

Can Asian Countries halt and reverse the AIDS epidemic by 2015?

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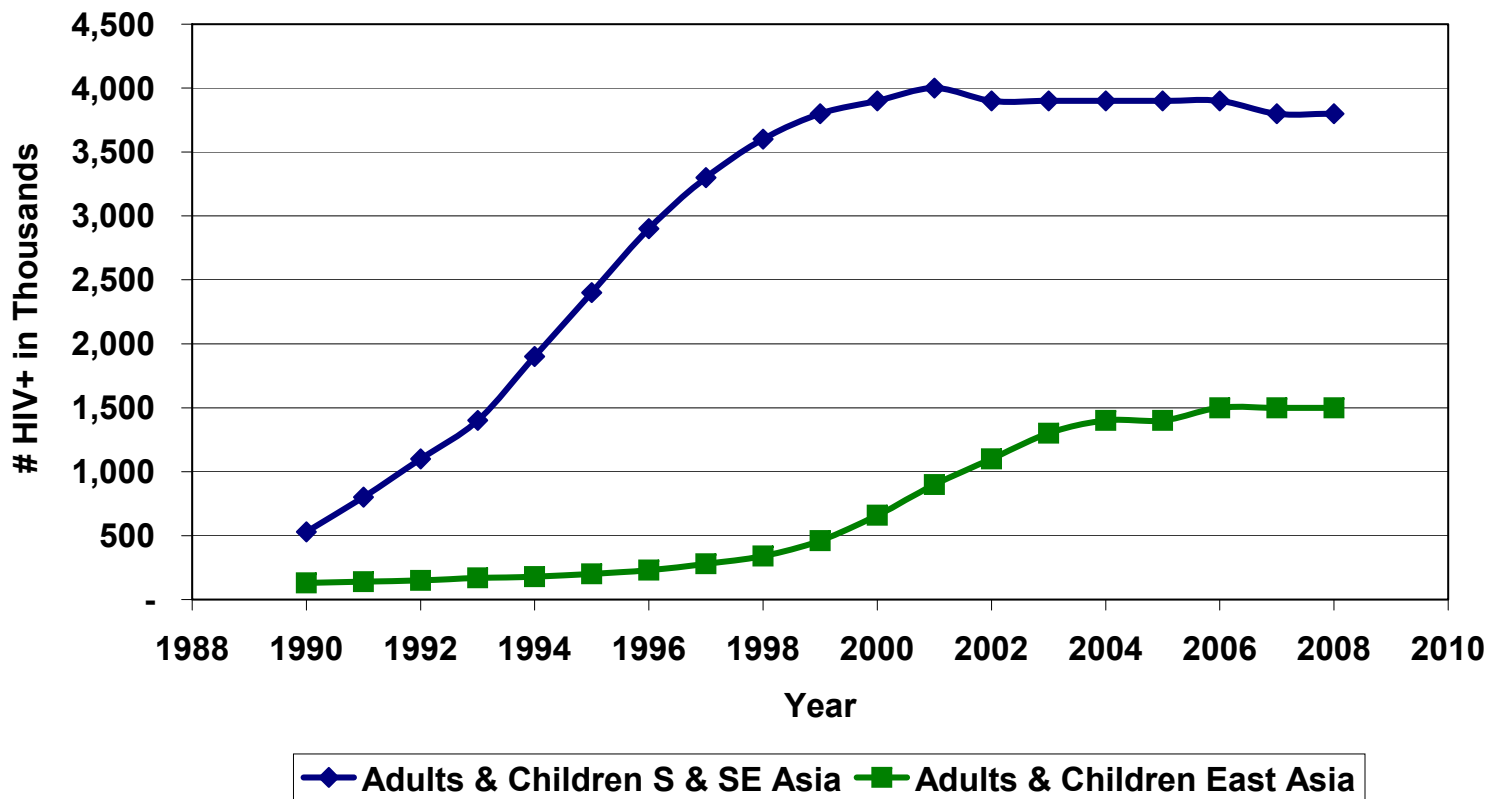
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There is an increased understanding of the Asian epidemics

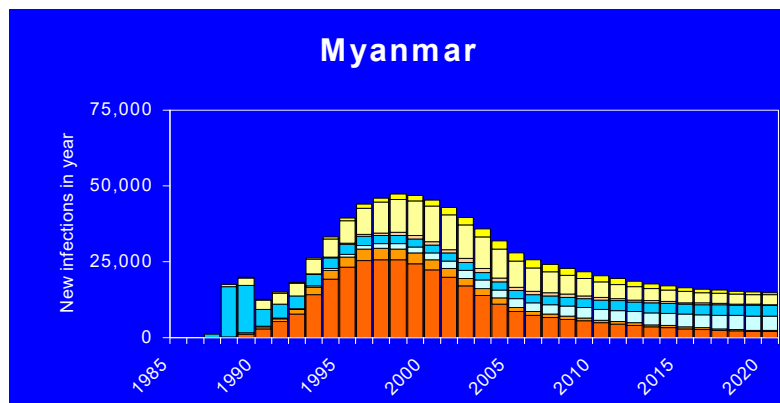
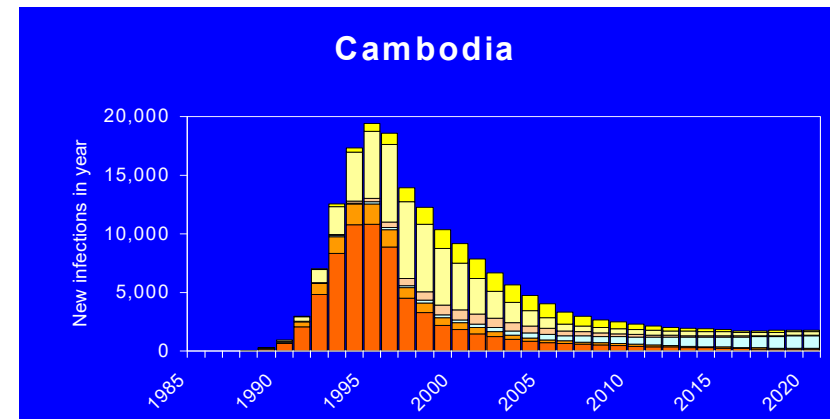
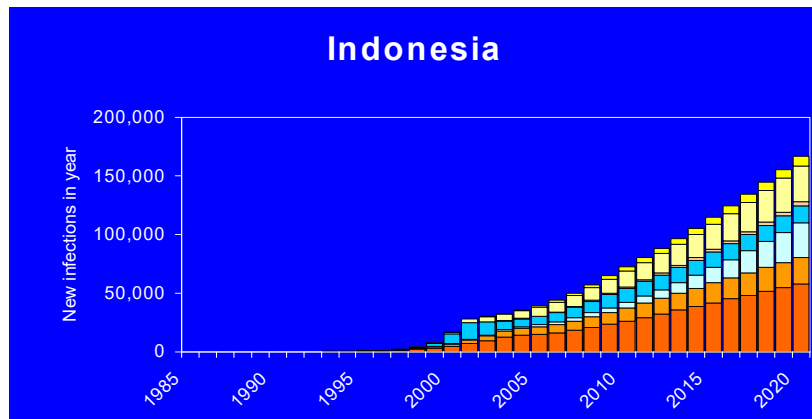
- The principal modes of HIV transmission
 - HIV is generally concentrated among certain populations.
 - Infections appear first among IDUs, SWs and Clients, and MSM, but then it spreads to wives and children
- The driving forces of Asian epidemics
 - sharing of needles during Injecting Drug Use – kick-starts and accelerates the epidemic
 - unprotected Commercial sex – gives it range and power
 - Sexual networking among Asian men markedly higher than women
- Projections into the future based on various scenarios

