

Ending the AIDS epidemic by 2030

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Director

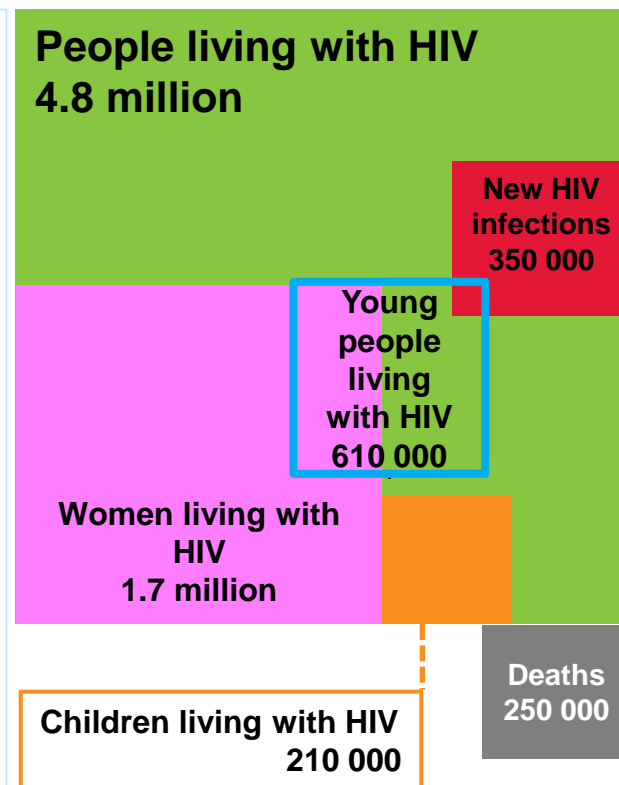
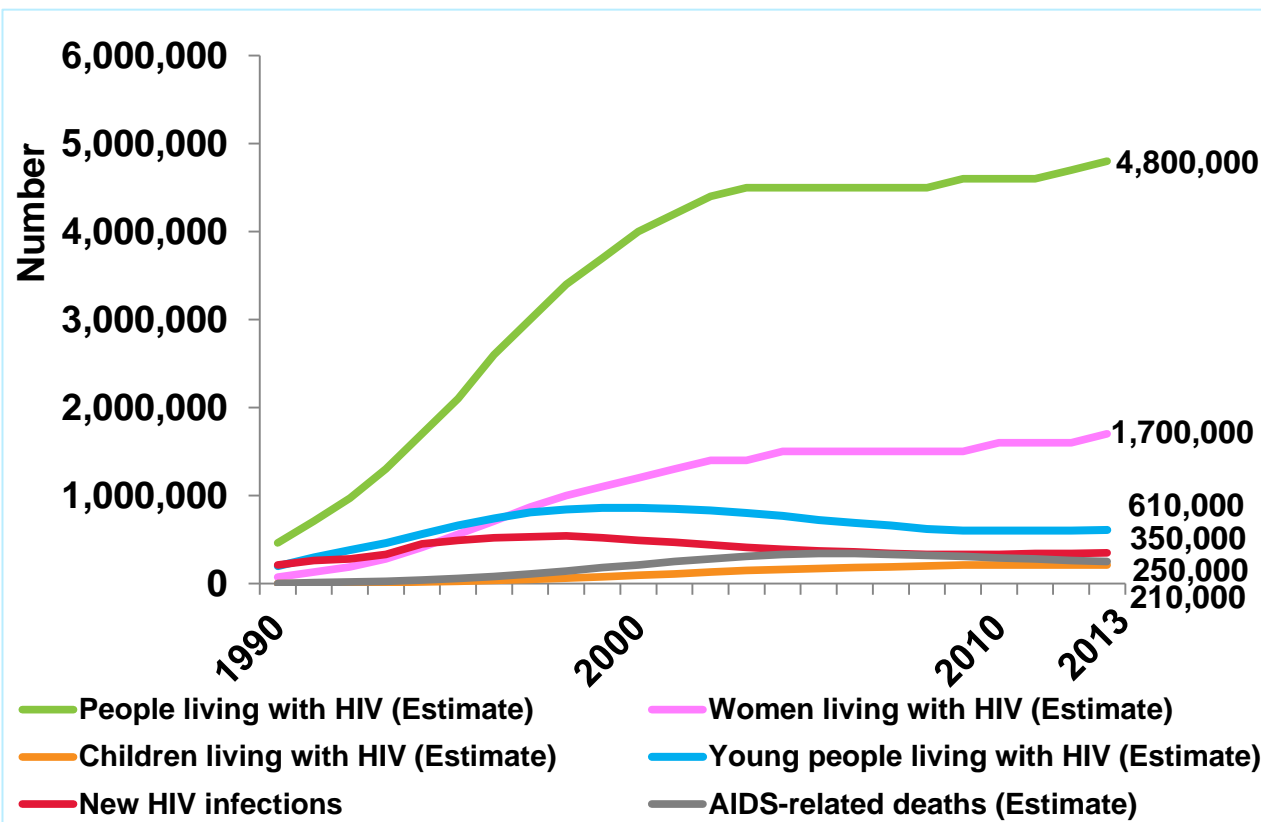
UNAIDS Regional Support Team, Asia and the Pacific
for the UNAIDS Regional Management Meeting

25th October 2014

Regional overview of trends in HIV infections and AIDS-related deaths

HIV and AIDS in Asia and the Pacific 1990-2013

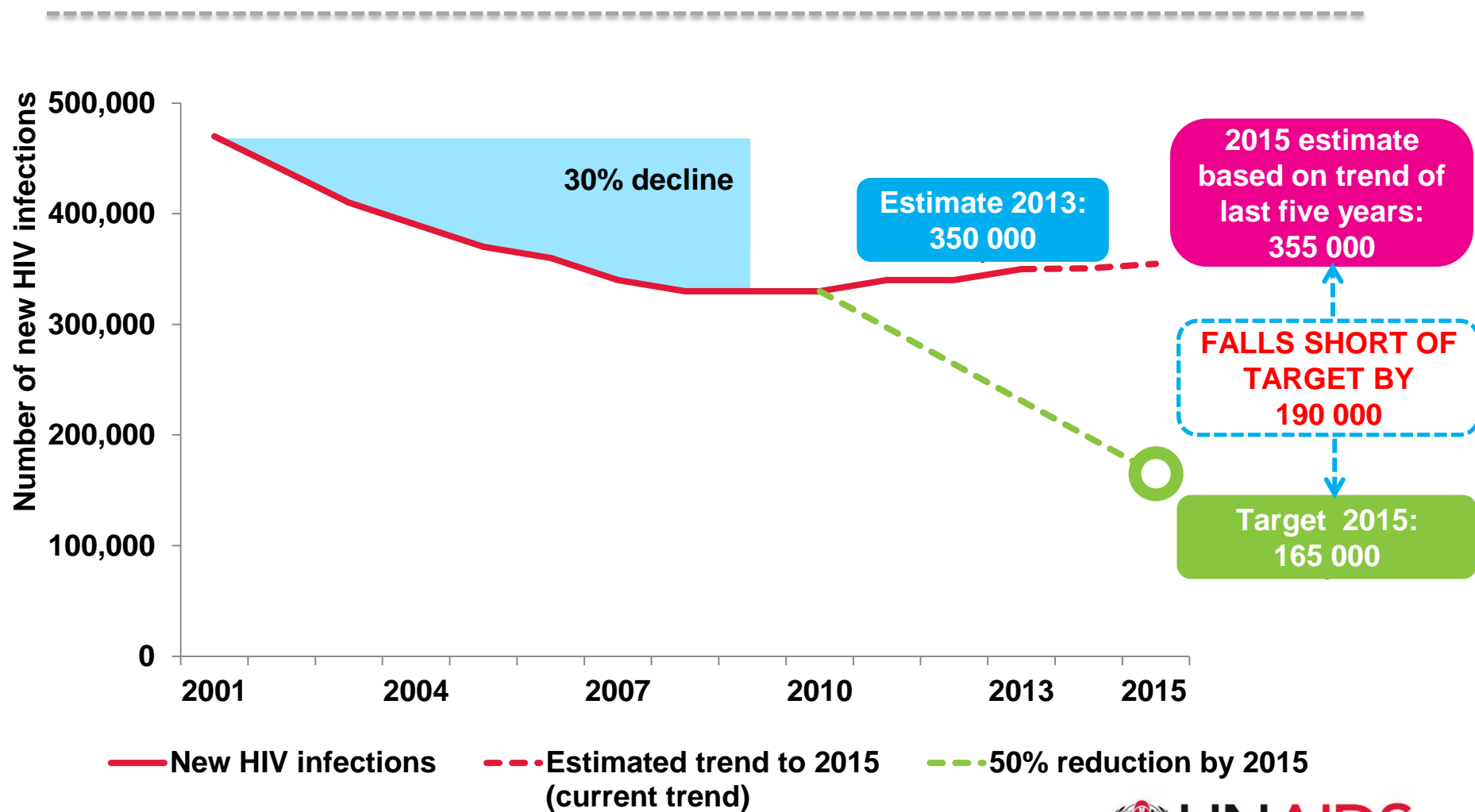
2013 “zoom-in”



Getting to zero



New HIV infections have declined since 2001, but remain largely unchanged in last 5 years

