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Review of national progress in meeting the commitments contained in General Assembly resolution 65/277 on the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and ESCAP resolutions 66/10 and 67/9

Overview of progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific

Note by the secretariat**

Summary

This report has been produced in response to the request made by the Commission through its resolution 67/9, which called upon the Executive Secretary to coordinate with other relevant United Nations agencies to produce an overview of the progress made in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific.

The report takes stock of the progress made by, among others, ESCAP members and associate members towards: reducing the transmission of HIV, in particular among key populations; promoting access to affordable medicines, diagnostics and vaccines; reviewing legal and policy barriers; enhancing financial sustainability, effectiveness, and national ownership and capacity; ensuring gender equality in the AIDS response; and addressing the key priorities and policies identified by countries in the region for the era beyond 2015.

Delegations may wish to share views and experiences on the key challenges and priorities in delivering an effective AIDS response in the era beyond 2015.

* E/ESCAP/HIV/IGM.2/L.1.

** This document has been submitted late due to the need to incorporate the latest data from responses of several member States to the intergovernmental survey as well as from other sources.

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I. Introduction

1. In its resolution 67/9, the Commission called upon the Executive Secretary to coordinate with other relevant United Nations agencies to produce an overview of the progress made in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific. In pursuance of that mandate, the objectives of the present overview report are: (a) to appraise progress in implementing the commitments in the 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, and Commission resolutions 66/10 and 67/9; and (b) to provide a forward-looking perspective through the inclusion of recommendations for future action based on best practices in the region and the priorities identified by ESCAP member States.

2. This overview report draws on information gathered from Governments and other existing sources, including the results of the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2013 mid-term review of progress in achieving the commitments contained in the 2011 Political Declaration on HIV and AIDS and annual Global AIDS Response Progress Reporting (GARPR), in addition to an intergovernmental survey carried out in mid-2014 among ESCAP members and associate members on progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific.

3. In Asia and the Pacific, 21 countries conducted mid-term reviews in 2013 of national progress in relation to the 10 targets of the 2011 Political Declaration on HIV and AIDS. In addition, 29 countries submitted reports within the framework of GARPR in 2014. Some 23 members and associate members responded to the intergovernmental survey on achieving progress in universal access to HIV prevention, treatment, care and support administered by the ESCAP secretariat in 2014. An analysis of the information provided by ESCAP members and associate members is presented below.

II. Overview of trends

4. The AIDS response in Asia and the Pacific has witnessed some of the world's greatest successes. Nevertheless, the course of the HIV epidemic in the ESCAP region shows that current efforts need to be refocused to ensure that all countries are able to meet the commitments made at regional and global levels.

5. Notable trends include the following:

(a) There has been a significant reduction in new HIV infections since 2001 (though the number of new infections has remained largely unchanged since 2008), an increase in access to treatment and a decrease in AIDS-related deaths;

(b) Low levels of prevalence at national level often mask high absolute numbers of new infections and people living with HIV (PLHIV). There have been concentrated epidemics in major cities and among key populations;

(c) There are several countries where new HIV infections are on the rise, in part due to growing epidemics concentrated in some geographical areas and within key populations at higher risk of HIV exposure, notably men who have sex with men (MSM), sex workers and people who inject drugs (PWID). In five Central Asian countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan), more than half of newly diagnosed HIV infections occur among PWID;¹

(d) Clients of sex workers are the largest population at risk of HIV infection in Asia and the Pacific;

(e) Coverage of effective antiretroviral regimens for prevention of new HIV infections among children remains low in the region, especially in South Asia. Early infant diagnosis of HIV varies widely across the region.

III. Reduce transmission of HIV, in particular among key populations

6. While the overall number of new HIV infections in the Asia-Pacific region has gone down since 2001, in the past five years the number of new infections has remained largely unchanged and emerging epidemics are becoming evident among key populations and in specific geographical locations, such as major cities.

