



# Can We End AIDS in Asia Pacific by 2030?

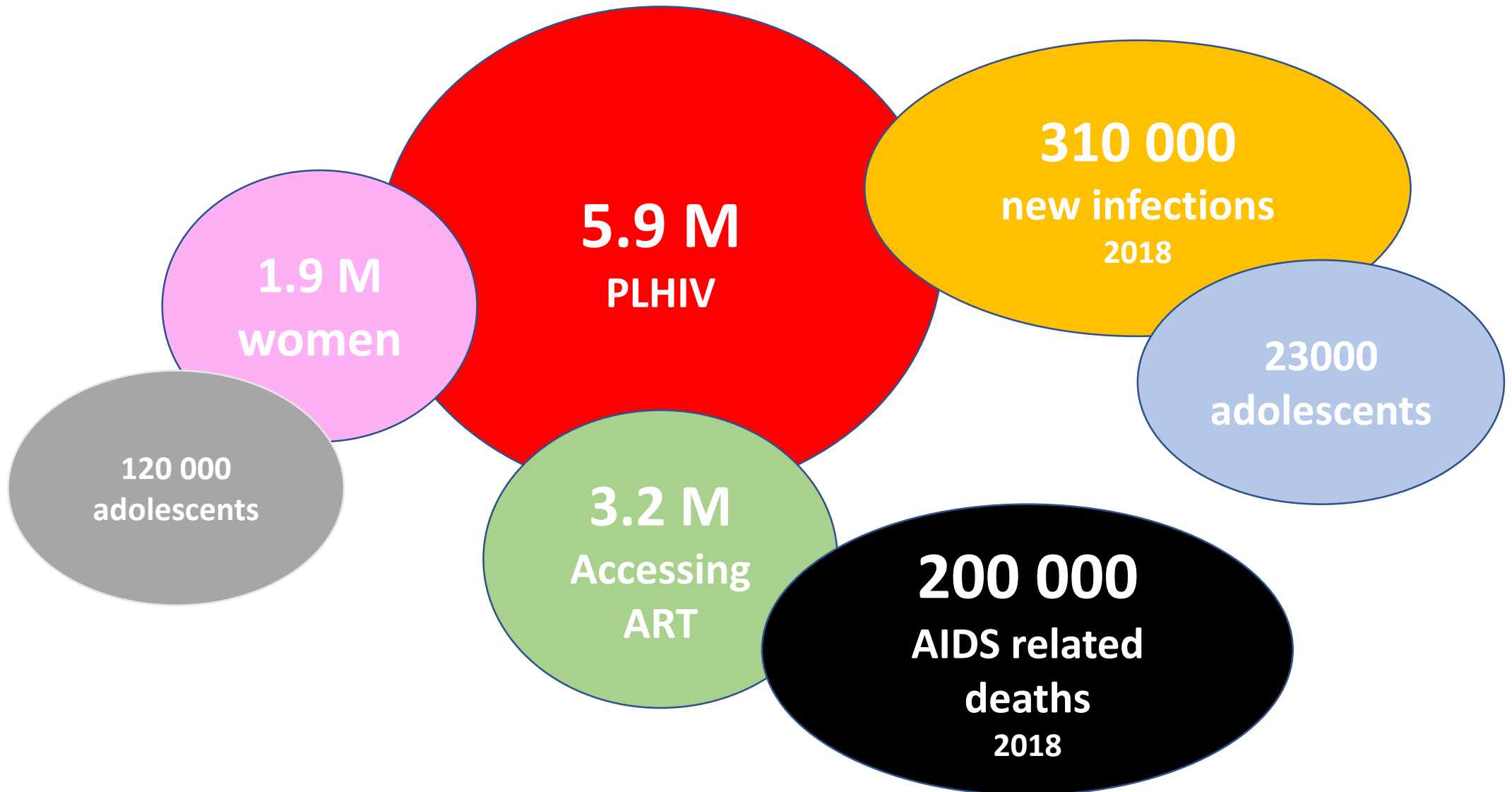
