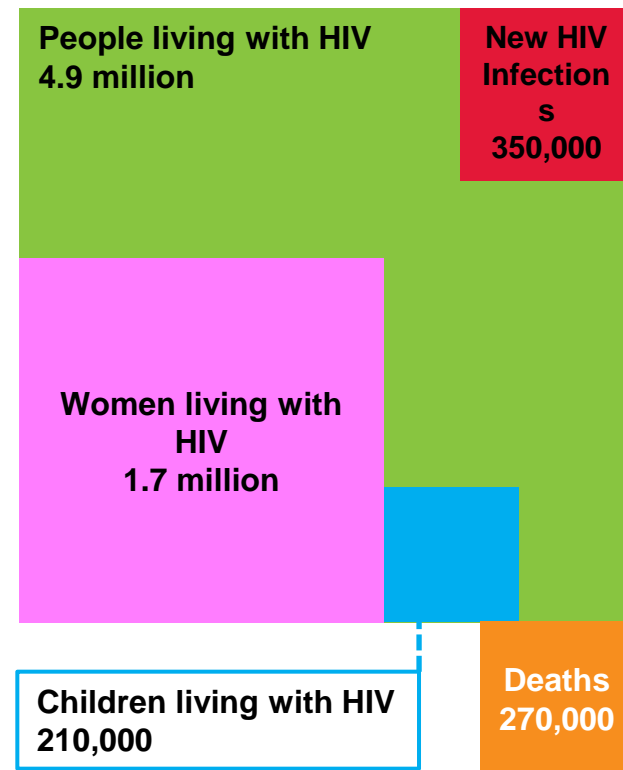
Director, Global Health  
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FHI 360

# A regional overview of trends in HIV infections and AIDS deaths

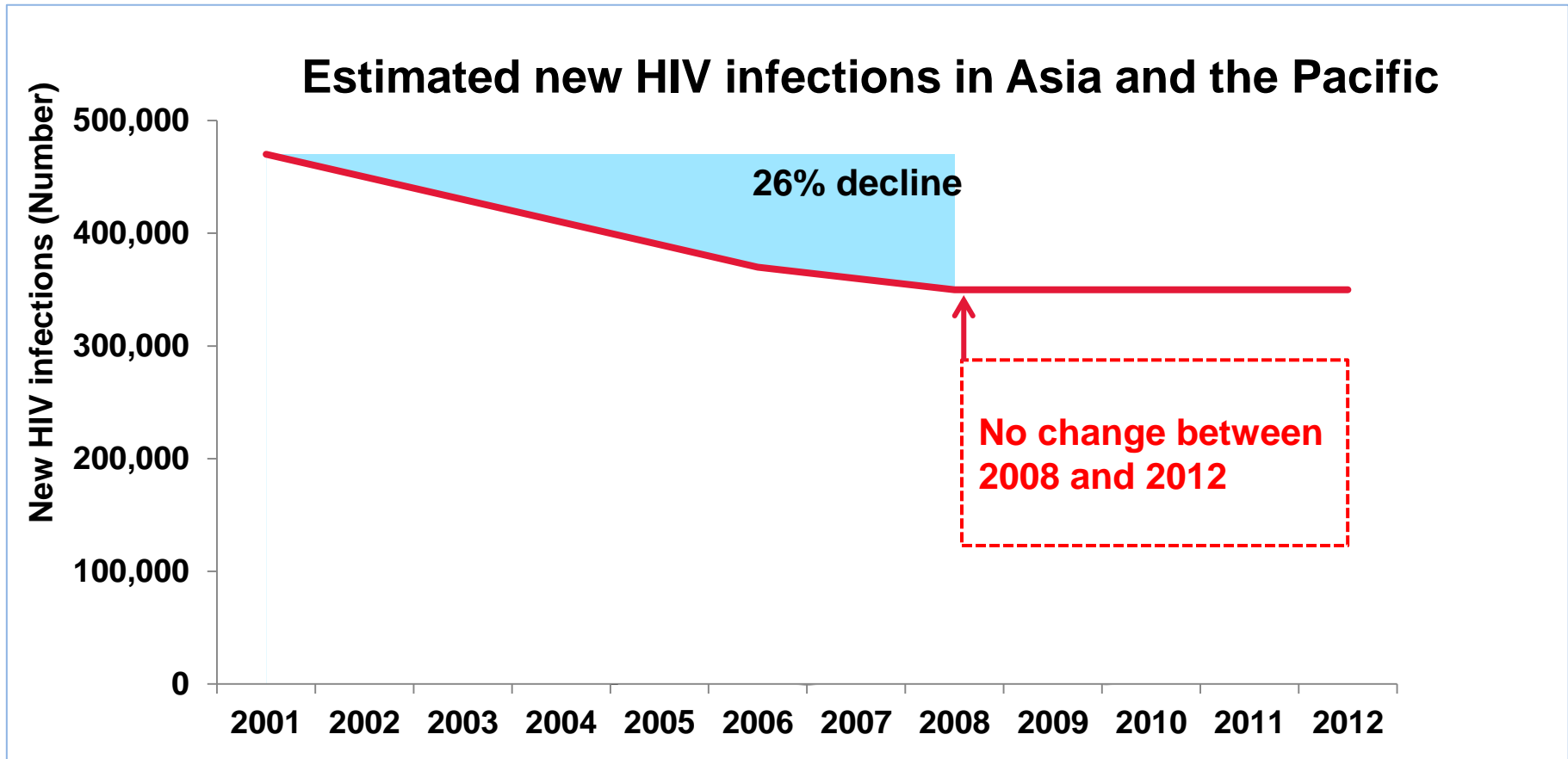
## HIV and AIDS in Asia and the Pacific 1990-2012



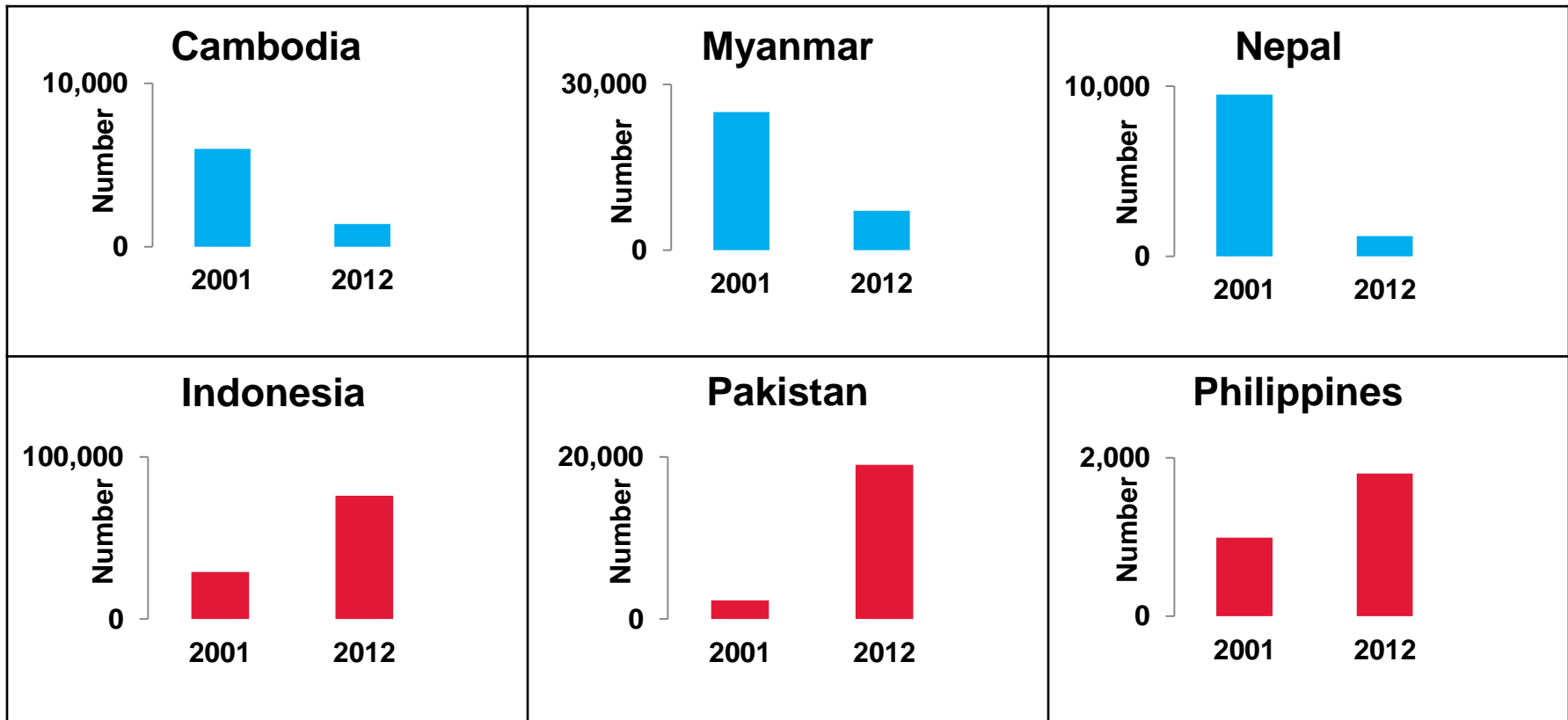
### 2012 “zoom-in”




# The number of estimated new HIV infections in the region have stayed the same since 2008






















# Mixed progress : Declining and rising new infections across countries in the region



# Countries that account for more than 90% PLHIV and new infections, and have more than 5% national HIV prevalence in key populations

 = Yes

	People living with HIV (2012)	New HIV infections (2012)	National HIV prevalence > 5 % among MSM	National HIV prevalence > 5% among PWID	National HIV prevalence > 5% among FSW
India*	2,100,000	130,000			
Indonesia	610,000	76,000			
China*	780,000	48,000			
Pakistan	87,000	19,000			
Viet Nam	260,000	13,000			
Thailand	440,000	9,000			
Malaysia	82,000	7,400			
Myanmar	200,000	7,100			
Philippines	15,000	1,800			
Cambodia	76,000	1,400			
Nepal	49,000	1,200			
Papua New Guinea	25,000	<1000			