The HIV epidemic in Asia appears to be slowing down overall

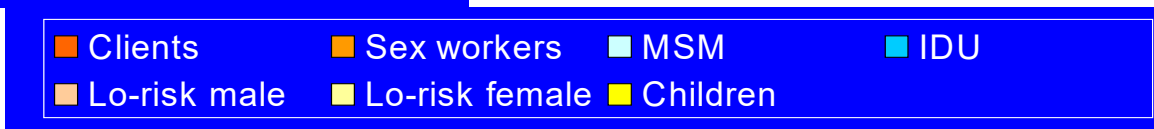
Adults and children living with HIV



However, new infections in different countries and their sub-regions differ

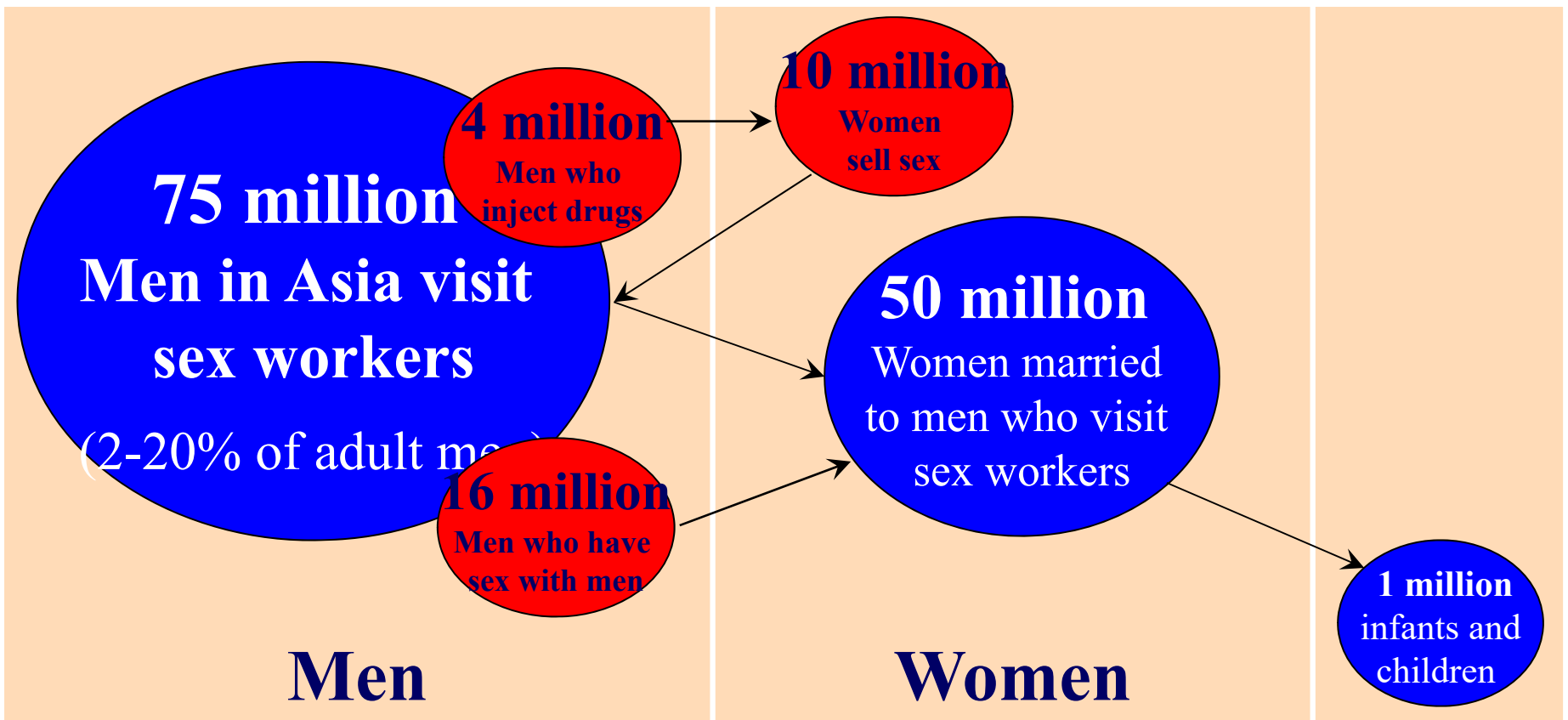


..based on how effectively prevention targets new infections

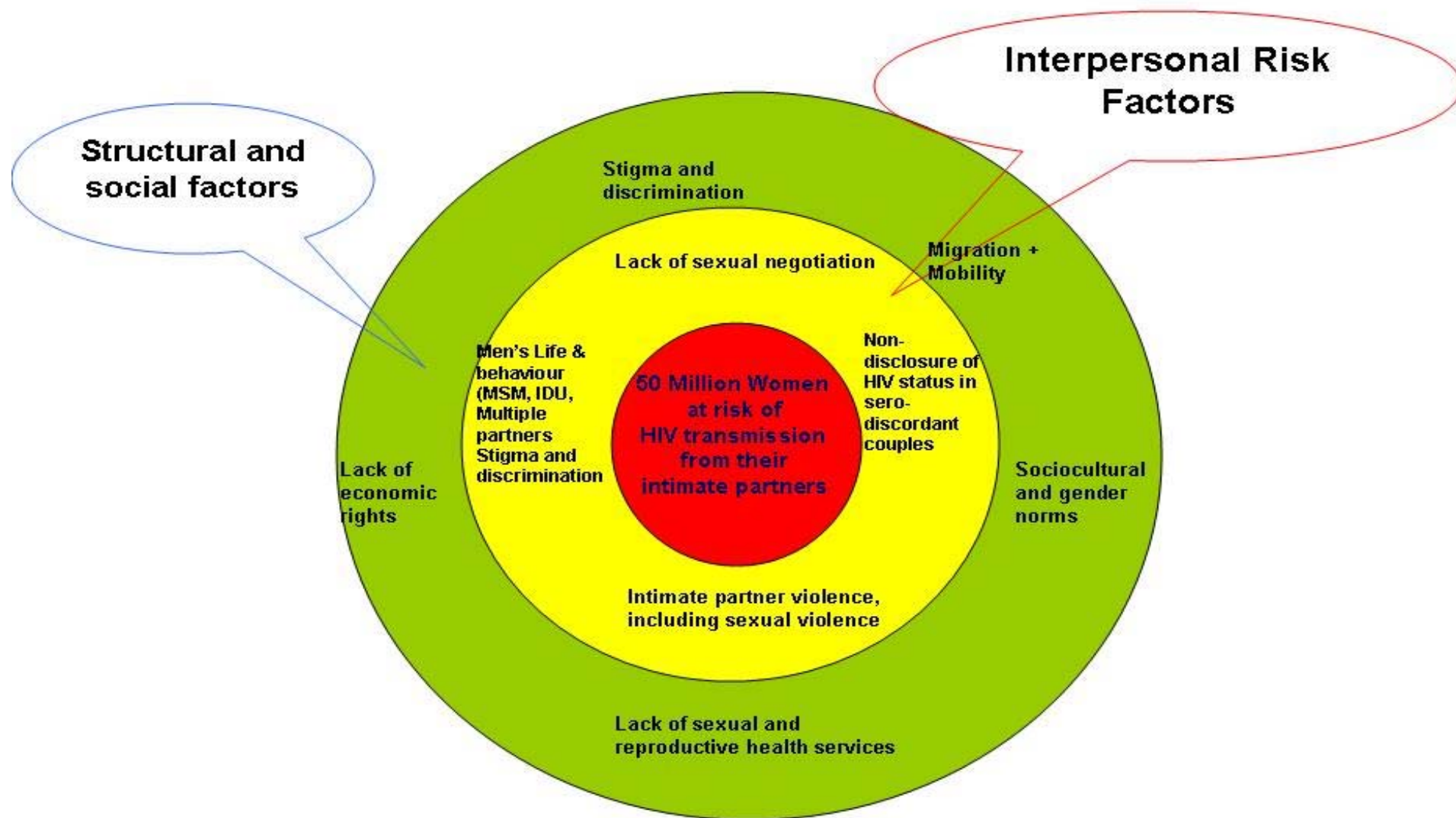


For the first time the CAA estimated the large numbers of people at risk of HIV infection in Asia

Asian Population: 3.3 billion



A causal model showing linkages among factors that influence HIV transmission in intimate partners relationships



“People on the Move” in Asia’s fastest growing economies - China, India, Indonesia, Malaysia, Thailand, and Vietnam

- Asia was host to 26.3 million migrants, or about 13.8 per cent of the world's total migrant stock, in 2005 (University of Sussex and the World Bank)
 - Malaysia and Thailand are expected to absorb large numbers of foreign workers considering the economic growth prospects
- Asia an important source of international migration, sending 54.2 million migrants abroad or 28.4 per cent of the world's total (ibid)
 - By 2030, India and China are projected to account for 40 per cent of the global workforce (World Migration Report 2008)
 - Sri Lanka, Philippines and Indonesia contribute a large female work force working abroad
- Gendered dimension of migration – the numbers of women migrating from the six countries will continue to rise - particularly as domestic workers, care givers, service employees, moving across borders and within the country

This migration and mobility exposes migrants to HIV risk .. particularly internal rural-urban migration

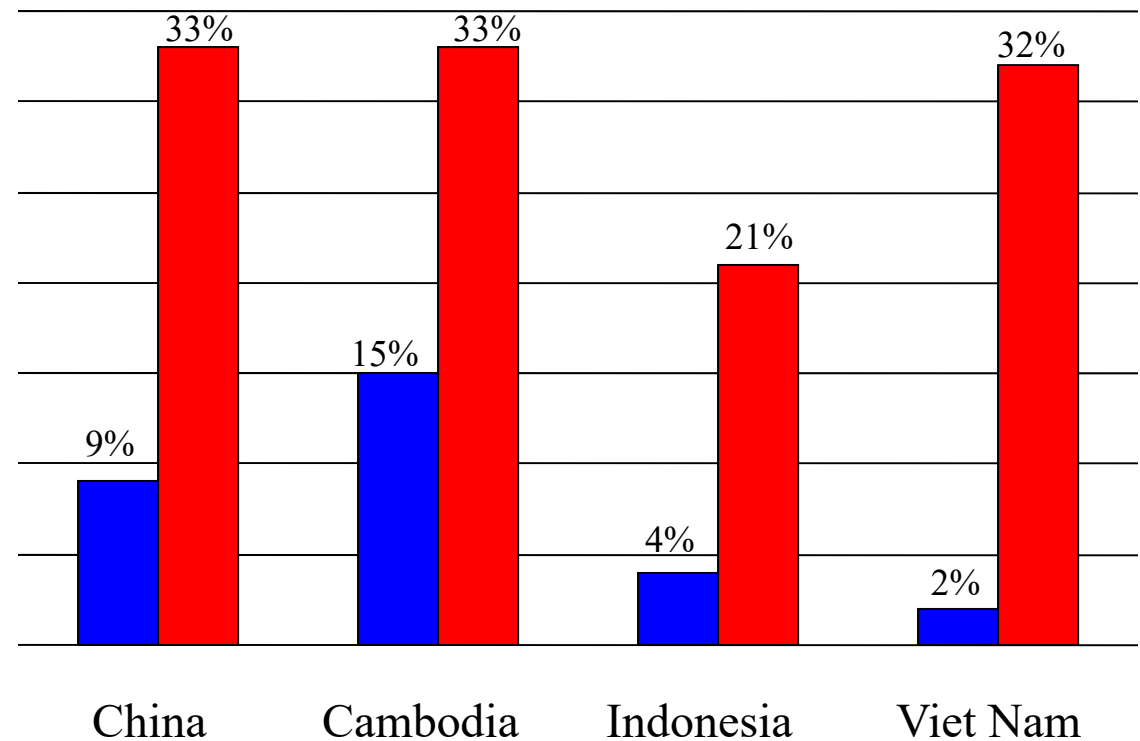
- Commercial sex work is concentrated in areas of circular migrants – more Clients
- Large numbers of rural female migrants moving to urban areas engage in the entertainment industry – more FSWs
- Expands the *triangular* sexual networks of migrants, both the men and the women
- Lack of access to health services, particularly those living outside their countries



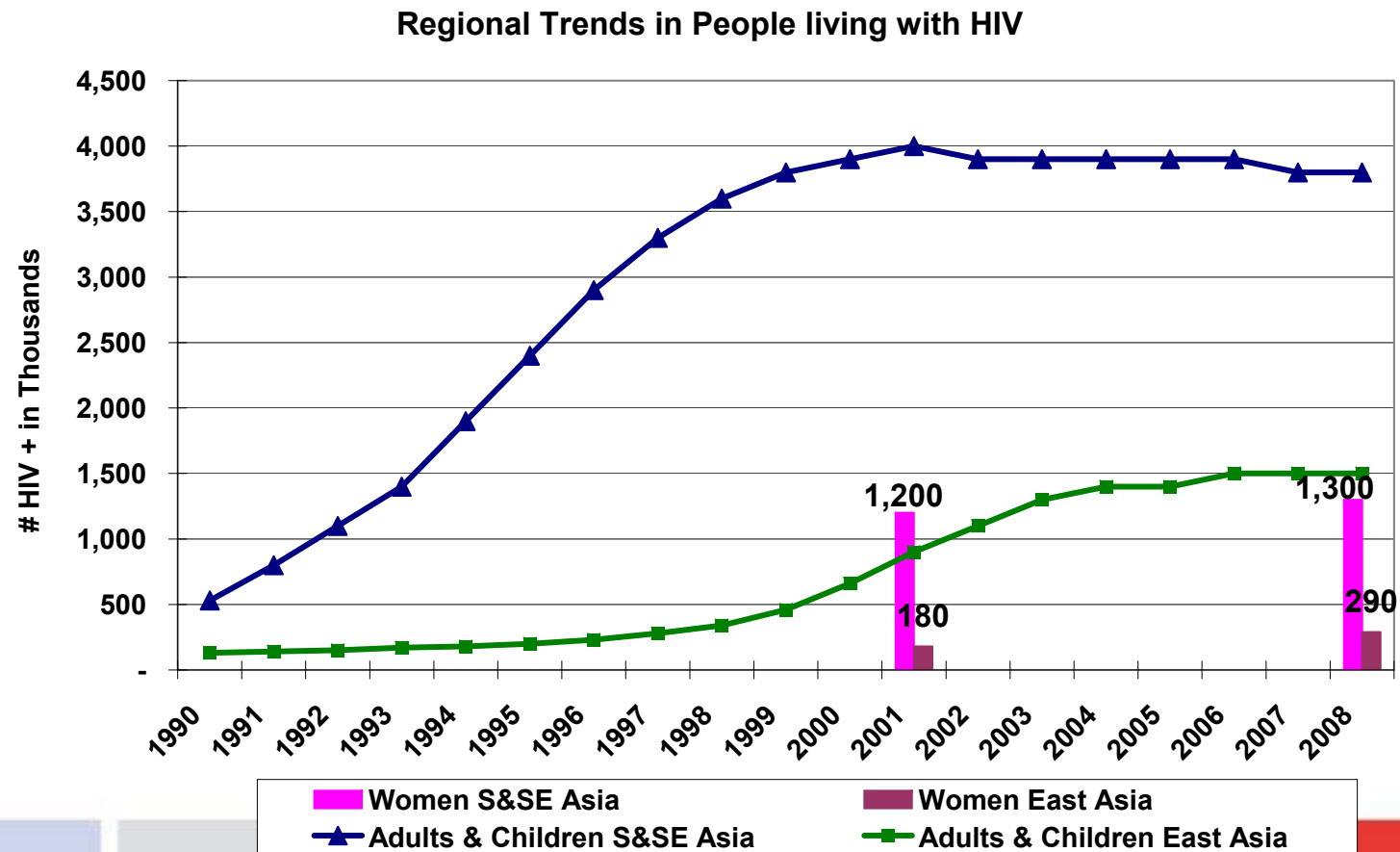
Mobile men can be more vulnerable to HIV infection