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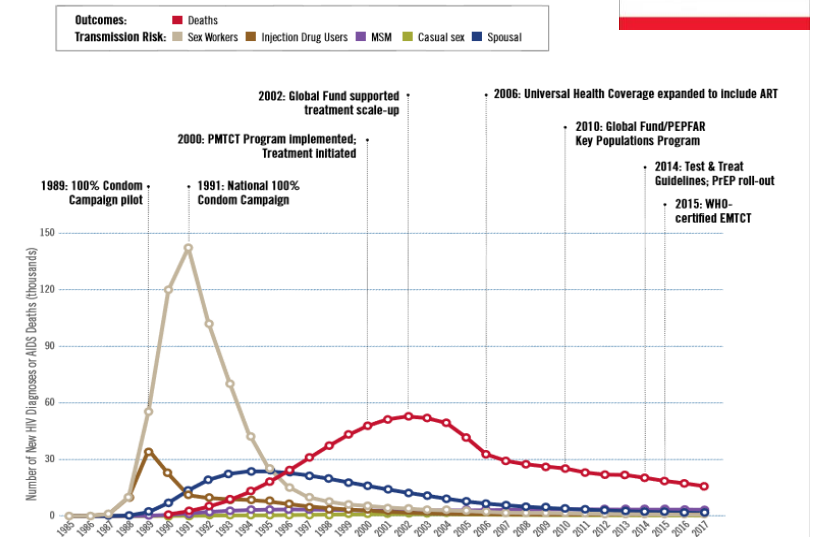