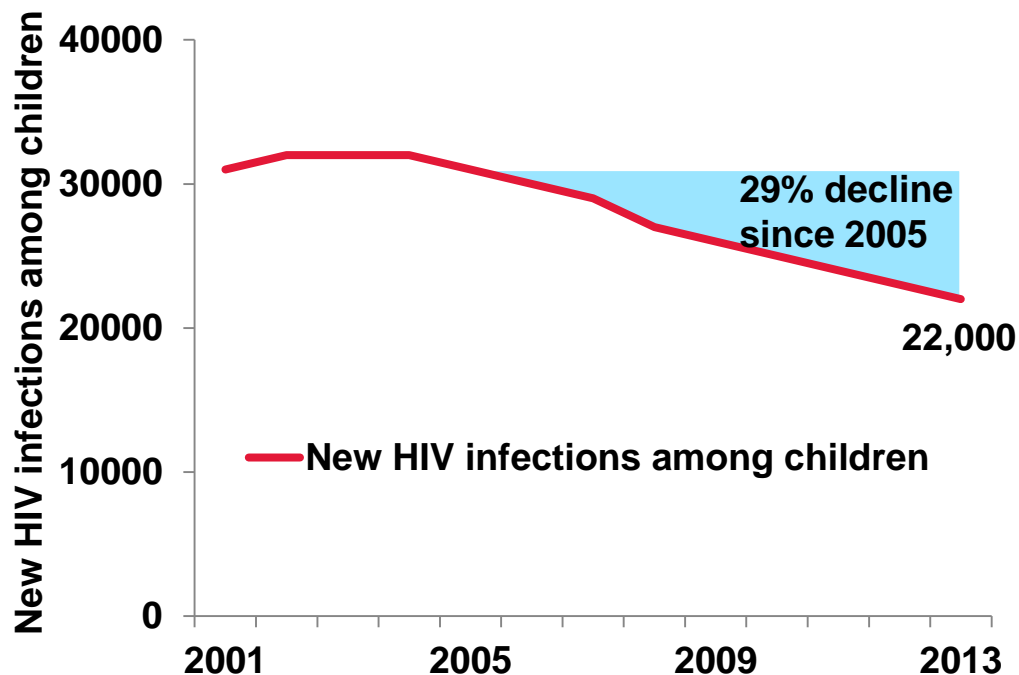


Getting to zero

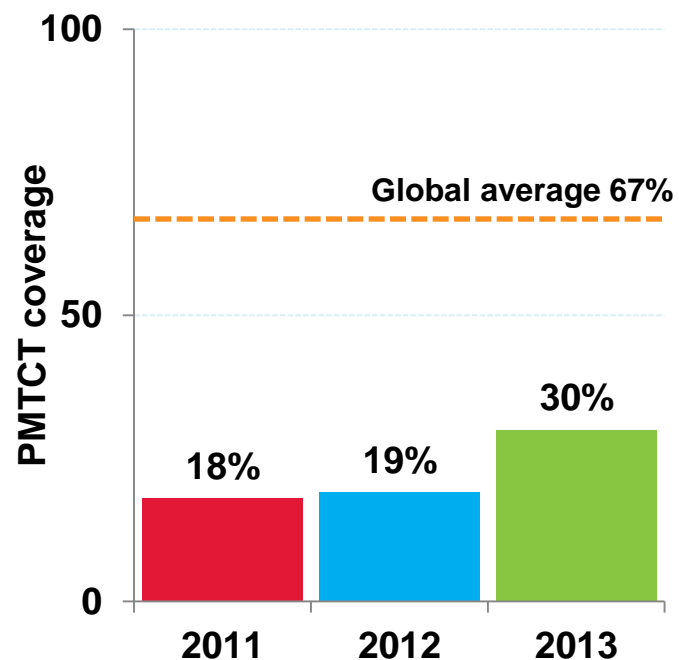


Region lags behind the global average in eliminating new HIV infections among children

Estimated new HIV infections among children in Asia and the Pacific, 2001-2013



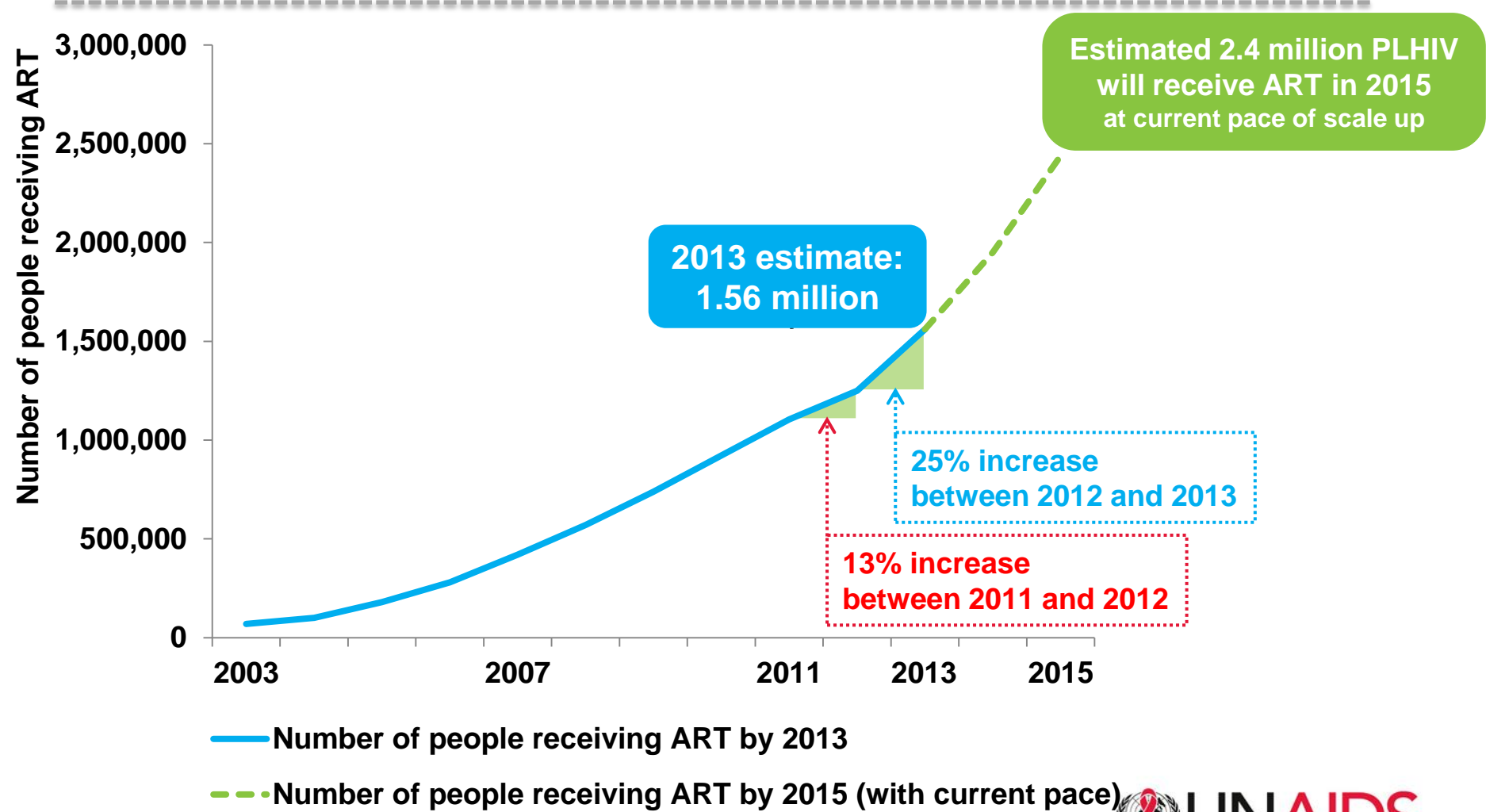
Elimination of mother-to-child transmission in Asia and the Pacific, 2011-2013



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Treatment has accelerated, but still only half the people living with HIV likely to access treatment by 2015



