Fast-Tracking the HIV response: Ending AIDS by 2030

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UNAIDS Regional Support Team, Asia and the Pacific

10th Singapore AIDS Conference
3 December 2016, Singapore
2016 United Nations Political Declaration on Ending AIDS sets world on the Fast-Track to end the epidemic by 2030

Source: UNAIDS (2016). Press Statement for 2016 High Level Meeting Political Declaration on HIV and AIDS
# Fast-Track Targets

<table>
<thead>
<tr>
<th>By 2020</th>
<th>By 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 500 000 new infections</td>
<td>Fewer than 200 000 new infections</td>
</tr>
<tr>
<td>Fewer than 500 000 AIDS-related deaths</td>
<td>Fewer than 200 000 AIDS-related deaths</td>
</tr>
<tr>
<td>ZERO discrimination</td>
<td>ZERO discrimination</td>
</tr>
</tbody>
</table>

Source: UNAIDS (2016). Press Statement for 2016 High Level Meeting Political Declaration on HIV and AIDS
Fast-Track Targets – Asia and the Pacific

By 2020

Fewer than
90,000
new infections

More than
4.2 million
on treatment

ZERO
discrimination

Source: UNAIDS. (2016). Fast-Track Commitments to End AIDS by 2030
Fast-Track commitments to end AIDS by 2030

1. 90-90-90 treatment target by 2020
2. Eliminate new HIV infections among children
3. Access to combination prevention (at least 90% among key populations)
4. Eliminate gender inequalities
5. 90% of young people have the skills, knowledge and capacity to protect themselves from HIV

6. 75% of people living with and affected by HIV benefit from social protection
7. At least 30% of all service delivery is community-led by 2020
8. HIV investment increase to 26 B by 2020, quarter for prevention, 6% for social enablers
9. Empower people living with HIV, at risk and affected by HIV to know their rights and access justice and legal services
10. Taking HIV out of isolation through people centered systems

Source: UNAIDS. (2016). Fast-Track Commitments to End AIDS by 2030
State of the HIV Epidemic in Asia and the Pacific
Regional overview of trends in HIV infections and AIDS-related deaths

HIV and AIDS in Asia and the Pacific
2000-2015

Number

Getting to zero

People living with HIV
5.1 million

Women living with HIV
1.8 million

Young people living with HIV
600,000

Children living with HIV
190,000

New HIV infections
300,000

Deaths
180,000

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2016 HIV Estimates
12 countries in Asia and the Pacific account for >90% of PLHIV and new infections, and high HIV prevalence among key populations

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>86,000</td>
<td>2,100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>73,000</td>
<td>690,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China*</td>
<td>45,000</td>
<td>850,000</td>
<td></td>
<td></td>
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<td>NA</td>
</tr>
<tr>
<td>Pakistan**</td>
<td>17,000</td>
<td>100,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Viet Nam</td>
<td>14,000</td>
<td>260,000</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Myanmar</td>
<td>12,000</td>
<td>220,000</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Thailand</td>
<td>6,900</td>
<td>440,000</td>
<td></td>
<td></td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Philippines</td>
<td>6,400</td>
<td>42,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td>5,200</td>
<td>92,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>2,700</td>
<td>40,000</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Nepal</td>
<td>1,300</td>
<td>39,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>&lt;1,000</td>
<td>74,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated pop. size</td>
<td></td>
<td></td>
<td>11.7 million</td>
<td>4.1 million</td>
<td>4.2 million</td>
<td>NA</td>
</tr>
</tbody>
</table>


*2013 HIV estimates; **Hijra sex workers
Only 5% decline in new HIV infections in Asia and the Pacific between 2010 and 2015

% change in new HIV infections between 2010 and 2015

-60% -40% -20% 0% 20% 40% 60%

China Indonesia Pakistan Thailand

India Myanmar Philippines Viet Nam

300 000 new HIV infections in Asia and the Pacific in 2015

Other countries (12%)

Viet Nam (14 000, 5%)

Pakistan (17 000, 6%)

Indonesia (73 000, 24%)

China (20%)

India (86 000, 29%)

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2016 HIV Estimates
New HIV infections in Asia and the Pacific are concentrated among key populations and their intimate partners though transmission pattern varies within countries and overtime.