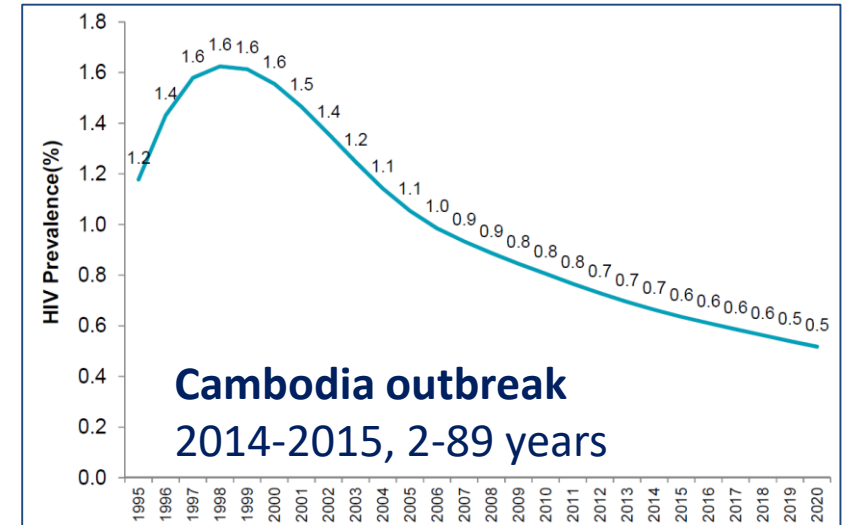
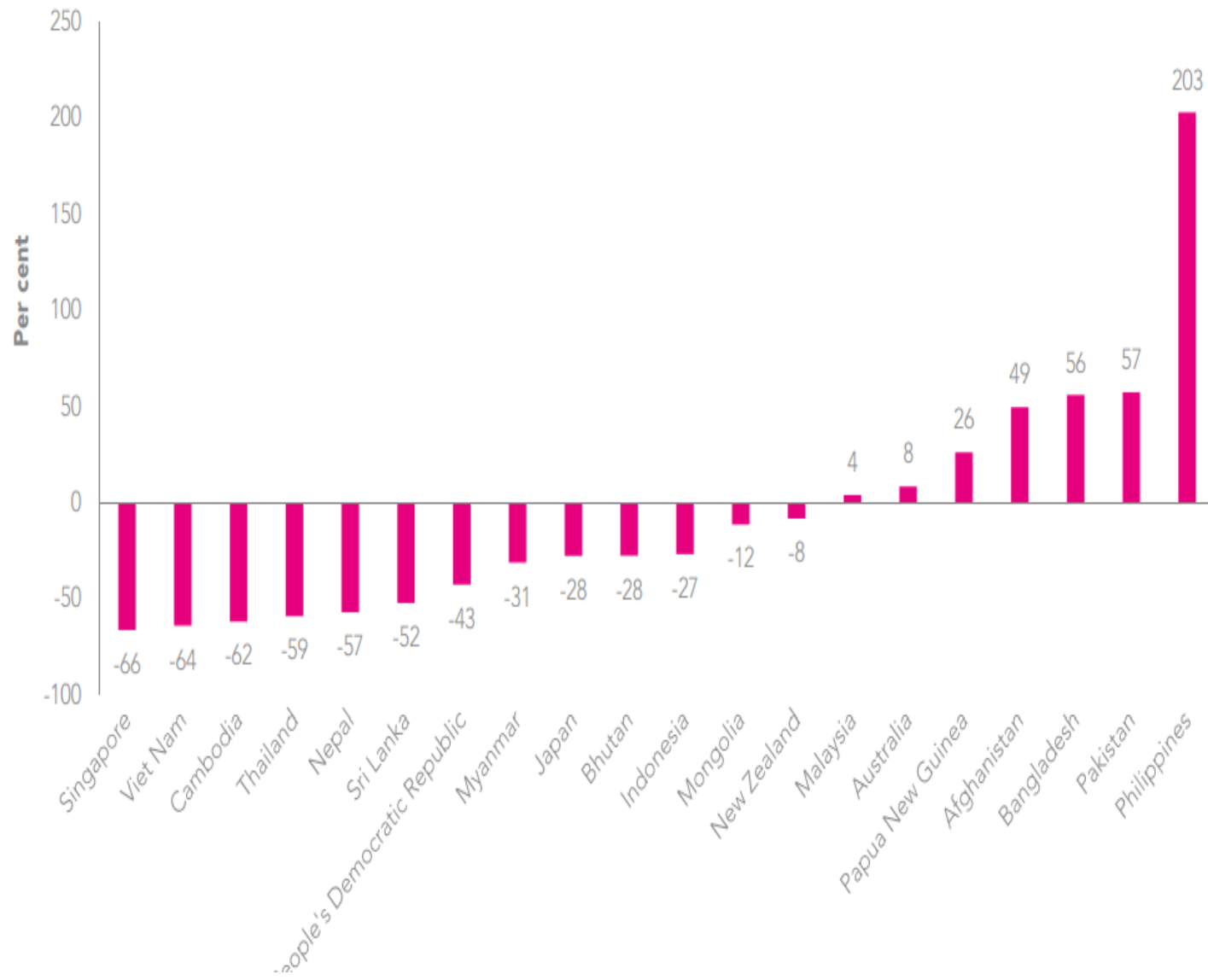
President-Elect IAS