\* 2011 estimates



# National prevalence masks certain high prevalence geographical areas

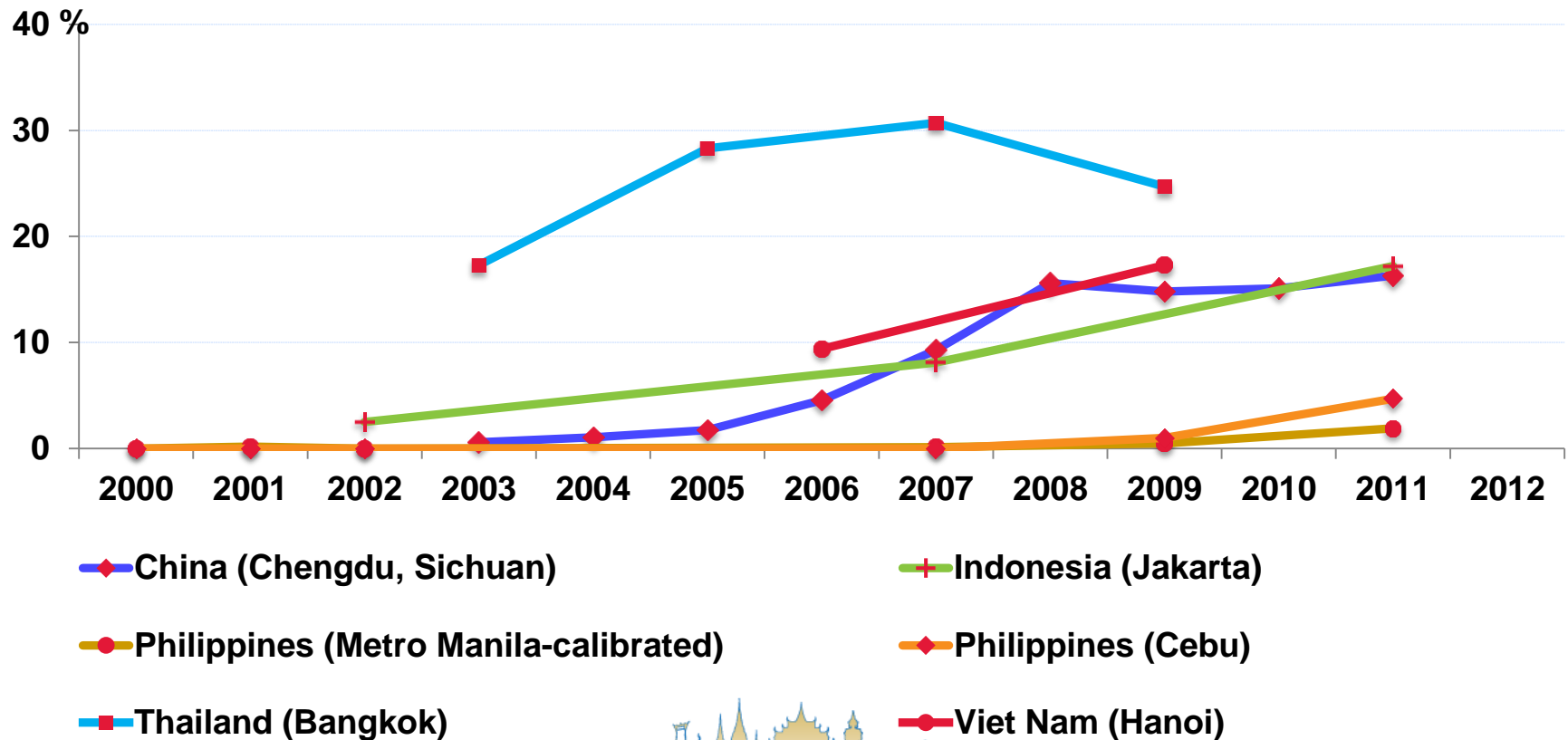


\*Direct FSW  
\*\*Indirect FSW



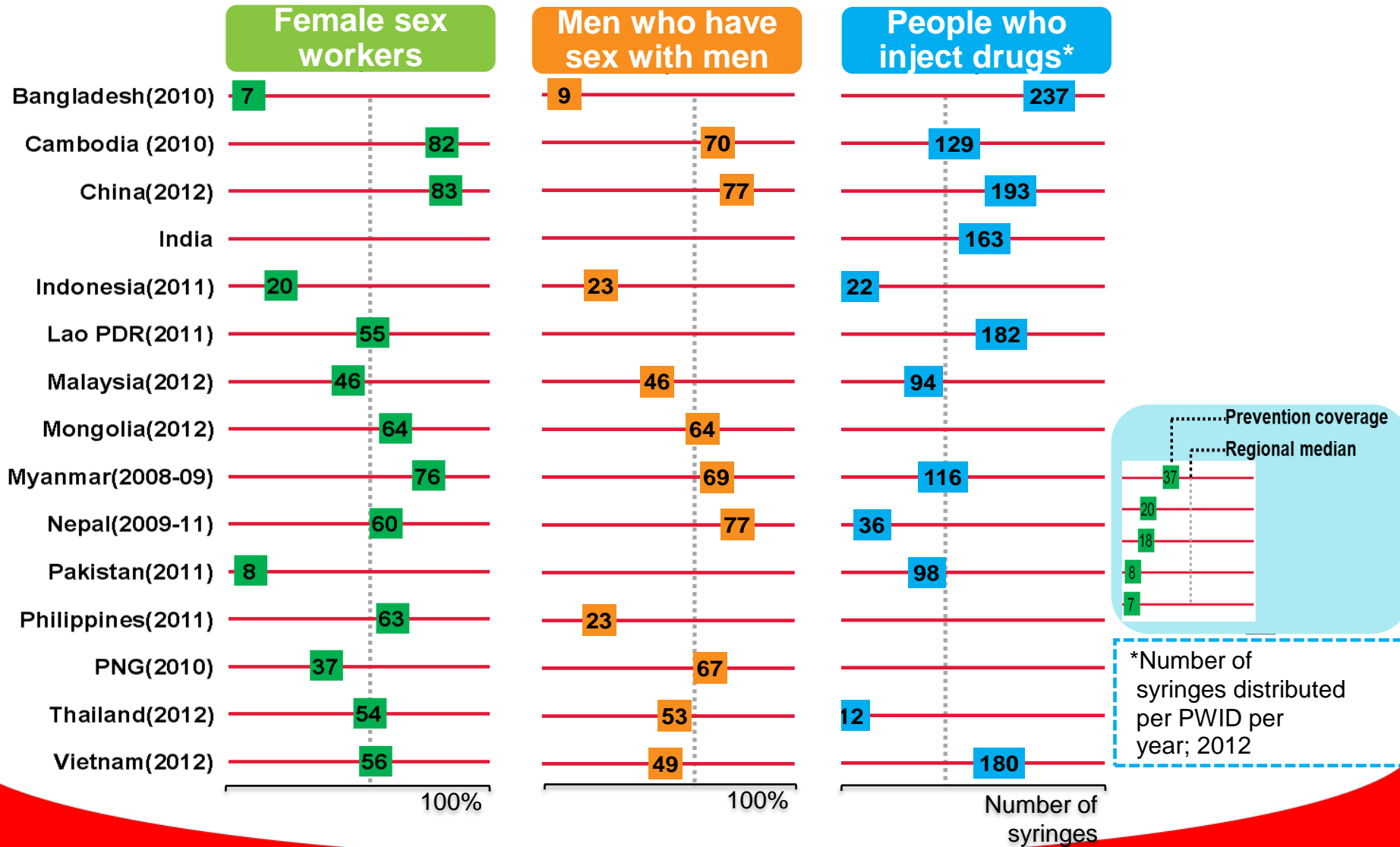
# HIV infections among MSM population are on the rise in cities through out the region

## HIV prevalence trend among MSM, 2000-2012



# Effective responses need to be scaled up

Do you know where to get HIV testing and did you receive a condom in the last 12 months?