Distribution of new infections by mode of transmission, 1995, 2005 and 2015, select countries in Asia and the Pacific.

**Cambodia**
- 1995
- 2005
- 2015

**Malaysia**
- 1995
- 2005
- 2015

**Thailand**
- 1995
- 2005
- 2015

- Needle sharing
- Male-to-male sex
- Casual sex*
- Sex work**
- Husband to wife***
- Wife to husband****

* heterosexual casual sex among general population
** female sex workers and clients
*** spousal transmission from husband living with HIV to wife (serodiscordant couple)
****spousal transmission from wife living with HIV to husband (serodiscordant couple)

Reported HIV cases by mode of transmission, Singapore, 1985-2015

Annual reported HIV cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Heterosexual</th>
<th>Homosexual</th>
<th>Bisexual</th>
<th>Injecting drug use</th>
<th>Perinatal (mother-to-child)</th>
<th>Others/Unknown</th>
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</thead>
<tbody>
<tr>
<td>1985-2008</td>
<td>2618</td>
<td>228</td>
<td>228</td>
<td>271</td>
<td>796</td>
<td>271</td>
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<tr>
<td>2009</td>
<td>284</td>
<td>228</td>
<td>228</td>
<td>27</td>
<td>139</td>
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<tr>
<td>2010</td>
<td>228</td>
<td>163</td>
<td>163</td>
<td>41</td>
<td>41</td>
<td>41</td>
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<tr>
<td>2011</td>
<td>210</td>
<td>195</td>
<td>195</td>
<td>42</td>
<td>42</td>
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</tr>
<tr>
<td>2012</td>
<td>220</td>
<td>210</td>
<td>210</td>
<td>27</td>
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<tr>
<td>2013</td>
<td>188</td>
<td>210</td>
<td>210</td>
<td>38</td>
<td>38</td>
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<tr>
<td>2014</td>
<td>216</td>
<td>182</td>
<td>182</td>
<td>42</td>
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</tr>
<tr>
<td>2015</td>
<td>173</td>
<td>232</td>
<td>232</td>
<td>35</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

Similar epidemic pattern observed in developed countries in Asia and the Pacific, Japan

Reported HIV cases by mode of transmission, Japan, 1987-2015

Similar epidemic pattern observed in developed countries in Asia and the Pacific, Hong Kong

Reported HIV cases by mode of transmission, Hong Kong, 2004-2016 (March)

Similar epidemic pattern observed in developed countries in Asia and the Pacific, Republic of Korea

Reported HIV cases by mode of transmission, Republic of Korea, 1985-2015

HIV in Asia and the Pacific is concentrated among key populations, especially in cities.

People who inject drugs (2015)
- Indonesia, 27%
- Jakarta, 44%

Female sex workers (2015)
- Myanmar, 15%
- Yangon, 25%

Men who have sex with men (2014)
- Thailand, 9%
- Bangkok, 29%

Transgender (2014)
- Malaysia, 6%
- Kuala Lumpur, 19%

Prisoners (2013)
- Indonesia*, 1%
- Pontianak, 3%

*an average of 3 cities data

Rising HIV prevalence among MSM particularly young MSM, Indonesia

- **Men who have sex with men**
  - 2007: 5%
  - 2011: 8.5%
  - 2015: 26%

- **Young men who have sex with men (<25 years)**
  - 2007: 4%
  - 2011: 6%
  - 2015: 24%

Regional Fast-Track Targets and Response Gaps
ENDING AIDS BY 2030:
Fast-Track and reduce new infections by 2020

Estimated new HIV infections among young people and adults in Asia and the Pacific

Gettin to zero

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2016 HIV Estimates
Level of condom use among key populations: not high enough to prevent new HIV infections

Condom use at last sex and consistent condom use, regional median, 2010-2015

Source: Prepared by www.aidsdatahub.org based on Behavioural Surveys and Integrated Biological and Behavioural Surveys
Provision of PrEP through pilot or demonstration sites in Asia and the Pacific

4 out of 8 Priority Fast-Track countries* in Asia and the Pacific region have PrEP pilot or demonstration sites for Key Populations.