Percentage of non-mobile / mobile men paying for sex in the past 12 months (FHI 2006)



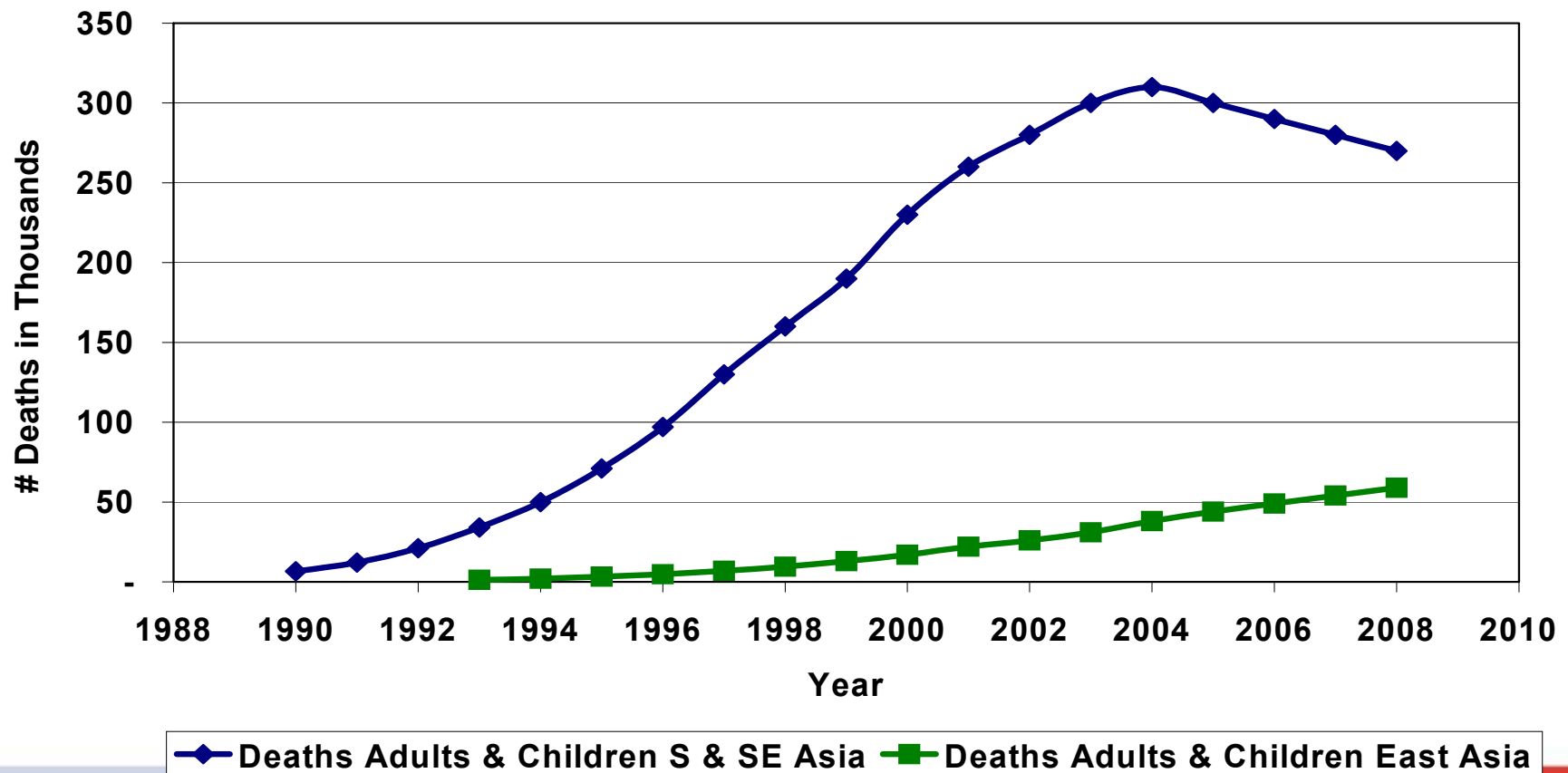
The epidemic data show this emerging dynamic of HIV spread - about 200,000 more Asian women are living with HIV in 2008 compared to 2001



People are still dying of AIDS in Asia – an estimated 330,000 deaths in 2008

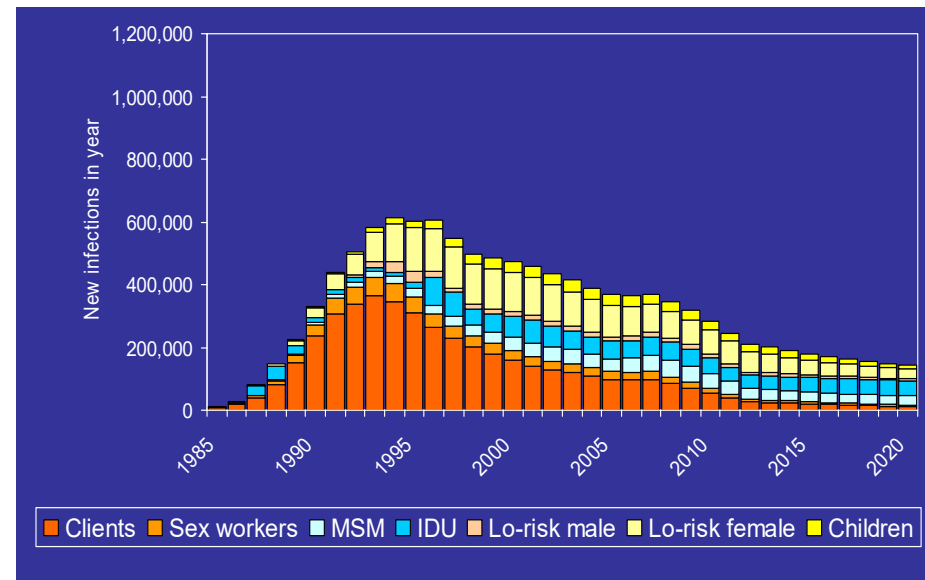
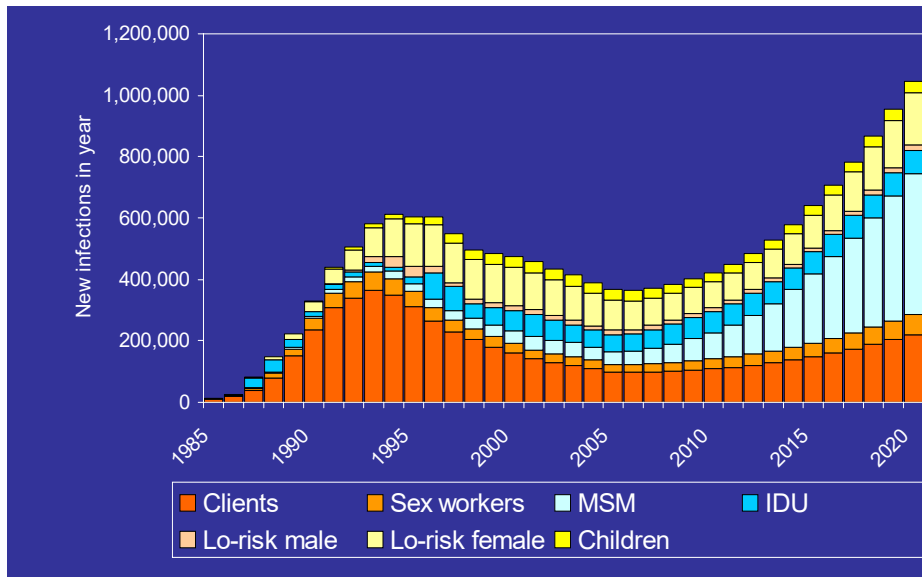


HIV-related Deaths of Adults and Children



The Asia Commission projections suggest that we are at a cusp in the epidemic progression...

where a resurgent epidemic ...

