OVERCOMING CHALLENGES IN HIV WITH SCIENCE, INNOVATION AND COLLABORATIONS IN SOUTHEAST ASIA

IAS 2019 POST-CONFERENCE WORKSHOP

Malaysia, 04-05 October 2019
Overview of the HIV epidemic in Southeast Asia

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Journey of AIDS by the numbers

Since the beginning of the epidemic -

Globally…

75 million people have become infected with HIV  (Population size of Turkey)

32 million people have died from AIDS-related illnesses  (Population size of Canada)

In Asia and the Pacific…

12 million people have become infected with HIV  (Almost twice the population size of Lao PDR)

6 million people have died from AIDS-related illnesses  (Population size of Singapore)

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2019 HIV Estimates
HIV response has achieved notable success in declining new infections globally and regionally, but during the past 8 years the decline in new HIV infections has stalled.

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2019 HIV Estimates
A significant variation in new HIV infections trends in Asia and the Pacific countries

Percent change in new HIV infections between 2010 and 2018

Note: Afghanistan, Bangladesh, and PNG are also seeing increasing new HIV infection trends between 2010 and 2018

Source: Prepared by www.aidsdatahub.org based on 2019 HIV Estimates
Overview of new HIV infections among young people (15-24) in Asia and the Pacific

Proportion of young people (15-24) in total new HIV infections, 2018

- Philippines: 69%
- Myanmar: 54%
- Indonesia: 51%
- Thailand: 48%
- Lao PDR: 41%
- Malaysia: 30%
- Papua New Guinea: 26%
- Nepal: 22%
- Cambodia: 20%
- Pakistan: 20%
- Sri Lanka: 19%
- Bhutan: 19%
- Mongolia: 17%
- Afghanistan: 16%
- Viet Nam: 15%
- Bangladesh: 13%

Percent change in new HIV infections among young people, 2010 and 2018

- Philippines: 195% increase
- Myanmar: 33% decrease
- Indonesia: 29% decrease
- Thailand: 59% decrease
- Lao PDR: 48% decrease
- Malaysia: 4% decrease
- Papua New Guinea: 9% decrease
- Nepal: 58% decrease
- Cambodia: 67% decrease
- Pakistan: 38% increase
- Sri Lanka: 55% decrease
- Bhutan: 40% decrease
- Mongolia: 33% decrease
- Afghanistan: 60% increase
- Viet Nam: 71% decrease
- Bangladesh: 36% increase

Source: Prepared by www.aidsdatahub.org based on UNAIDS 2019 HIV Estimates
Urgent need for focused response: Epidemic mostly affecting KPs and their partners

Share of new HIV infections by population in Asia and the Pacific

- 78% of new HIV infections among key populations and their partners
- 30% Men who have sex with men
- 25% People who inject drugs
- 8% Sex workers
- 2% Transgender
- 22% Clients of sex workers and partners of key populations
- 13% Rest of population

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


- **People who inject drugs (2015)**
  - Indonesia, 29%
  - Jakarta, 44%

- **Men who have sex with men (2017)**
  - Malaysia, 22%
  - Kuala Lumpur, 43%

- **Transgender (2017)**
  - Malaysia, 11%
  - Kuala Lumpur, 24%

- **Female sex workers (2018)**
  - Myanmar, 6%
  - Yangon, 14%
Urbanization, digital growth and rising HIV epidemics among young MSM

1 in 3 young MSM in Kuala Lumpur, Malaysia are living with HIV

1 in 4 young MSM in Can Tho, Viet Nam are living with HIV

1 in 5 young MSM in Yangon, Myanmar are living with HIV

HIV incidence rate based on an 18-month cohort study in Shenyang, China

- YES: 8.5
- NO: 2

Use geosocial networking apps to seek sex partners

Higher incidence among geosocial networking apps users in Shenyang, China

HIV incidence per 100 person years

- Blued: 8.4
- JACK'D: 6.3
- Zank: 5.5

Higher incidence among those who use geosocial networking apps

Digitalization and MSM epidemic

VIRTUAL SPACE

YOUNG PEOPLE

Digital growth

Barriers

PrEP

SRHR services

Traditional prevention outreach

Unreachable

Mobile phone & social media

Dating apps

Cities

Party drugs and chem sex

VIRTUALLY GROWING

Digital growth

YOUNG PEOPLE

Traditional prevention outreach

Unreachable

SRHR services

PrEP

CITIES

Party drugs and chem sex
Risk profiles of MSM who use social platforms to find sexual partners

Findings from internet-based survey of Vietnamese MSM

- **70%** were in the age bracket of 18-25
- **66%** had multiple sex partners
- **66%** were hidden MSM (Bong Kin)
- **77%** never tested for HIV

Dual/multiple Risks: cause for concern and urgent need for differentiated service delivery model

- FSW, their clients and drug use
- MSM, drug use and chemsex
- TG, sex work and drug use
- PWID who sell and buy sex

