

Where have we failed?

Findings of the Commission on AIDS in Asia

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East-West Center

Modes of Transmission in the Philippines
Stakeholders' meeting
Manila, the Philippines
November 27, 2009



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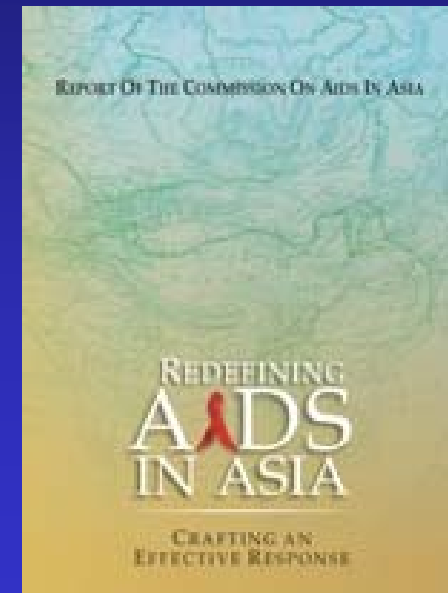
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The Commission on AIDS in Asia

- An independent body created by UNAIDS
- Purpose:
 - With fresh eyes, review HIV epidemic in Asia and responses to it
 - Analyze course and impacts of the epidemic
 - Provide region-specific recommendations to improve:
 - Prevention,
 - Treatment and care, and
 - Impact mitigation



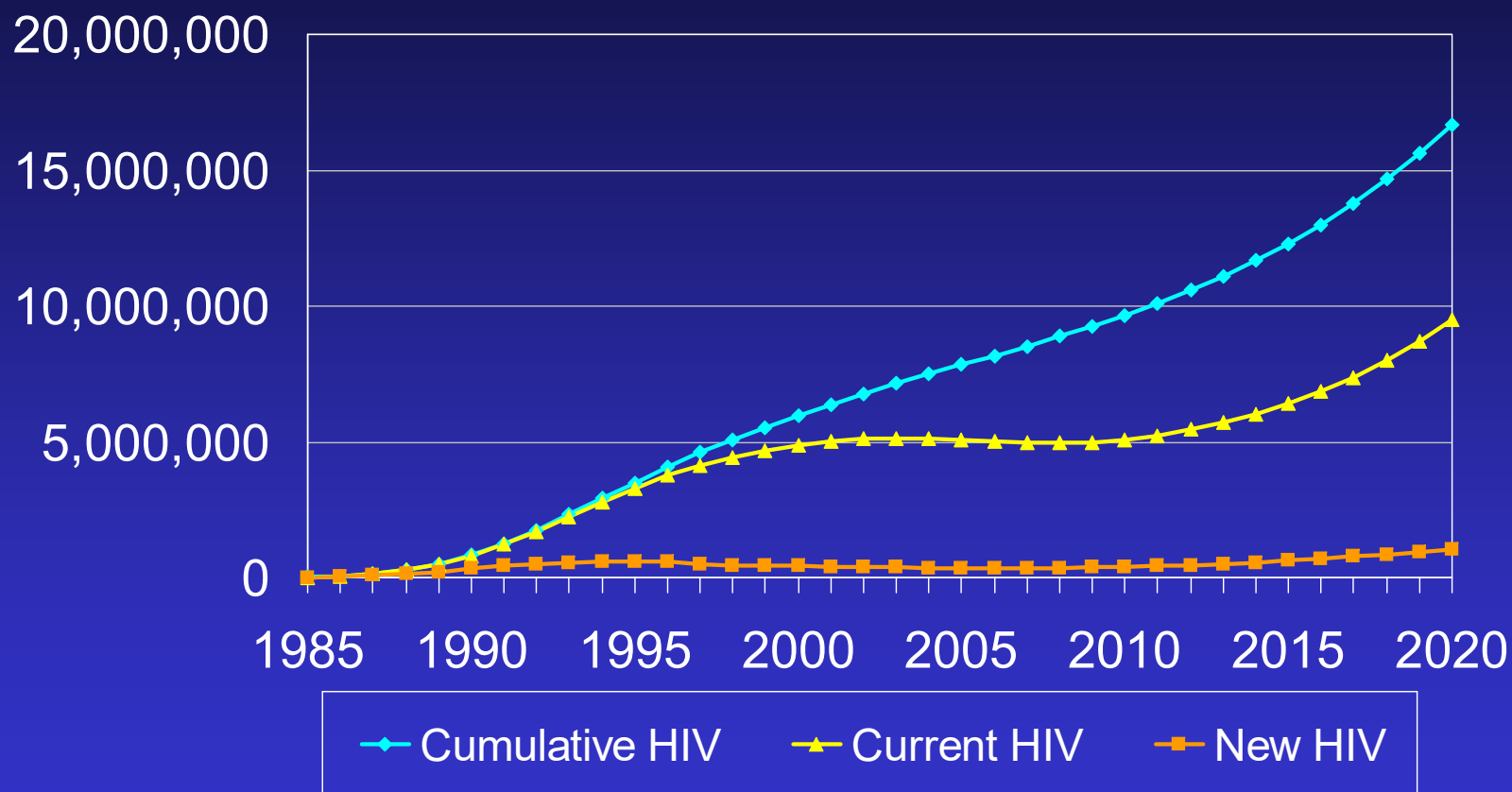
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The Commission found a slowing regional epidemic that was about to resurge