# Overview of the HIV epidemic in Asia-Pacific 2019



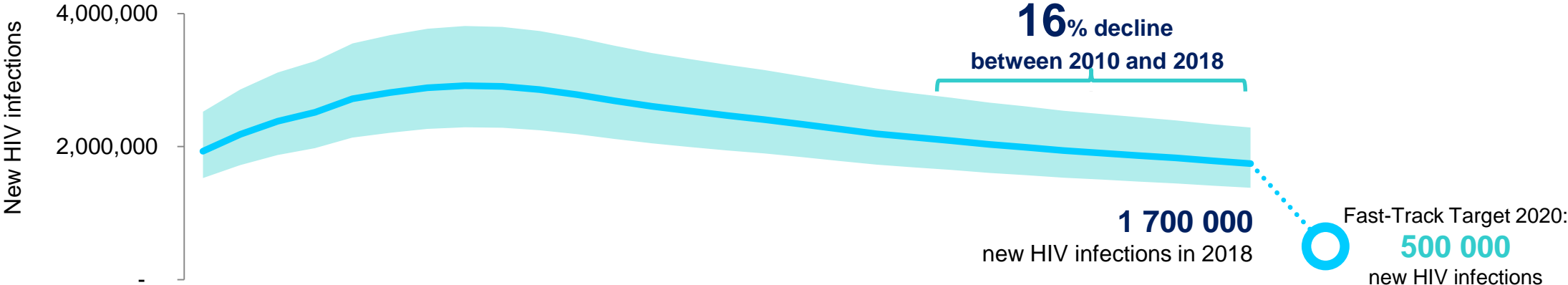


**FIGURE 12.6** Percentage change in new HIV infections, by country, Asia and the Pacific, 2010–2018

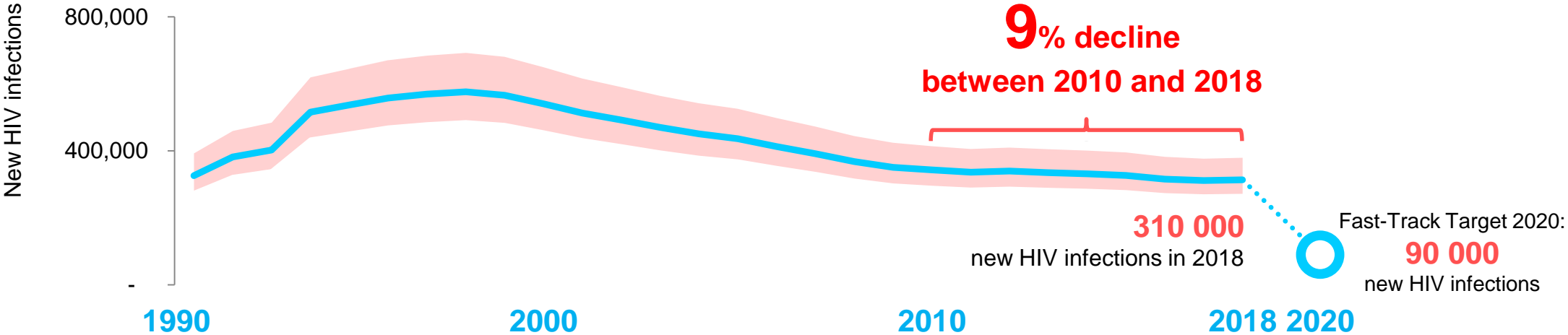


# During the past 8 years the decline in new HIV infections in AP has stalled

## Global



## Asia and the Pacific



— New HIV infections

○ 2020 Fast-Track target\*

\*The 2020 target is equivalent to a 75% reduction since 2010.

# Prevention of mother-to-child transmission



- At 56% [47-71%]
- Coverage is well below the global average of 82% [62->95%]

# COMMUNITIES AT THE CENTRE

DEFENDING RIGHTS  
BREAKING BARRIERS  
REACHING PEOPLE  
WITH HIV SERVICES



the closure of harm reduction programmes prevent people from accessing essential health services and impede progress toward reducing new HIV infections. In contrast, Cambodia and India have achieved high coverage of needle–syringe services (>200 needles and syringes per person who injects drugs per year) and moderate coverage of opioid substitution therapy services (coverage of 20–40%) (Figure 12.15). Despite this, needle–syringe programme coverage is extremely limited in Indonesia and Thailand, and opioid substitution therapy was either unavailable or rare in a number of countries, including Bangladesh, Pakistan, the Philippines and Thailand. ■