# EVIDENCE-BASED INTERVENTIONS TO STOP HIV TRANSMISSION

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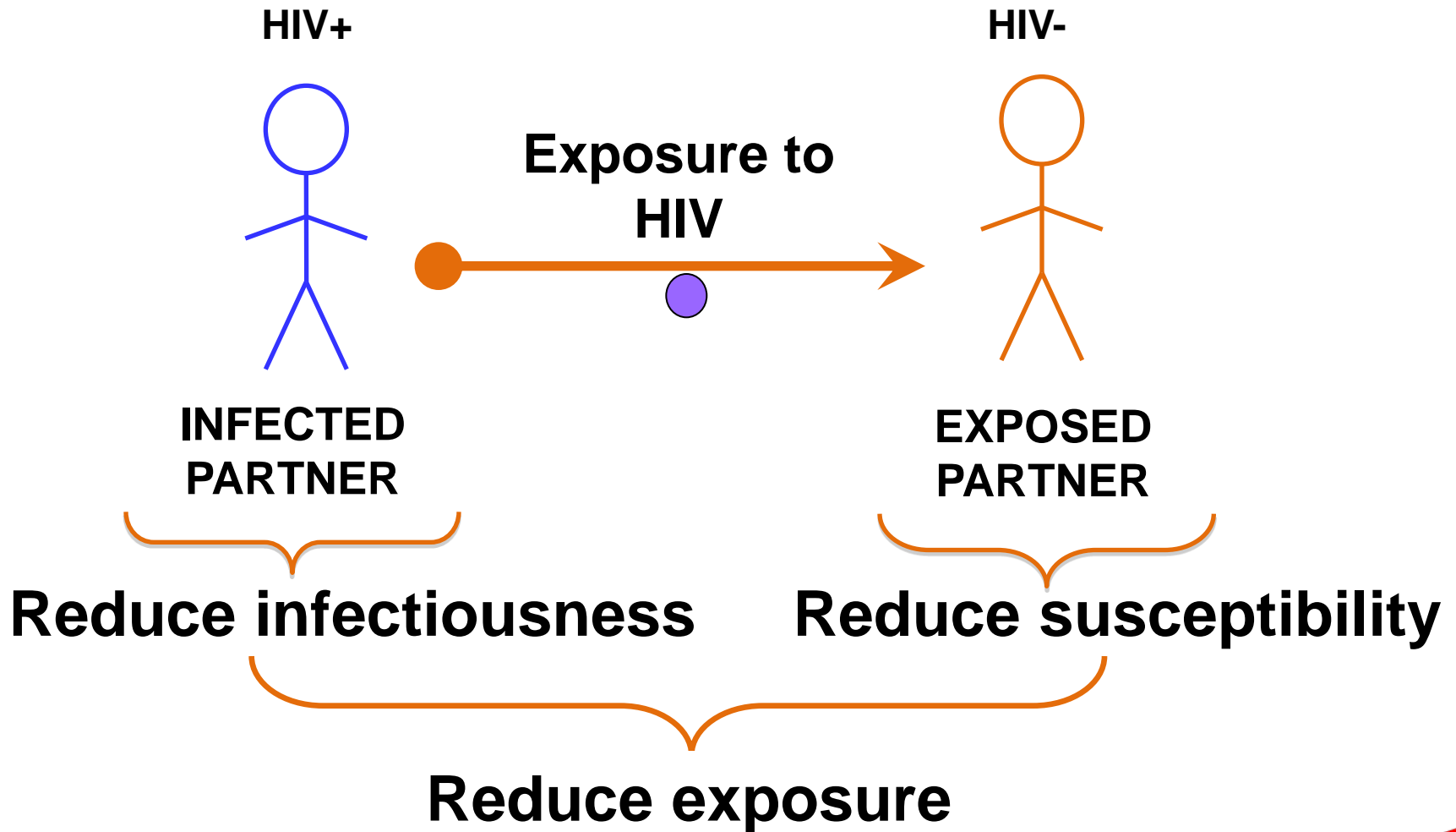
# The HIV Prevention Science Revolution

*We have scientifically proven prevention tools that can stop HIV transmission*

*We now need to learn how best to use them and commit to using them for all populations, especially the key populations affected in the Asia-Pacific region*

