

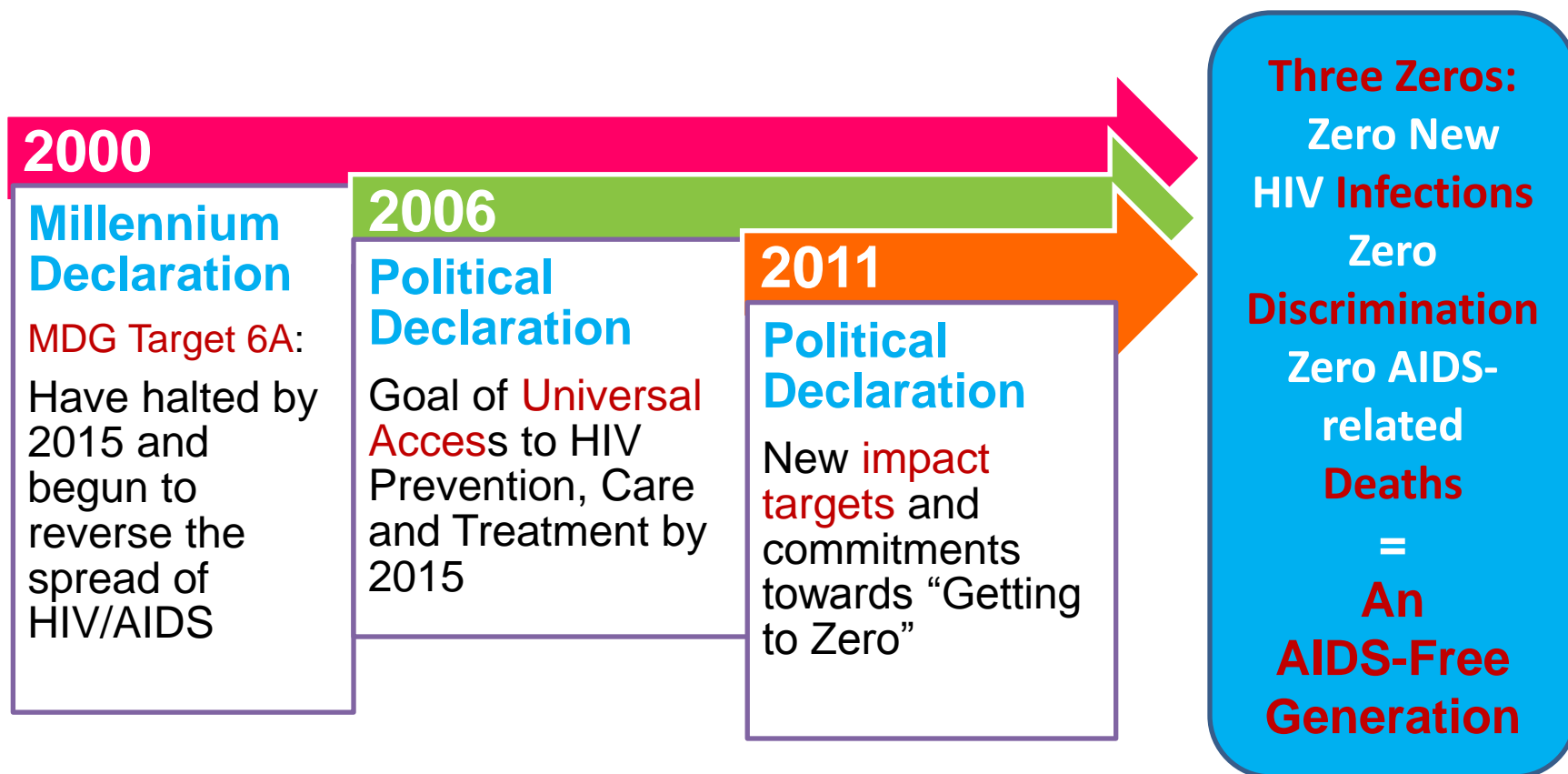
MDG 6A: Combating HIV/AIDS

Progress, challenges and the way forward in ASEAN Member States

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UNAIDS Regional Support Team

ASEAN Multi-Sectoral Workshop on MDGs
July 30-31 2012, Yangon, Myanmar

Where do we want to be by 2015?



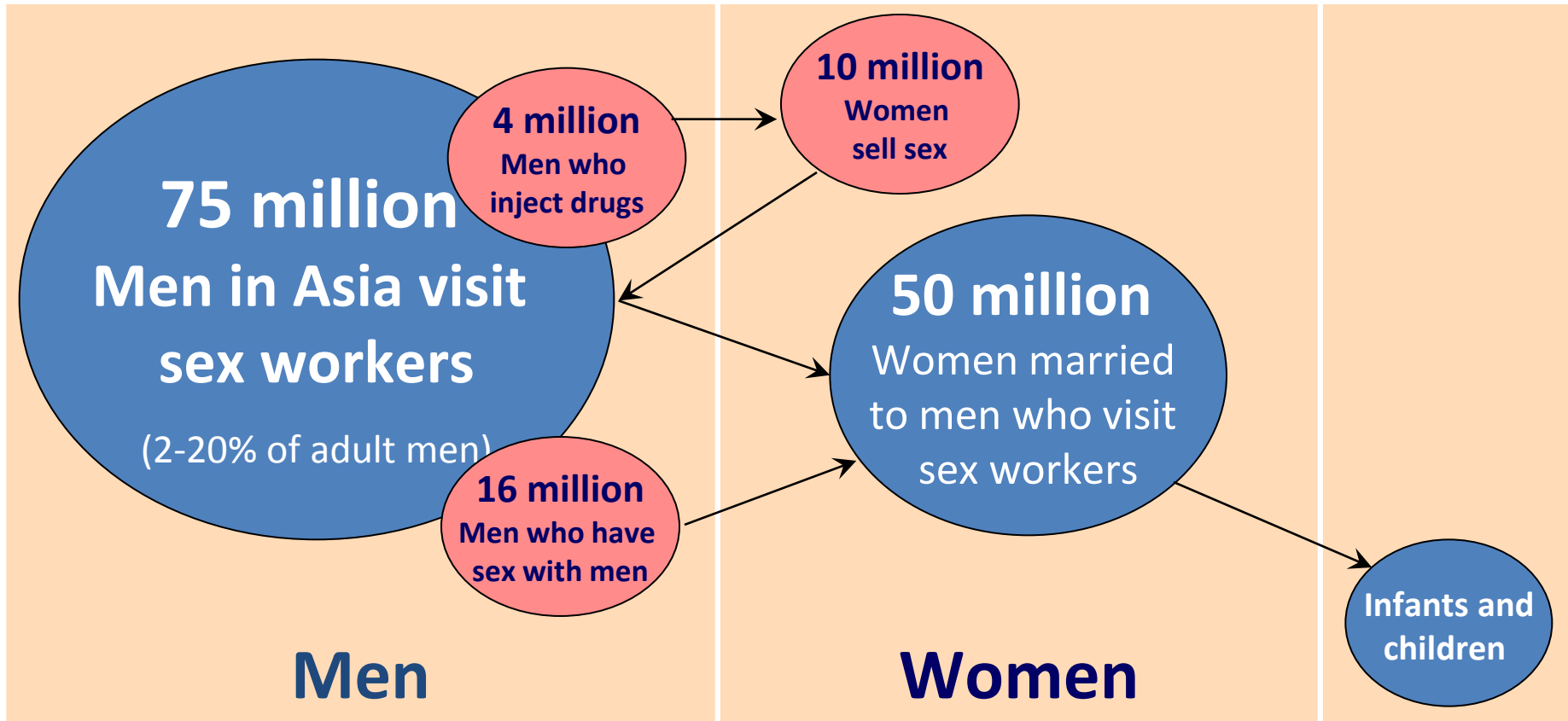
2011 UNGA High Level Meeting targets and commitments by 2015