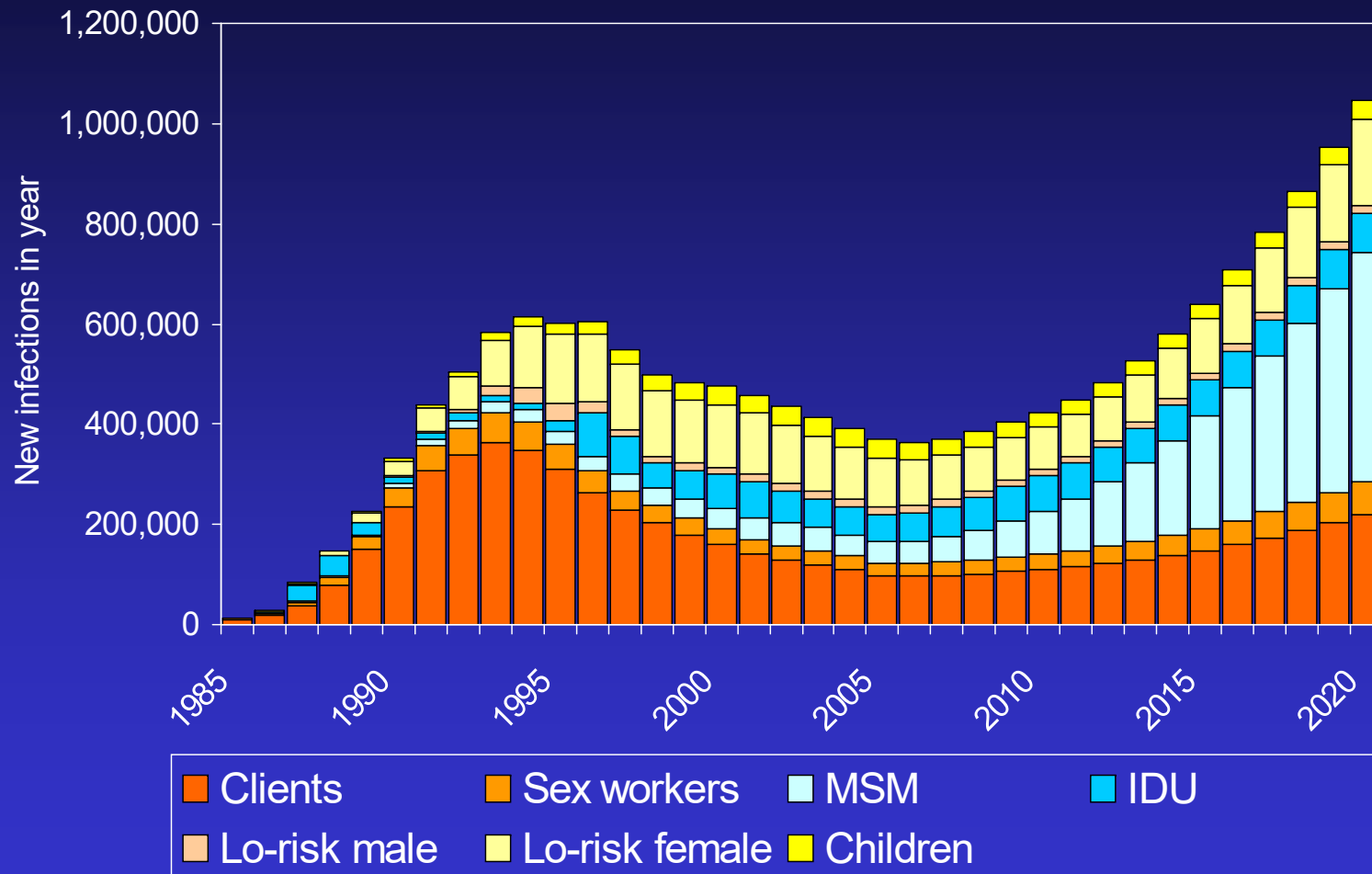
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The pattern of new infections was evolving



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This pattern results from a mixture of prevention successes and failures

- For sex workers and clients
 - Early prevention success in higher risk, high prevalence countries – near universal coverage
 - Limited prevention success in moderate & lower-risk countries
 - Coverage 34% on a regional basis
 - New infections fell, but moderate risk country contribution is now growing
- For IDU & MSM
 - A legacy of abysmal failure
 - < 2% coverage for IDUs, < 5% coverage for MSM
 - New infections climbing rapidly for MSM
 - Sustained high prevalence among IDU