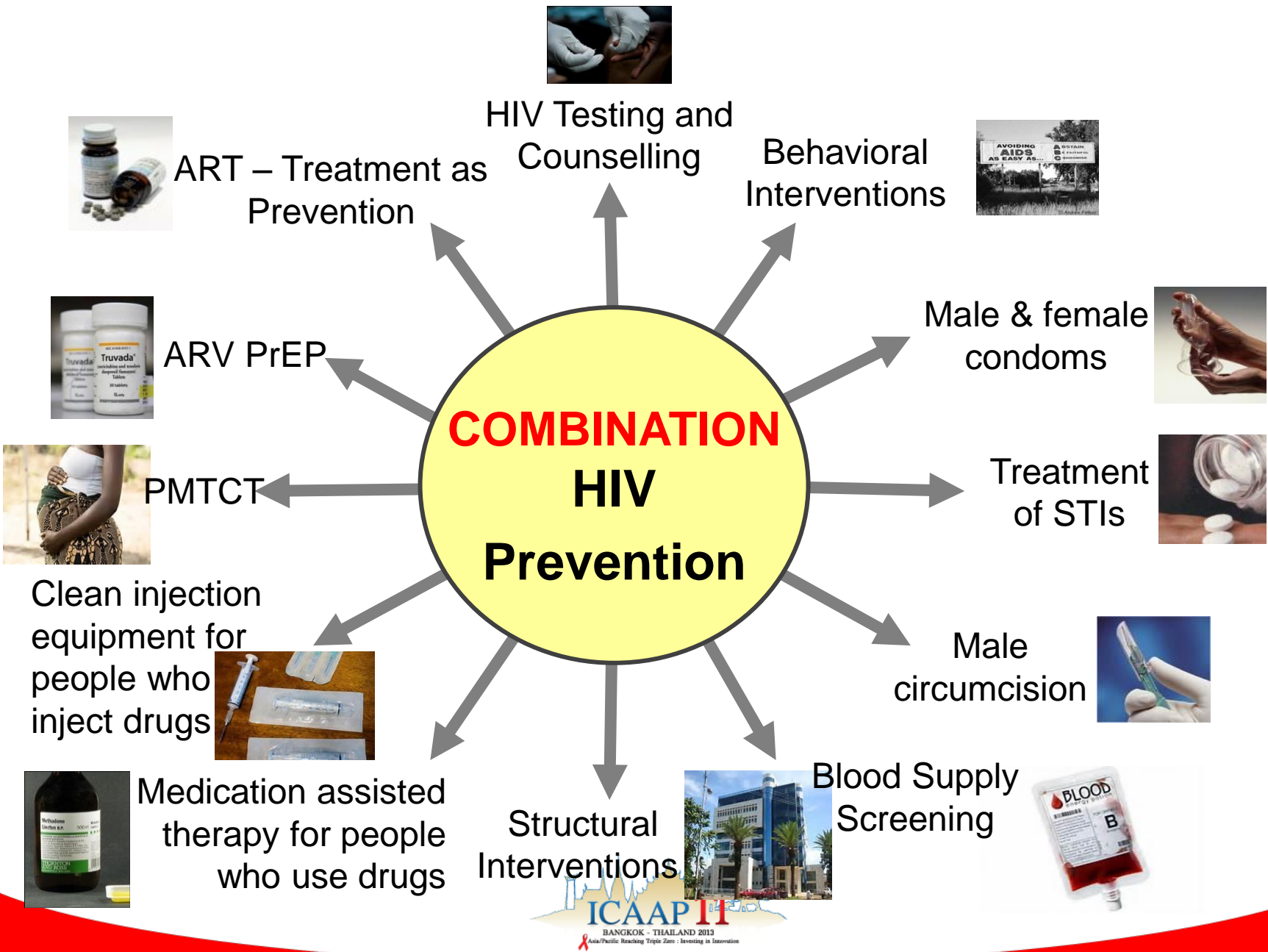


# Approaches to Reducing HIV Transmission

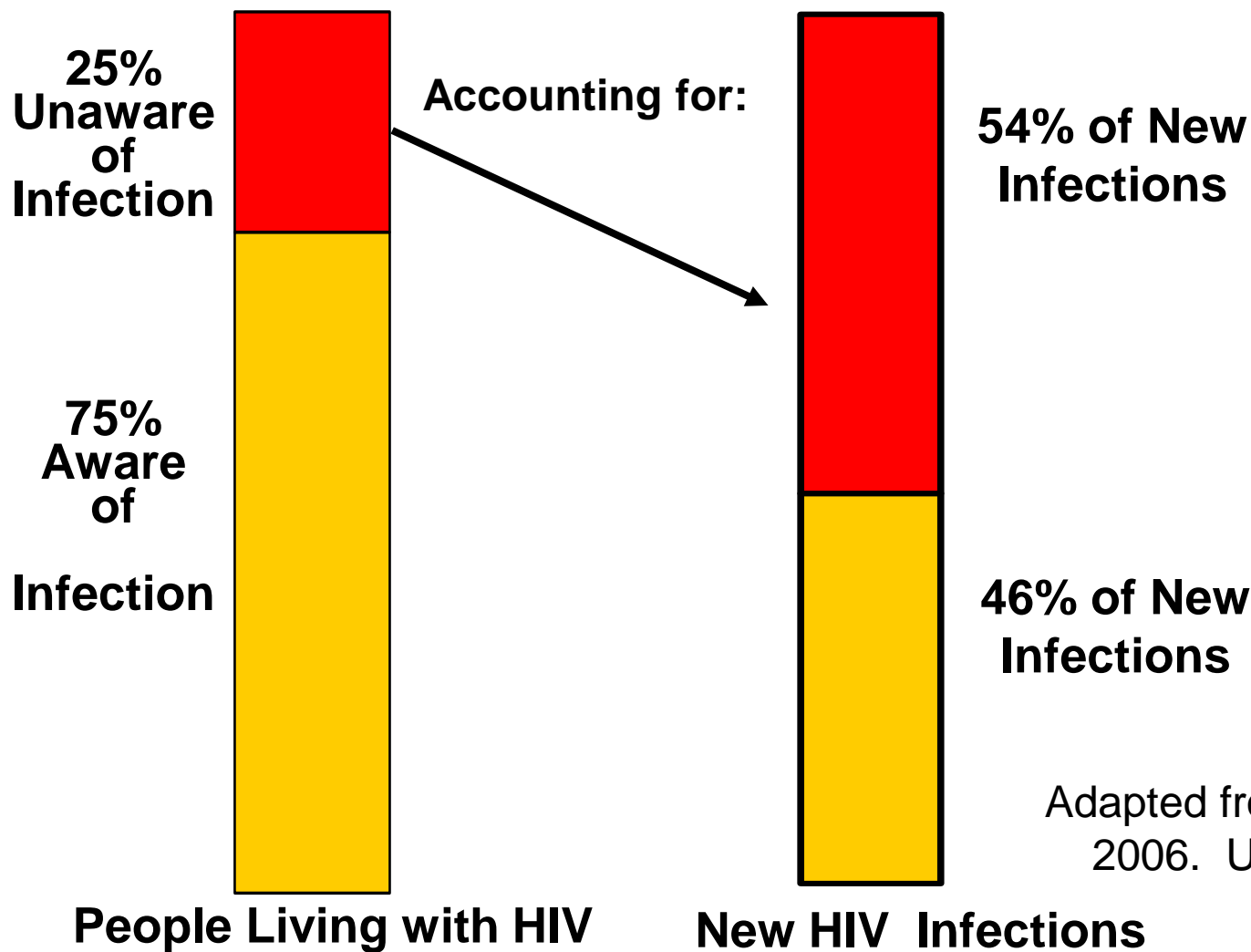


The most successful HIV prevention efforts have used a **COMBINATION** approach





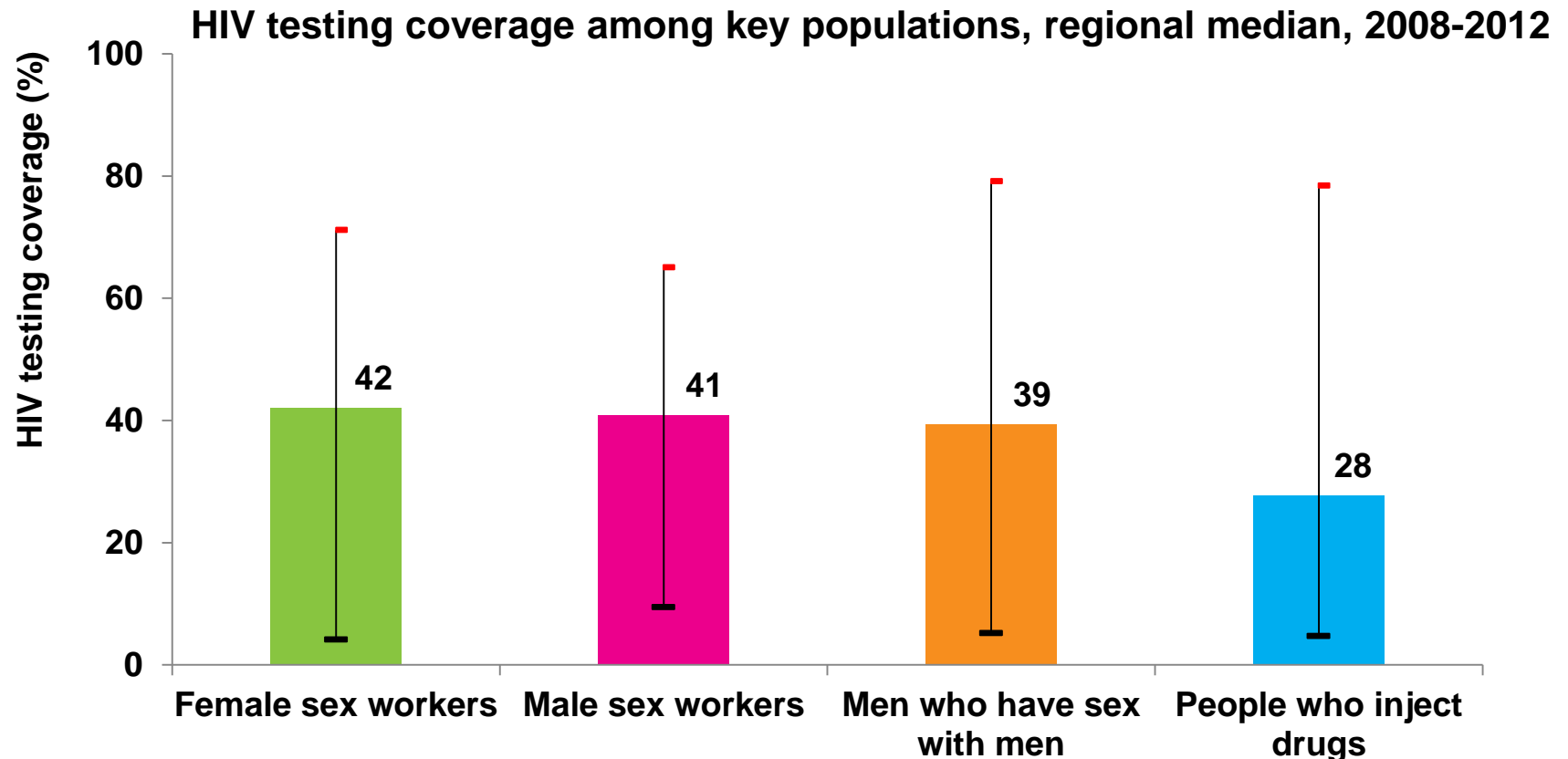
# Awareness of HIV Status is Central to HIV Prevention