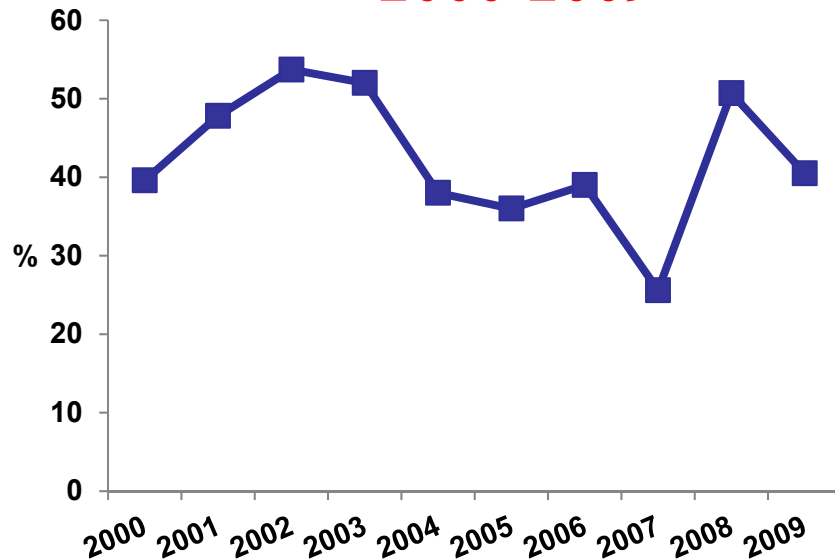


can be avoided if prevention and treatment reach universal coverage

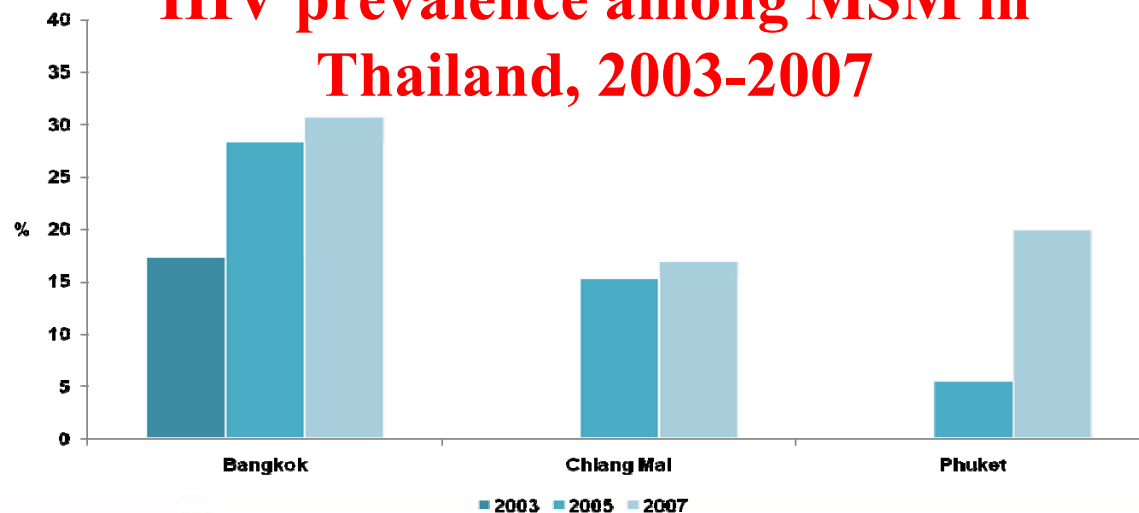
Better information but the response is lagging

- Response is a mixed picture country to country and provinces within the same country (in India and China).
- There are excellent prevention efforts, but not to scale.
- Babies are still getting infected - PM TCT coverage in the region is very low (25%)
- If reducing the new infections to half by 2015 is the goal, many countries need to act fast.

HIV prevalence among IDUs in Bangkok, 2000-2009

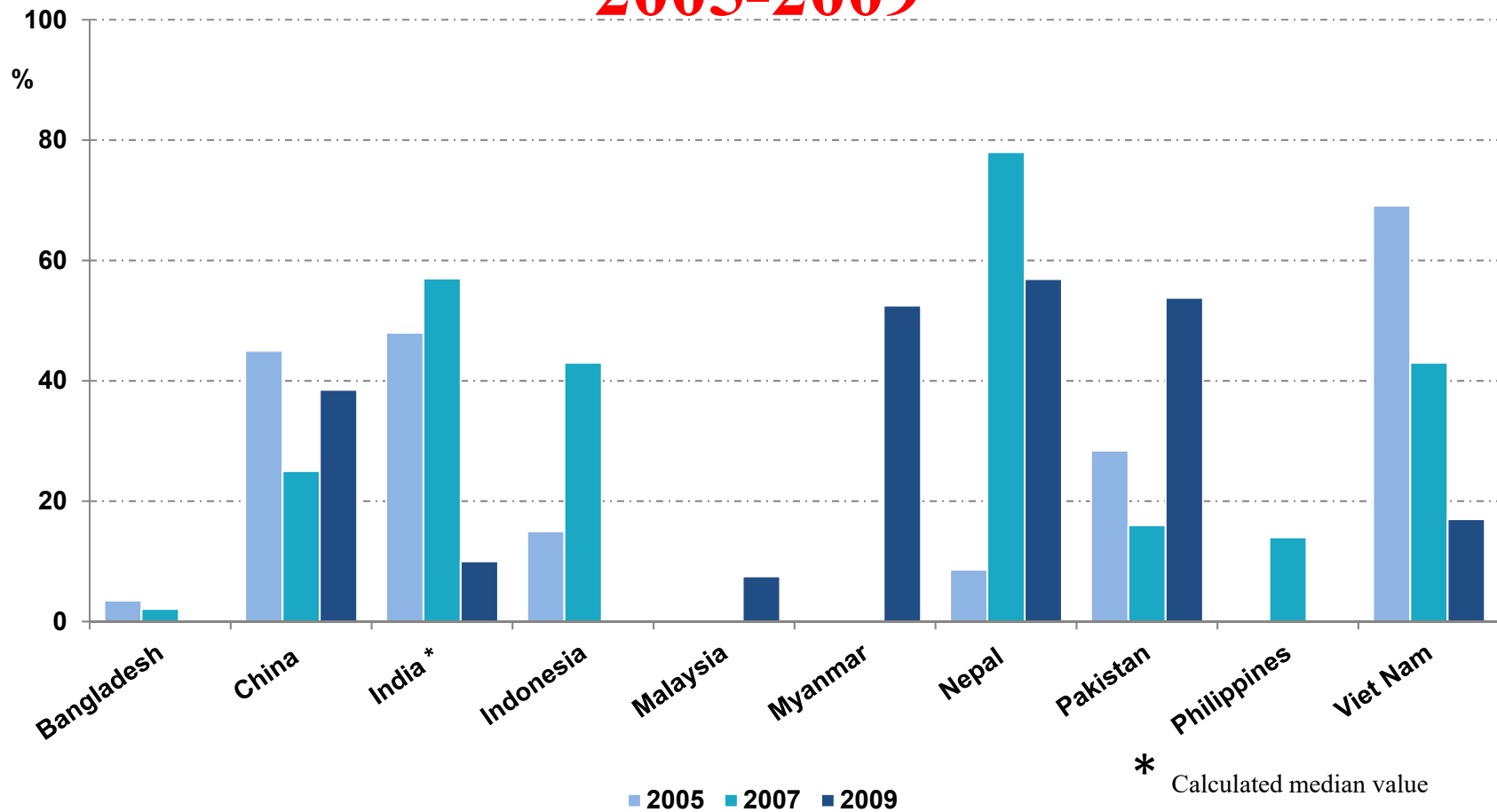


HIV prevalence among MSM in Thailand, 2003-2007

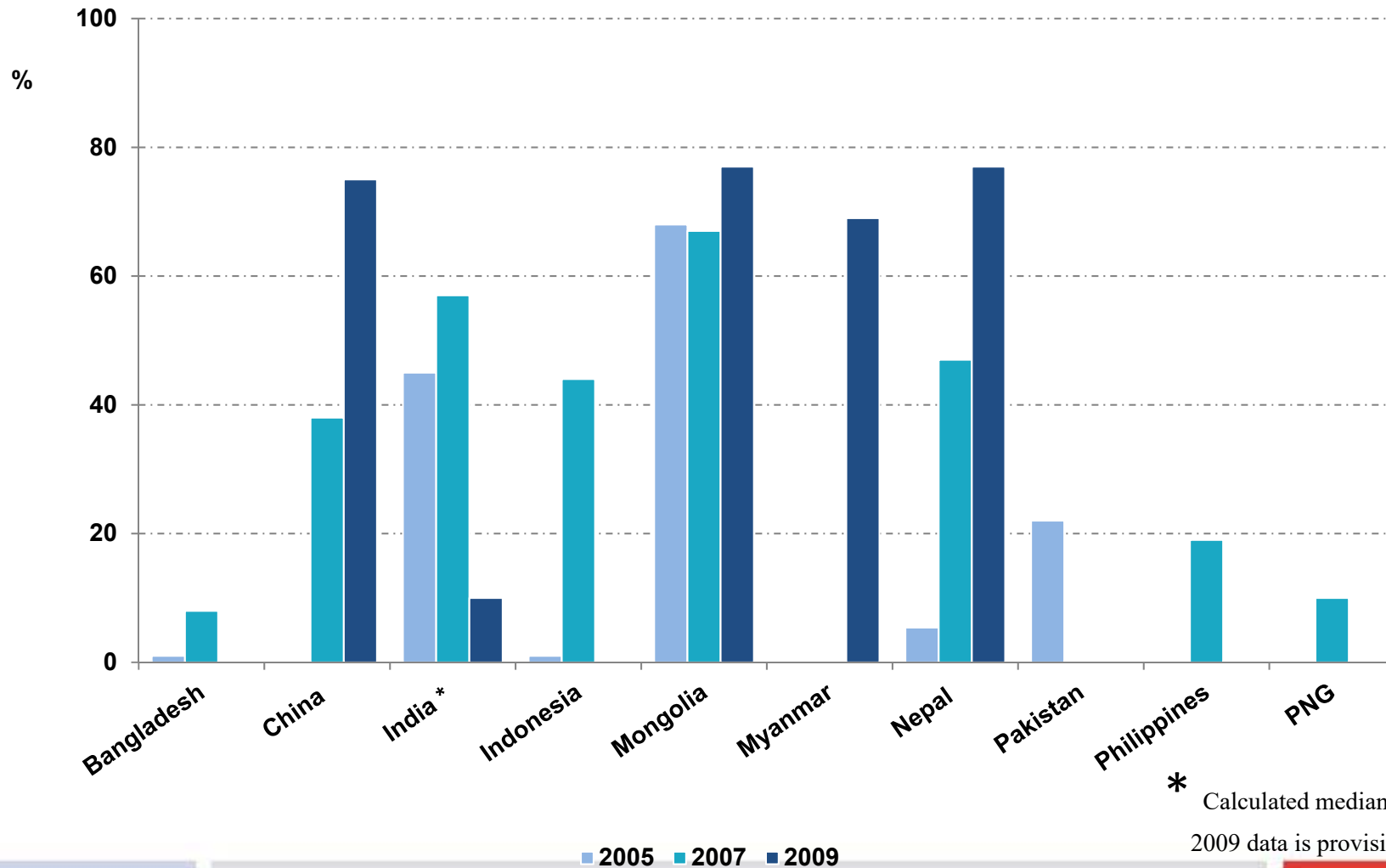


Thailand's early successes in reducing sex work-related infections, have given way to increasing infections among IDUs and MSM