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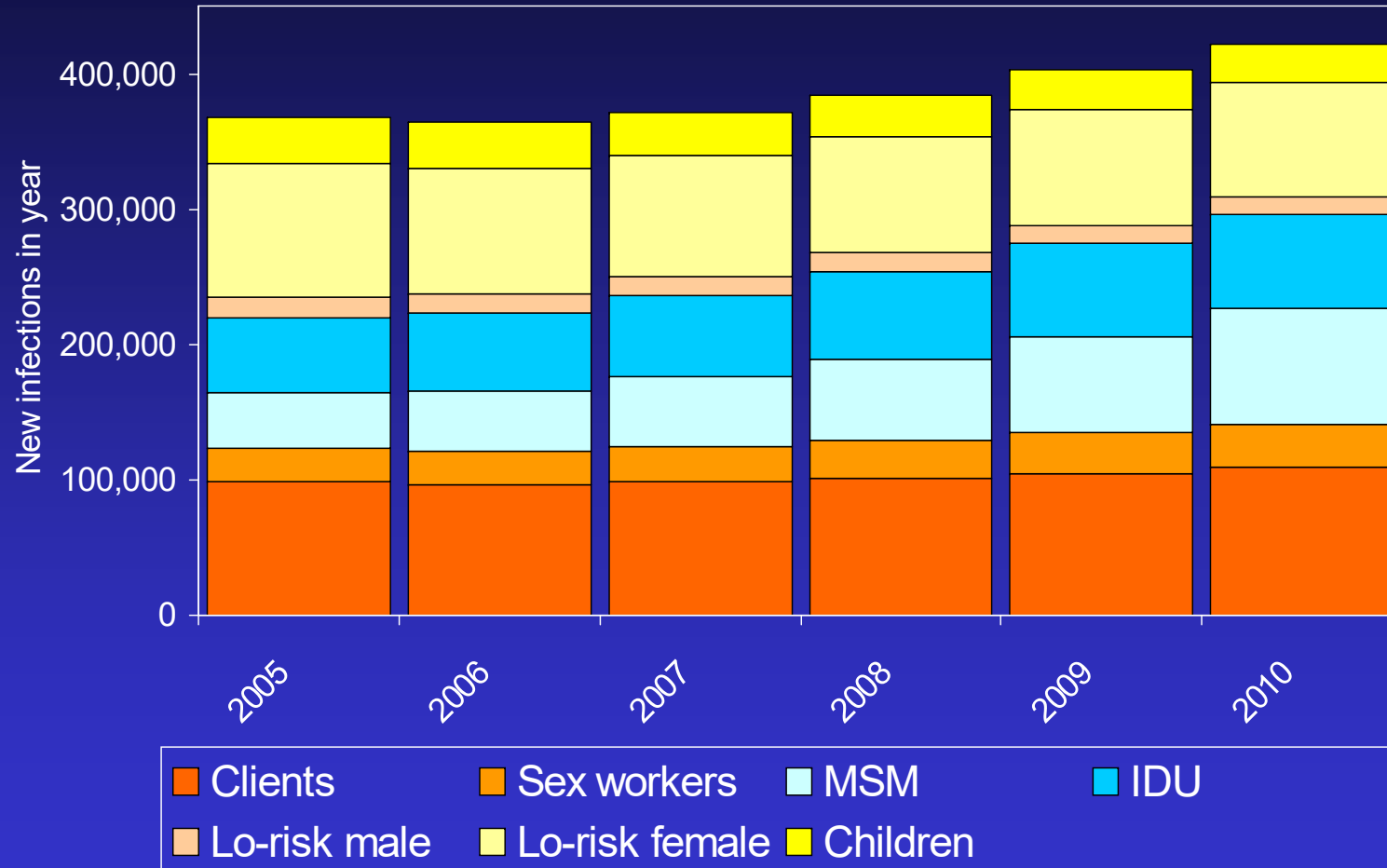
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Today – all transmission modes in play



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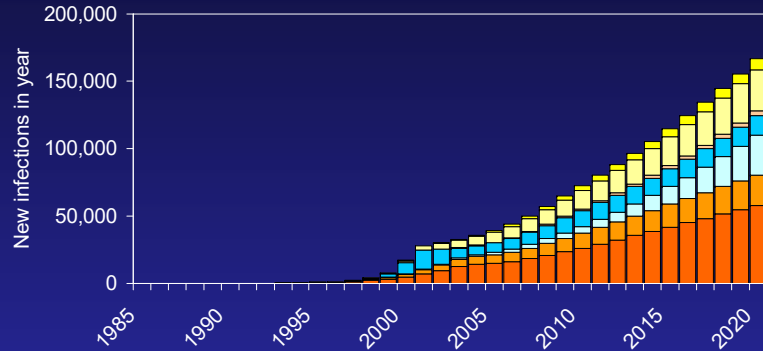
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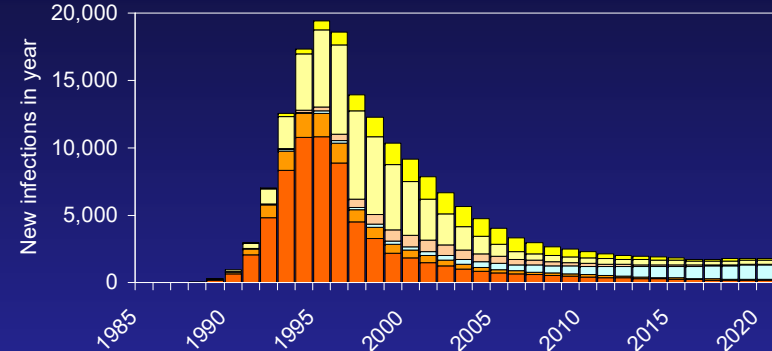
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But new infections in every country differ