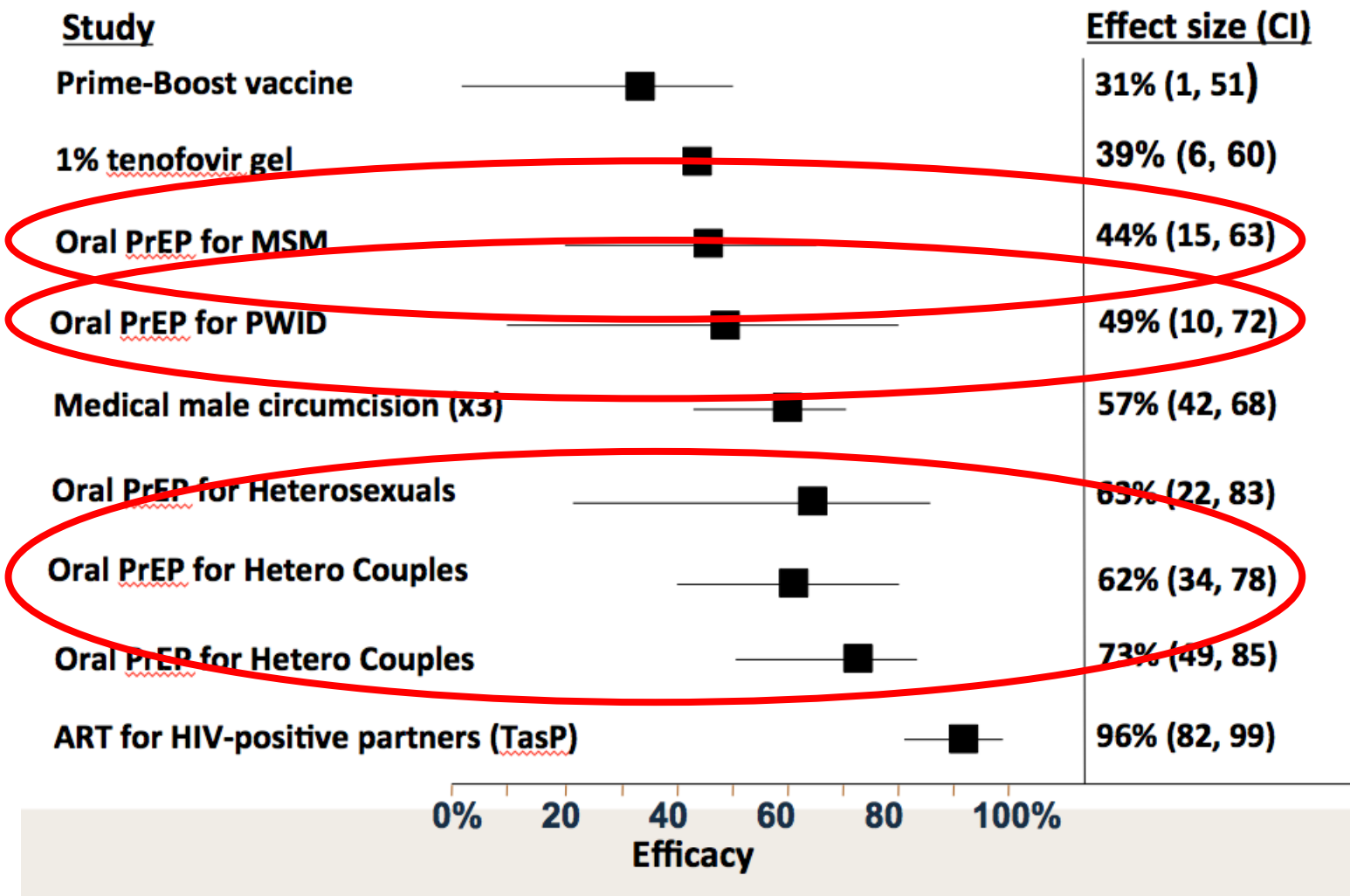
Adapted from Marks  
2006. US Data



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

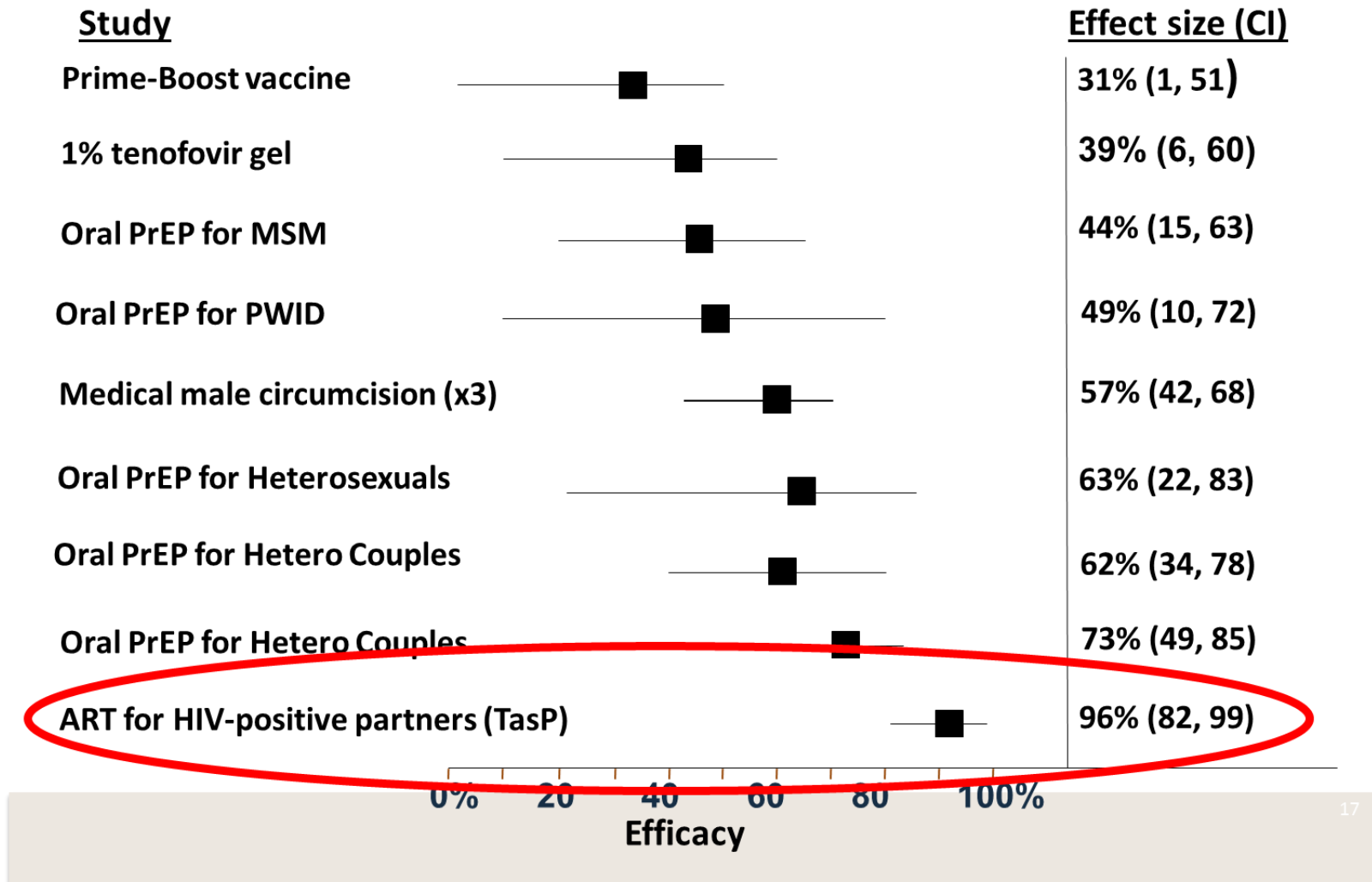


# Successful HIV Prevention Trials





# Successful HIV Prevention Trials



# HIV Suppression Stops Transmission

**96%**

**HPTN 052: If an HIV-infected person adheres to ART, the risk of transmitting the virus is reduced by 96%**

**UNAIDS 2011 *AIDS at 30*  
SMARTER , FASTER , BETTER CAMPAIGN**

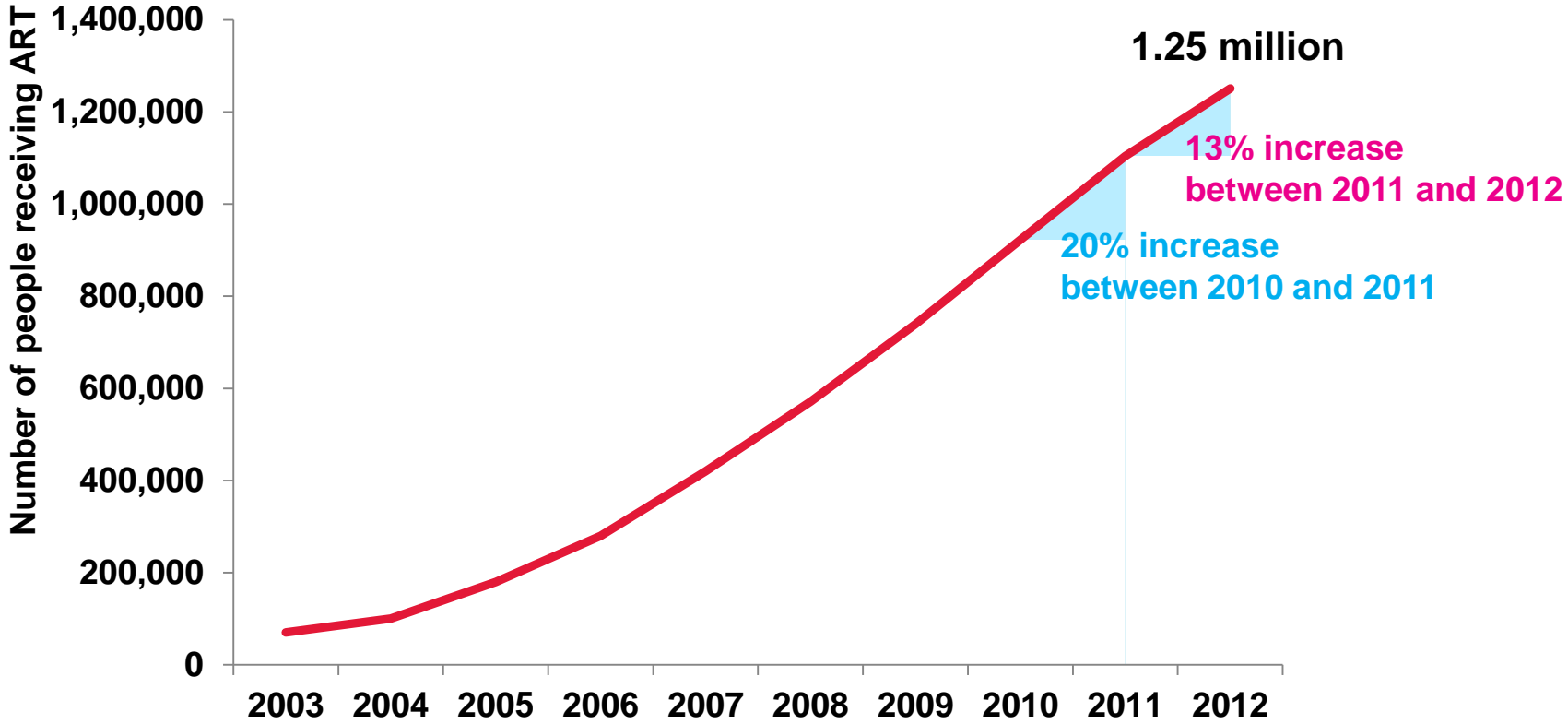
***“HPTN 052  
is a game  
changer”***

Michel Sidibe,  
Executive  
Director of  
UNAIDS



# Treatment has expanded: 1.25 million people now receiving antiretroviral therapy –but the pace of scale-up is slowing

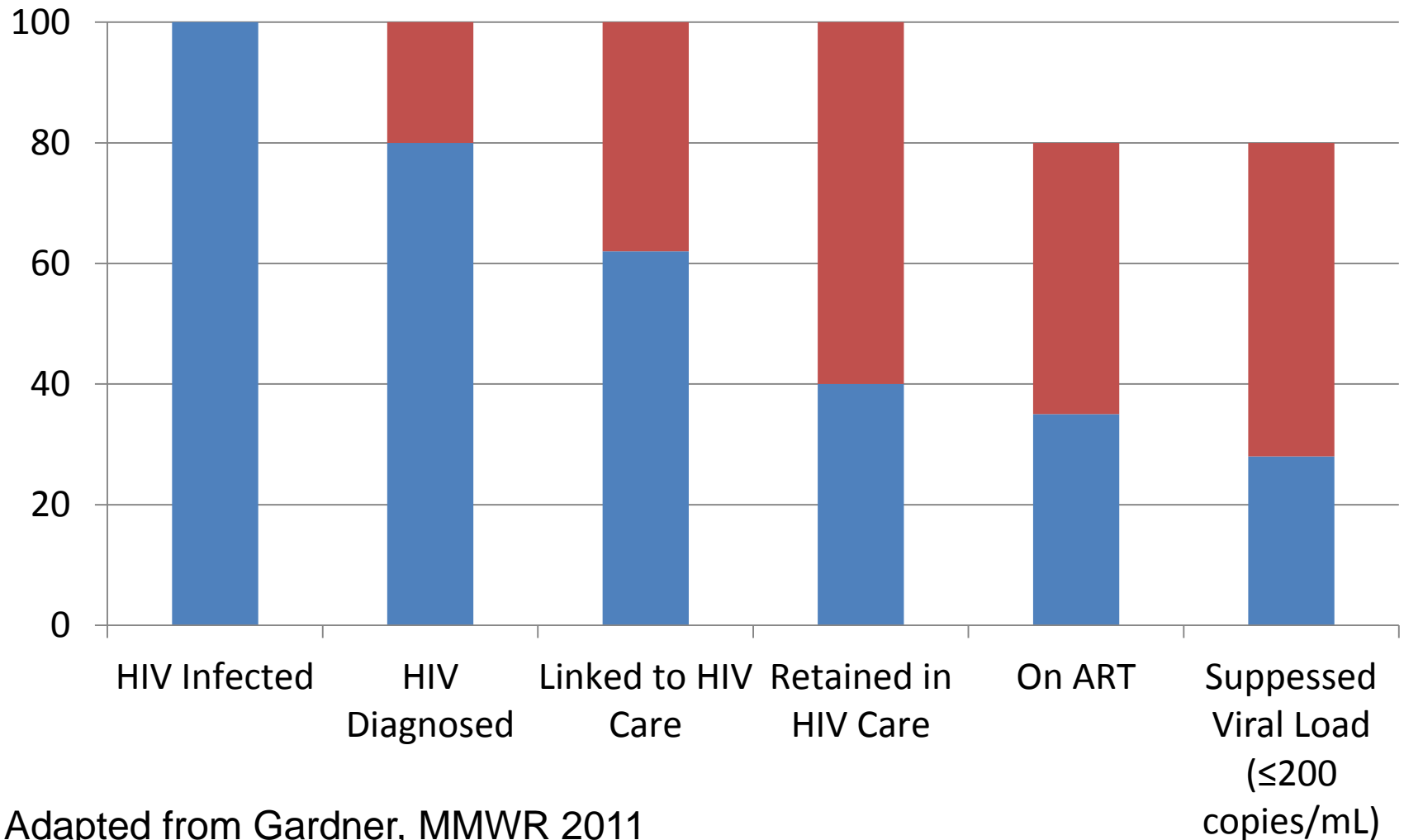
## Number of people receiving ART in Asia and the Pacific, 2003-2012



