MDG 6A: Combating HIV/AIDS

Progress, challenges and the way forward in ASEAN Member States

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UNAIDS Regional Support Team

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Where do we want to be by 2015?

2000
**Millennium Declaration**
MDG Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

2006
**Political Declaration**
Goal of Universal Access to HIV Prevention, Care and Treatment by 2015

2011
**Political Declaration**
New impact targets and commitments towards “Getting to Zero”

Three Zeros:
- Zero New HIV Infections
- Zero Discrimination
- Zero AIDS-related Deaths

= An AIDS-Free Generation
2011 UNGA High Level Meeting targets and commitments by 2015

- Reduce sexual transmission of HIV by 50%
- Reduce transmission of HIV among people who inject drugs by 50%
- Eliminate new HIV infections among children
- Universal access to antiretroviral therapy (15 million people on ART)
- Reduce TB deaths among people living with HIV by 50%
- Eliminate gender inequalities, stigma and discrimination, and travel restrictions
- Close the resource gap and strengthen HIV integration

What does this mean for the Asia-Pacific region?

- 140 000 fewer infections through sexual transmission
- 32 000 fewer infections among people who inject drugs
- 23 000 fewer infections among children
- 1.5 million additional people living with HIV on ART
- 35 000 fewer TB deaths among people living with HIV
- Revise legislation that hampers access to HIV services
- Strengthen integration between AIDS and other health departments (SRH, MNCH, TB,...) and collaboration with other sectors (Education, Justice, Public Security, Trade and Commerce, Labour and Foreign Affairs,...)
- Strengthen systems for health (government, community-based)
- Tripling AIDS investments
In Asia, HIV is concentrated among key populations at higher risk and their intimate partners (2008 Commission on AIDS in Asia)

**Men**
- **75 million** Men in Asia visit sex workers (2-20% of adult men)
  - **16 million** Men who have sex with men

**Women**
- **50 million** Women married to men who visit sex workers
  - **10 million** Women sell sex

**Infants and children**
Regional HIV Trends

Estimated number of people living with HIV, Asia, 1990-2010

Estimated number of people newly infected with HIV, Asia, 1990-2010

Estimated AIDS-related deaths, Asia, 1990-2010

### Key figures: ASEAN versus Asia Pacific
(latest available data)

<table>
<thead>
<tr>
<th></th>
<th>ASEAN countries</th>
<th>Asia Pacific Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>People living with HIV</td>
<td>1,544,000</td>
<td>4,800,000</td>
</tr>
<tr>
<td>Women (15+) living with HIV</td>
<td>513,000</td>
<td>(1,656,000)</td>
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<tr>
<td>People newly infected with HIV</td>
<td>(130,000)</td>
<td>360,000</td>
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<tr>
<td>People receiving ART</td>
<td>395,400</td>
<td>922,000</td>
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<tr>
<td>AIDS related deaths</td>
<td>77,000</td>
<td>310,000</td>
</tr>
</tbody>
</table>

Trends in new HIV infections in AMS

Estimated number of adults and children newly infected with HIV

Proportion of women (15+) living with HIV in AMS 1990-2009

Proportion of infants born to HIV-infected mothers who are infected (latest available data)

Trends in AIDS related deaths

Estimated number of AIDS-related deaths among adults and children

## Trends in ART coverage

<table>
<thead>
<tr>
<th>ASEAN countries</th>
<th>Estimated % of adults and children with advanced HIV infection who received antiretroviral therapy based on 2010 WHO guidelines, 2010</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2009</td>
</tr>
<tr>
<td>Cambodia</td>
<td>94</td>
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<tr>
<td>Philippines</td>
<td>37</td>
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<td>Thailand</td>
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<td>Lao PDR</td>
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<td>Viet Nam</td>
<td>34</td>
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<td>Malaysia</td>
<td>23</td>
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<td>Indonesia</td>
<td>21</td>
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<tr>
<td>Myanmar</td>
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<tr>
<td>Global (LMIC)</td>
<td>36</td>
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<tr>
<td>Regional (Asia)</td>
<td>18</td>
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</tbody>
</table>

- **Red** = ART coverage <50
- **Yellow** = ART coverage 50 - 80
- **Green** = ART coverage >80

HIV and TB: Deadly Synergies

Affordable HIV medicines and Intellectual Property Rights

• Framework: 1995 TRIPS Agreement for WTO members and 2001 Doha Declaration on public health related TRIPS flexibilities
• Asia provides for over 85% of global ARVs
• Since 2001, three AMS (Indonesia, Malaysia and Thailand) have issued ‘compulsory licenses for government use’ to ensure access to generic ARVs (either through import and/or local production)
• In recent years, increasing pressure to adopt tighter ‘TRIPS Plus' provisions in Free Trade Agreements provisions (e.g. Trans-Pacific Partnership Agreement)
• 2011 HLM and ASEAN Declaration of Commitment: strong language in favour of full use of TRIPS flexibilities and promotion of generic competition
• Outcomes of May 2012 regional workshop (with 7 AMS):
  ➢ All LMIC need to adequately incorporate TRIPS flexibilities into their national IP laws
  ➢ LDC need to ensure extension of their exemption period for TRIPS on medicines (even if they access WTO)
  ➢ FTAs should not include ‘TRIPS-plus’ provisions
  ➢ South-South collaboration & learning needs to be systematized, including for the development of local production capacity
Migration and HIV in ASEAN