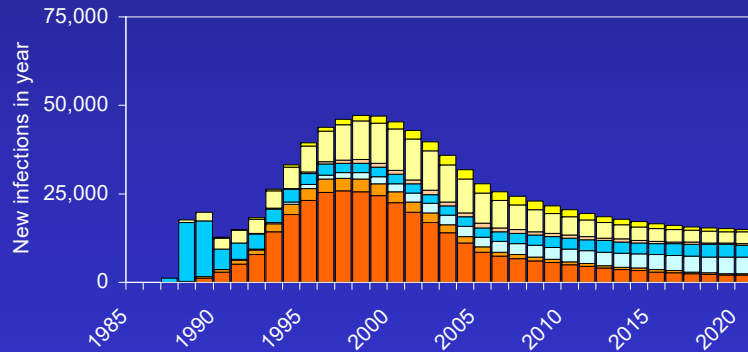
Indonesia



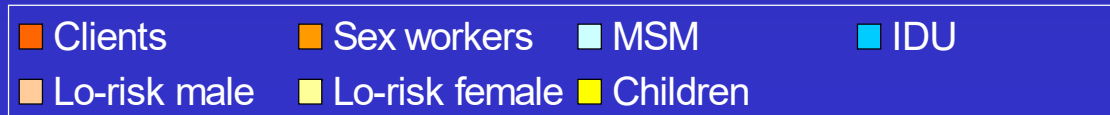
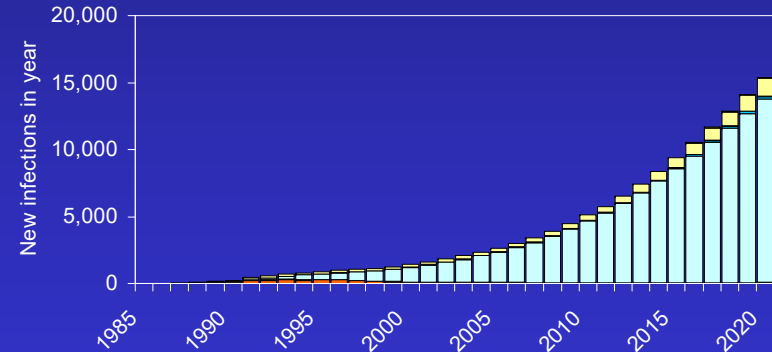
Cambodia



Burma



Japan



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...and to focus, a country needs to know
where its new infections are occurring



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...so countries need to assess their own situation and act on it

- Collate local knowledge of
 - The sizes of key populations:
 - IDU, MSM, sex workers & clients
 - Their levels of risk behavior
 - Their HIV and STI prevalence
- Estimate new infections by population
- Select programs for max impact using this



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The Commission also reviewed what worked in HIV prevention



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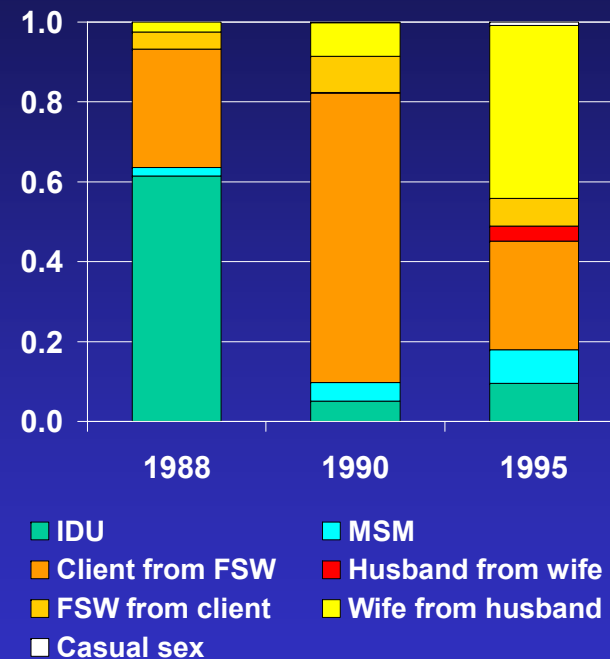


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Effective efforts addressed new infections with high coverage, e.g., Thai sex work

- Response start: 1991
- Data collected 1990-91
 - Most men getting infected were clients of sex workers
 - STIs enhancing HIV
- Prevention targeted:
 - Condom promotion in sex work
 - STI treatment