# Coverage of services – the “cascade”



# The Cascade of HIV Care & Treatment

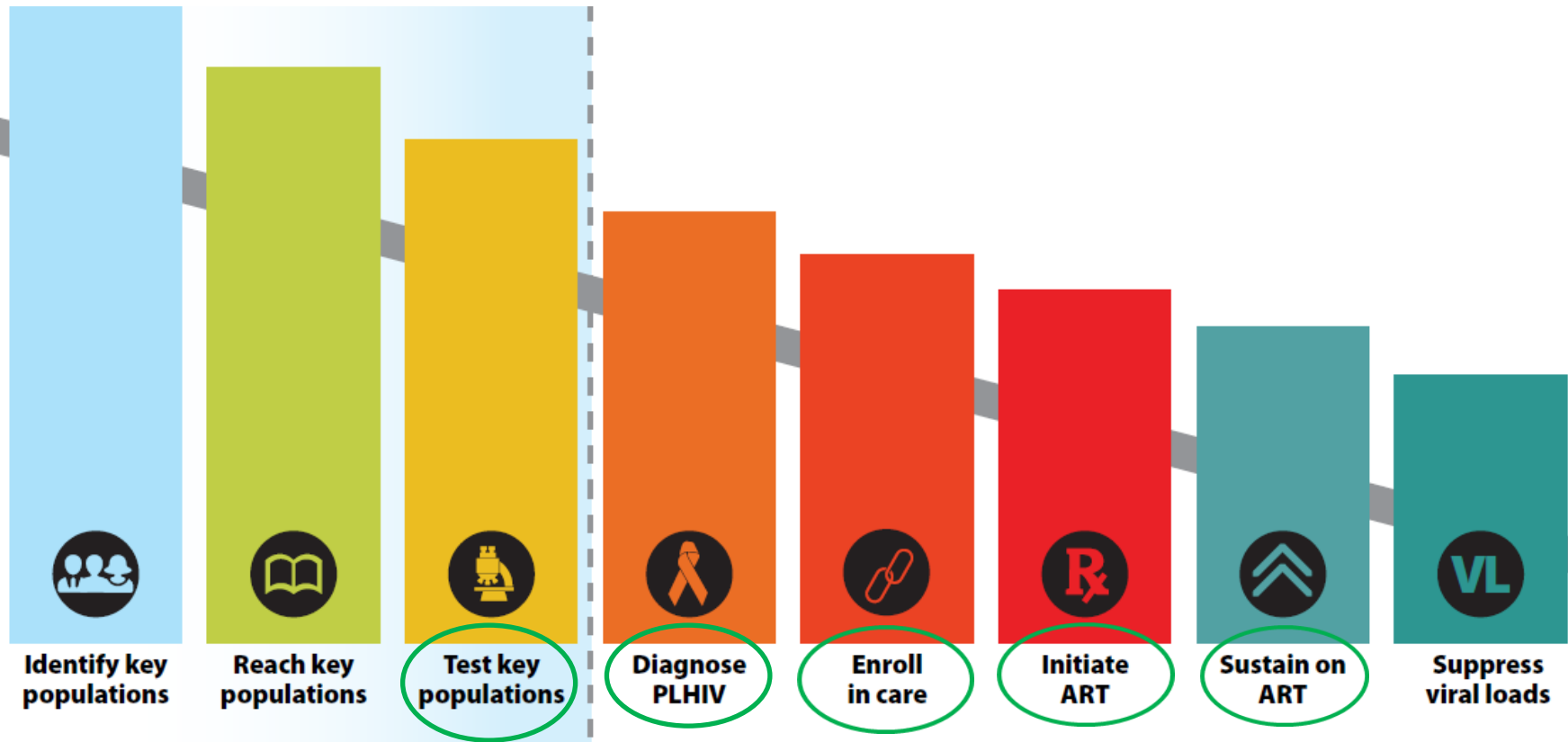


# What's Needed to Stop HIV Transmission in Asia/Pacific?

- For men-who-have-sex-with men (MSM)?
- For people who inject drugs (PWID)?
- For people with heterosexual risk, including sex workers and their clients?



# The Prevention Cascade Framework



- Extension of life
- Reduce transmission



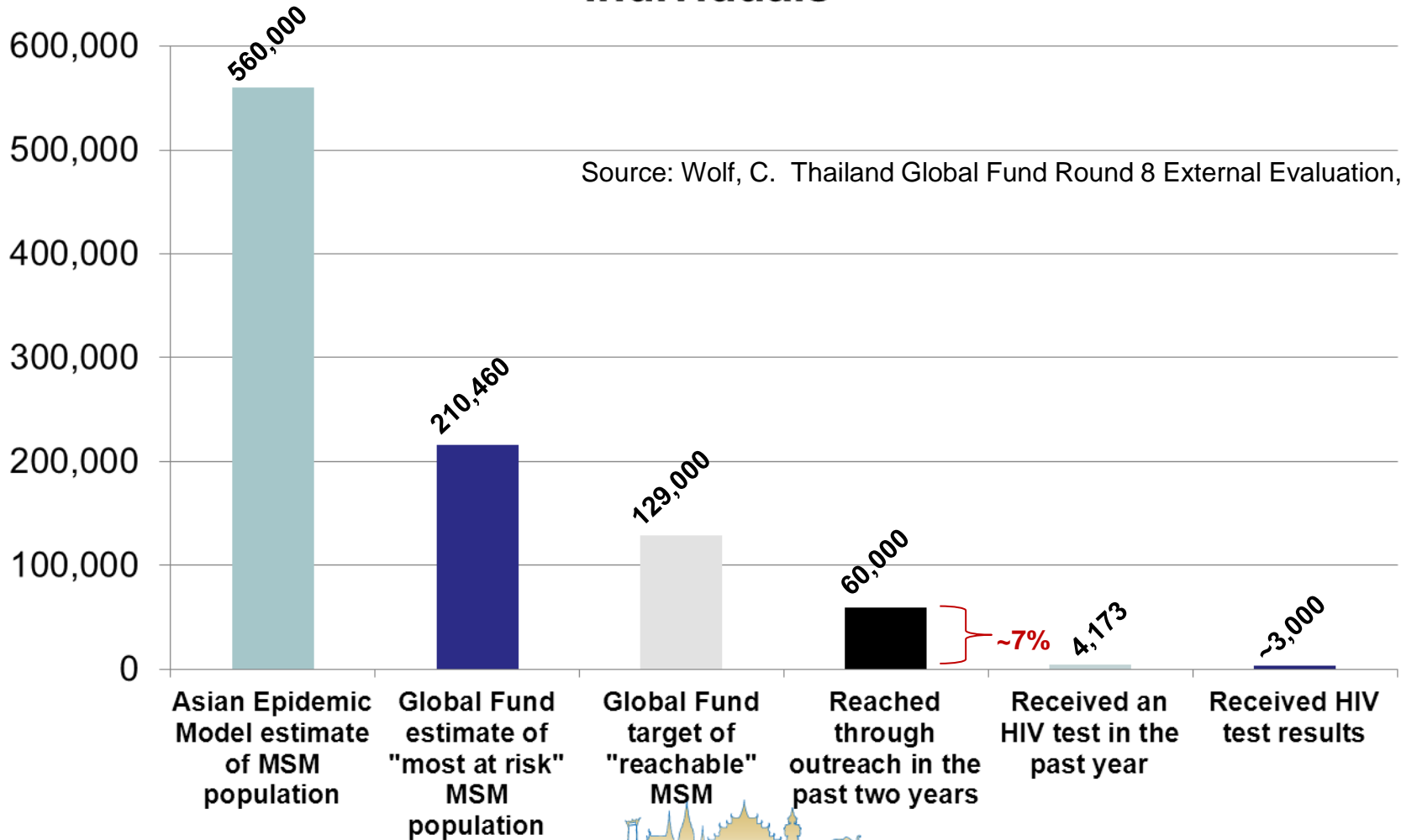
# Men who have Sex with Men





# Prevention Coverage of MSM in Thailand

## Individuals



# HIV Prevention for MSM

- A COMBINATION approach emphasizing:



Outreach and HIV testing & counseling



Linkage to appropriate prevention and care services



Condom use



Treatment as prevention



PrEP for some MSM

- *The not-so-new needed focus: MSM websites and apps, e.g. GRINDR*



# People who Inject Drugs



# HIV Prevention for PWID

- A COMBINATION approach emphasizing:



Harm reduction - clean injection equipment – does NOT increase drug use



Outreach and HIV testing & counseling



Linkage to appropriate prevention and care services



Medication assisted therapy (opioid substitution therapy) – does NOT increase drug use