% of MSM who used more than 2 drugs in the last 6 months by HIV status, Australia

- Sydney (2017): 41
- Queensland (2017): 39
- Perth (2017): 43
- Melbourne (2018): 44

- HIV-positive MSM
- HIV-negative MSM

Prepared by www.aidsdatahub.org based on Gay Community Periodic Surveys
Mind the gap: use innovations to maximize prevention

Needle and syringe programme (NSP) and Opioid substitution therapy (OST) coverage among people who inject drugs, select countries with available data, 2018

- Philippines, Men who have sex with men: 28%
- Malaysia, Transgender women: 58%
- PNG, Port Moresby, Female sex workers: 38%


* 2016 data for OST coverage
Status of PrEP in Asia and the Pacific, 2019

Proportion of MSM among estimated adult new HIV infections and availability of PrEP in select countries, as of June 2019

Note: Data do not include drug registration and private sector availability. ARV drugs registered for use as PrEP are available in the private sector in several countries including Malaysia, the Philippines, Thailand and Vietnam; India and China are not included in the above graph since disaggregated new HIV infections data for MSM are not available. India has completed a PrEP demonstration project. China has a current demonstration project. *Cambodia has recently been rolling out PrEP.
HIV testing is the entry point for prevention and treatment but about half of key populations do not know their HIV status.

HIV testing coverage among key populations, 2014 - 2018

- Female sex workers: 45%
- Men who have sex with men: 54%
- Transgender people: 43%
- People who inject drugs: 44%

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring (GAM) Reporting
Innovative HIV testing strategies to reach prevention and treatment Fast-Track targets in Asia and the Pacific

Proportion of counties in Asia and the Pacific by HIV testing approach

- 53% of 38 countries have community-based HIV testing
- 32% of 38 countries allow lay provider HIV testing
- 11% of 38 countries have HIV self testing

Source: www.aidsdatahub.org based on National Commitments and Policies Instrument of Global AIDS Monitoring (GAM) 2019
Proportion of PLHIV who know their HIV status by treatment and by policy on same day initiation of ART, Asia and the Pacific, 2018

- PLHIV aware of status but NOT on treatment
- PLHIV aware of status and on treatment
- Possible to start ART on the same day as HIV diagnosis
- NOT possible to start ART on the same day as HIV diagnosis
- No info

HIV testing and treatment cascade, Asia and the Pacific, 2018

Regional overview: Treatment target and gaps

<table>
<thead>
<tr>
<th>PLHIV who know their status</th>
<th>Progress (%)</th>
<th>Gap</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>69%</td>
<td>4 million</td>
<td>1.2 million</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PLHIV on treatment</th>
<th>Progress (%)</th>
<th>Gap</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>81%</td>
<td>54%</td>
<td>3.2 million</td>
<td>1.6 million</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PLHIV who are virally suppressed</th>
<th>Progress (%)</th>
<th>Gap</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>73%</td>
<td>49%</td>
<td>2.9 million</td>
<td>1.4 million</td>
</tr>
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</table>

Achieved:
- Australia; Thailand
- Australia; Cambodia
- Australia; Cambodia; Japan; Singapore; Thailand

Not on-track (<50%):
- Afghanistan; Bhutan; Bangladesh; Mongolia; Pakistan

Not on-track (<30%):
- Afghanistan; Bangladesh; Indonesia; Pakistan
- Bangladesh; Indonesia; Mongolia

Note: India and China data not available

Progress (%): 83:78:64, Gap: 74:61:56, Target: 90-81-73

HIV drug resistance: an urgent need to address the leakages in treatment continuum, and improve quality of treatment services.

Pre-treatment HIV drug resistance* among first-line ART initiators, 2016-2017

- **Myanmar**: 5.4%
- **Nepal**: 12.9%
- **Papua New Guinea**: 18.4%
- **Viet Nam**: 5.8%

Pre-treatment HIV drug resistance* among first-line ART initiators - treatment naive vs previously exposed

- **Myanmar**: ARV drug naïve - 4.3%, Prior ARV drug exposed - 15.7%
- **Nepal**: n/a
- **Papua New Guinea**: ARV drug naïve - 12.3%, Prior ARV drug exposed - 42.4%
- **Viet Nam**: ARV drug naïve - 4.6%, Prior ARV drug exposed - 11.1%

*Estimated HIV drug resistance to any type of ARV drugs.

Support countries to put in place guarantees against discrimination in law, policies, and regulations. Legal barriers to HIV response remain in 38 UN Member States in Asia Pacific:

- Criminalize some aspect of sex work (37)
- Criminalize same-sex relations (16)
- Confine people who use drugs in compulsory detention centres (11)
- Impose death penalty for drug-related offences (15)
- Impose some form of HIV-related restriction on entry, stay or residence (10)

Recent ground-breaking decision by India’s Supreme Court strikes down law criminalizing LGBTI people.