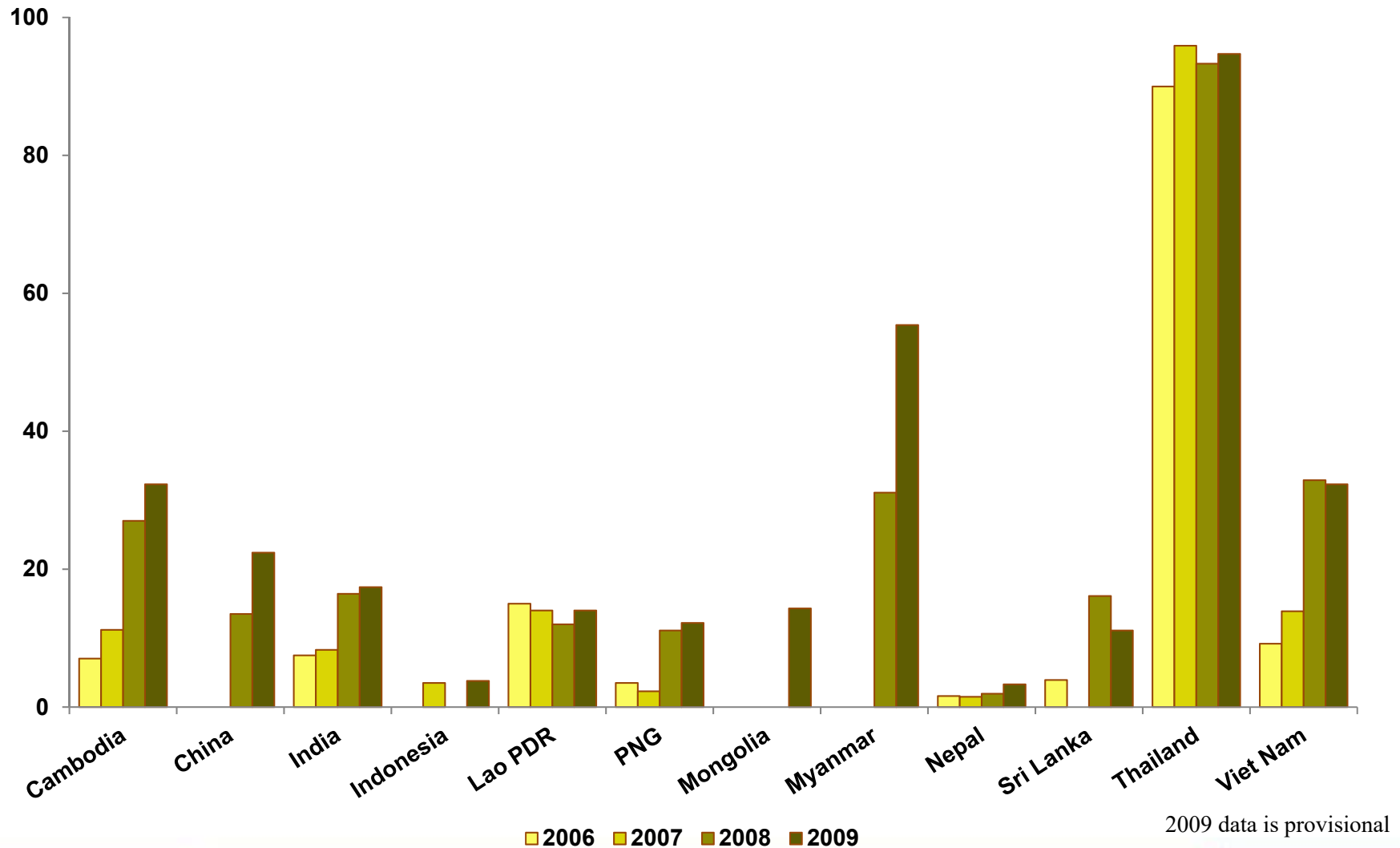
HIV prevention coverage among IDUs, 2005-2009



HIV prevention coverage among MSM 2005-2009



PMTCT coverage, 2006-2009

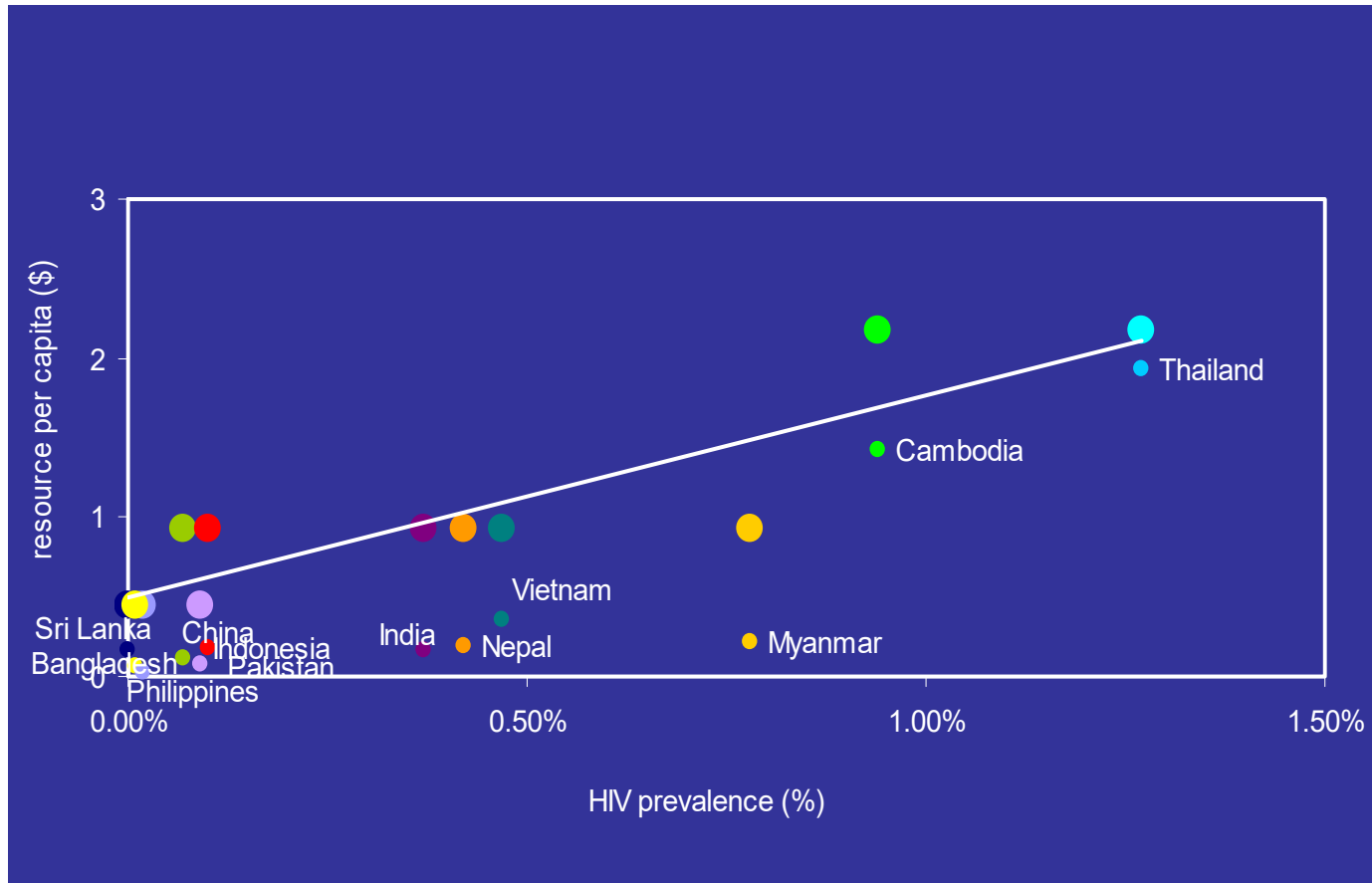


Enabling environment and unseen challenges



- Political leaders in Asia must be credited for seeing the danger of a looming epidemic and acting early ...
- But, the political rhetoric is often not translated into measurable programme outputs which have an **IMPACT** on the epidemic.
- Disturbing trend of reversal of earlier gains – new legislations in countries like Cambodia which enhance stigma. New conservatism around issues like sex work, male to male sex ...
- Impact mitigation is the missing piece. No effective measure to mitigate the effects of stigma and discrimination. No earmarked funding.

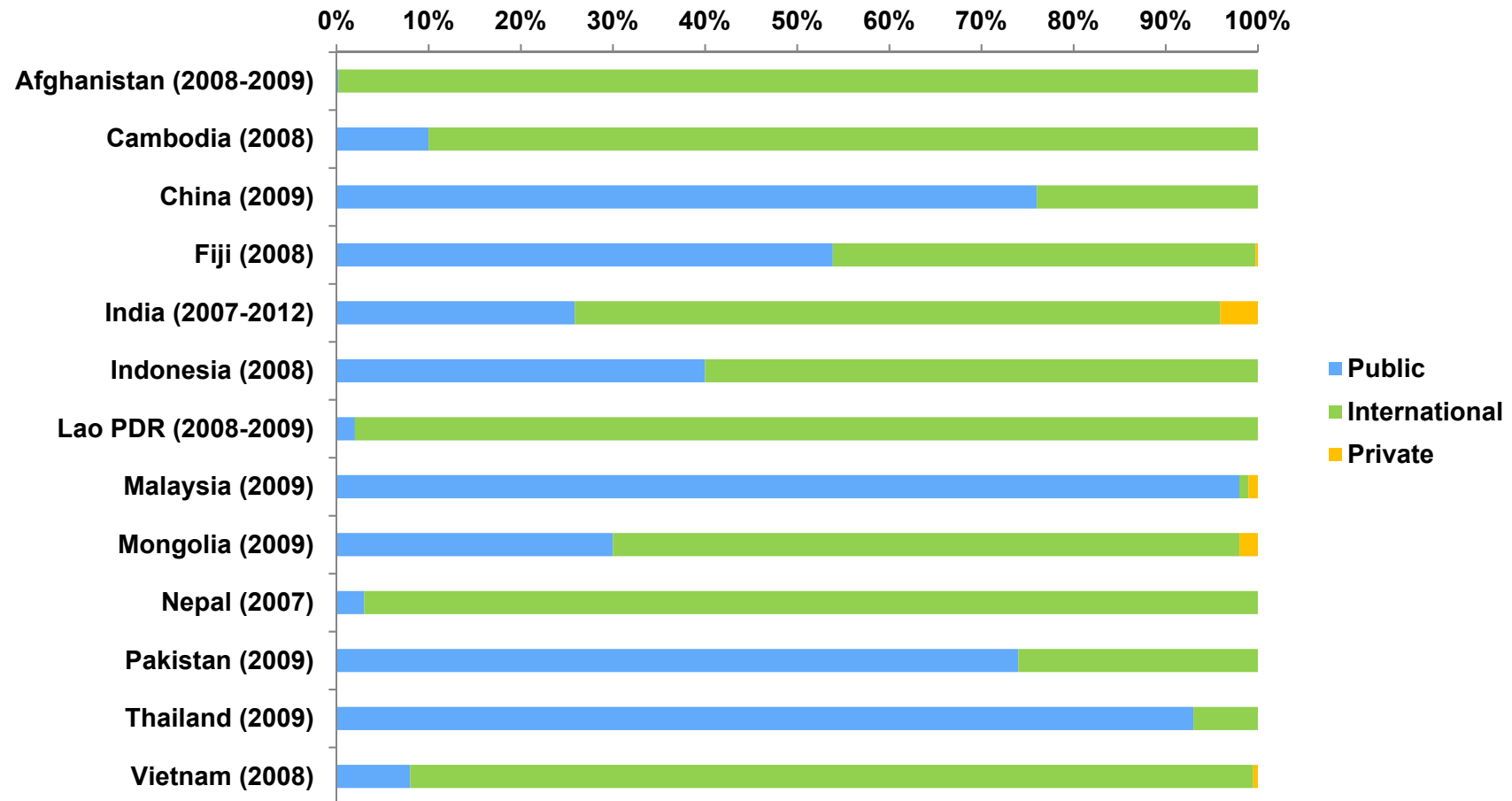
No country spends enough



With a normative value of \$1 per capita, 9 countries still fell short on resource commitment to AIDS programmes

The region needs \$ 3.2 bn for reversing the epidemic, but availability hovers around \$ 1.2 bn.