7. According to the Commission on AIDS in Asia and the Pacific, modelling indicates that about 60 per cent of key populations need to adopt safer behaviours if HIV epidemics among them are to be reversed, and HIV prevention coverage has to reach about 80 per cent of key populations for that

¹ Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization, *HIV/AIDS in Europe and Central Asia: Progress Report 2011* (Geneva, UNAIDS, 2012), p. 25.

level of behaviour change to occur.² That estimate is reflected in the commitment made by ESCAP member States in Commission resolution 67/9 to develop national strategic plans and establish strategic and operational partnerships at the national and community levels between representatives of public health, law enforcement and civil society and key populations to scale up high-impact HIV prevention, treatment, care and support to achieve 80 per cent coverage for key populations with a view to achieving the universal access target.

A. Process indicators

1. Existence of multisectoral national strategic plan on HIV and AIDS (survey responses)

8. Of the 23³ members and associate members in the Asia-Pacific region that responded to the intergovernmental survey on progress in achieving universal access to HIV prevention, treatment, care and support in Asia and the Pacific, 19 reported having in place a multisectoral national strategic plan on HIV and AIDS, as called for in Commission resolution 67/9.

2. Specific targeting of key populations in national strategies (survey responses)

9. According to the survey, 18 of the 19 existing national strategic plans on HIV contained strategies to address legal and policy barriers to universal access to HIV prevention, treatment, care and support, in particular for PLHIV and key populations at higher risk of HIV. Of these 18 strategies, 15 have been costed and budgeted to enhance financial sustainability and national ownership, and to improve the programmatic effectiveness of AIDS response, in line with Commission resolution 67/9. In addition to outlining specific strategies to address legal and policy barriers for key populations, 17 member States reported having a national strategy to address all forms of gender-based violence.

B. Outcome indicators

1. Percentage of MSM and sex workers reached by HIV prevention programmes (know where to get an HIV test and received condoms in the past year)

10. MSM and sex workers are driving the epidemic in the region in terms of the number and the pace of new HIV infections. In 2008, the Commission on AIDS in Asia and the Pacific predicted that if MSM did not become a greater focus of HIV prevention efforts, this population would bear nearly half of the total new infections among key populations. In 2013, UNAIDS reported that overall trends indicated that the Commission's prediction is becoming a reality. Despite evidence indicating an alarming HIV prevalence rate among this key population, essential HIV prevention efforts remain inadequate and far from the 80 per cent target in nearly every ESCAP member State.

² Commission on AIDS in Asia and the Pacific, *Redefining AIDS in Asia: Crafting an Effective Response* (New Delhi, Oxford University Press, 2008).

³ As of 24 October 2014, survey responses had been received from the following ESCAP members and associate members: Afghanistan; Armenia; Australia; Azerbaijan; Bangladesh; Bhutan; Brunei Darussalam; Cambodia; Fiji; France; Georgia; Iran (Islamic Republic of); Japan; Malaysia; Maldives; Mongolia; New Zealand; Pakistan; Russian Federation; Tajikistan; Thailand; Timor-Leste; and Hong Kong, China.

Table 1
Percentage of MSM and sex workers reached by HIV prevention programmes (know where to get an HIV test and received condoms in the past year) in selected countries in the ESCAP region