Countries where PrEP is piloted
- No pilot site/no info
- Key populations
- MSM
- MSM and FSW
- MSM and Transgender
- Serodiscordant couples

*Priority Fast-Track countries: China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Viet Nam

4 priority Fast-Track countries that have PrEP pilot sites for key populations: China, India, Thailand and Viet Nam

PrEP in Thailand

**Policy:** The 2014 Thai guideline on HIV Prevention and Care has recommended PrEP as an additional HIV prevention method for people at risk. PrEP is not yet included in Thailand’s Universal Health Coverage (UHC) but endorsed by the National AIDS Committee to be piloted in different settings and to make it available in public hospitals (out-of-pocket).

**Experience from Thai Red Cross AIDS Research Centre:**
- **Launch:** December 2014 (510 on PrEP as of July 2016)
- **Operations:** Fee-based PrEP and established in an existing VCT/ART clinic using current staff and clinic facilities; cost - 30 Thai Baht (<1$) per day
- **Protocol:** Simple protocol for VCT counselors to screen for “at-risk” clients, introduce PrEP to clients, and refer to doctor if PrEP indicated and client agrees. PrEP provided at first visit, after HIV test with negative result. Lab tests such as kidney function and HBsAg tests are also part of “check list of needs” to start PrEP
- **Indications for PrEP:** >18 years with recent HIV test negative AND
  - at least one risk factor in the last 6 months → HIV-positive partner, history of sex work, use PEP for sexual exposure, injecting drug use, any STI, ≥ 5 sexual partners, inconsistent condom use
- **As of April 2016, no PrEP user has become HIV positive**

PrEP acceptance among MSM and TG in Viet Nam

Recent baseline survey (July – September 2016) conducted by Program for Appropriate Technology in Health (PATH) and Center for Creative Initiatives in Health and Population (CCIHP) among 799 MSM and TG in Ho Chi Minh City found:

- 91% wanted to start PrEP
- 72% wanted to receive PrEP from CSOs

Source: Presentation by G-link presented at the Regional Community Consultation on Developing Evidence-Based Country and Sub-Regional MSM Investment Cases/Briefs on AIDS in Bangkok, Thailand (November 2016)
HIV testing is the entry point for prevention and treatment, but less than half of key populations know their HIV status.

HIV testing coverage among key populations, regional median, 2010-2015

Slow and steady won’t win the race in the Fast-Track era: 
Less than half of key populations know their HIV status

Countries in Asia and Pacific where community-based HIV testing is piloted

5 out of 8 Priority Fast-Track countries* in Asia and the Pacific region have Community-based HIV testing pilot or demonstration sites

*Priority Fast-Track countries: China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Viet Nam

5 priority Fast-Track countries that have community-based HIV testing pilot sites: China, India, Philippines, Thailand, and Viet Nam

Source: www.aidsdatahub.org based on communications with national HIV programmes and UNAIDS country offices
Countries in Asia and the Pacific with national policies that permit non-medical providers to perform rapid diagnostic tests (RDTs), 2015

Non-medical testers - considerations for success

- **Choose wisely** – select and train non-medical providers well-matched to clientele
- **Ongoing training**, mentoring and support is key—having a quality assurance system is place is essential
- **Adequate remuneration** – trained non-medical providers should receive adequate compensation
- **National policies** need to establish a role for trained non-medical providers to perform HTS