- 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

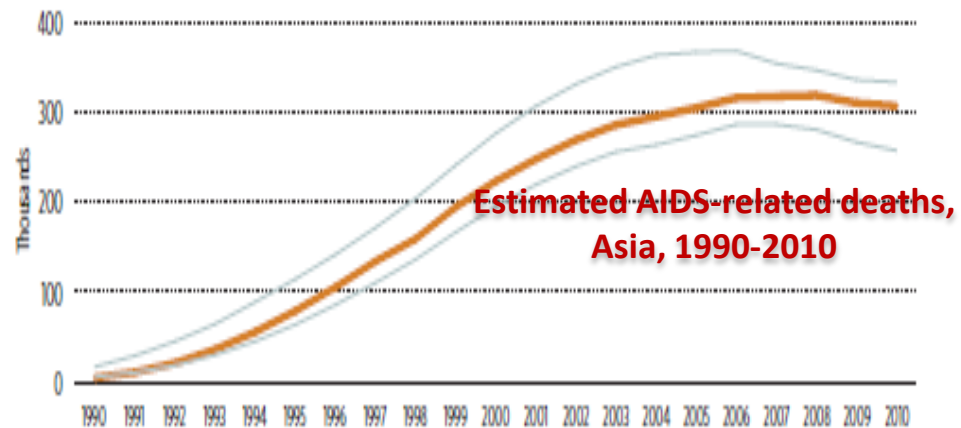
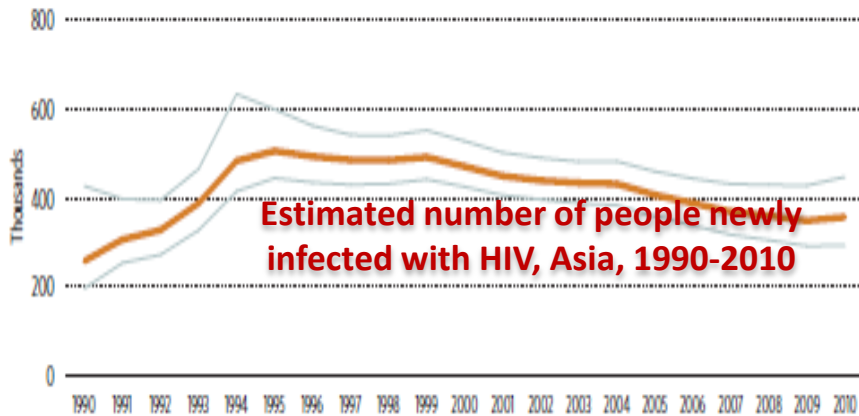
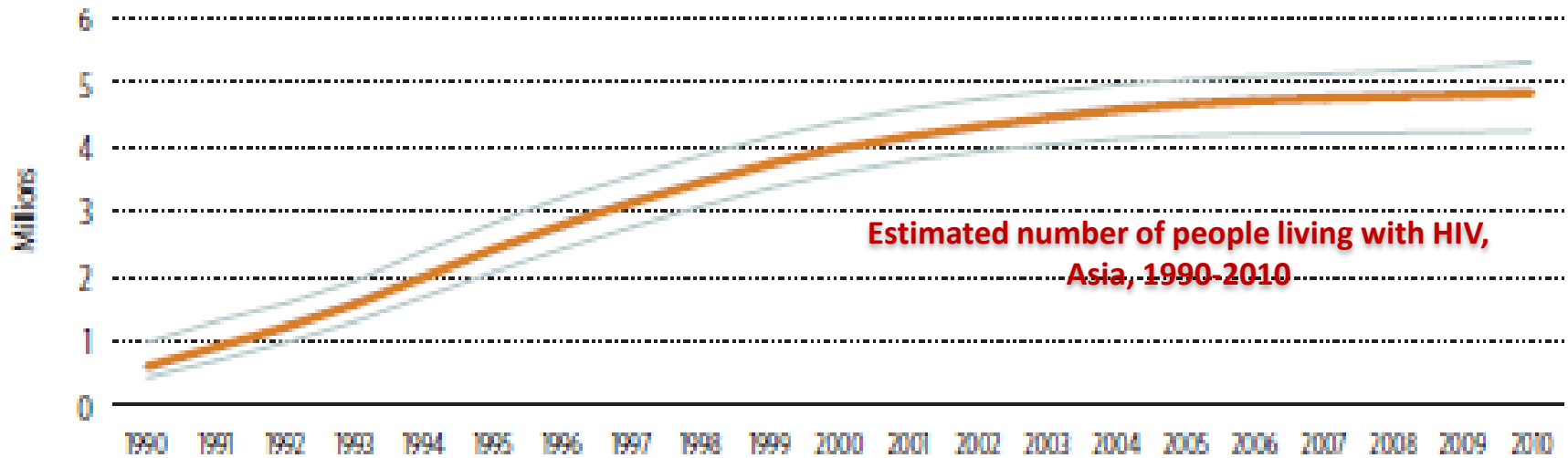
What does this mean for the Asia-Pacific region ?