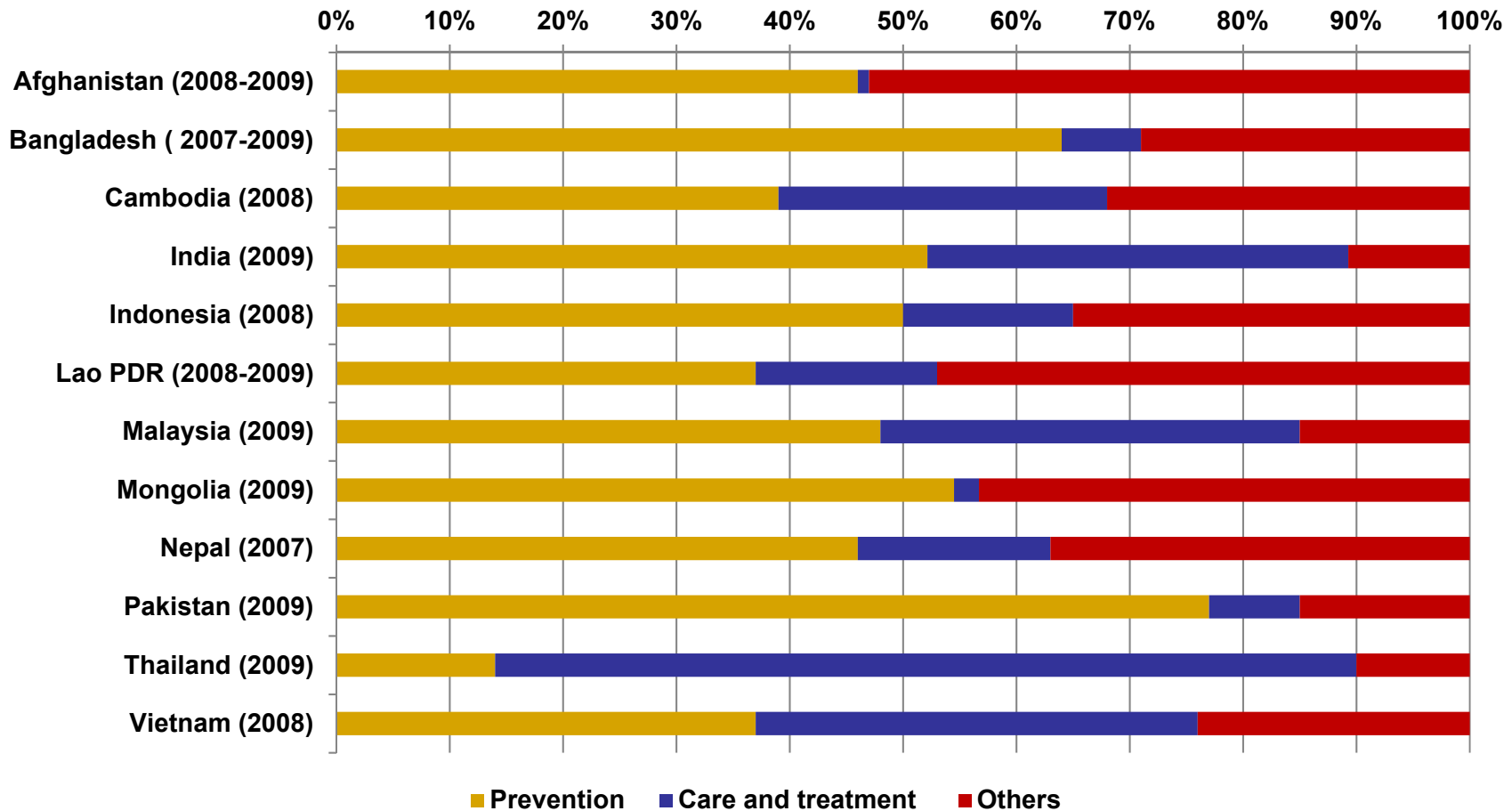
Sources of AIDS funding, selected countries



Percent distribution of



AIDS spending per key area, selected countries

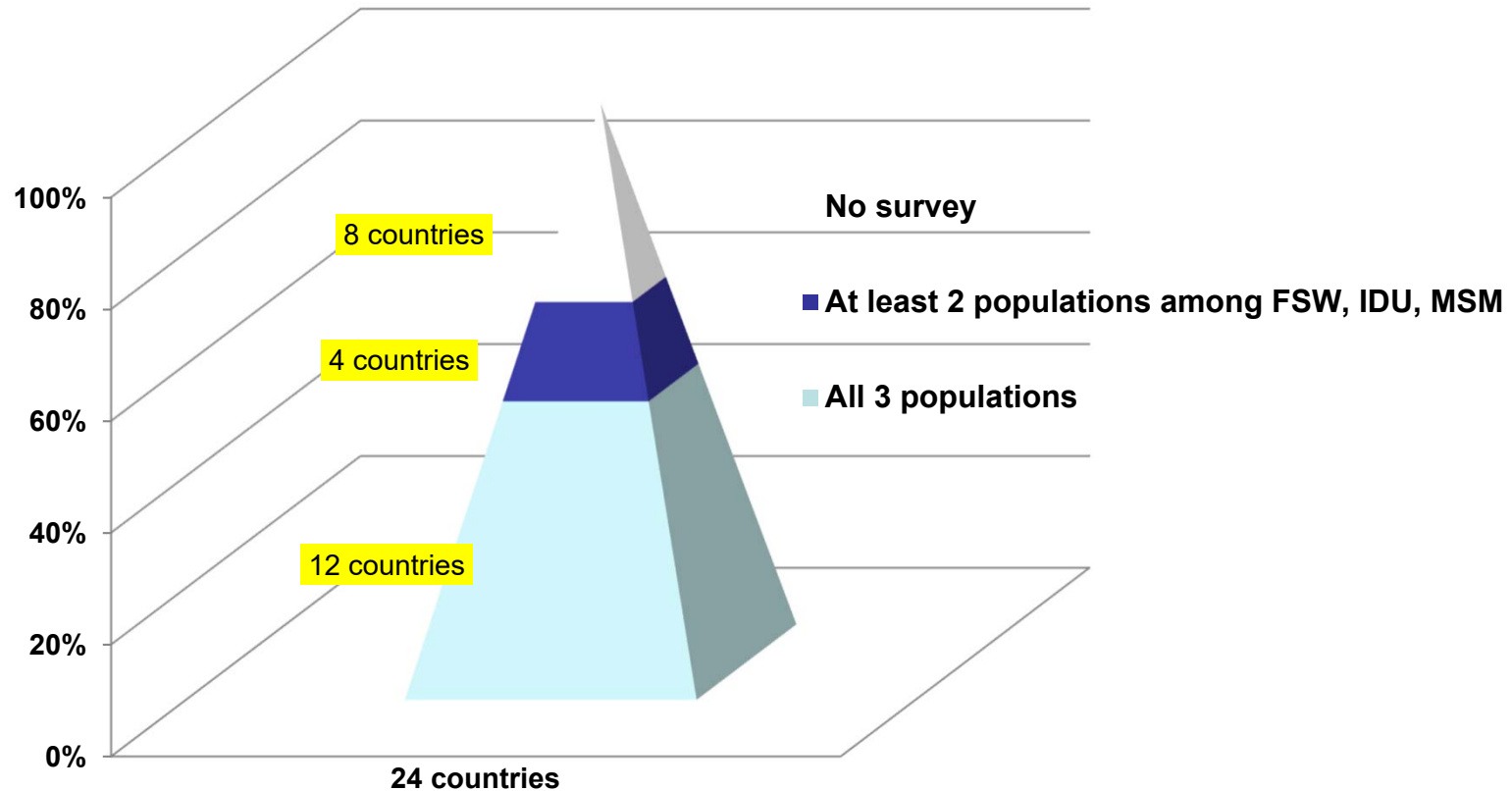


The brighter side



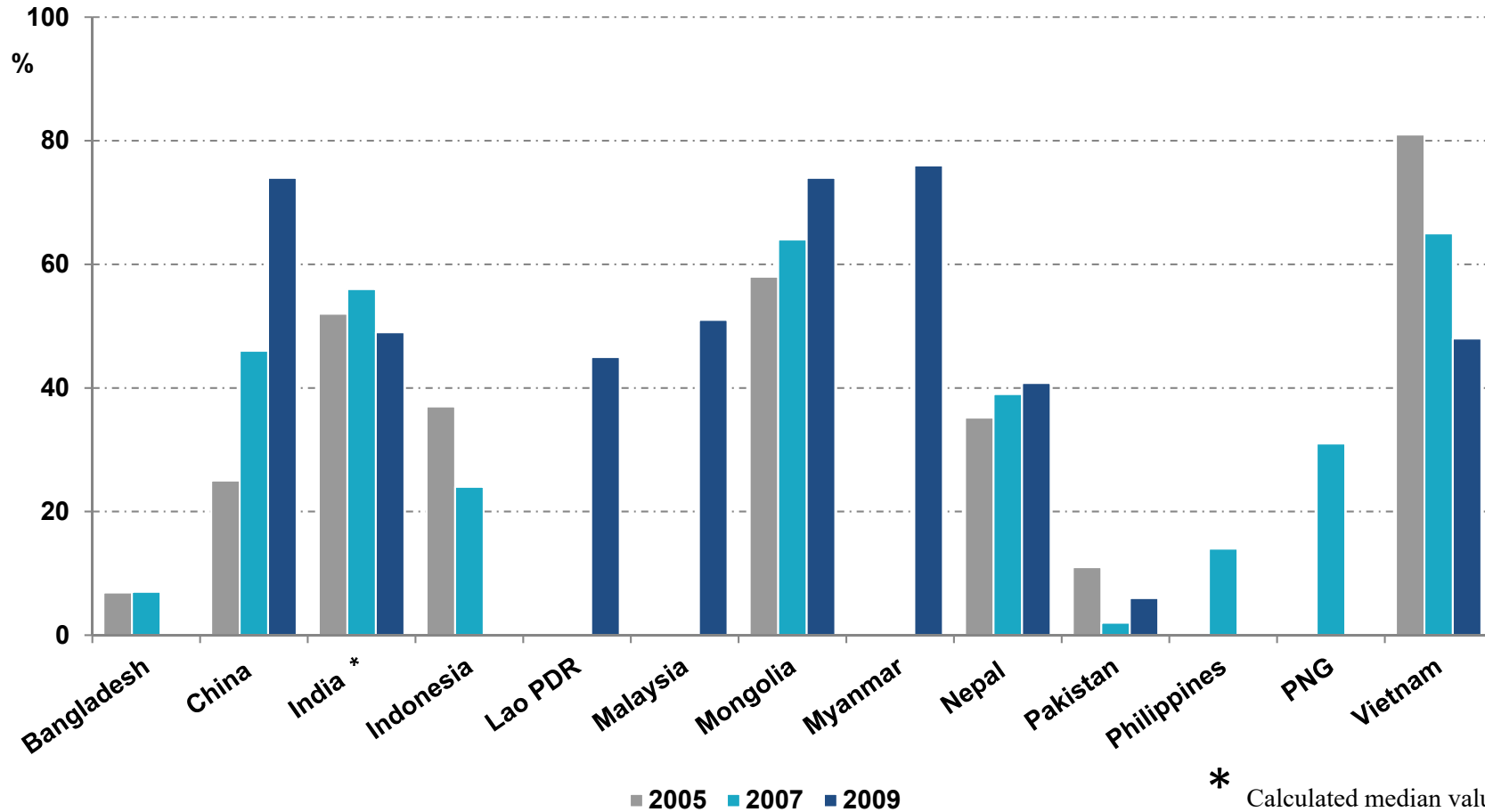
- Countries understand the need for information and are starting to generate more data and fill data gaps.
- Behavioral surveys are identifying and characterising the risk factors.
- Successful interventions which can bring down new infections effectively have been demonstrated.
- Stronger health system support for treatment and PMTCT programmes is resulting in fast scale up. Treatment coverage increased impressively to 565,000
- Good scale up in resources - GF and PEPFAR and BGMF as new donors have added much needed resources.
- Social environment changing in countries like India and Nepal with a proactive judiciary leading the way to social reforms.