Around 12.6 million people leave from the main source countries (3 million under documented)

Around 7.6 million people (3.8 under documented) live in main host countries

On access to HIV services
Thailand is leading the way in ASEAN in trying to include migrants under the Health Universal Coverage system

On stigma & discrimination
Brunei, Malaysia and Singapore have restrictions on entry, stay and residence related to HIV

UN agencies together with key CSOs are assisting AMS governments to strengthen collaboration among various sectors (MOL, MOFA, MOH) and across countries to ensure a continuum of services for people on the move
<table>
<thead>
<tr>
<th>Country</th>
<th>MSM</th>
<th>Sex workers</th>
<th>Detention for SW</th>
<th>Private sex work</th>
<th>Brothels</th>
<th>Detention for PUD</th>
<th>Death penalty for drugs</th>
<th>HIV transmission or exposure</th>
<th>Travel restrictions</th>
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<td>Brunei</td>
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= country has punitive laws
= country does not have punitive laws
= information not available
Stigma and discrimination remain one of the main barriers to effective AIDS responses

- Cambodia, Myanmar, Philippines and Thailand have completed a Stigma Index assessment in 2011 and Vietnam is finalizing its report
  - Thirty years into the epidemic, some of the findings are alarming (health care workers, employment, general population)
  - But other findings are encouraging (e.g. PLHIV self-help networks)

- More countries are moving away from an exclusively punitive approach to drug use (e.g. MYS) and several countries have removed punitive laws related to same sex relations (not in ASEAN) and sex work (e.g. VNM)

- Cambodia, Philippines, Thailand and Vietnam have protective legislation for PLHIV. There are protective laws for PWUD and MSM in at least 4 AMS, and for SW in at least 3 AMS (2010 data).

- At least 14 ESCAP member countries (including Malaysia, Philippines and Viet Nam) have national instruments/agencies enabling redress for HIV-related stigma and discrimination
Proportion of domestic AIDS investment funding 2010-2011 (to be validated)

Source: Prepared by www.aidsdatahub.org based on Global AIDS Response Country Progress Reports
Still too little AIDS funding is focused on high impact prevention

Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on 2010 UNGASS Country Reports
Strategic Investment Framework

CRITICAL ENABLERS
- Social enablers
  - Political commitment and advocacy
  - Laws, legal policies and practices
  - Community mobilization
  - Stigma reduction
  - Mass media
  - Local responses to change risk environment

- Programme enablers
  - Community centered design and delivery
  - Programme communication
  - Management and incentives
  - Procurement and distribution
  - Research and innovation

BASIC PROGRAMME ACTIVITIES
- Key populations at higher risk (particularly sex workers and their clients, men who have sex with men, and people who inject drugs)
- Eliminate new HIV infections among children
- Behaviour change
- Condom promotion and distribution
- Voluntary medical male circumcision (in countries with high HIV prevalence and low rates of circumcision)
- Treatment, care and support for people living with HIV

OBJECTIVES
- Stopping new infections
- Keeping people alive

SYNERGIES WITH DEVELOPMENT SECTORS
- Social protection, Education, Legal reform, Gender equality, Poverty reduction, Gender-based violence, Health systems (incl. STI treatment, Blood safety), Community systems, and Employer practices.
Health expenditure in ASEAN

Source: Prepared by www.aidsdatahub.org based on http://apps.who.int/ghodata/
Way Forward: ASEAN has the potential to lead Asia to the Three Zeros

- Framework:
  - Blueprint for the ASEAN Socio-Cultural Community 2009-2015
  - ASEAN Strategic Framework on Health Development 2010-2015

- Roadmap:

  ASEAN Declaration of Commitment ‘Getting to the Three Zeros’ (2011):
  - Endorses all Global HLM targets
  - Makes clear commitments on hard/sensitive issues such as: harm reduction for people who use drugs, revising punitive laws, full use of TRIPS flexibilities and promotion of generic competition, increasing domestic funding
  - Due attention for inter-country collaboration in various areas (ATFOA)
Way Forward: ASEAN has the potential to lead Asia to the Three Zeros

5th Ministers of Health Meeting (Phuket, July 2012):

- Confirmed the principle that health is a fundamental right of the peoples, the vision of social justice and equity, and the need for solidarity in action and people’s participation and empowerment
- Reiterated the commitment to the Three Zeros
- Launched the ‘Asean Cities Getting to Zero’ Project (lead: Indonesia)
- Committed to accelerate progress towards Universal Health Coverage (lead: Thailand)

But decisive action is needed now to achieve this. There is no room for complacency. Fragile gains can be lost. PLHIV and other key populations need to be at the heart of the response.

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Thank you