- 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)**



Regional HIV Trends



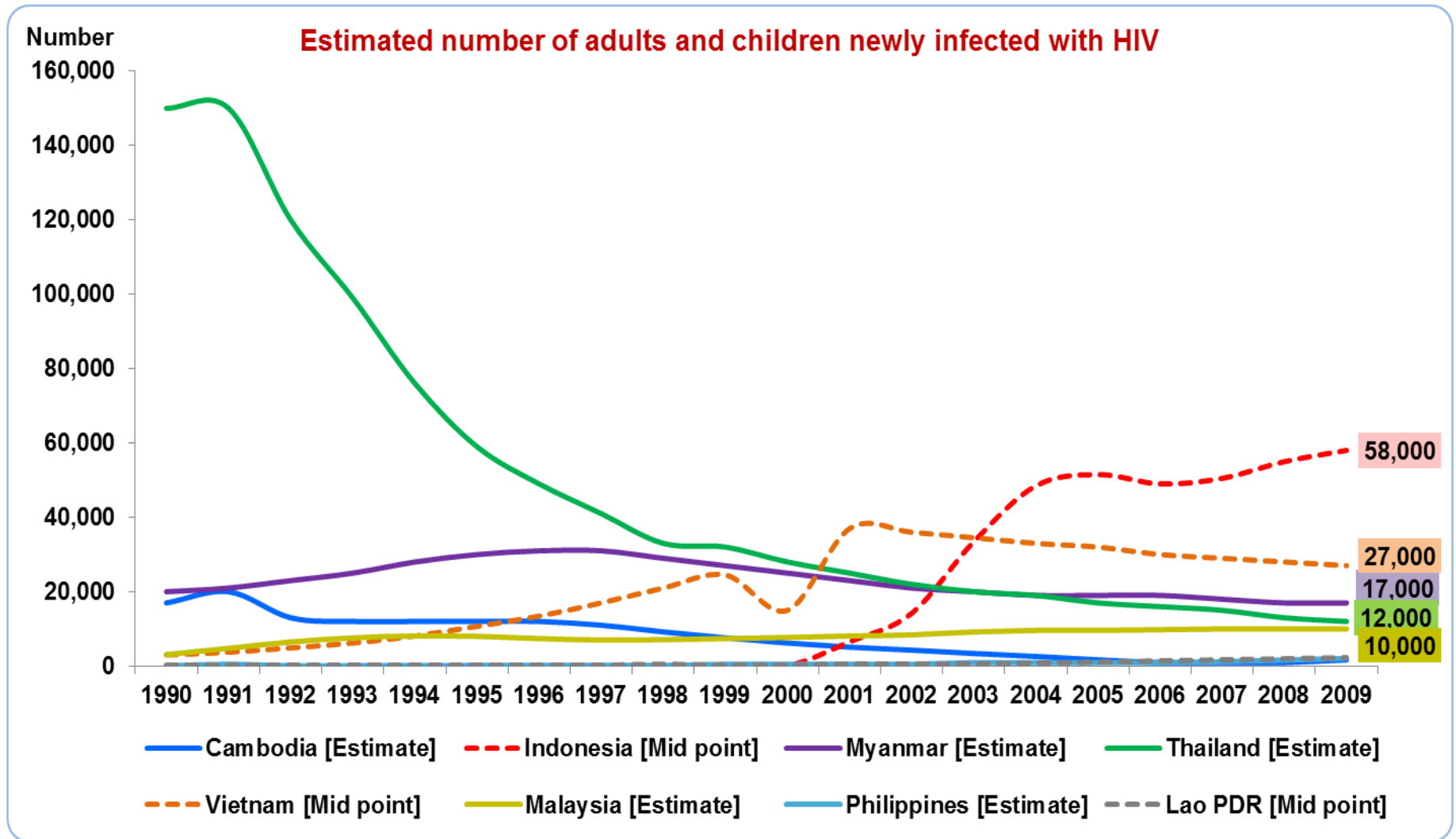
Source: Prepared by www.aidsdatahub.org based on WHO, UNAIDS & UNICEF (2011). *Global HIV/AIDS Response - Epidemic Update and Health Sector Progress Towards Universal Access - Progress Report*.

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

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

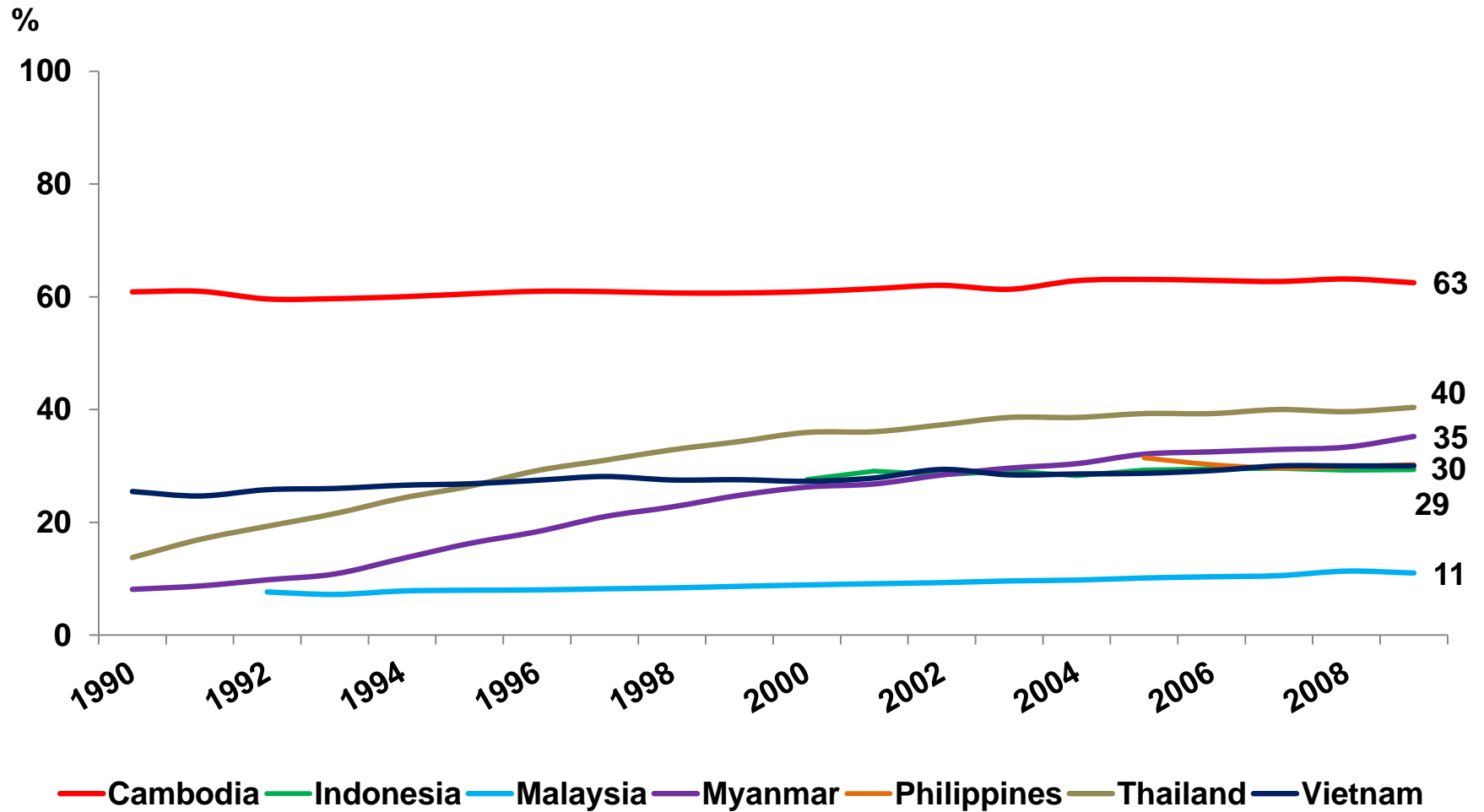
Source: Prepared by www.aidsdatahub.org based on UNAIDS (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic and (2011). Global HIV/AIDS Response - Epidemic Update and Health Sector Progress Towards Universal Access - Progress Report.*