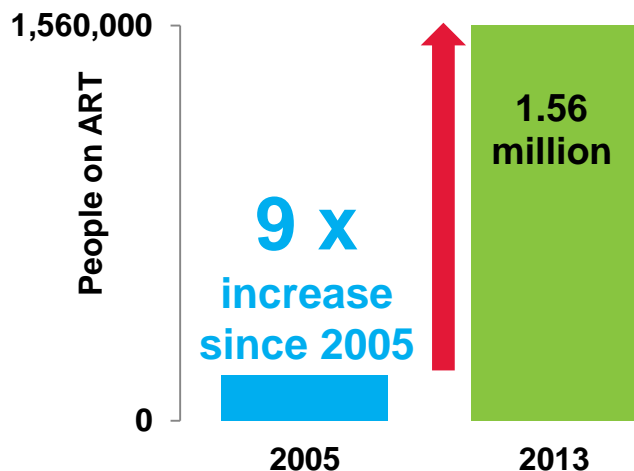
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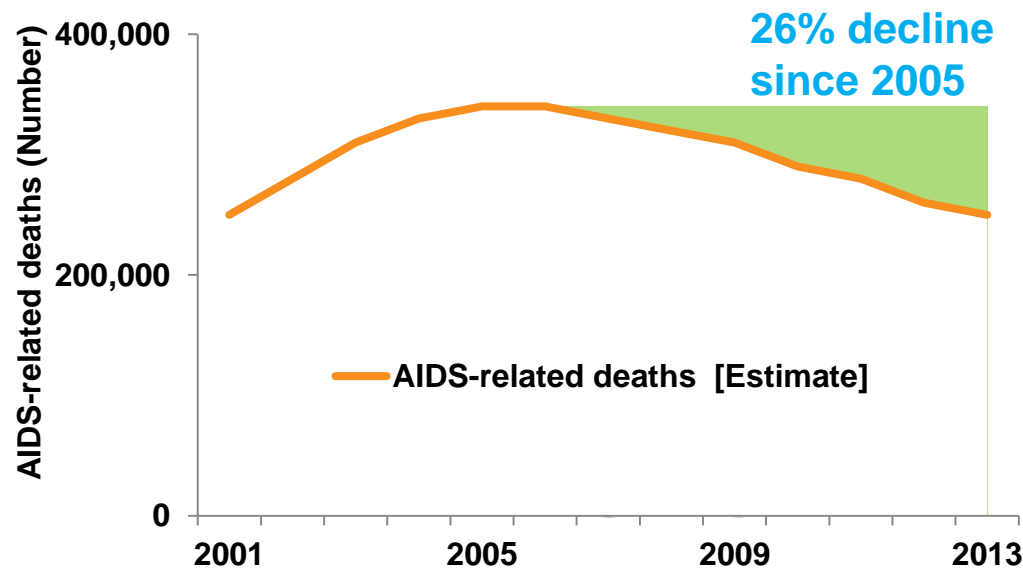
Source: Prepared by www.aidsdatahub.org based on 1)UNAIDS. (2013). Global Report: UNAIDS Report on the Global AIDS Epidemic 2013.; 2) www.aidsinfoonline.org; and 3) UNAIDS.(2014). The Gap Report.

Treatment saves lives: AIDS-related deaths are declining in Asia and the Pacific

People receiving ART



AIDS-related deaths, Asia and the Pacific, 2001-2013



Getting to zero

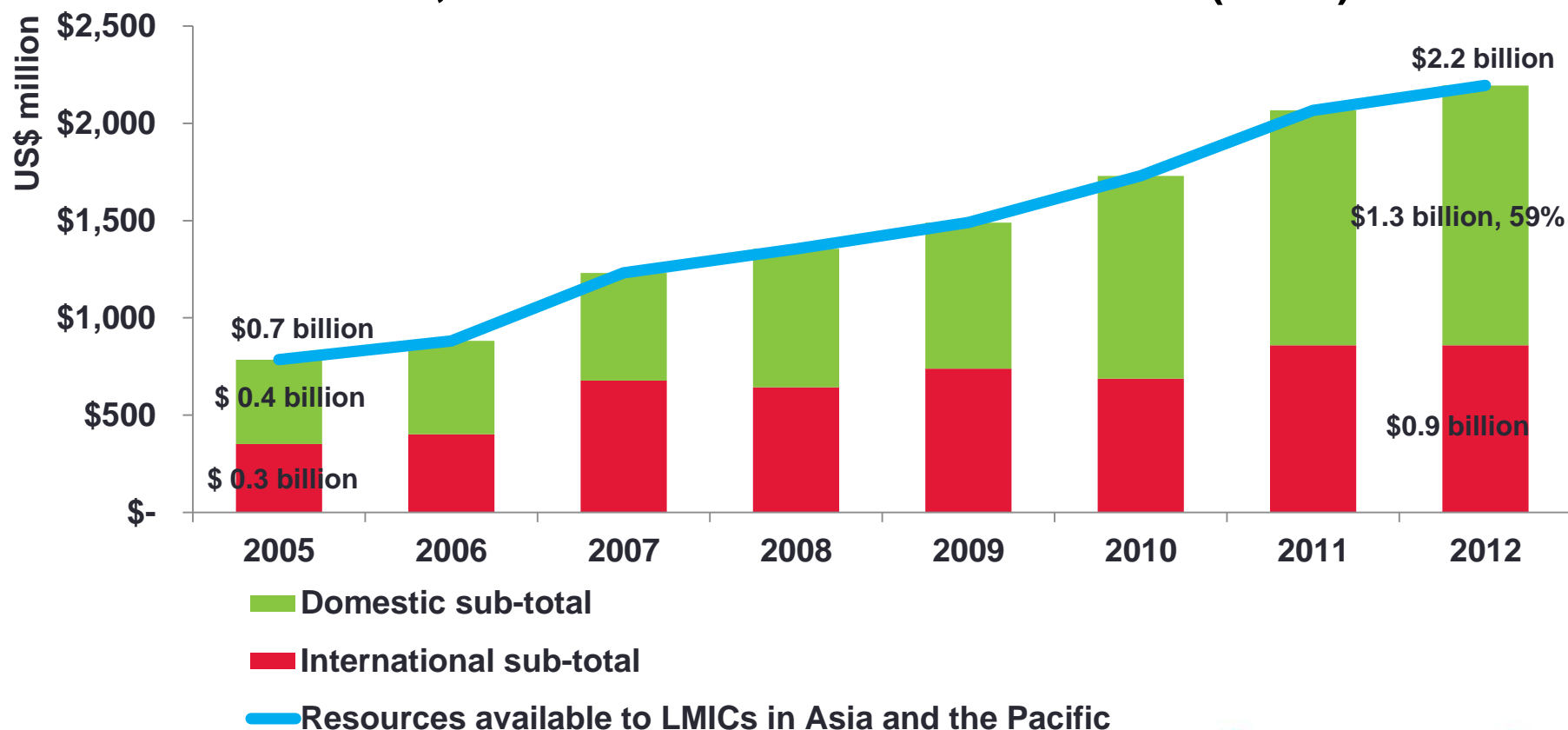


Legal barriers to the HIV response remain in the 38 UN Member States in Asia and the Pacific

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

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

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



Getting to zero



Regional priorities to end the AIDS epidemic by 2030

- **No one left behind**

Key populations: PWID, MSM, SWs, TG, prison populations, migrants, women and girls, other (country-specific)

- **City focus**

- **Reach the 90-90-90 Treatment Targets by 2020**

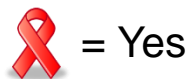
- **Investment approach**

- **Enabling environment**

- **AIDS in the post-2015 development agenda**

No one left behind

Countries that account for >90% PLHIV and new infections and high HIV prevalence in key populations