Country	Target group	Year	Total	Age		Sex		
				25+	<25	Female	Male	Transgender populations
East and North-East Asia								
China	MSM	2012	76.9	77.6	75.7	-	-	-
	Sex workers	2012	82.7	84.8	79.6	82.7	-	-
Mongolia	MSM	2012	63.5	63.6	63.4	-	-	-
	Sex workers	2012	63.8	65.4	59.4	63.8	-	-
Republic of Korea	MSM	2011	44.2	48.15	34.06	-	-	-
South-East Asia								
Indonesia	MSM	2011	23.4	25.2	20.5	-	-	-
	Sex workers	2011	18.5	78.7	14.2	19.9	11.85	-
Malaysia	MSM	2012	45.7	47.4	42.5	-	-	-
	Sex workers	2012	45.7	49.0	33.3	45.7	-	-
Philippines	MSM	2013	22.6	30.1	18.2	-	-	-
	Sex workers	2013	48.0	56.0	41.8	-	53.8	32.3
Singapore	Sex workers	2007	100.0	..	..	100.0	-	-
Thailand	MSM	2012	52.6	61.1	48.7	-	-	-
	Sex workers	2012	73.8	..	..	53.9	73.8	..
South and South-West Asia								
Afghanistan	Sex workers	2011	6.3	31.0	5.2	6.3	-	-
Bangladesh	MSM	2013	24.4	21.2	28.7	-	-	-
	Sex workers	2013	25.5	33.8	18.8	7.5	62.2	70.7
India	MSM	2013	68.1	..	..	-	-	-
	Sex workers	2013	84.6	..	..	84.6	-	-
Nepal	MSM	2013	64.0	73.3	54.5	-	-	-
	Sex workers	2011	..	..	..	60.0	-	-
		2013	..	..	..	-	79.3	-
Pakistan	Sex workers	2013	13.8	14.7	12.5	10.8	9.7	19.8
North and Central Asia								
Armenia	MSM	2012	52.0	57.9	49.0	-	-	-
	Sex workers	2012	49.2	49.0	48.9	49.2	-	-
Georgia	MSM	2012	48.6	57.8	33.7	-	-	-
	Sex workers	2012	65.0	68.2	32.0	65.0	-	-
Kyrgyzstan	MSM	2013	78.9	77.6	82.1	-	-	-
	Sex workers	2013	64.9	65.7	63.4	64.9	-	-
Russian Federation	MSM	2007	17.0	16.0	19.0	-	-	-
	Sex workers	2009	22.0	28.0	21.0	22.0	-	-
Pacific								
Fiji	Sex workers	2012	68.0	70.1	39.8	62.2	77.7	-
Papua New Guinea	MSM	2011	66.6	79.6	80.3	-	-	-
	Sex workers	2011	36.4	84.8	38.8	37.2	34.2	-

Sources: Database of Global AIDS Response Progress Reporting, prepared by the Data Team at the HIV and AIDS Data Hub for Asia and the Pacific (www.aidsdatahub.org) and UNAIDS, AIDSinfo Online Database (www.aidsinfoonline.org).

Note: A hyphen (-) indicates that the item is not applicable and two dots (..) indicate that data are not available.

11. The 2014 GARPR report data (see table 1 above) show large disparities in prevention coverage of MSM and sex workers in the region, ranging from 6.3 per cent of sex workers in Afghanistan to 84.6 per cent in India, and reaching every female sex worker (100 per cent) in Singapore. Overall, the percentage of sex workers reached by HIV prevention efforts tends to be higher than the percentage of MSM.

12. Data on HIV prevention disaggregated by sex are very limited, as most surveys cover only men or only women, with few exceptions. A survey of sex workers in Indonesia and Papua New Guinea indicates that more female sex workers were reached by HIV prevention efforts. In Bangladesh and Fiji, on the other hand, more male sex workers knew where to get an HIV test and receive condoms.

13. Almost no data is available on transgender populations reached by prevention programmes in the region, with the exception of the data on transgender sex workers in the Philippines (32.3 per cent) and Bangladesh (70.7 per cent).

2. Percentage of MSM, PWID and sex workers who received an HIV test in the past 12 months and know their results

14. Access to testing and counselling, together with knowing one's HIV status, are essential components of HIV prevention. The level of coverage required to affect HIV transmission and access available services is hampered by stigma and discrimination, legal and policy barriers as well as law enforcement practices.

15. Wide disparities exist in terms of the access of MSM, PWID and sex workers to HIV services, including testing and counselling. For example, in South-East Asia the percentage of MSM who had an HIV test in the previous 12 months ranges from 9.3 per cent in the Philippines to 79 per cent in Malaysia; the percentage of PWID ranges from 6.3 per cent in the Philippines to 78 per cent in Malaysia. Overall, South and South-West Asia and North and Central Asia subregions had low coverage of PWID with the notable exceptions of India and Kazakhstan respectively. In some countries, only three or four per cent of PWID were tested for HIV in the previous 12 months and knew their HIV status.

3. Percentage of MSM, PWID and sex workers reporting the use of a condom

16. Access to and use of condoms is one component of harm reduction strategies. The latest available data on the key populations in the region — MSM, PWID and sex workers — indicate significant disparities in terms of reported condom use among them. Reported condom use among MSM ranges from 1.3 per cent to over 90 per cent, although the majority of countries have achieved rates over 50 per cent. Among PWID, reported condom use ranges from 7.7 per cent to 77.6 per cent, while among sex workers the corresponding range is from 7.6 per cent to 95.8 per cent.