Treatment as prevention

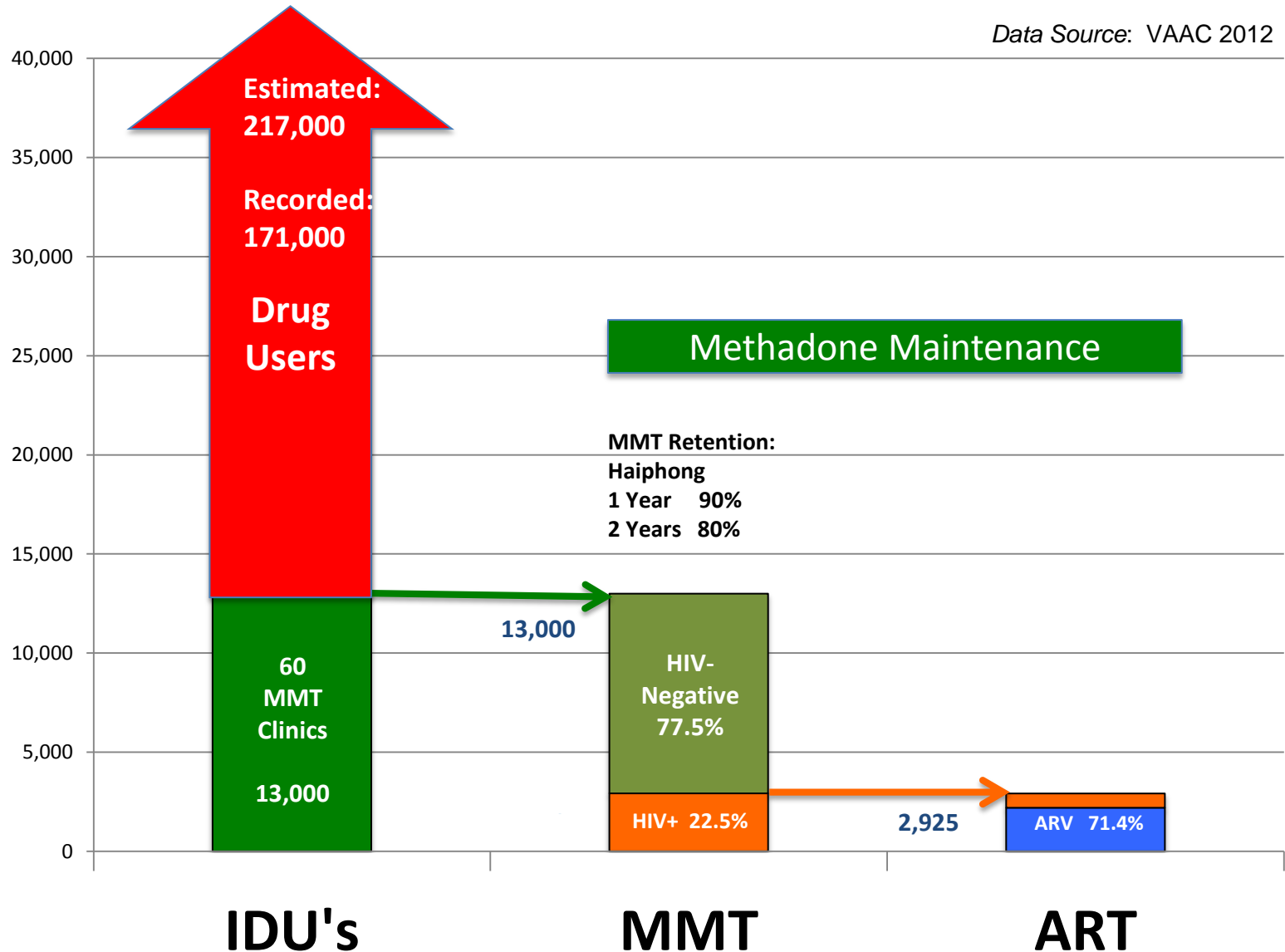


PrEP for some PWID



# MMT – HIV – ART Cascade

Data Source: VAAC 2012



# For People at Heterosexual Risk, including Sex Workers & their Clients



# HIV Prevention for Heterosexuals, including Sex Workers & Clients

- A COMBINATION approach emphasizing:



Outreach and HIV testing & counseling



Linkage to appropriate prevention and care services



Condom use



STI treatment



PrEP for some sex workers



# Moving Forward

## Implementation Science

**Moving from What We Know  
to  
What We Do**





# HIV Prevention in 2013

- We have powerful new tools in the toolkit, especially Treatment as Prevention
- We need to learn now best to use these new tools
- We need to commit to reach all key populations
- Adequate levels of coverage will be essential
- Ongoing studies and scale-up efforts will determine if we can achieve zero new HIV infections in Asia and Pacific





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# Legal and political challenges continue to impede the HIV response in the 38 UN Member States in Asia and the Pacific

- 11** impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status
- 37** criminalize some aspect of sex work
- 11** compulsory detention centres for people who use drugs
- 15** provide for the death penalty for drug-related offences
- 18** criminalize same-sex relations

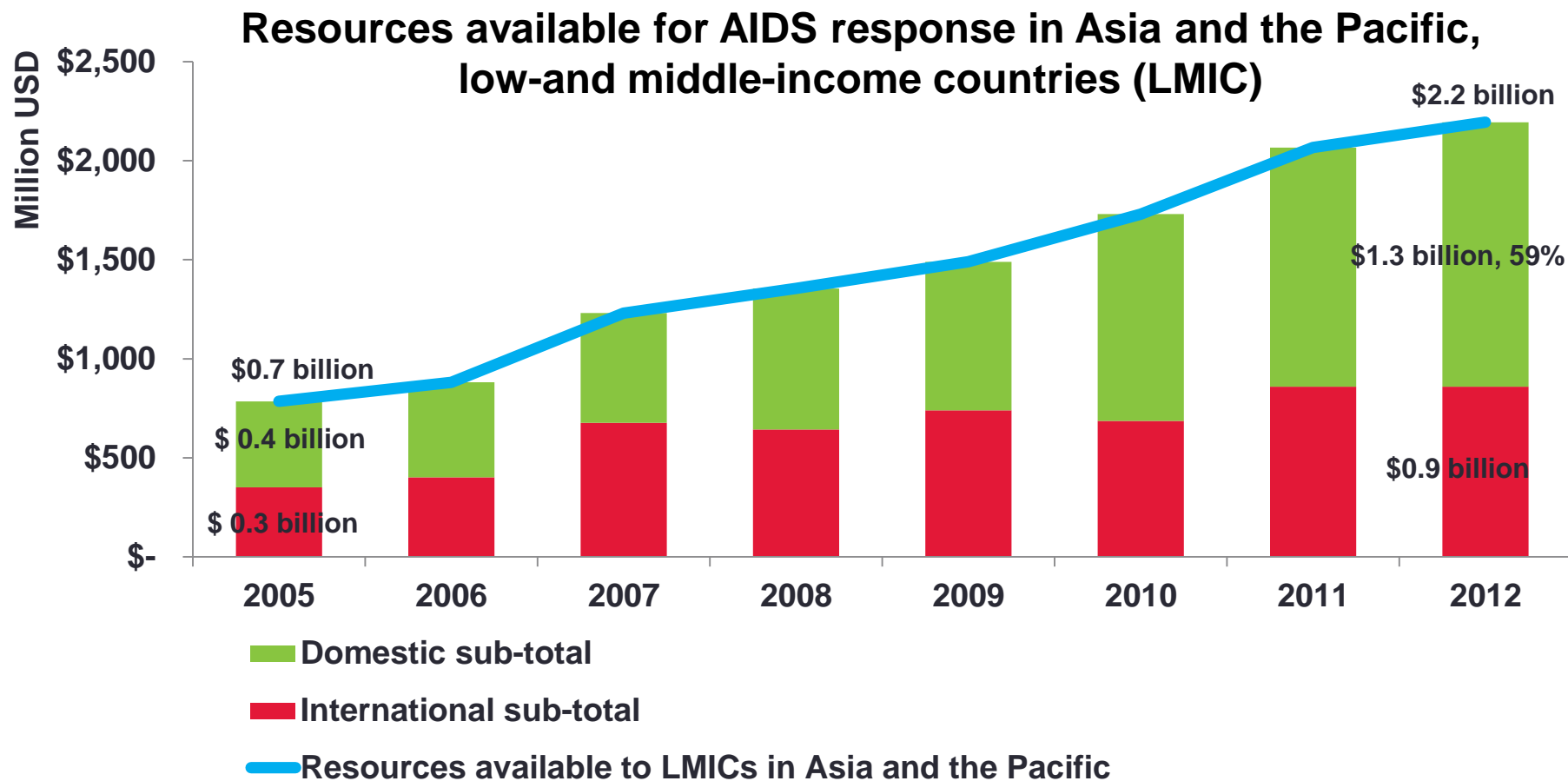


# Progress since 2010

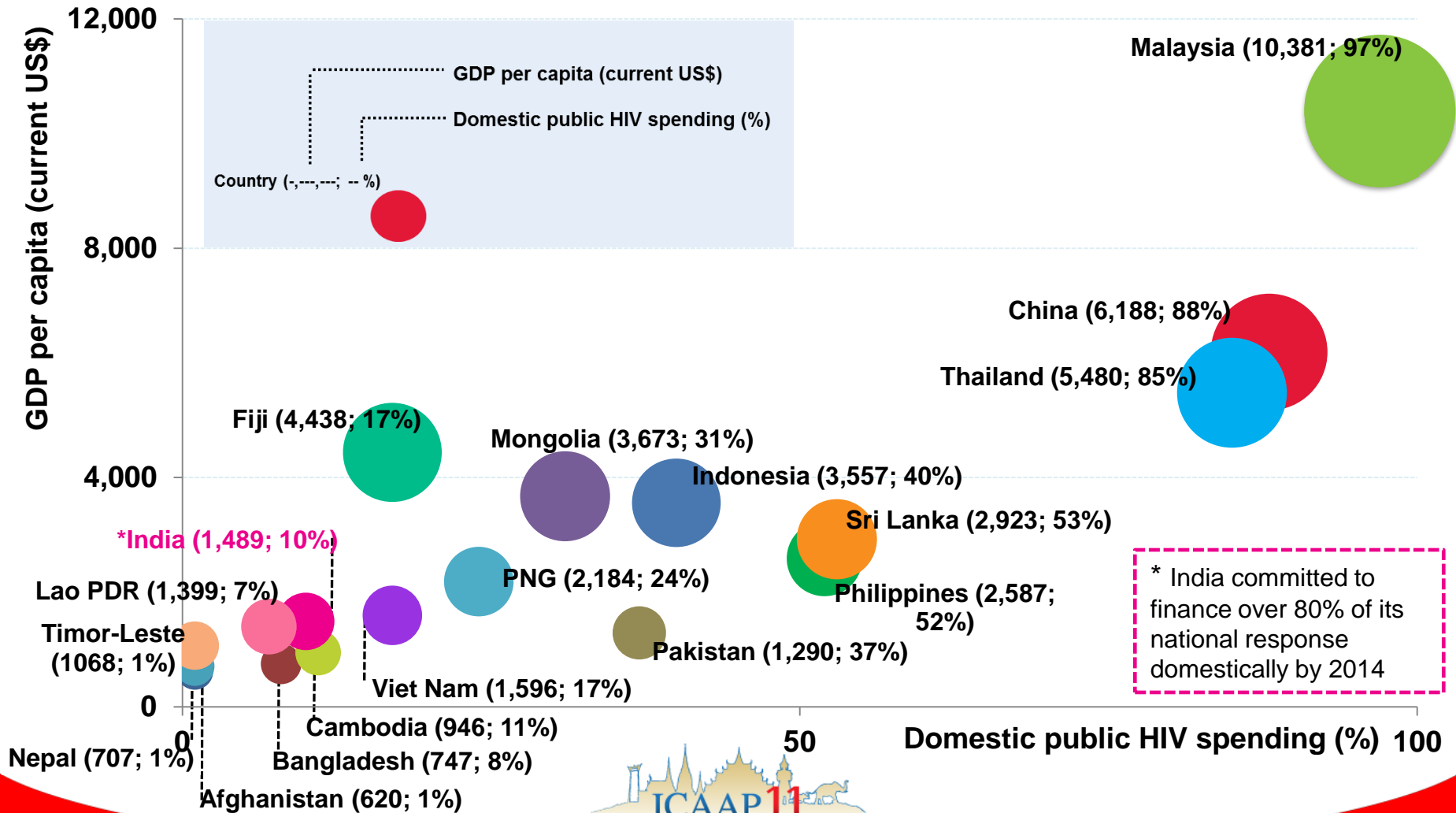
- At least **10** punitive laws have been lifted, including:
  - Criminalization of same sex practices; of HIV transmission, exposure or non-disclosure
  - HIV-related discrimination in employment
  - HIV-related restrictions on entry, stay and residence
  - Compulsory detention of sex workers
- **14** countries have **Stigma Index Study**
- **15** countries have conducted **national reviews and/or consultations on legal barriers to access to services, resulting in prioritised action plans**