Strategic information systems are improving across the region and risk factors better understood



% of countries with HIV prevalence surveys among populations at higher risk, in the last 2 years (2009)

HIV prevention coverage is improving across most the region



* Calculated median value

2009 data is provisional

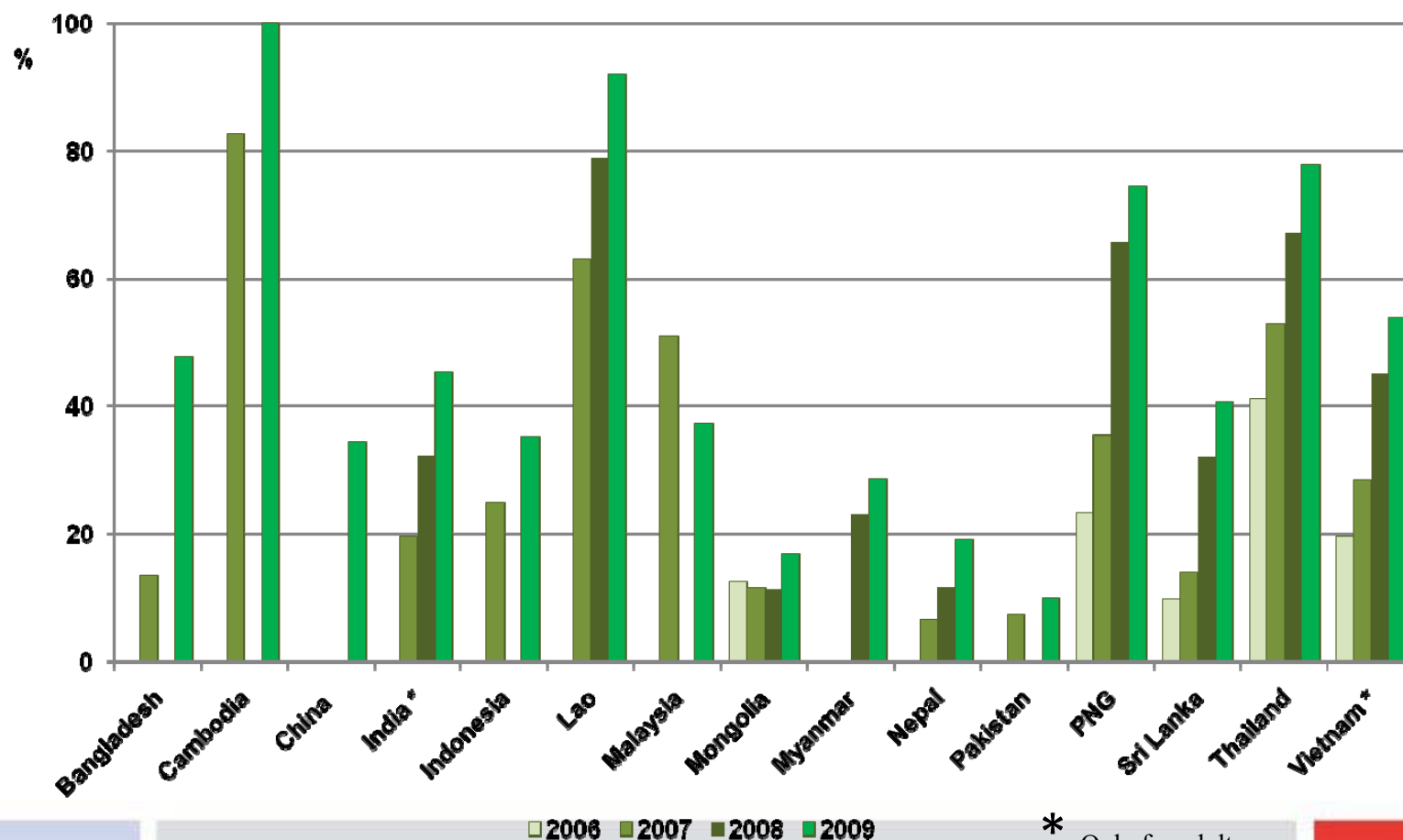
ART coverage is scaling up fast in many countries



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNICEF
WFP
UNFPA
UNHCR
ILO
UNESCO
WHO
WORLD BANK

ART coverage among adults and children, 2006-2009



* Only for adults
2009 data is provisional

The MARPs agenda- opening the doors for social sector reform

- Acceleration of gender and HIV activities in the region
 - By the end of 2009, 3 countries had gender reviews of their NSPs and 2 policies for systematic inclusion of gender. 4 more countries currently working on them.
 - Regional Report on Intimate Partner Transmission of HIV was launched at 9th ICAAP based on analysis in 13 countries

The MARPs Agenda – opening the doors for social sector reform .. (cont'd)

- UNAIDS Agenda for Women and Girls to be promoted in 2010 to support engendering of new National Strategic AIDS Plans and Global Fund Grants.
- Social environment changing in countries like India and Nepal with a proactive judiciary leading the way to social reforms.
- Establishment or improvement of remedial instruments and legal reform, and agencies where PLHIV can seek redress and legal services.

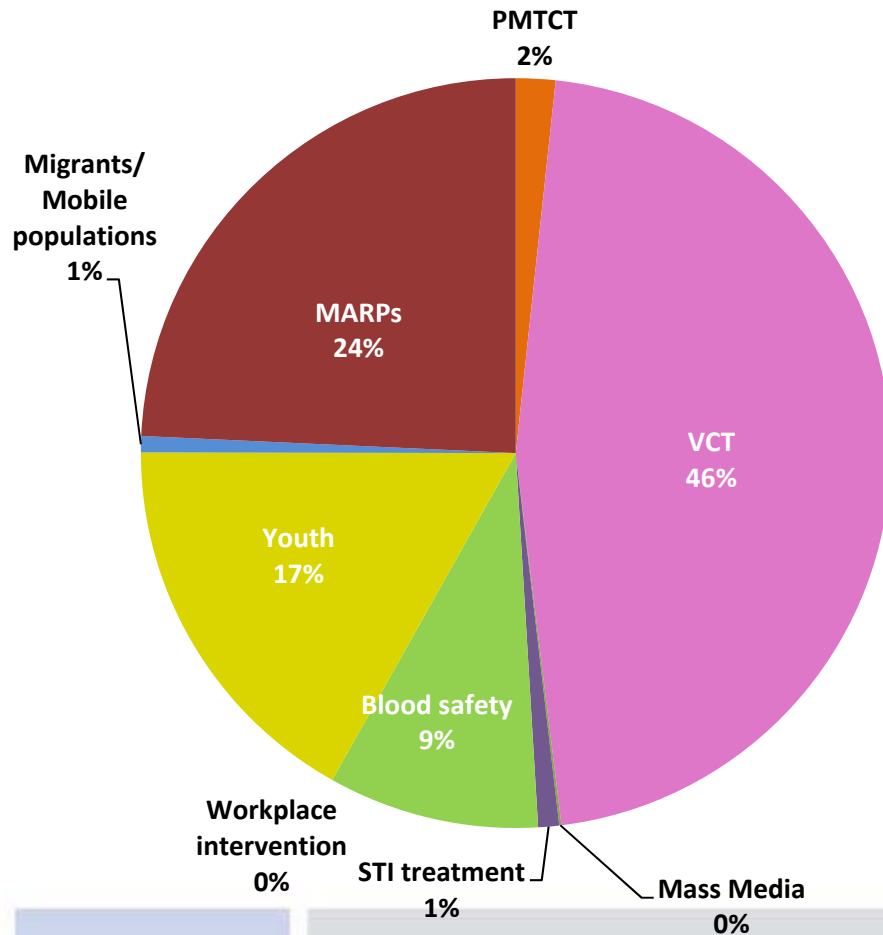
Empowerment of positive people

- Strong networking of PLHAs in most Asian countries and linking with Regional body APN+
- Representation on NACs and CCMs at national level.
- Core funding for organizational development to APN+ from UNAIDS
- Involvement in development of strategies for prevention of Intimate Partner Transmission
- HIV Bill in India to guarantee the rights of positive people
- Stigma Index roll out commenced in 2008 with PLHIV groups involvement.
 - Five countries completed the index and are disseminating findings (Sri Lanka, Bangladesh, China, Myanmar and Thailand).
 - Seven more countries (Cambodia, Fiji, Malaysia, Pakistan, Philippines, PNG and Viet Nam) implementing index through PLHIV networks with universities support.