Proportion new infections by population in Thailand



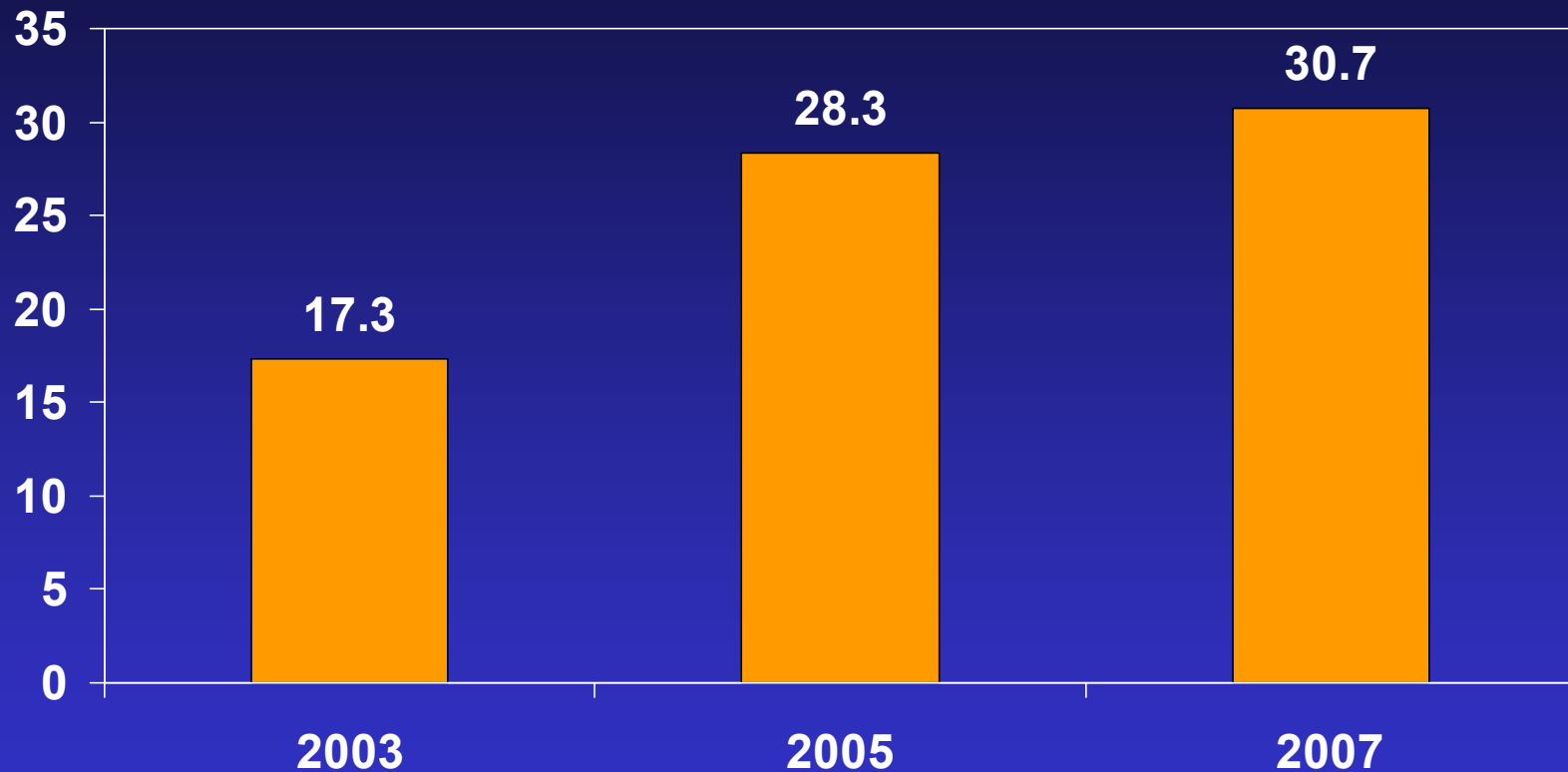
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..but if prevention coverage was low in a population, countries saw major failures



HIV prevalence among MSM in Bangkok (Wipas 2008)



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At-risk population focused efforts have more impact & are more cost-effective