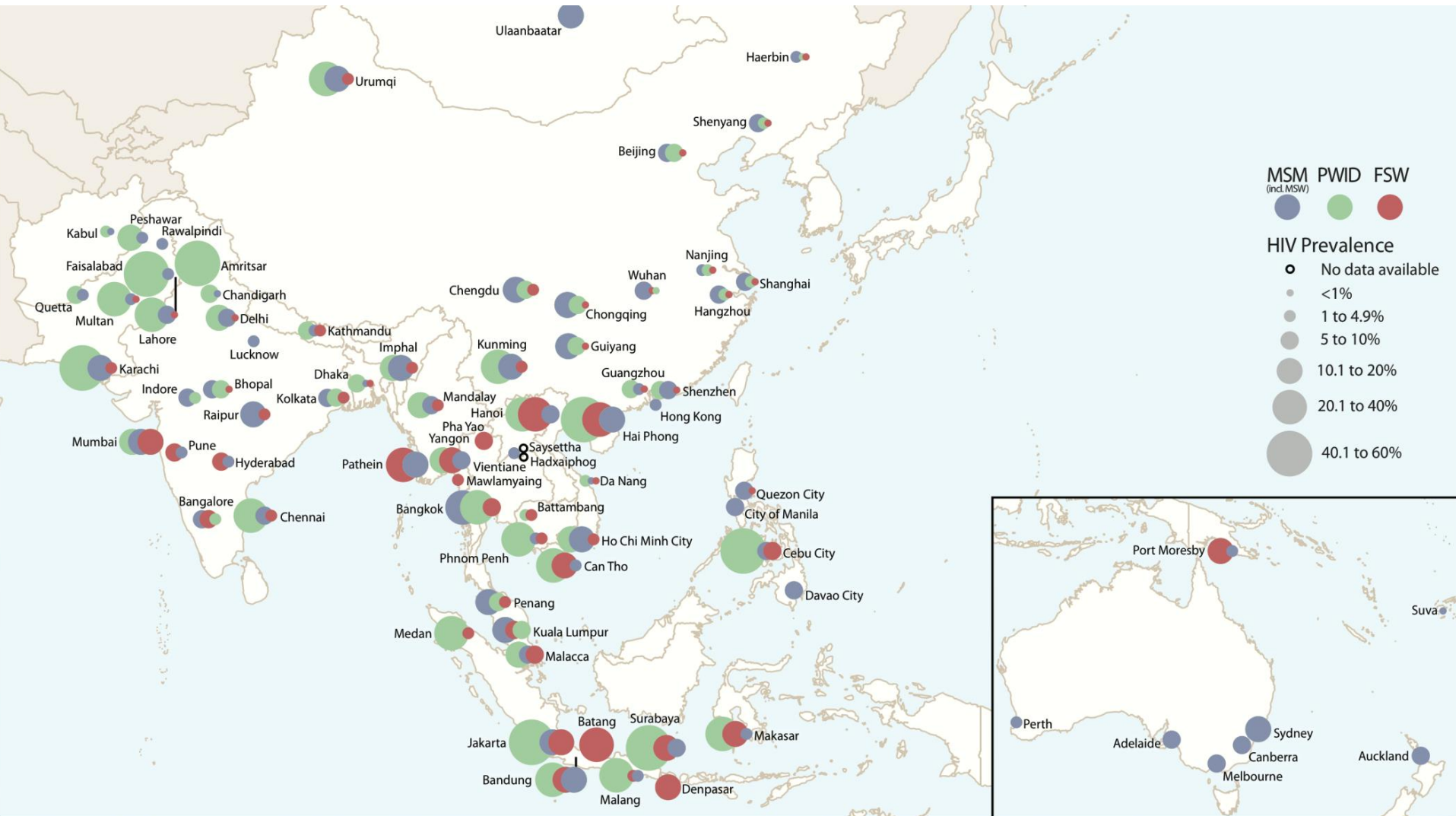


| | New HIV infections (2013) | People living with HIV (2013) | National HIV prevalence > 5 % among MSM | National HIV prevalence > 5% among PWID | National HIV prevalence > 5% among FSW |
|--------------------------------|---------------------------|-------------------------------|---|---|--|
| India* | 130,000 | 2,100,000 | | | |
| Indonesia | 80,000 | 640,000 | | | |
| China* | 48,000 | 780,000 | | | |
| Viet Nam | 14,000 | 250,000 | | | |
| Pakistan | 14,000 | 68,000 | | | |
| Thailand | 8,200 | 440,000 | | | |
| Malaysia | 8,000 | 86,000 | | | |
| Myanmar | 6,700 | 190,000 | | | |
| Philippines | 3,400 | 22,000 | | | |
| Papua New Guinea | 2,200 | 32,000 | | | |
| Cambodia | 1,300 | 75,000 | | | |
| Nepal | 1,300 | 39,000 | | | |
| Regional size estimates | | | 11 million | 3.5 million | 4.4 million |

* 2011 estimates

Source: Prepared by www.aidsdatahub.org based on UNAIDS Estimates 2013; Philippines HIV Estimations and Projections 2014 (Unpublished document); National HIV Sentinel Surveillance Surveys; and Integrated Biological and Behavioural Surveys

National prevalence masks high prevalence in localized geographical areas



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



People who inject drugs



Men who have sex with men



Female sex workers

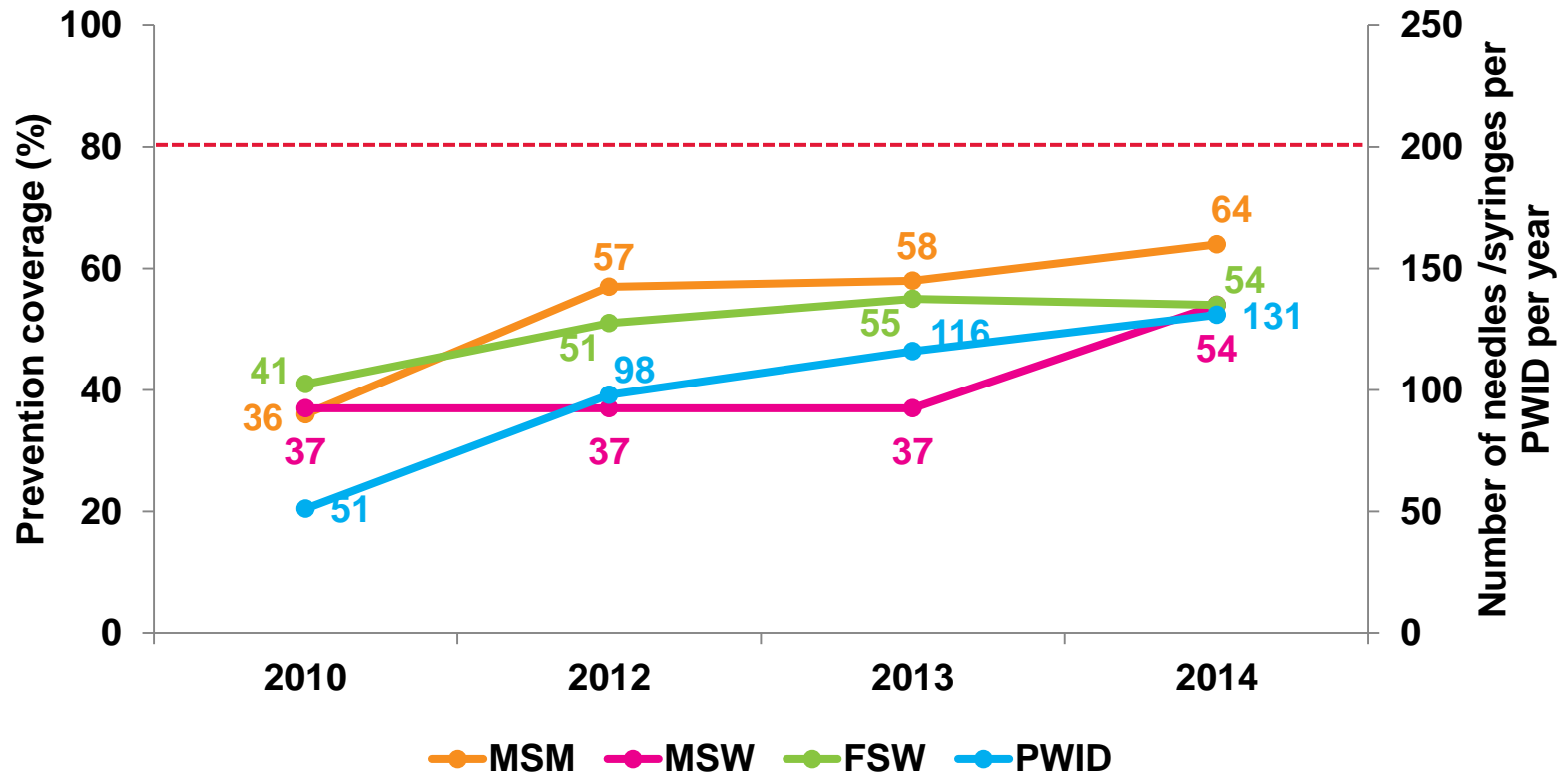


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Prevention services are reaching key populations but are not scaling up fast enough to reverse the epidemic

HIV prevention coverage among key populations
(regional median trend*)



* latest available data from UNGASS/ Global AIDS Response Progress Reporting (GARPR) 2010 to 2014

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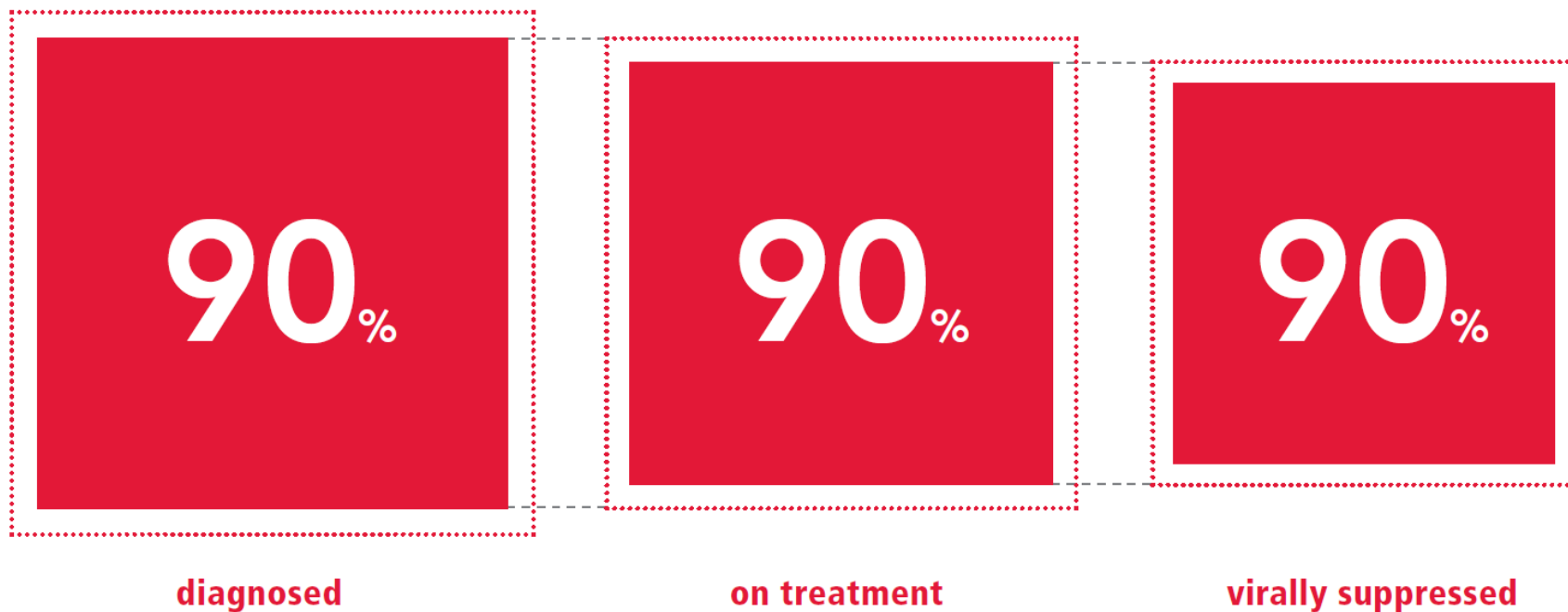