Source: Prepared by www.aidsdatahub.org based on UNAIDS, Punitive Laws Hindering the HIV Response in Asia and the Pacific (as of June 2016); and https://timesofindia.indiatimes.com/realtime/sc_decriminalises_section_377_read_full_judgement.pdf
TB snapshot

Globally…

10 million new TB infections of which

0.6 million are MDR/RR-TB infections

1.6 million TB deaths

In Asia and the Pacific…

6.84 million new TB infections (+2/3)

0.34 million are MDR/RR-TB infections (1/2)

0.83 million TB deaths (1/2)

11 out of 12 high TB burden countries in Asia and the Pacific also have high MDR-TB burden, 2017

<table>
<thead>
<tr>
<th>Country</th>
<th>High TB burden</th>
<th>High MDR-TB burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>Cambodia</td>
<td>✔️</td>
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<tr>
<td>China</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>DPR Korea</td>
<td>✔️</td>
<td>✔️</td>
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<tr>
<td>India</td>
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<tr>
<td>Indonesia</td>
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<td>Myanmar</td>
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<td>Pakistan</td>
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<td>Papua New Guinea</td>
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<td>Philippines</td>
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<td>Thailand</td>
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<tr>
<td>Viet Nam</td>
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</tbody>
</table>

8 countries account for 94% of all TB-related deaths among PLHIV in Asia and the Pacific

**Proportion of TB deaths among PLHIV by country, 2017**

- **India**, 31%
- **Indonesia**, 26%
- **Pakistan**, 6%
- **Others**, 6%
- **Myanmar**, 14%
- **Thailand**, 8%
- **China**, 5%
- **PNG**, 3%
- **Viet Nam**, 2%

Lost opportunities in integrating TB and HIV services to save lives by putting more people on TB and HIV treatment, Asia and the Pacific

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in 3</td>
<td>People co-infected with TB-HIV <strong>DO NOT</strong> know their HIV status</td>
</tr>
<tr>
<td>1 in 3</td>
<td>ART service providers <strong>DO NOT</strong> provide TB treatment in ART settings</td>
</tr>
<tr>
<td>3 in 4</td>
<td>TB service providers <strong>DO NOT</strong> provide antiretroviral therapy in TB clinics</td>
</tr>
</tbody>
</table>

Increased government investments in AIDS
Mostly goes for treatment!

Prepared by www.aidsdatahub.org based on Global AIDS Response Progress Reporting and Global AIDS Monitoring Reporting
Key populations prevention: heavy reliance on external financing sources

Prevention spending by financing source, 2012 - 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>% International</th>
<th>% Domestic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total prevention</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Prevention for MSM</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Prevention for sex workers</td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td>Prevention for PWID</td>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Regional aggregate based on available data from 12 countries* between 2012 and 2017

12 countries*: Afghanistan, Bangladesh, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Thailand, Viet Nam

Prepared by www.aidsdatahub.org based on Global AIDS Monitoring Reporting and NASA reports
Recognizing the challenges and realities

- Rising epidemics in populations (particularly among young MSM) and locations continue to be cause for concern
- Emergence of new challenges in a number of countries (Bangladesh, Malaysia, PNG,...) with signs of resurgence of epidemics
- Hurdles to sustain the fragile gains in countries that have made inroads to control the epidemic (Cambodia, Thailand)
- Changing patterns and dynamics of health risk behaviors (including HIV) that evolves with advancing technology and digitalization
- Growing trend of dual/multiple risks – chemsex, drug use, selling and buying sex among MSM, TG, PWID and sex workers and limited use of differentiated service delivery approach
- Shrinking space for civil society and weakening of its capacity and activism, erosion of human rights and growing conservatism in a number of countries.
- Urgent need to scale-up HIV testing and treatment to close the gaps along continuum of care cascade and to maximize the impact of U=U
- Donor dependency and sustainability issues, particularly for key populations HIV prevention programmes
- Stigma and discrimination against PLHIV and key populations standing in the way of effective HIV response
Way forward: Game changing efforts to make the end of AIDS a reality

- Harness the advancement of technology and embrace innovative service delivery models and new tools:
  - PrEP, Community-based HIV testing, self-testing, index testing
  - Innovative service delivery models – physical and virtual outreach; online to offline model; differentiated service delivery model

- Mind the gap:
  - keeping up with changing epidemics and behavioral trends and reinvigorate prevention efforts for all key populations
  - Scale up HIV testing and treatment; Same day ART initiation; link and maintain in care to maximize the prevention effect of treatment and to control the epidemic

- People centered, right-based and integrated multi-disease approach
  - Maximize partnerships and synergistic efforts for health and well being of key populations and PLHIV (UHC, TB-HIV, STI, RH, mental health, etc.)
  - Community-led services – community capacity building and empowerment; meaningful engagement of civil society at all levels

- Breakdown stigma and legal barriers
THANK YOU

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