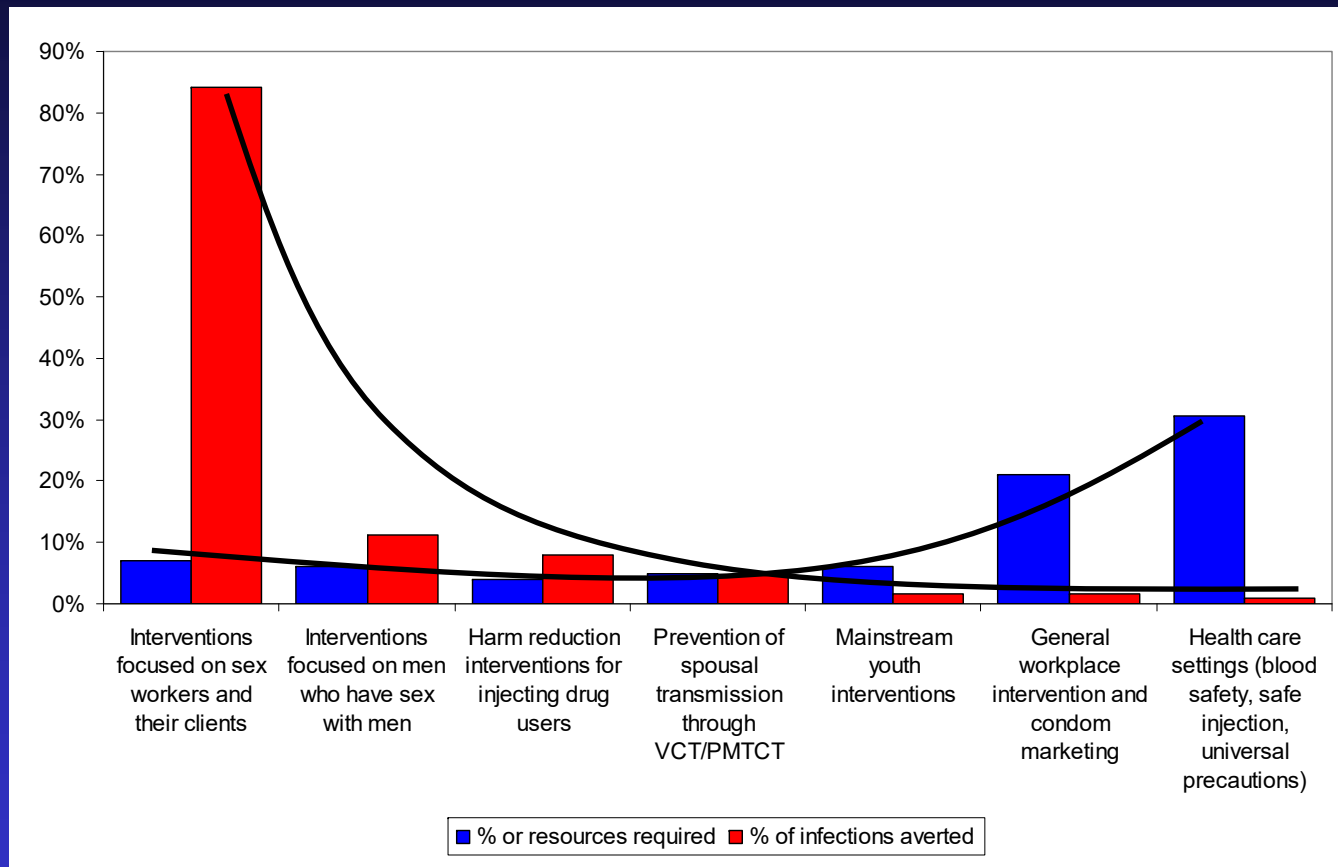


Figure 3.9: Comparison of prevention interventions, according to distribution of resources and percentage of new infections averted, 2007-2020
 Source: Redefining AIDS in Asia: Crafting and Effective Response



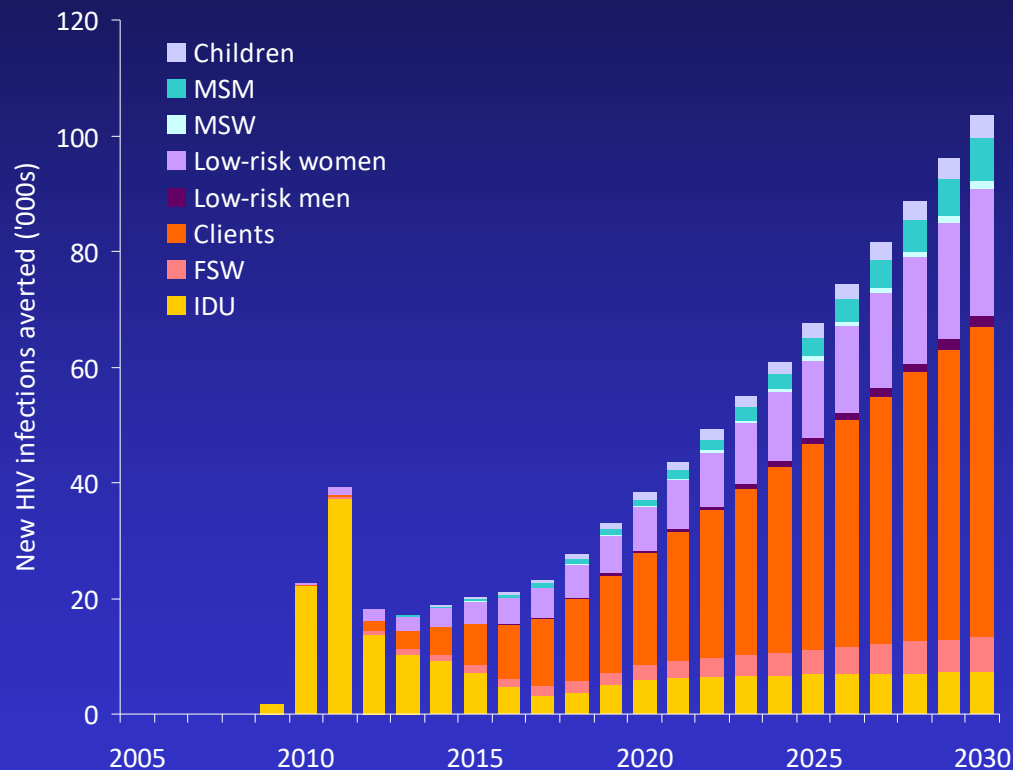
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Early harm reduction efforts with IDUs prevent many downstream infections