AMBITIOUS TREATMENT TARGETS

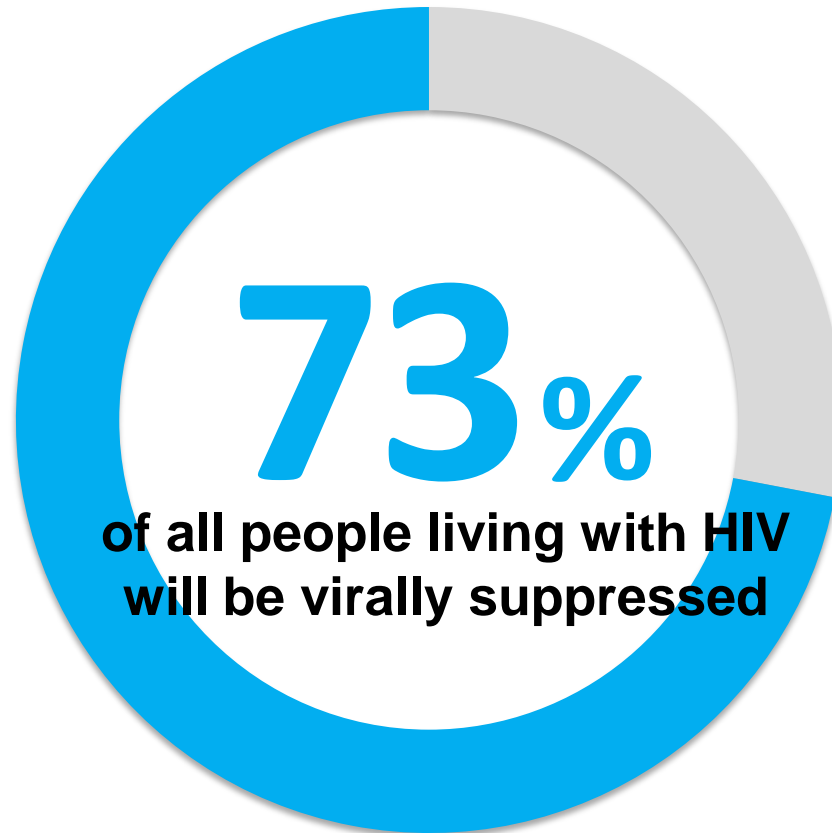
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Ambitious, but achievable, new targets by 2020...



The result

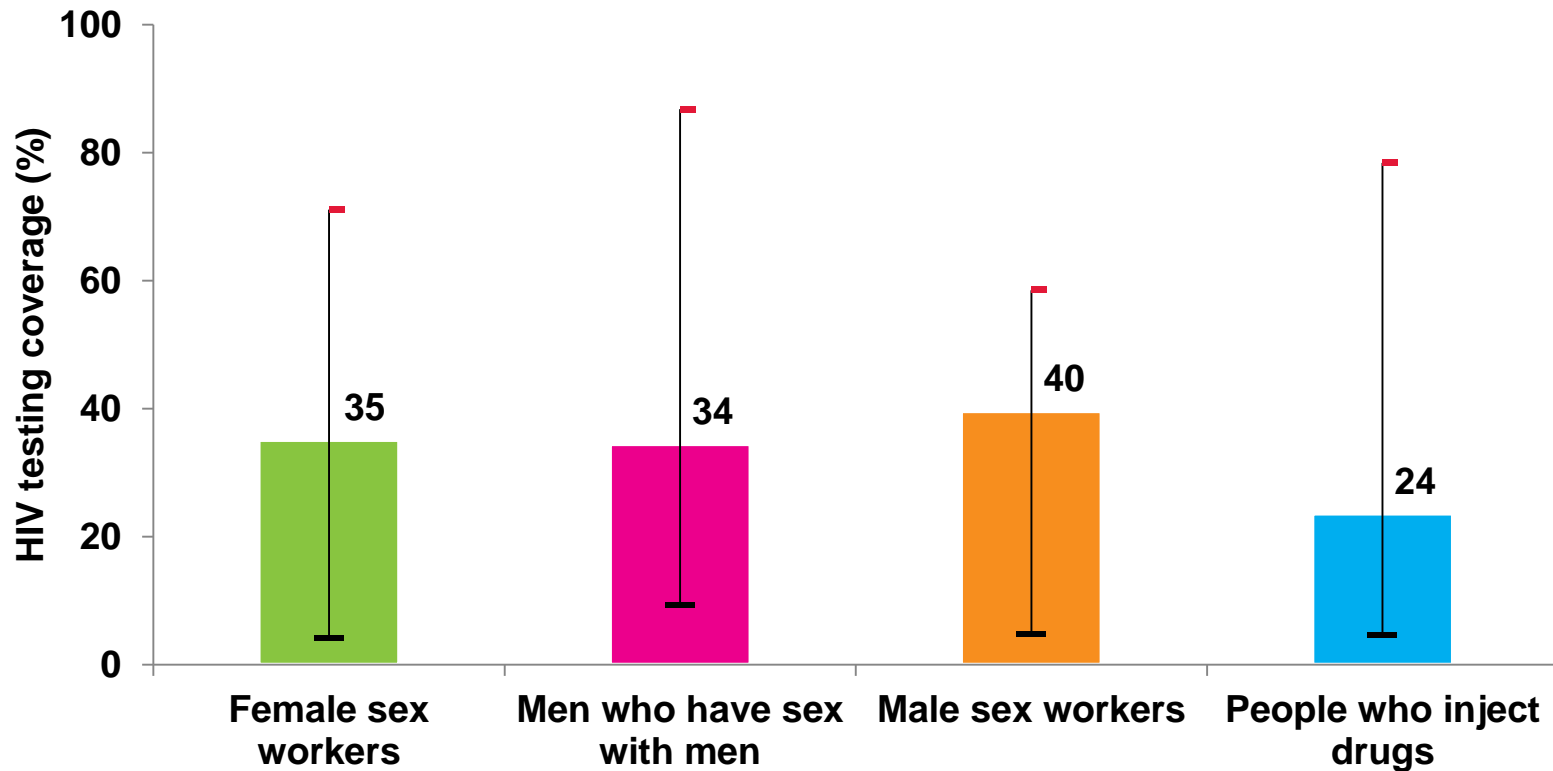


**of all people living with HIV
will be virally suppressed**

**three-fold increase
over current estimates**

HIV testing is the entry point for treatment, but only around 1/3 of key populations know their HIV status