**ACCESS TO HARM REDUCTION  
SERVICES REMAINS VERY UNEVEN  
IN A REGION MARKED BY HOSTILE  
AND HIGHLY PUNITIVE APPROACHES  
TO DRUG USE.**

Commentary

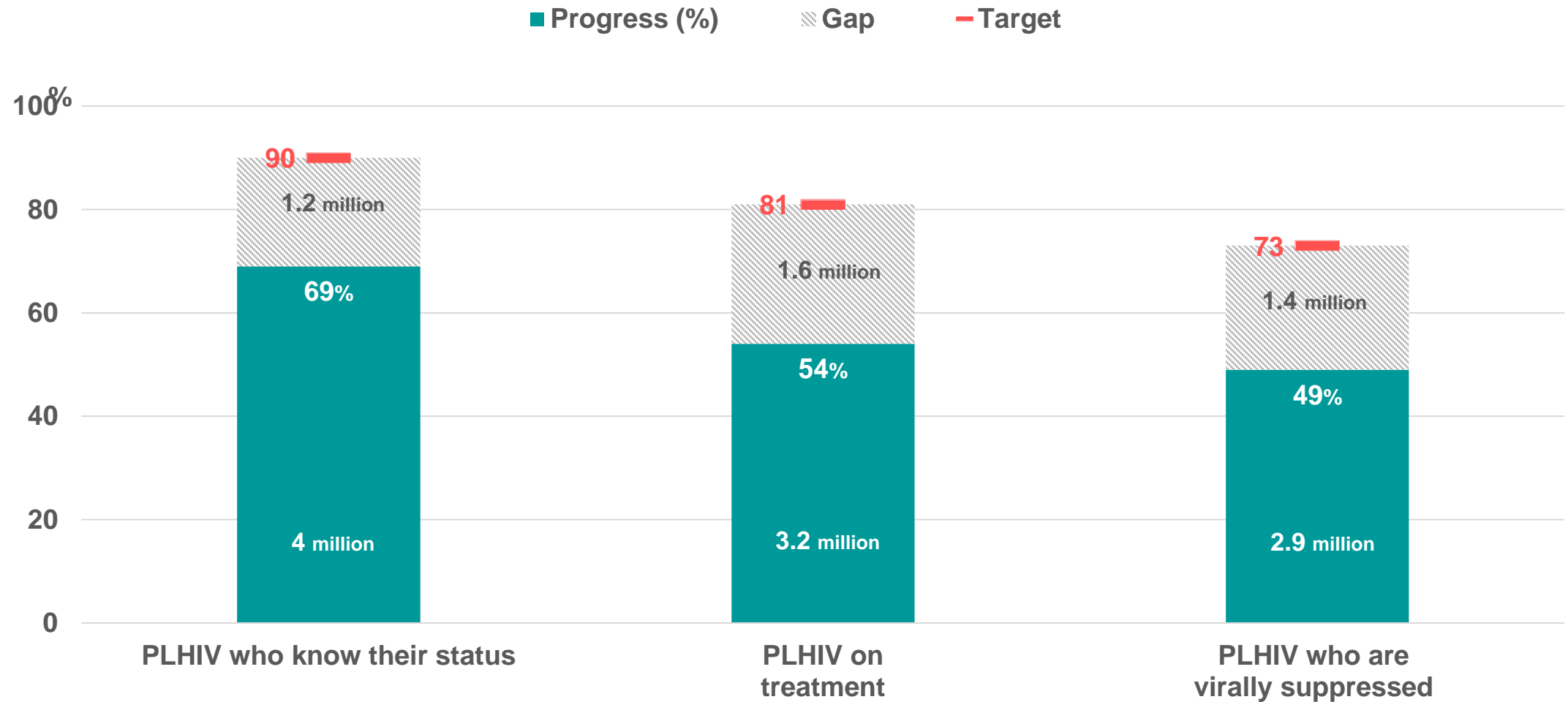
## PrEP implementation in the Asia-Pacific region: opportunities, implementation and barriers