Trends in new HIV infections in AMS



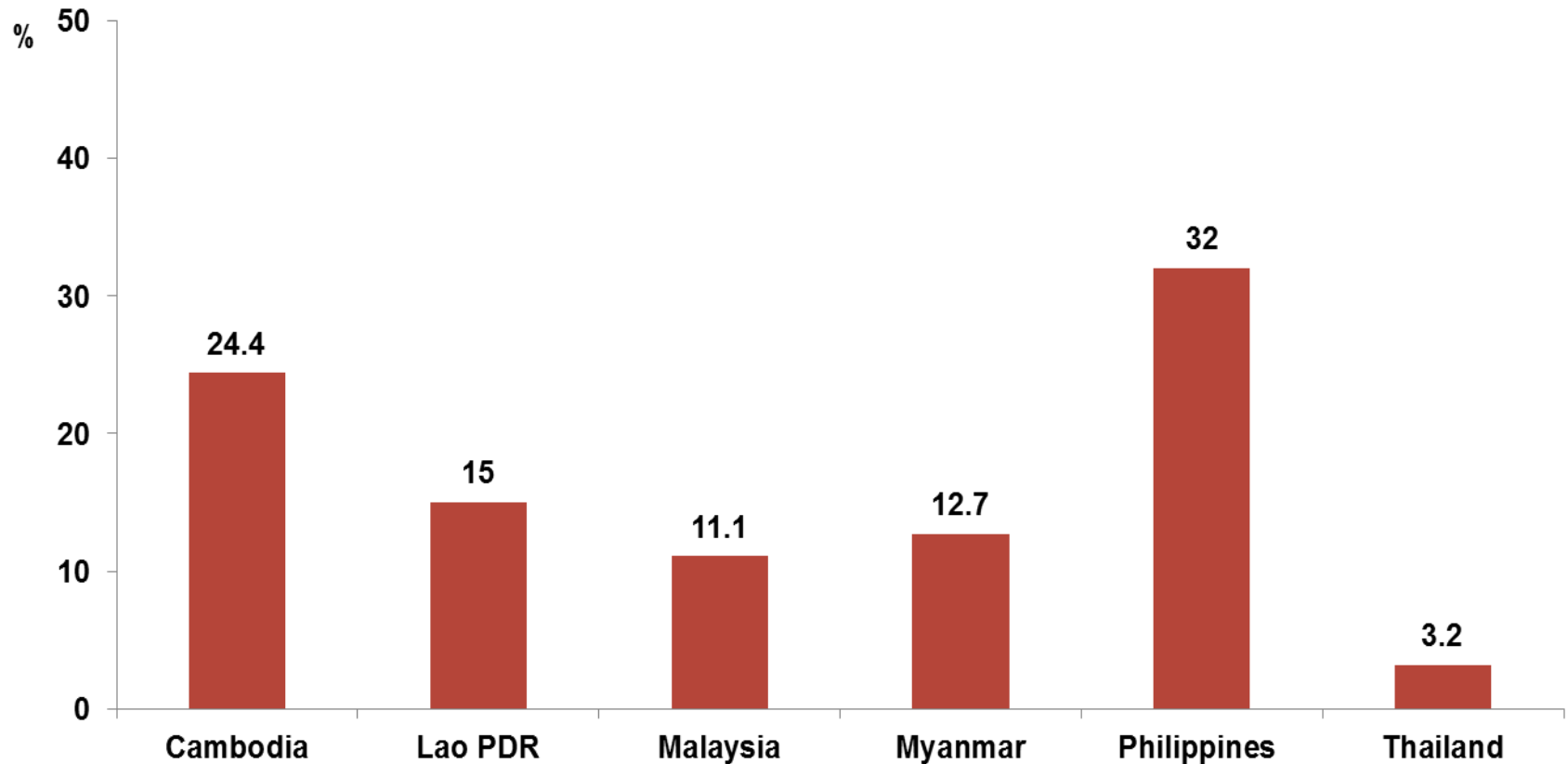
Source: Prepared by www.aidsdatahub.org based on UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic*.