- 192,000 IDU infections
- 60,000 FSW infections
- 460,000 client infections
- 200,000 infections in low-risk adult populations
- 50,000 infections in MSM
- 30,000 infections in children



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But in too many countries, prevention efforts are proving less than effective



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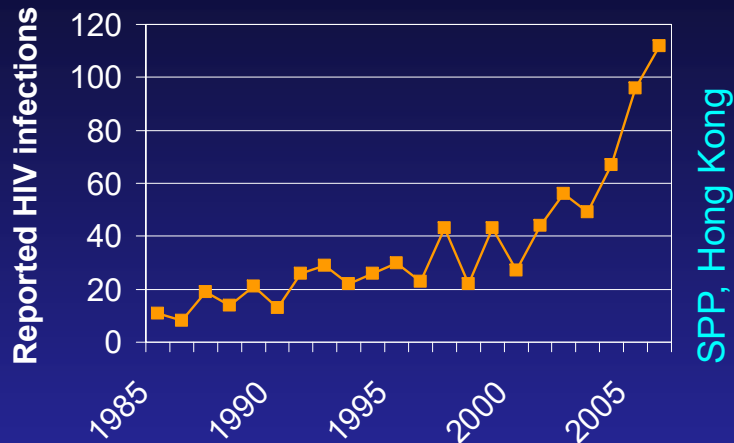
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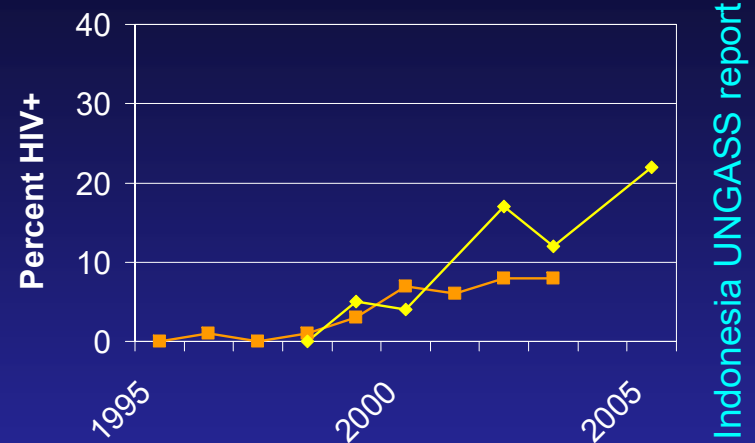
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Emerging epidemics in different populations