17. Very little of the available data is disaggregated by sex and almost no data are available on the transgender populations in the region. Where sex-disaggregated data are available, more females who inject drugs than males report the use of a condom, apart from Kazakhstan, Kyrgyzstan, the Philippines, the Russian Federation and Thailand.

4. Number of needles distributed per person

18. The number of needles distributed per person is an indicator of access to prevention services among the PWID population. Needle and syringe programmes are part of the comprehensive prevention package for PWID. Lack of access to clean needles and syringes leads to sharing of equipment. In particular, in North and Central Asia, a region where the number of new infections is rising, national HIV epidemics are typically driven by the use of contaminated injecting equipment and by onward transmission to the sexual partners of PWIDs. In order for needle exchanges to prevent HIV transmission and to make an impact on the HIV epidemic, an annual distribution rate of 200 needles/syringes per PWID is needed.

19. In Asia and the Pacific, the number of needles distributed per PWID ranges from 9 to 326. Several countries in the region, including Australia, Cambodia, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic and New Zealand distributed more than 200 needles per PWID. However, on average, the level of coverage indicates inadequate access to prevention services in the region.

5. Percentage of PWID who reported using sterile injecting equipment the last time they injected

20. There is a clear correlation between access to safe injecting equipment and HIV prevalence rates among PWID in Asia and the Pacific. The latest data, where available, indicate that in most of the region at least 30 per cent of PWID used sterile injecting equipment the last time they injected. More than 90 per cent of PWID used sterile injecting equipment in the Islamic Republic of Iran, Kyrgyzstan, Malaysia, Nepal, Viet Nam and Tajikistan.

6. Percentage of young people aged between 15 and 24 who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission

21. Awareness of ways of preventing the sexual transmission of HIV among young people aged between 15 and 24 is key to prevention efforts and the ability of young men and women to protect themselves from HIV.

22. Based on the latest available data (see table 2), there are wide disparities in HIV awareness between young men and young women, at national, subregional and regional levels. Overall, young men in the Asia-Pacific region tend to have higher awareness levels compared with young women, although more young women than men can identify the correct ways of preventing sexual transmission in Armenia, Cambodia, Indonesia, Kyrgyzstan, Mongolia, Myanmar, the Russian Federation, Singapore and Turkey. In eight member States, less than 10 per cent of women could correctly identify ways of preventing sexual transmission while rejecting major misconceptions about HIV.

23. Across the region, where data are available, the awareness level for both sexes is less than 55 per cent.

Table 2
Percentage of young women and men aged between 15 and 24 in selected countries in the Asia-Pacific region who correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission

Country	Year	Both sexes	Females	Males
East and North-East Asia				
China	2013	54.9	52.9	57.2
Democratic People's Republic of Korea	2011		7.9	
Mongolia	2011	30.85	31.62	29.29
Republic of Korea	2011	14.71	6.67	21.05
South-East Asia				
Cambodia	2013		44.4	43.7
Indonesia	2011	14.3	15.12	13.66
Lao People's Democratic Republic	2012	25.1	24	27.6
Malaysia	2012	27	26.5	27.5
Myanmar	2011	47.51	47.56	47.47
Philippines	2013		11.8	17.6
Singapore	2007	17	20	15
Thailand	2009	37	30	44
Timor-Leste	2013		12.2	19.7
Vietnam	2013		42.3	50.3
South and South-West Asia				
Bangladesh	2011	17.7	13.4	22.5
Bhutan	2012		21	
India	2013		19.9	36.1
Iran (Islamic Republic of)	2011	18.27	16.21	20.63
Maldives	2009		35	
Nepal	2013		25.8	33.9
Sri Lanka	2011		17.3	
Turkey	2007	37	39	35
North and Central Asia				
Armenia	2013		22.6	15.1
Azerbaijan	2013		4.8	5.3
Georgia	2011	10.22	9.25	11.23
Kazakhstan	2011	31.91	30.16	34.34
Kyrgyzstan	2011	2.98	3.37	2.48
Russian Federation	2009	37	39	35
Tajikistan	2012	17.1	10.8	22.9

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