HIV testing coverage among key populations, regional median, 2007-2013

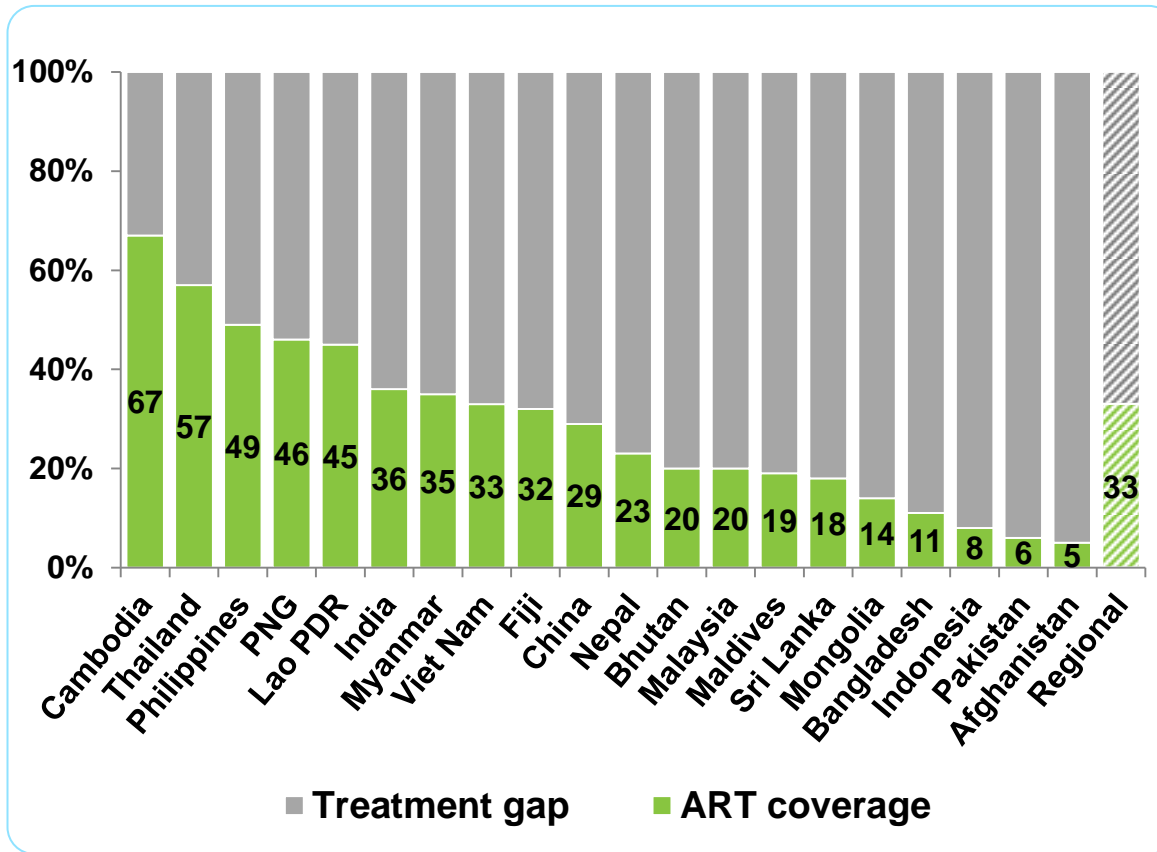


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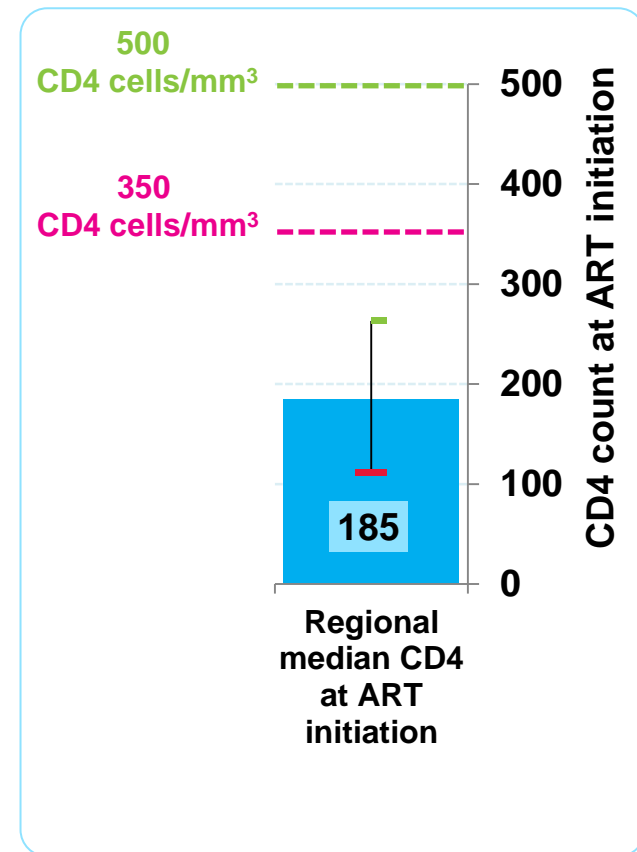


Treatment is expanding, but still only 1 in 3 PLHIV are on ART and most start late

ART coverage among countries in Asia and the Pacific, 2013



Regional median CD4 at ART initiation

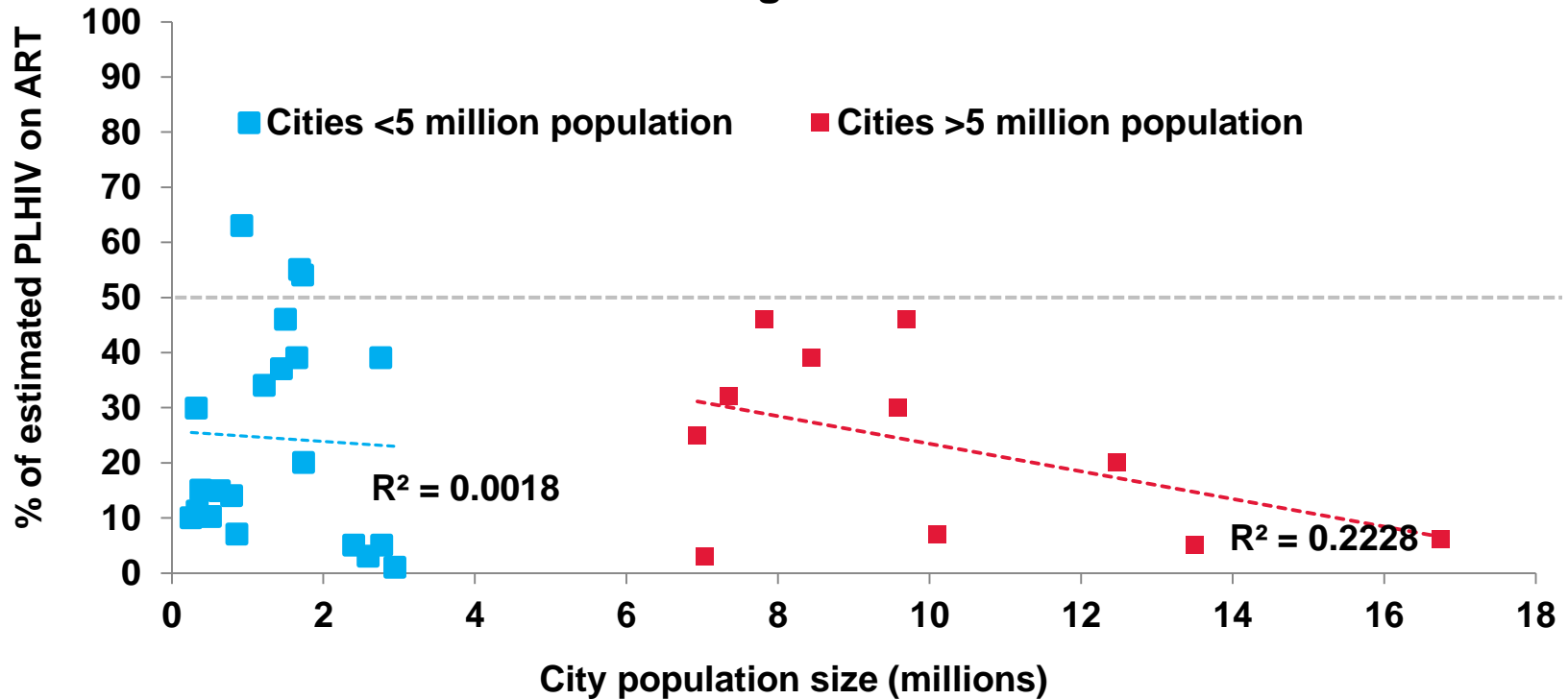


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There are huge opportunities in cities to scale up treatment

ART coverage in cities



R-squared measures the degree of correlation between X and Y axes

ART coverage = $\frac{\text{number of people on ART}}{\text{Total PLHIV}}$

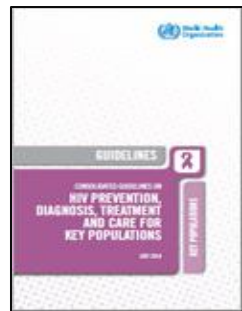
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Progress on laws since 2010

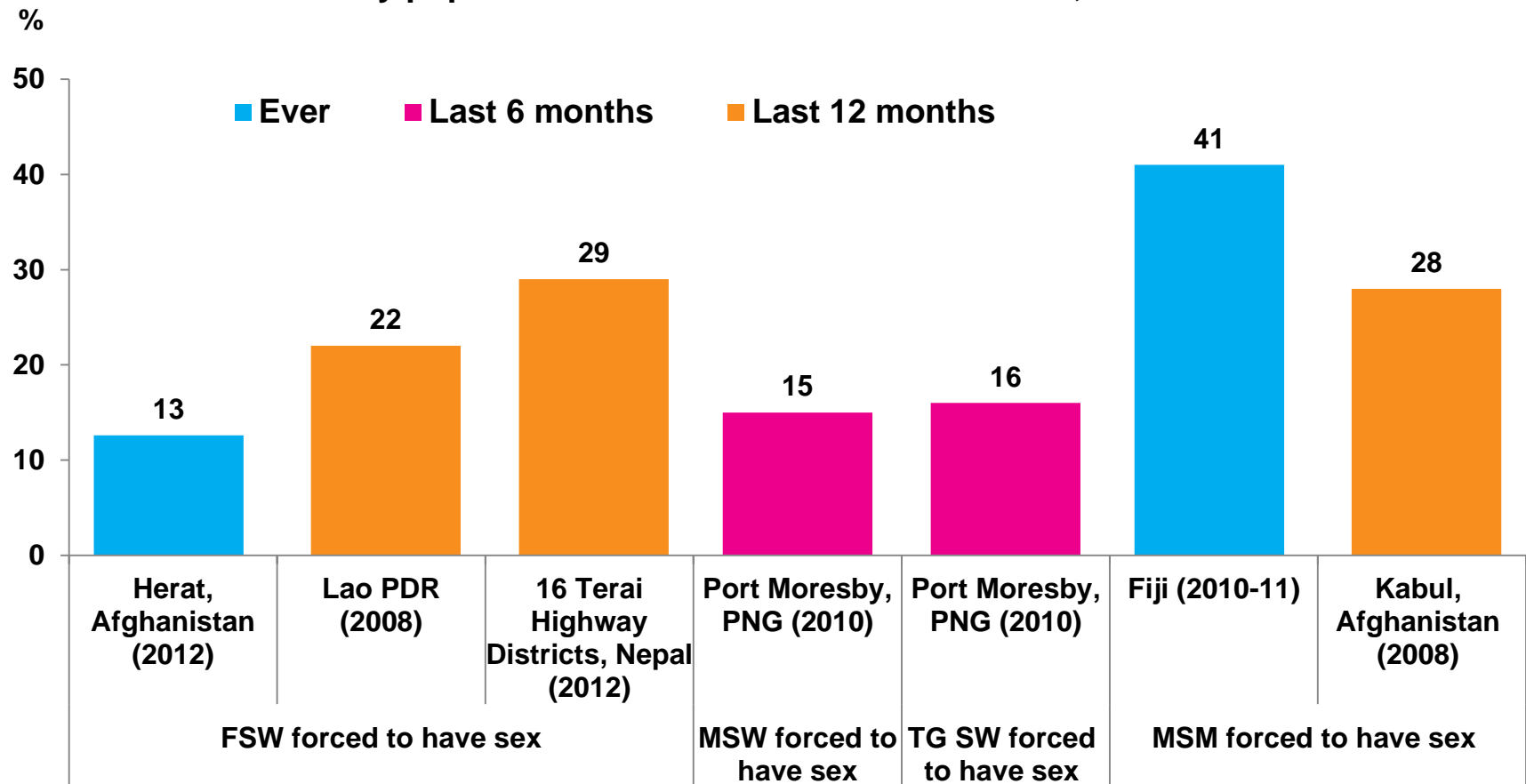
- **At least 11 punitive laws have been lifted, including:**
 - criminalization of same sex practices; of HIV transmission, exposure or non-disclosure;
 - HIV-related discrimination in employment;
 - HIV-related restrictions on entry, stay and residence; and
 - compulsory detention of sex workers.
- **At least 6 countries have increased legal protections for PLHIV or key populations:**
 - legal recognition of transgender persons;
 - protection against discrimination on grounds of HIV status or sexual orientation; and
 - protection of labour rights and freedom from violence for sex workers.