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



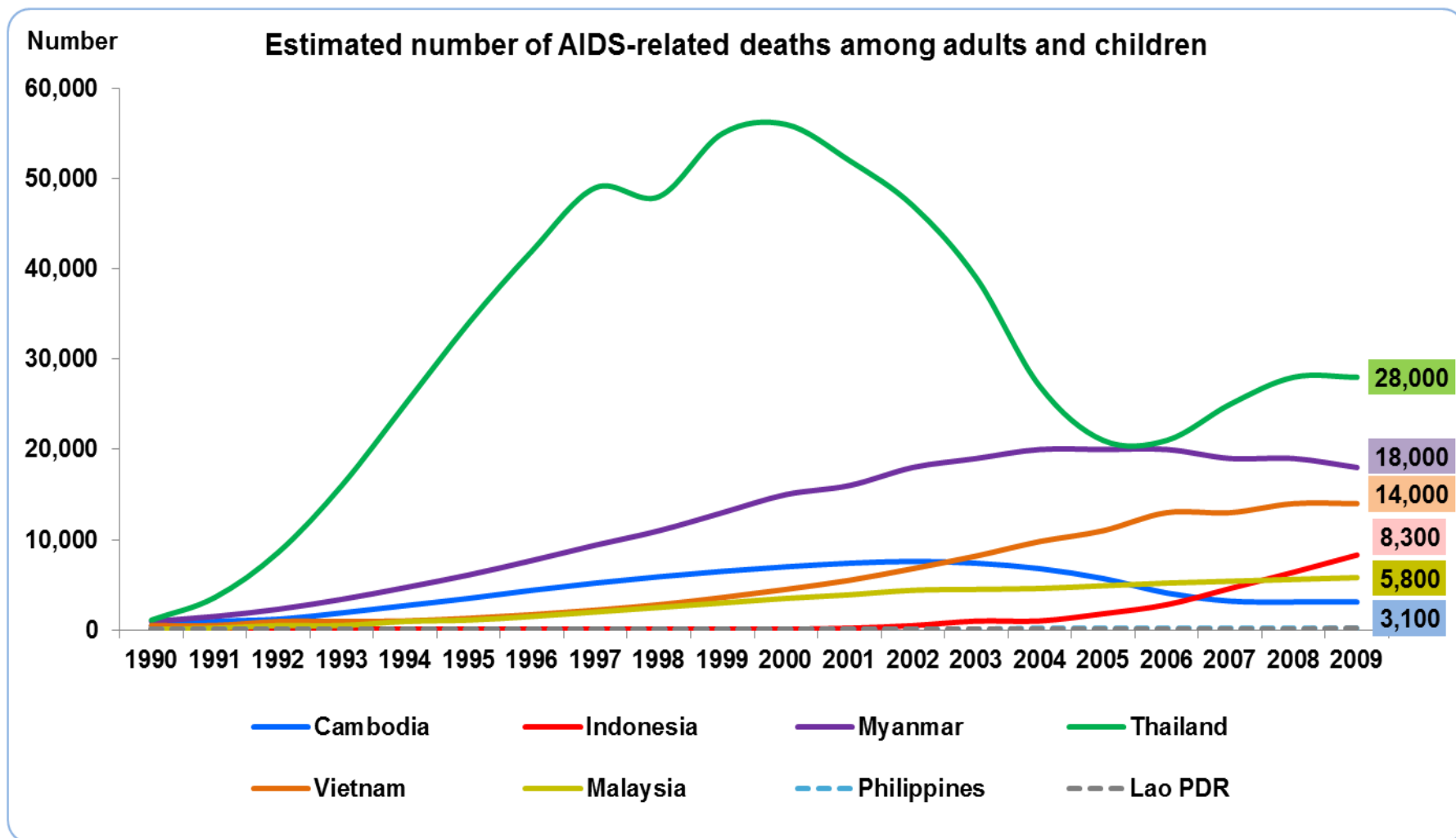
Source: Prepared by www.aidsdatahub.org based on UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic.*

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



Source: Prepared by www.aidsdatahub.org based on *UNGASS Country Reports 2010 and Global AIDS Response Country Progress Reports 2012*

Trends in AIDS related deaths



Source: Prepared by www.aidsdatahub.org based on UNAIDS. (2010). *Global Report: UNAIDS Report on the Global AIDS Epidemic*.

Trends in ART coverage

ASEAN countries	Estimated % of adults and children with advanced HIV infection who received antiretroviral therapy based on 2010 WHO guidelines, 2010		
	2009	2010	2011
Cambodia	94	92	(90)
Philippines	37	51	90
Thailand	61	67	65
Lao PDR	67	51	52
Viet Nam	34	52	54
Malaysia	23	36	38
Indonesia	21	24	(30)
Myanmar	18	24	32
Global (LMIC)	36	46	54
Regional (Asia)	18	37	44

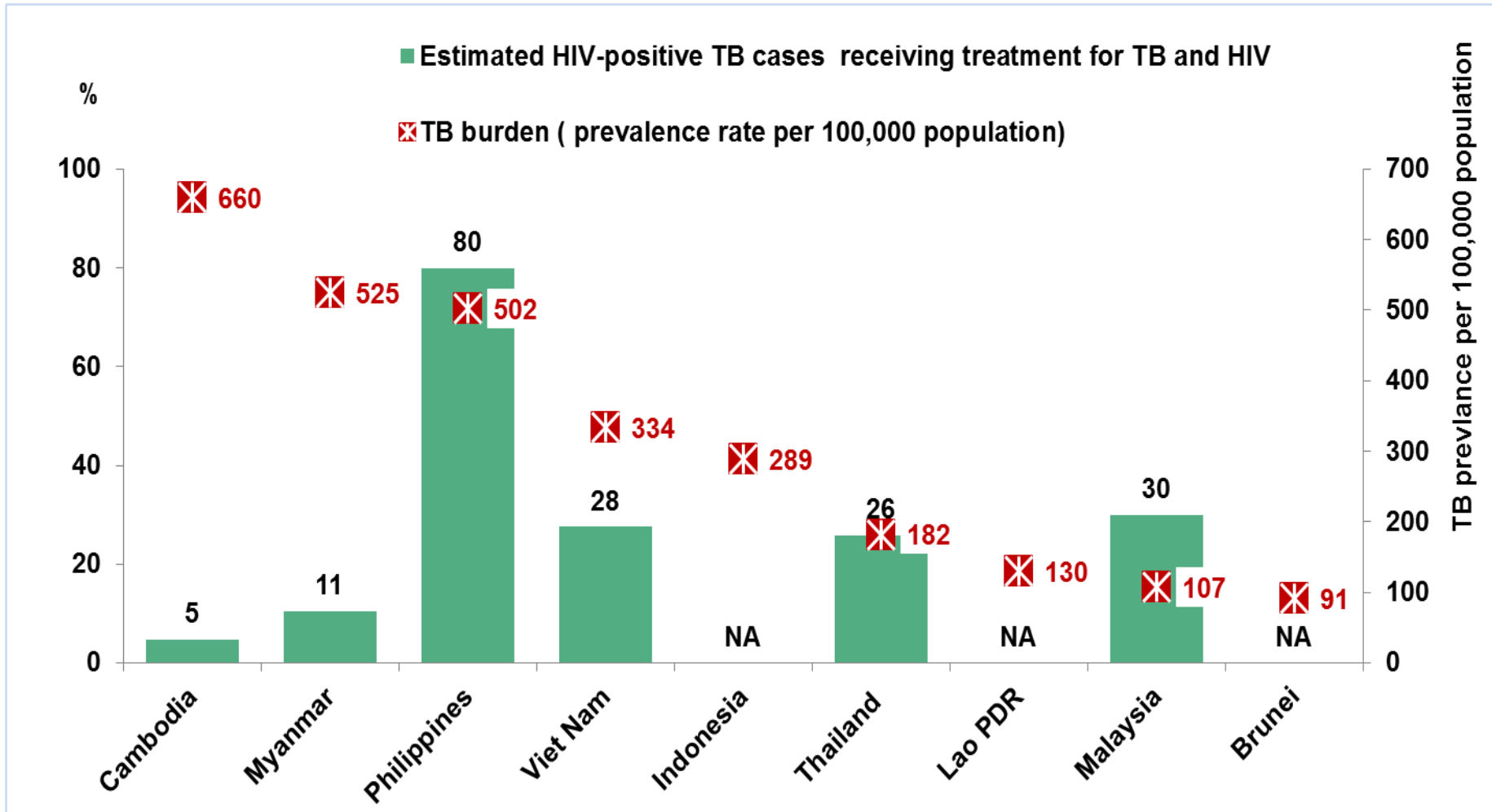
 = ART coverage <50

 = ART coverage 50 - 80

 = ART coverage >80

Source: Prepared by www.aidsdatahub.org based on WHO, UNAIDS, & UNICEF. (2010). *Towards Universal Access Scaling up Priority HIV/AIDS Interventions in the Health Sector - Progress Report 2010*, WHO, UNAIDS & UNICEF (2011). *Global HIV/AIDS Response - Epidemic Update and Health Sector Progress Towards Universal Access - Progress Report, 2011 and Global AIDS Response Country Progress Reports 2012*