ENDING AIDS BY 2030:
Fast-Track Treatment to Reach 90–90–90 by 2020

People receiving ART in Asia and the Pacific

- **Fast-Track Target 2020:** 4.2 million people on ART
- **At current pace:** 4.2 million people on ART by 2020

15% annual increase between 2013 and 2015

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2016 HIV Estimates; and Global AIDS Response Progress Reporting (GARPR)
Current treatment scale-up: only 2 in 5 PLHIV are on ART

ART coverage and treatment gap among countries in Asia and the Pacific, 2015

90-90-90 treatment target: Asia and the Pacific treatment cascade

90% of PLHIV diagnosed

90% of diagnosed PLHIV are on treatment

90% PLHIV on treatment have suppressed viral load

5,100,000

Number of people

5.1 M

64%

3.2 M

66%

2.5 M

2.1 M

0.61 M

0.56 M

Estimated PLHIV

PLHIV who know their HIV status

PLHIV receiving care

PLHIV receiving ART

PLHIV tested viral load in the last 12 months

PLHIV receiving ART have suppressed viral load

* Estimated 83% of PLHIV who are on treatment are virally suppressed

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2016 HIV Estimates; and Global AIDS Response Progress Reporting (GARPR)
90-90-90 treatment target: Treatment cascade, policy recommendations and opportunities in Singapore

Towards 90-90-90 Fast-Track treatment targets: Thailand and Viet Nam

**Policy recommendations and entry points**

- CD4 threshold for treatment initiation
- Treat all key populations regardless of CD4
- Routine viral load testing
- Viral load test available in all ART facilities

* Planned to adopt "TREAT ALL" policy in 2017; ** Prioritized viral load testing for clinical and immunological treatment failure

Recommended CD4 threshold for initiating treatment in adults and adolescents in Asia and the Pacific, 2016

- **CD4 ≤ 350 but treat all key populations regardless of CD4 count**
- **CD4 ≤ 500 but treat all key populations regardless of CD4 count**
- **CD4 ≤ 500**

Countries in Asia and the Pacific continue to increase their share of investment in the AIDS response.

Resources available for AIDS response in Asia and the Pacific, low-and middle-income countries (LMIC).

- **Domestic sub-total**
- **International sub-total**
- **Resources available to LMICs in Asia and the Pacific**

Source: Prepared by www.aidsdatahub.org based on UNAIDS Estimates
Government investment on HIV and health in Asia and the Pacific

Key populations account for 60-90% of new HIV infections in Asia and the Pacific but only a third was spent for key populations HIV prevention programme.


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on GARPR reporting.
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, 2009-2014

<table>
<thead>
<tr>
<th>Prevention spending on</th>
<th>Total prevention spending (28 countries)</th>
<th>Sex workers and clients (15 countries)</th>
<th>MSM (15 countries)</th>
<th>PWID (13 countries)</th>
</tr>
</thead>
<tbody>
<tr>
<td>International</td>
<td>43%</td>
<td>12%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Domestic public</td>
<td></td>
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</tr>
</tbody>
</table>

Getting to zero

Spending by service category is not available for India and China

Source: Prepared by www.aidsdatahub.org based on Global AIDS Response Progress Reporting
Legal barriers to the HIV response remain in 38 UN Member States in Asia and the Pacific

- Criminalize some aspect of sex work: 37 countries
- Criminalize same-sex relations: 17 countries
- Confine people who use drugs in compulsory detention centres: 11 countries
- Impose death penalty for drug-related offences: 15 countries
- Impose some form of HIV-related restriction on entry, stay or residence: 10 countries

Source: Prepared by www.aidsdatahub.org based on UNAIDS, Punitive Laws Hindering the HIV Response in Asia and the Pacific (as of June 2016)
Independent access to HIV testing and related services for young people in Asia and the Pacific

Age of legal capacity to consent independently to an HIV test, Asia and the Pacific

THANK YOU
www.aidsdatahub.org