- **19** countries have conducted **national reviews and/or consultations on legal barriers to access to services**, resulting in prioritized action plans.
- WHO Guidelines for key populations now recommending decriminalization and protective laws
- Improved data on stigma and violence, including GBV
- Programmes to reduce stigma and discrimination and increase access to justice receiving increased attention through Global Fund NFM



Growing evidence: gender-based violence against SW, MSM and TG

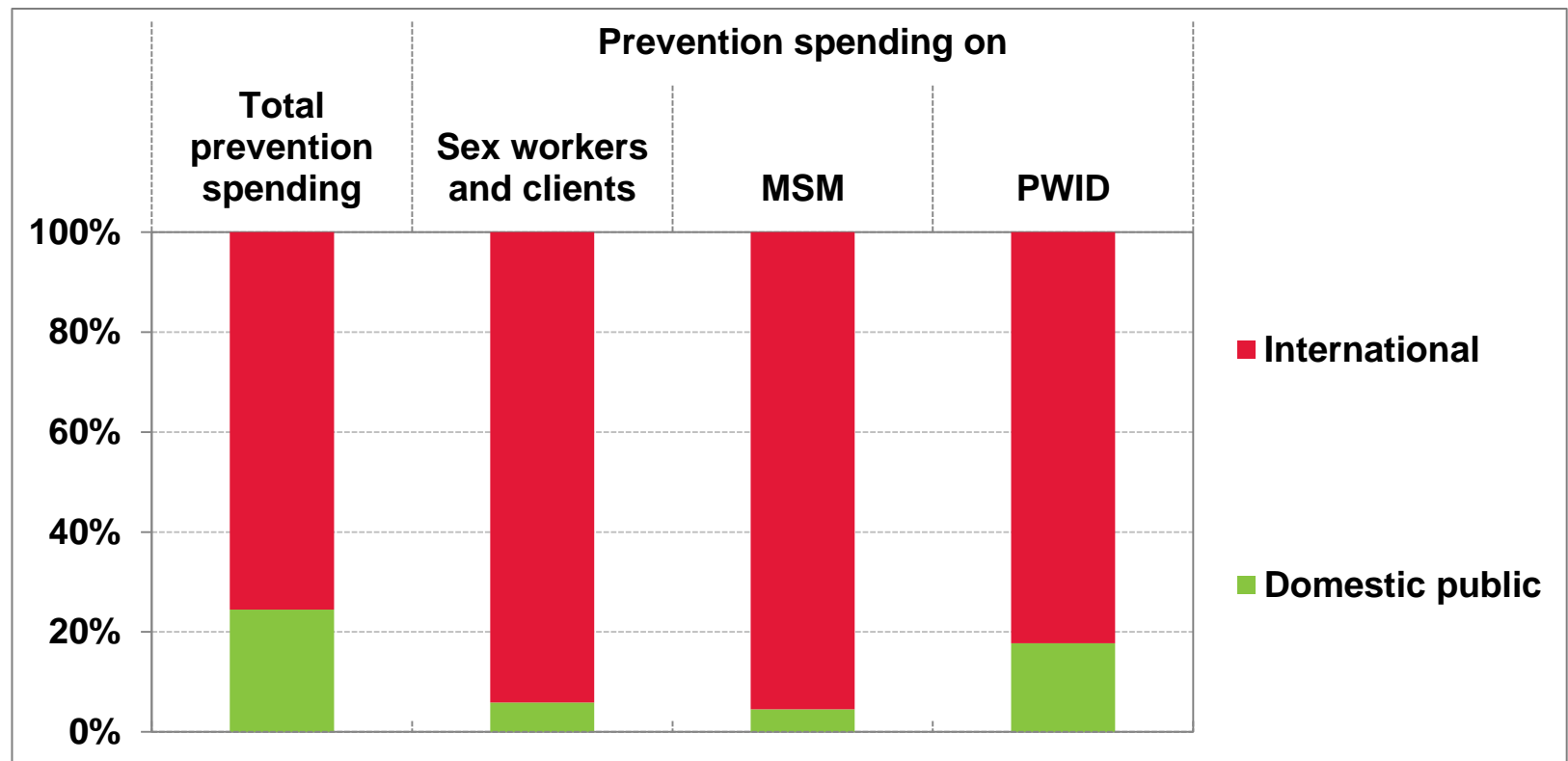
Key populations who were forced to have sex, 2008-2012



Source: Prepared by www.aidsdatahub.org based on IBBS 2008 (Lao PDR); IBBS 2012 (Afghanistan); IBBS 2012 (Nepal); Kelly, A., Kupul, M., Man, W. Y. N., Nosi, S., et al. (2011). Askim Na Save (Ask and Understand): People Who Sell and Exchange Sex in Port Moresby; Bavinton, B., Singh, N., Naiker, D. S., et al. (2011). Secret Lives, Other Voices: A Community-Based Study Exploring Male-to-Male Sex, Gender Identity and HIV Transmission Risk in Fiji.; Khan S., et al., Rapid assessment of male vulnerabilities to HIV and sexual exploitation in Afghanistan, March 2009

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

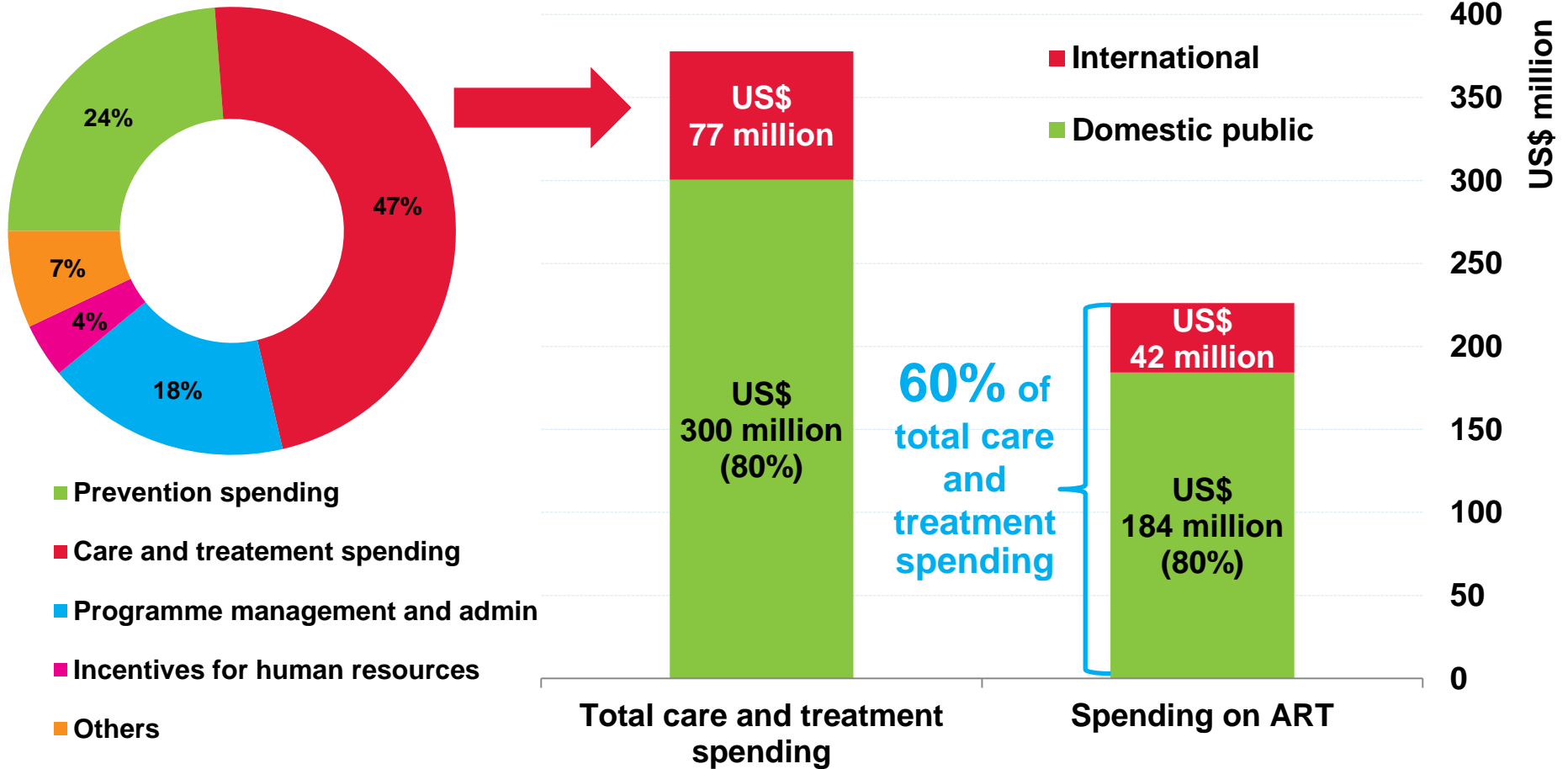


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Spending by service category is not available for India and China