HIV and TB: Deadly Synergies



Source: Prepared by www.aidsdatahub.org based on [WHO. \(2011\). Global Tuberculosis Control](#)

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

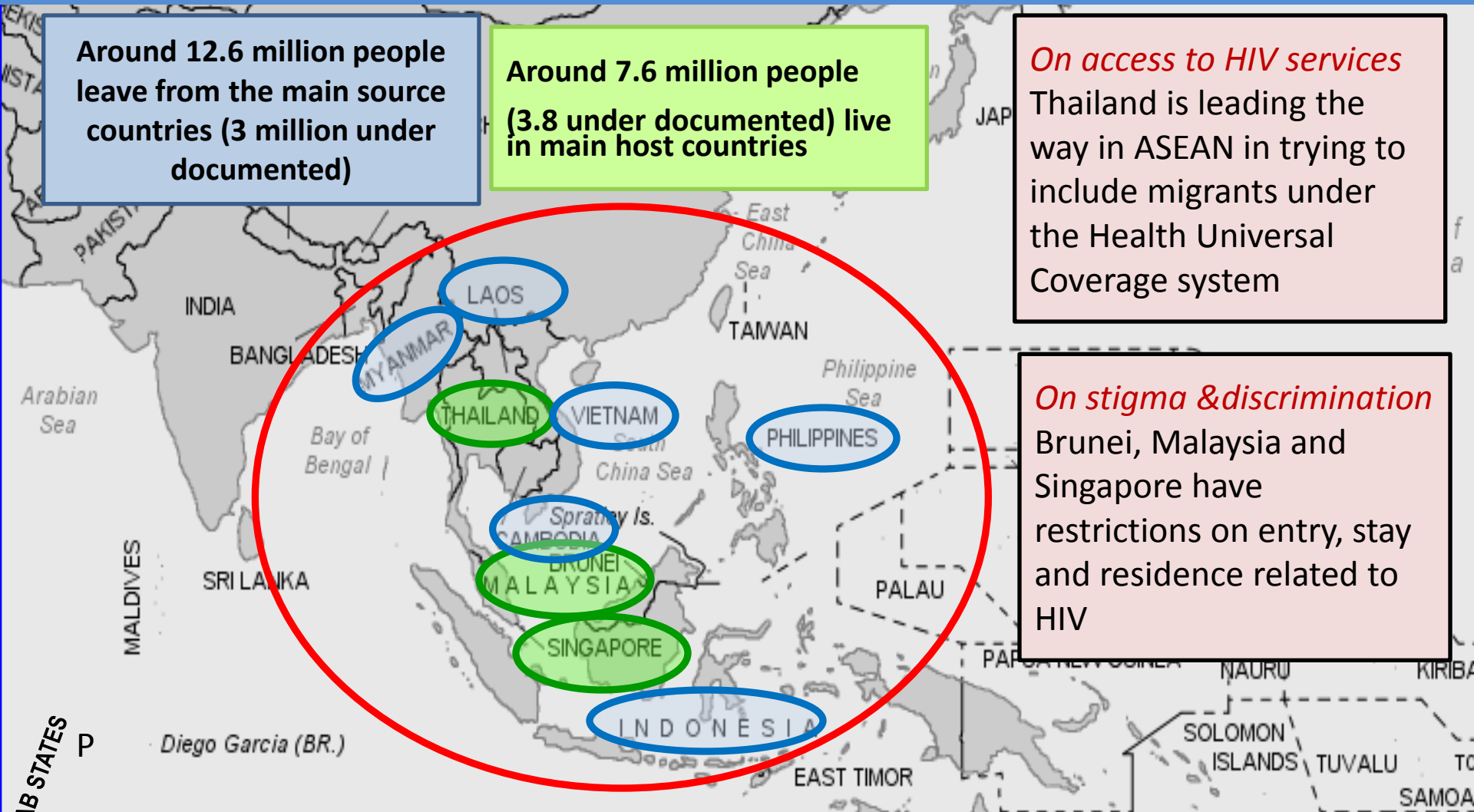
Migration and HIV in ASEAN

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

HIV relevant punitive laws in ASEAN

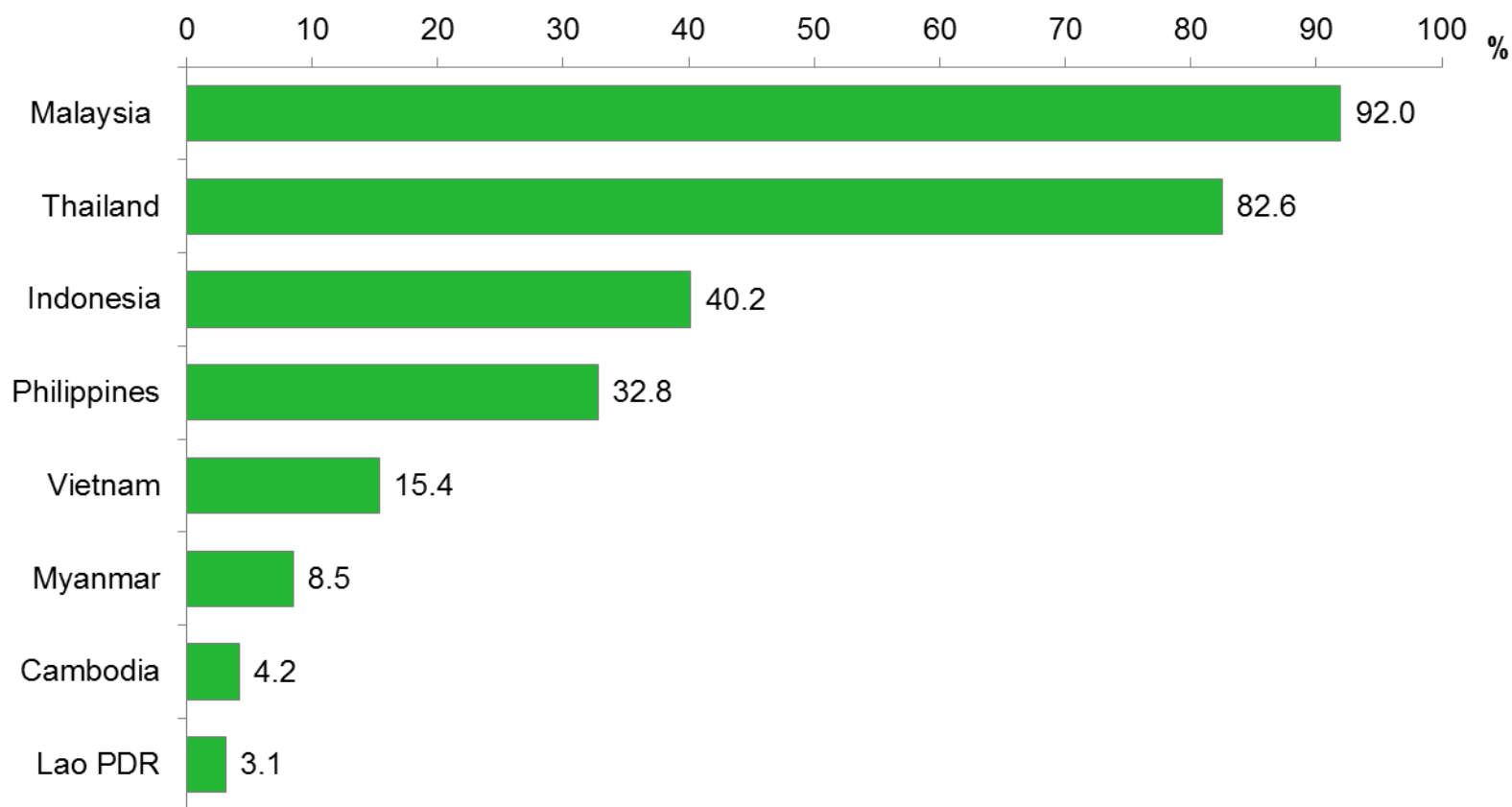
Country	MSM	Sex workers			PUD		HIV transmission or exposure	Travel restrictions
		Detention for SW	Private sex work	Brothels	Detention for PUD	Death penalty for drugs		
Brunei	Red	Grey	Red	Red	Red	Red	Green	Red
Cambodia	Green	Grey	Green	Red	Red	Green	Red	Green
Indonesia	Green	Grey	Red	Red	Grey	Red	Green	Green
Lao PDR	Green	Grey	Red	Red	Red	Red	Grey	Green