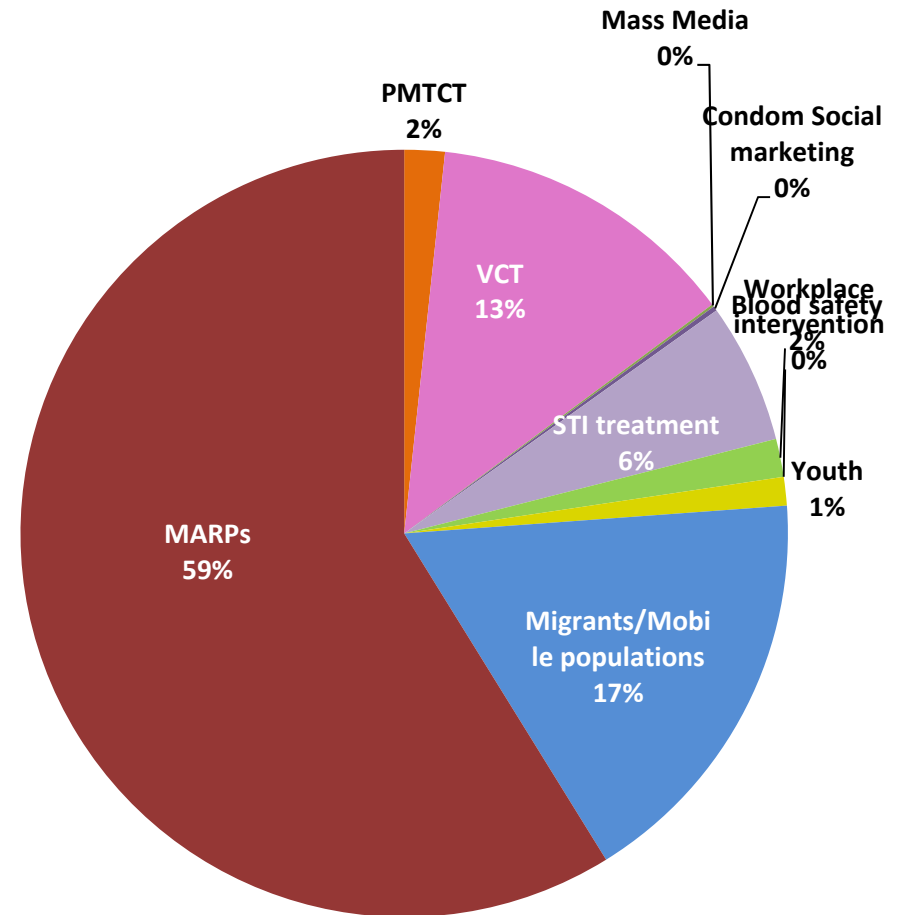
Global Fund Round 6 & 8 HIV spending in Asian countries: Priority areas



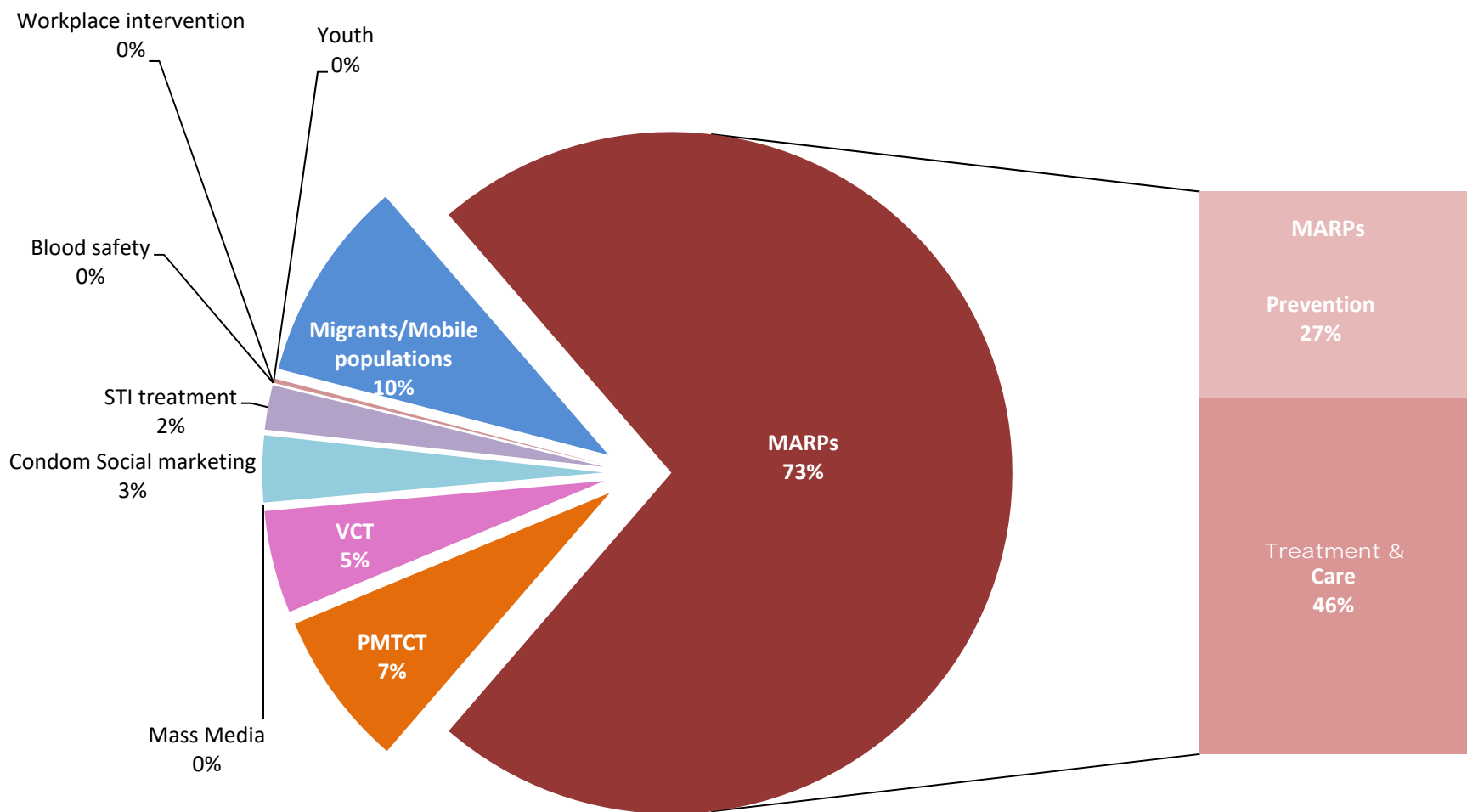
Round 6



Round 8



Global Fund Round 9 HIV spending in 6 Asian countries: Priority areas



Why is this the right time to act?

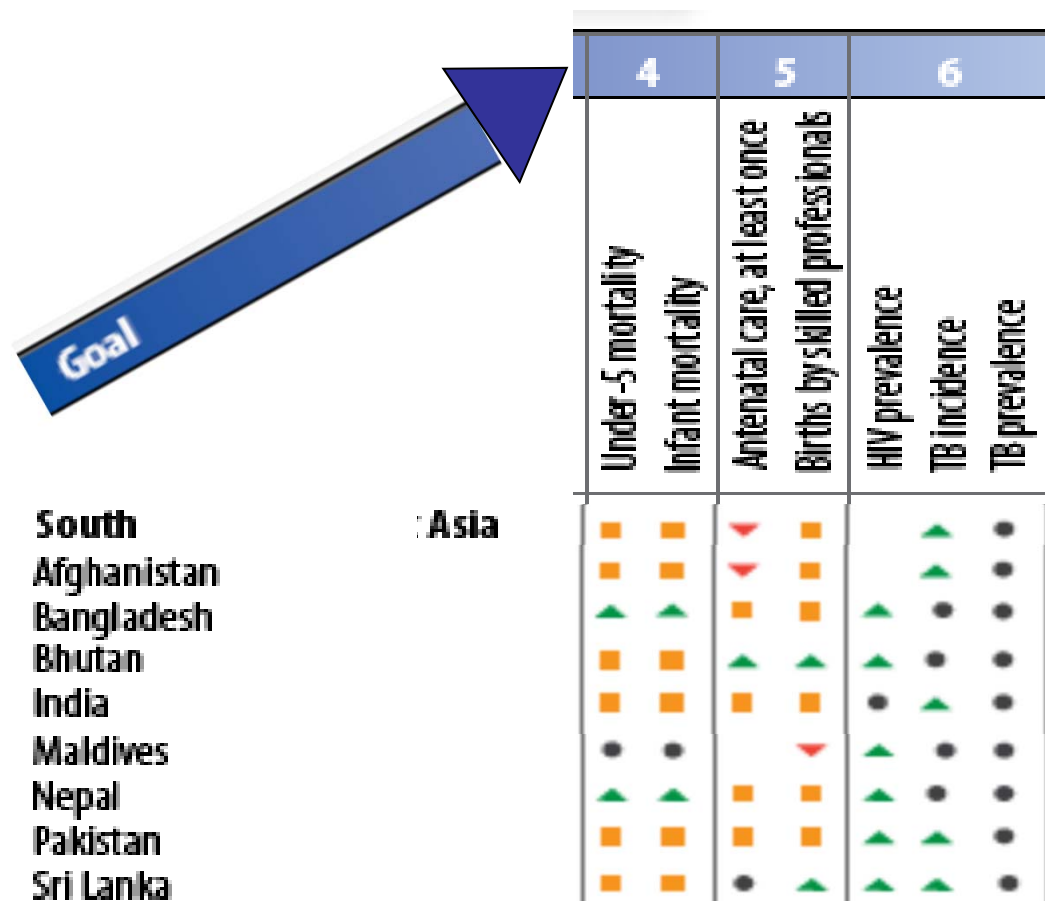
Countries with highest prevalence in Asia show good progress on MDG 6 targets for HIV and TB, but less progress on infant and maternal targets MDGs 4 & 5



Country	MDG Goal 4		MDG Goal 5		MDG Goal 6		
	Under-5 mortality	Maternal mortality	Antenatal care	At least once birth by skilled professional	HIV prevalence	TB incidence	TB prevalence
China	■	■	■	▲	▲	●	●
India	■	■	■	■	●	▲	●
Indonesia	▲	▲	▲	▲	▼	●	●
Myanmar	■	■	▼	■	●	▲	●
Thailand	●	●	●	▼	●	▲	●
Vietnam	●	●	▲	▲	▼	●	●

● Early achiever
 ▲ On track
 ■ Slow
 ▼ Regressing/No progress

With 2015 MDG targets approaching, HIV and AIDS interventions should be integrated into Health Systems strengthening



UN is reinforcing its role

- AIDS affords an opportunity for the UN system to deliver as ONE
- The one programme where this has been successfully done was the AIDS programme where the secretariat and the 10 Co-Sponsors work together in a joint programme to provide support to countries.
- This needs to be intensified, taking advantage of the Outcome Frame Work of UNAIDS and the Division of Labour between agencies.

What needs to be done in Asia and the Pacific?

In the next 5 years,

- Understand the characteristics of the epidemic and tailor the response.
- AIDS should get to the top of the agenda for activists and social reformers
 - It provides a platform for civil society no other movement was able to provide earlier.
- Focus on programmes that produce impact and results, and don't waste money on low impact interventions.
- Coverage and scale up is the Mantra - Attempt and attain more than 80% coverage of populations who need prevention and treatment services.

In the long term,

- impact mitigation is the key
 - special focus on orphans and women.
 - AIDS related stigma and discrimination should be wiped out.
 - CAA estimated that for the entire Asia they are not going to cost more than \$ 300 m per year.

Thank you!

Acknowledgements

- UNAIDS RST
- HIV and AIDS Data Hub for Asia and the Pacific www.aidsdatahub.org