About half of AIDS spending is on care and treatment, mostly domestically sourced



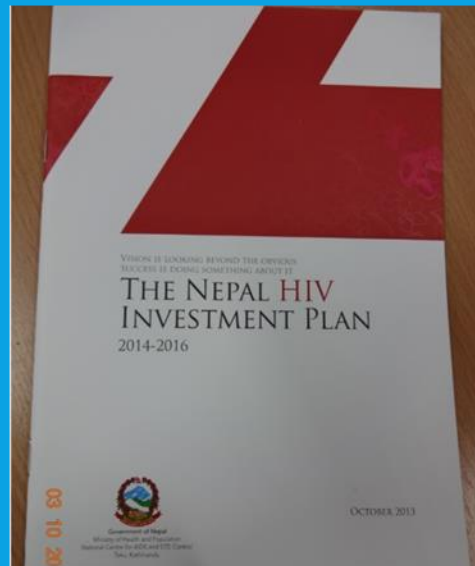
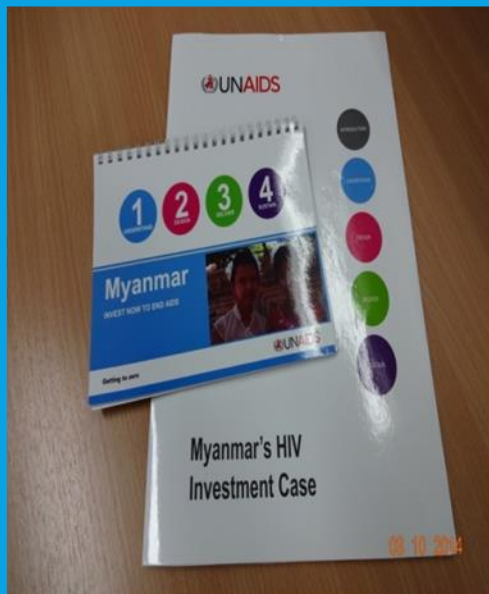
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Investment cases on AIDS are guiding the response

"Ending AIDS in Thailand"



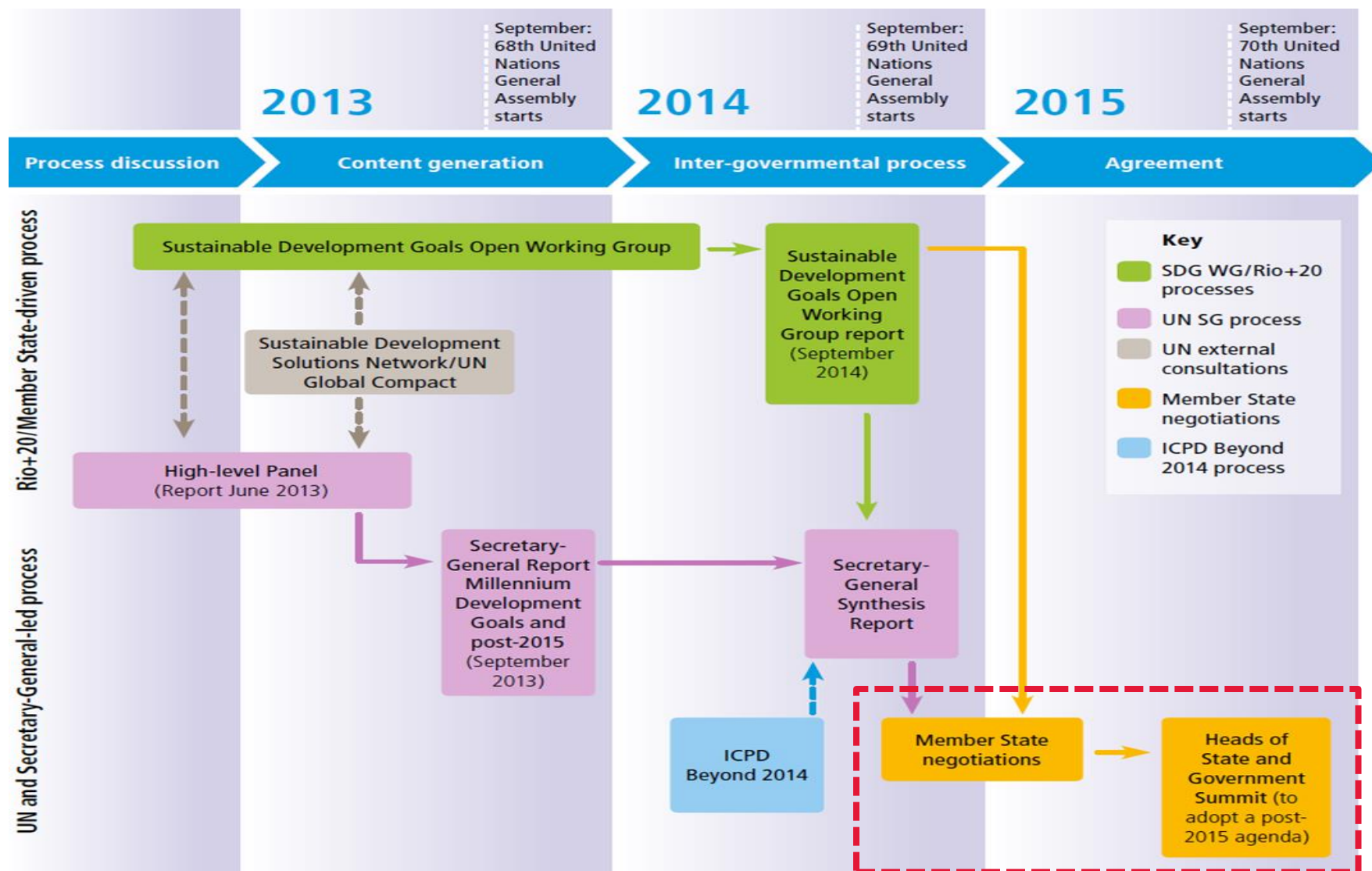
Optimizing Viet Nam's HIV Response: An Investment Case

Evidence-based investment cases have influenced AIDS responses in the region

- **Thailand:**
 - Triggered **paradigm shift** from “controlling AIDS” to “ending AIDS by 2030”
 - Influenced **priorities for GF NFM HIV grant**; essential package of services in Thailand’s Universal Health Coverage scheme
 - National policy on “**ART for All**” regardless of CD4 count (1 Oct 2014)
- **Myanmar:**
 - Set **new targets for revised NSP** for HIV/AIDS, 2011-2016
 - Treatment gap identified which helped **mobilize US \$ 5 million from Government** – the first time such a substantial allocation made
- **Indonesia:**
 - **Approval of \$110 million Phase II GF HIV grant**, Nov 2012-Jun 2015
 - **Geographical prioritization** of interventions in 30 major cities in National AIDS Strategy, 2015-2019
 - Being used to help country develop **investment case for “Ending AIDS”**; **integrate HIV into UHC** schemes; explore **funding opportunities at district level** using local government funds

Post 2015 Agenda

Key processes feeding into the post-2015 development agenda



Now is the time to influence and make a difference in the post-2015 development agenda

- Securing strong political commitment for ending AIDS by 2030 will spur progress on a range of development, gender equality and human rights challenges.
- Situating “ending AIDS” as critical to advancing global health in the post-2015 development agenda
- Ending AIDS: a beneficiary of and catalyst for human rights
- Leaving no one behind is critical to ending AIDS by 2030
- Ending AIDS can be a catalyst for gender-transformative action which puts people at the centre of development

Ours can be the first region to end AIDS by 2030...

...but strategic actions are required NOW

- **Innovation**: let's put new science and knowledge to practice (e.g. early treatment initiation, community-based testing, PrEP for MSM)
- **Implementation**: prevention and treatment scale up to have a synergistic impact—treatment coverage is still below 1 in 3 PLHIV
- **SimpliCity**: Over 1 million PLHIV live in 20 Asian cities—the region's cities must be engines of progress, change and rapid scale up
- **Managing transition**: the region's transition to domestic financing will require us to invest resources wisely, or we may lose all our gains to date
- **Human rights**: new WHO guidance is very clear —no rights is all wrong!
- **Urgency**: nearly 1000 people get infected every day in our region! Emerging epidemics in "stable" countries such as India demand immediate action

THANK YOU

www.aidsdatahub.org