# Domestic funding has increased to make up for leveling off of international financing

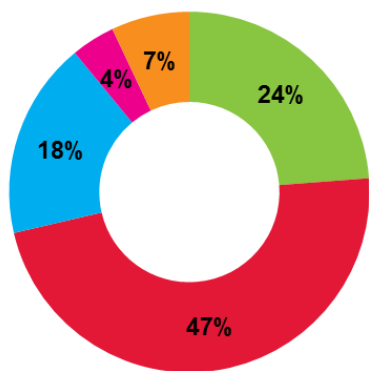


# Countries in Asia and the Pacific are sharing responsibility as GDP per capita rises

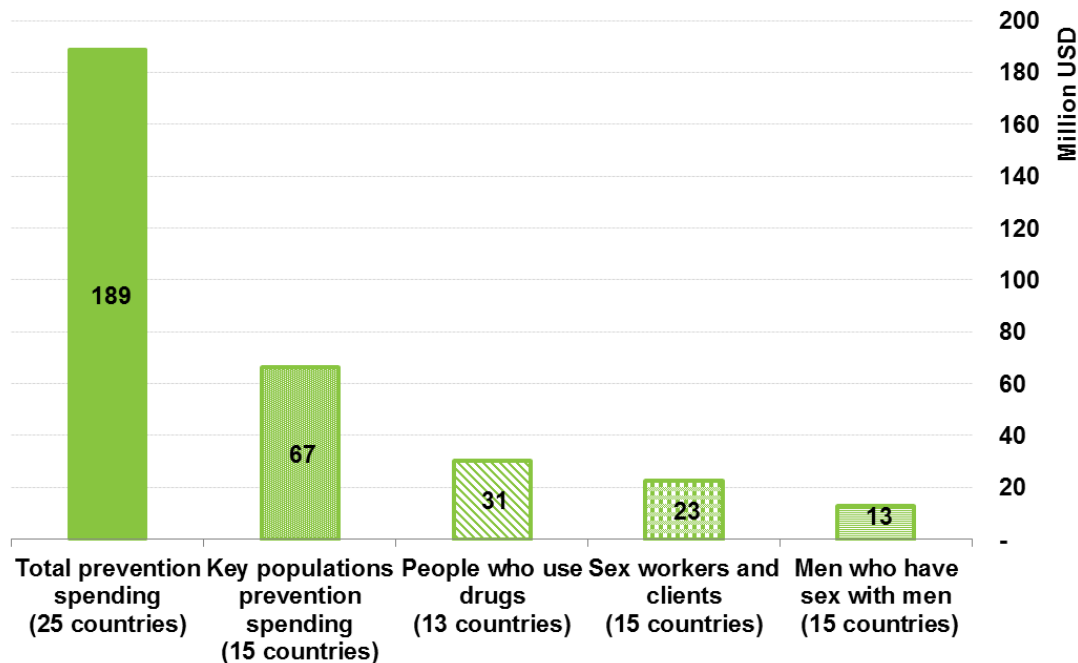


# Not enough is spent on key populations prevention programmes

**AIDS spending in Asia and the Pacific by major spending categories and prevention spending on key populations, latest available year, 2009 - 2012**



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



Spending by category calculation is based on spending data from 25 countries (Afghanistan, Bangladesh, Cambodia, DPRK, Fiji, Indonesia, Kiribati, Lao PDR, Malaysia, Marshall Islands, Micronesia, Mongolia, Myanmar, Nepal, Pakistan, PNG, Philippines, Samoa, Solomon Islands, Sri Lanka, Thailand, Timor-Leste, Tuvalu, Vanuatu, Viet Nam) that reported AIDS spending by category. Spending by category is not available for China, India and Palau.

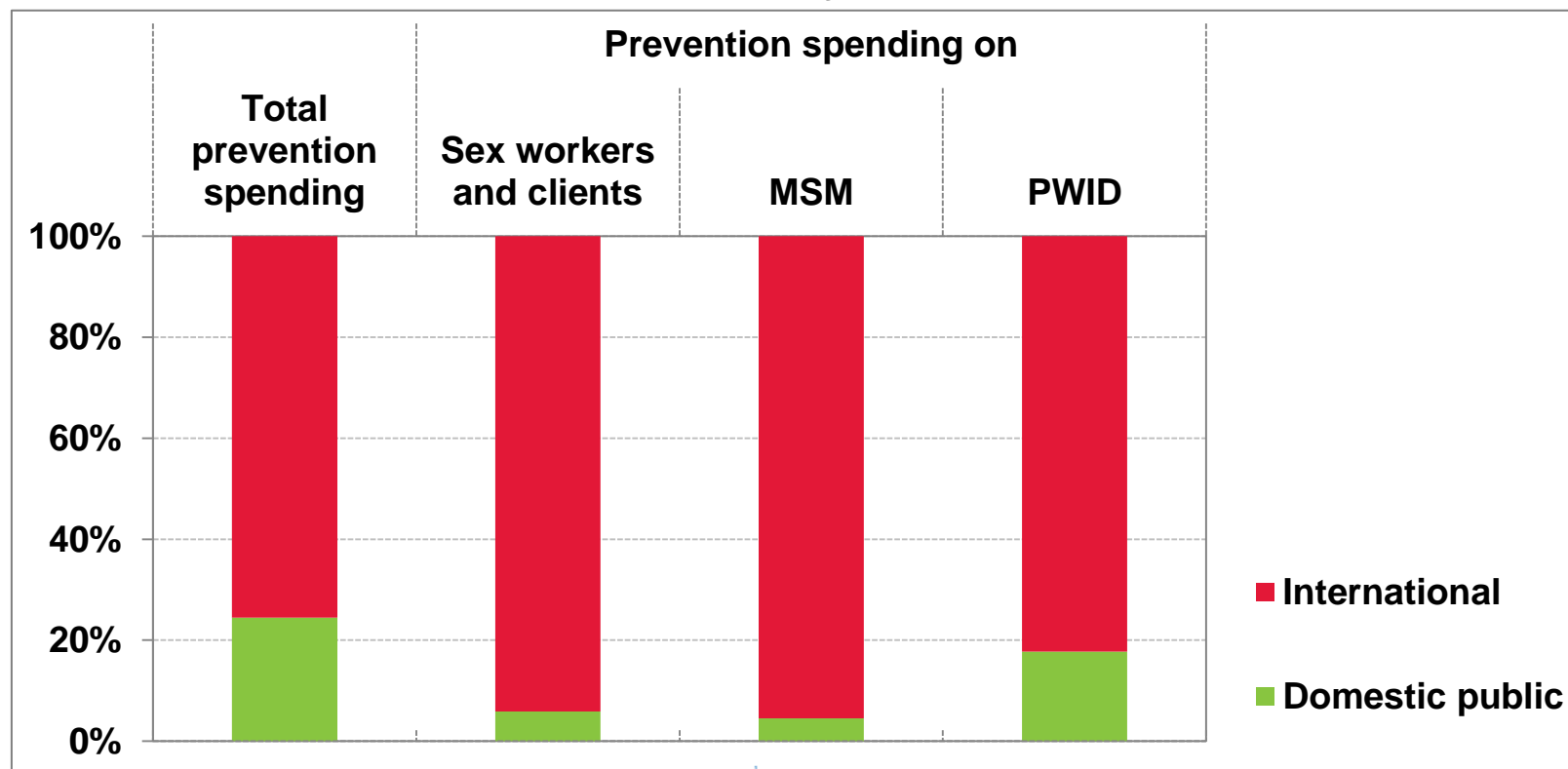
15 countries reported key populations prevention spending - Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, PNG, Philippines, Solomon Islands, Sri Lanka, Thailand, and Viet Nam

Countries that reported SW and MSM prevention spending - Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, PNG, Philippines, Solomon Islands, Sri Lanka, Thailand, and Viet Nam

Countries that reported PWID prevention spending - Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, and Viet Nam

# 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, 2009-2012





# Getting to zero new infections will take:

- Strengthened political leadership and national ownership
- Focus on key populations, key geographical areas, and effective coverage scale-up
  - Sustain rights-based approaches that have been successful for sex work related infections – despite the legal barriers
  - Current programming is not working effectively for MSM – innovation required taking into account behaviors
- More proactive, simplified HIV testing and counselling strategies
- Maximized treatment benefits
- Community involvement and leadership
- Smart investments, maximum impact



# Acknowledgments

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- Regional Support Team for Asia and the Pacific
- HIV and AIDS Data Hub for Asia and the Pacific
- National Programme Managers in Asia and the Pacific



# THANK YOU



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