Malaysia	Red	Grey	Red	Red	Red	Red	Green	Red
Myanmar	Red	Red	Red	Red	Red	Red	Green	Green
Philippines	Green	Grey	Red	Red	Grey	Grey	Green	Green
Singapore	Red	Grey	Green	Red	Red	Red	Red	Red
Thailand	Green	Grey	Red	Red	Red	Red	Grey	Green
Viet Nam	Green	Red	Red	Red	Red	Red	Red	Green

-  = 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

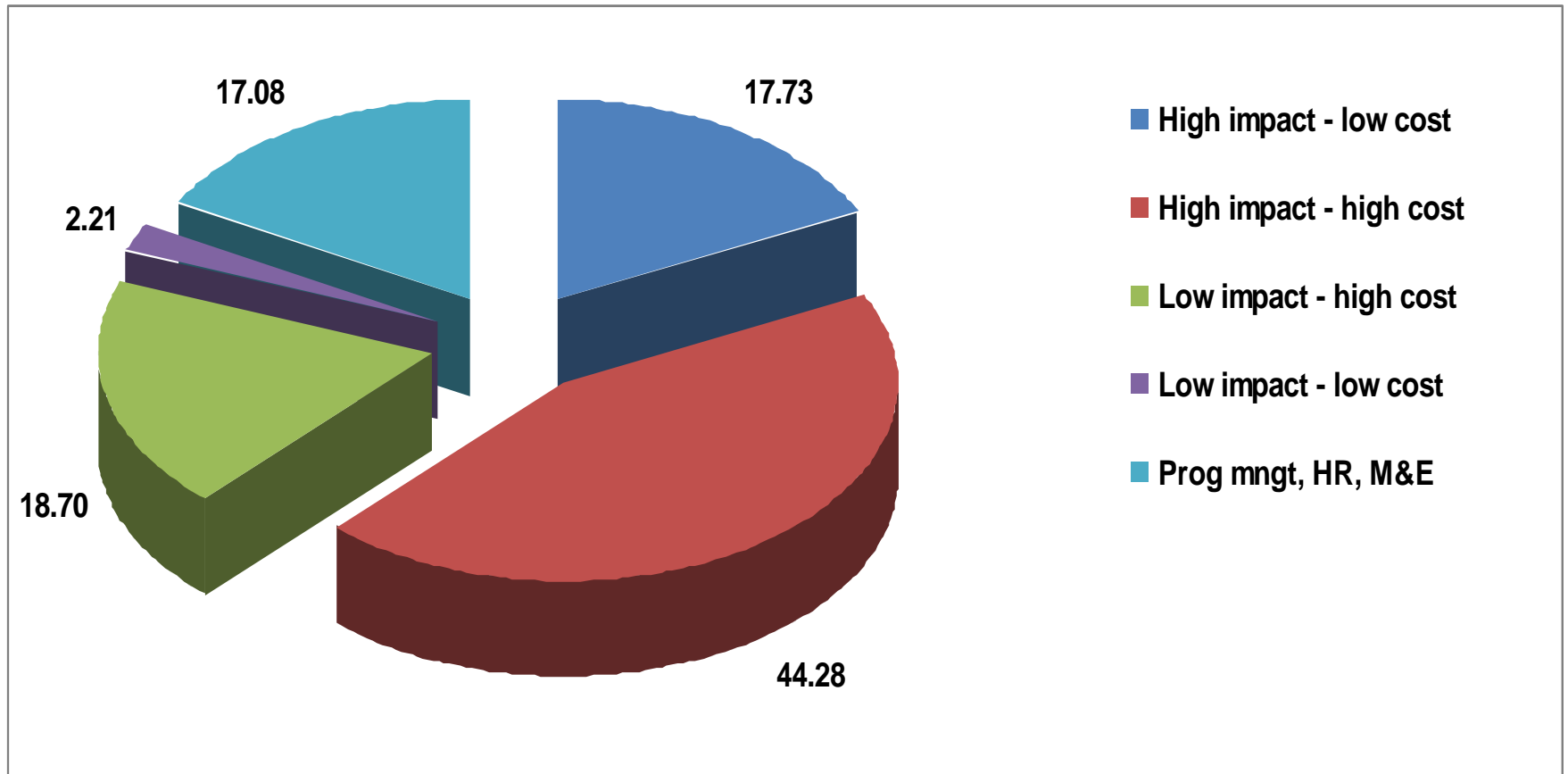
- Cambodia, Myanmar, Philippines and Thailand have completed a Stigma Index assessment in 2011 and Vietnam is finalizing its report
 - Thirty years into the epidemic some of the findings are alarming (health care workers, employment, general population)
 - But other findings are encouraging (e.g. PLHIV 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 based on 2010 UNGASS Country Reports