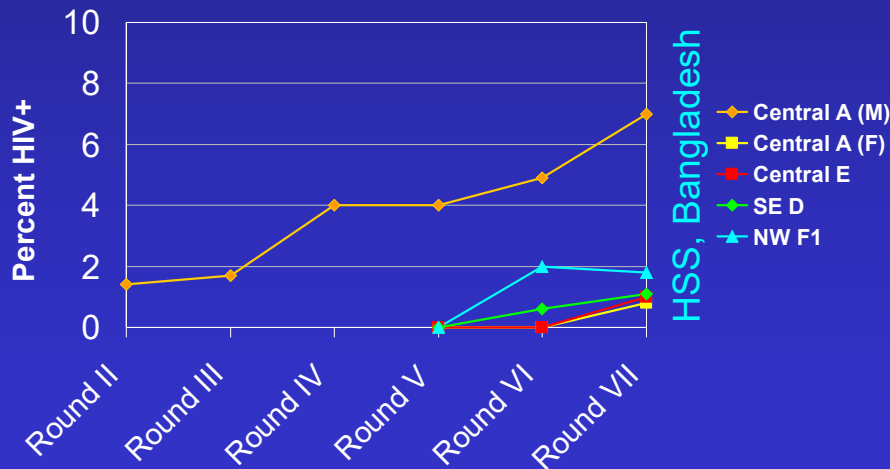
Among MSM, e.g., Hong Kong



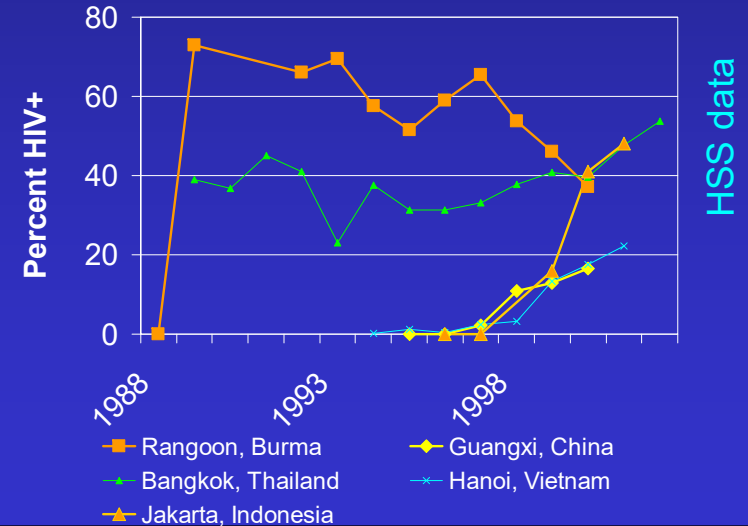
Among FSW, e.g., Indonesia



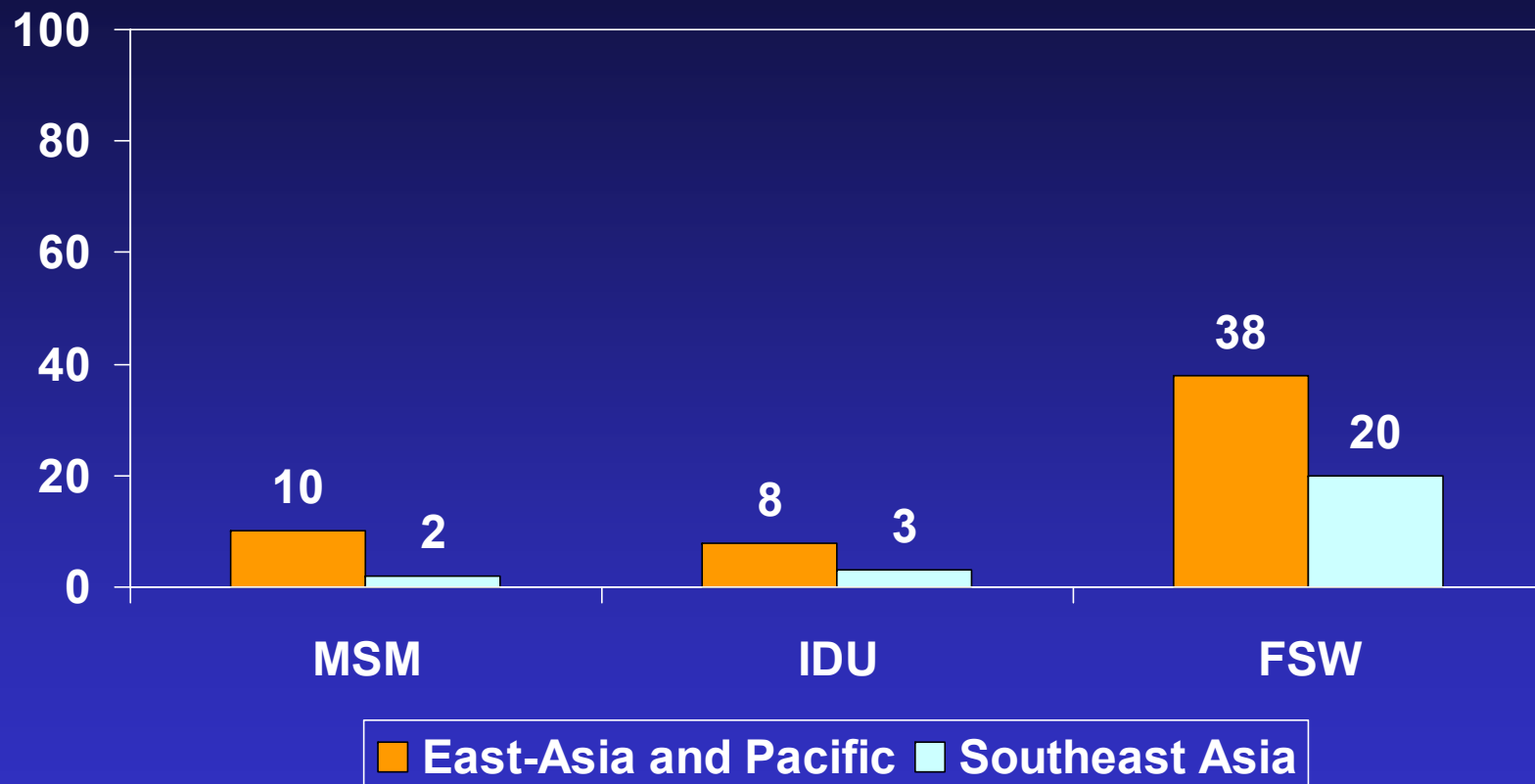
Among IDU, e.g., Bangladesh



Elsewhere IDU stays high



Why are efforts failing? Coverage



Source: Stover and Fahnstock 2006



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...and why is coverage so low?

- Resource constraints
- Inappropriate targeting of resources
- Limited community engagement
 - Awareness issues
 - Lack of ownership
 - No resources allocated for communities



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We need to do better!!!



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How do we improve our responses?

1. Build capacity to:
 - Identify the sources of new infections
 - Evaluate prevention coverage & impact
2. Direct prevention to those sources
3. Achieve high coverage in populations with high incidence
4. Mobilize and resource communities and partners to engage the epidemic
5. Act early in an epidemic



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