Strategic Investment Framework

CRITICAL ENABLERS

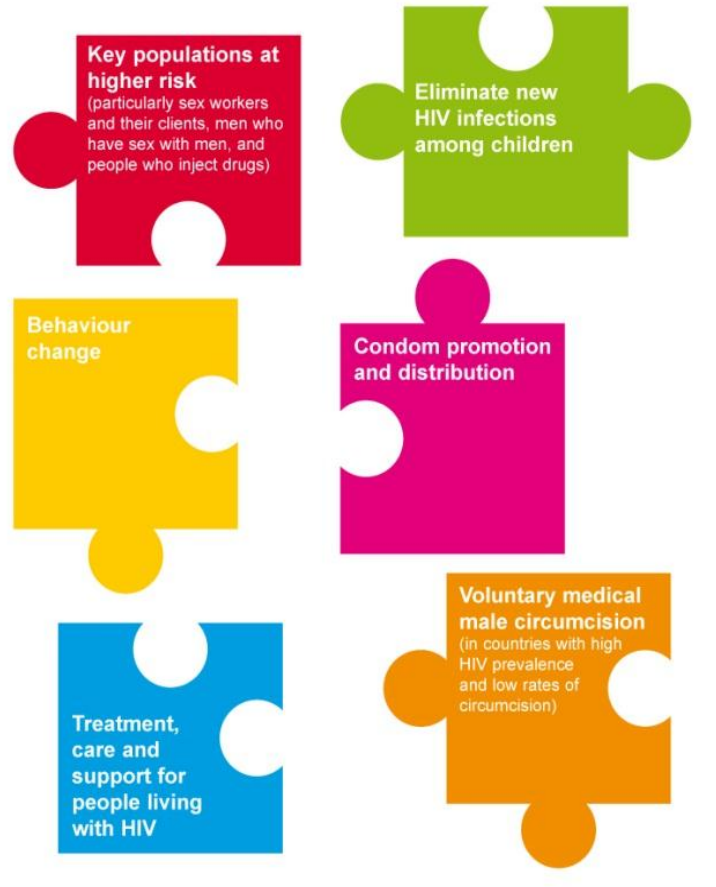
Social enablers

- 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



OBJECTIVES

Stopping new infections

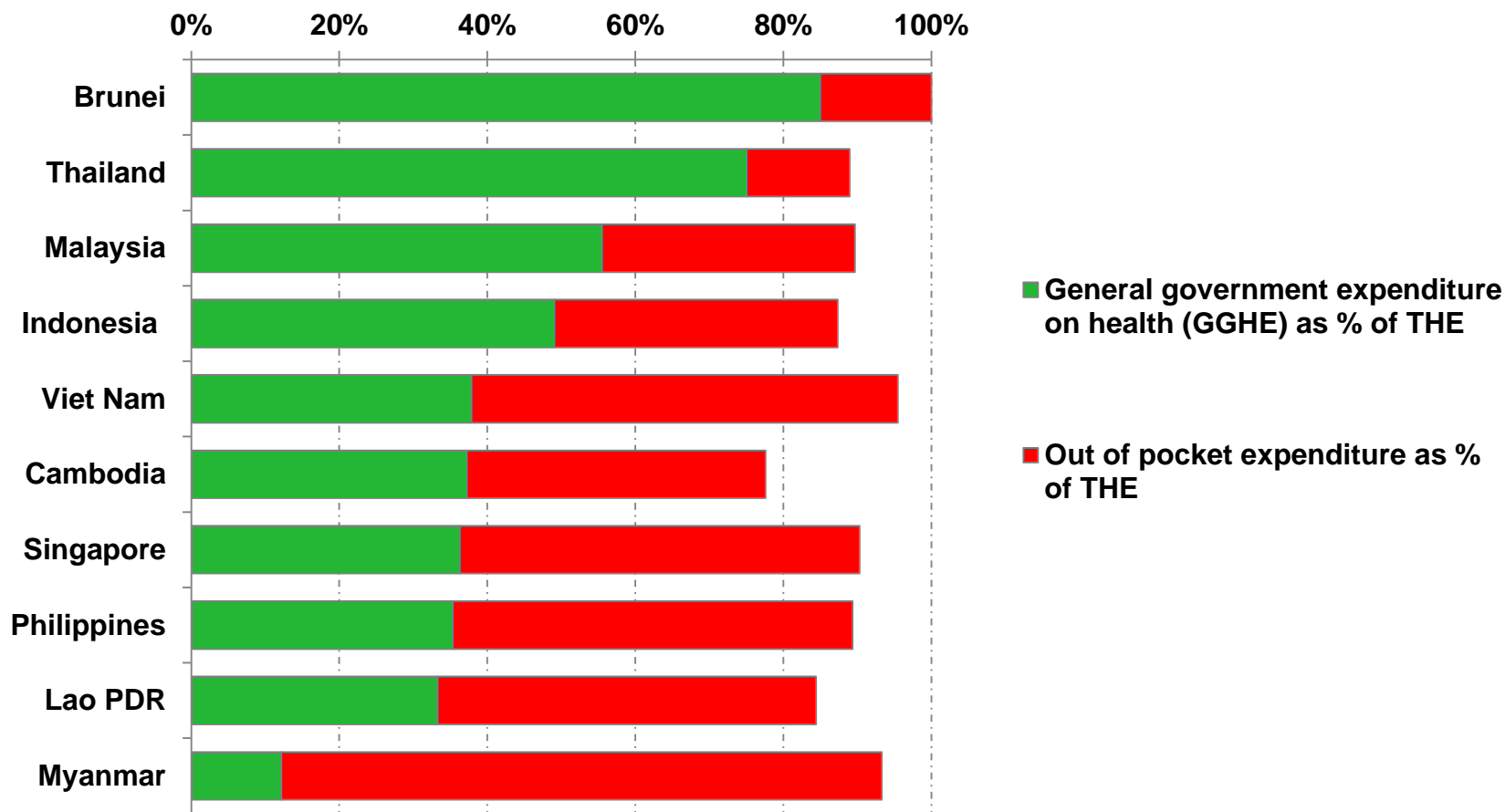


Keeping people alive

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.

**Acknowledgements: National AIDS Authorities, UNDP APRC,
UNAIDS RSTAP**

Thank you 