Iryna Zablotska<sup>§,1</sup>, Andrew E Grulich<sup>1</sup>, Nittaya Phanuphak<sup>2</sup>, Tarandeep Anand<sup>2</sup>, Surang Janyam<sup>3</sup>,  
Midnight Poonkasetwattana<sup>4</sup>, Rachel Baggaley<sup>5</sup>, Frits van Griensven<sup>6</sup> and Ying-Ru Lo<sup>7</sup>



- Only several clinical trials and demonstration projects
- Awareness about PrEP in the Asia-Pacific is still low
- Weak HIV prevention programmes for MSM & other key populations
- Limited access, high cost
- Stigma and discrimination
- Restrictive laws in some countries

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

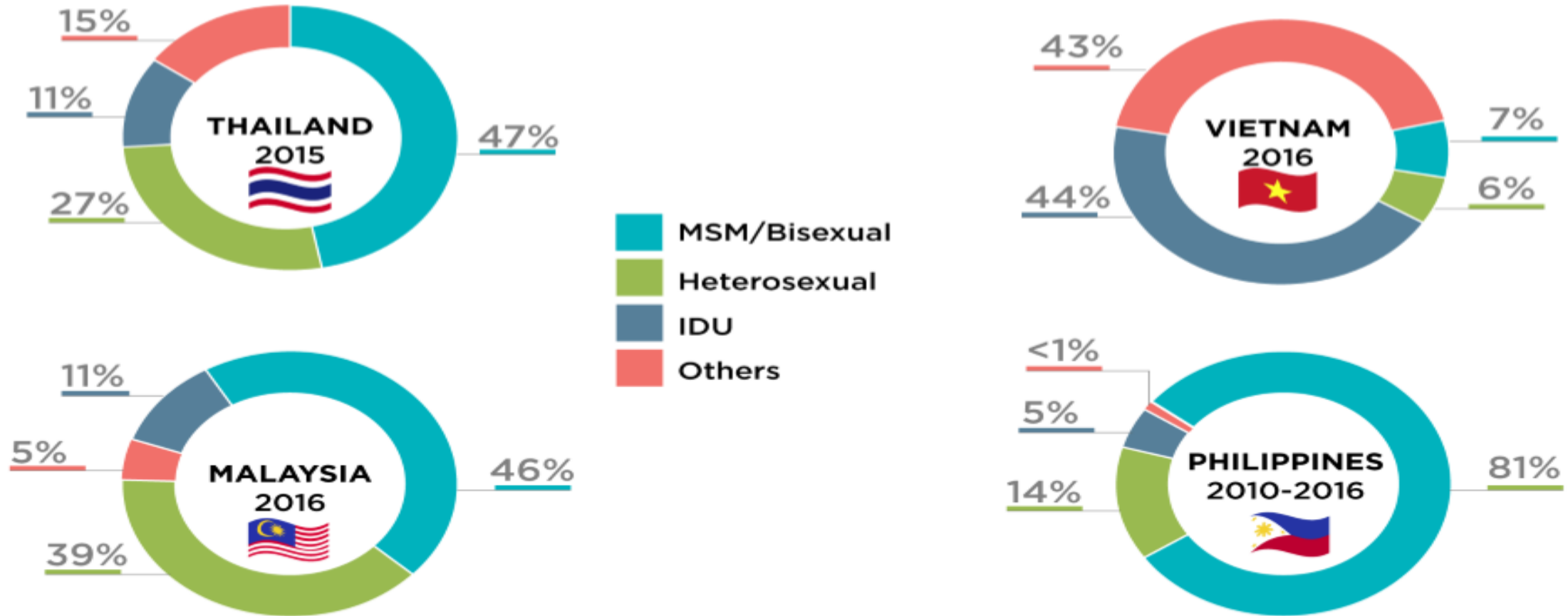


Getting to zero





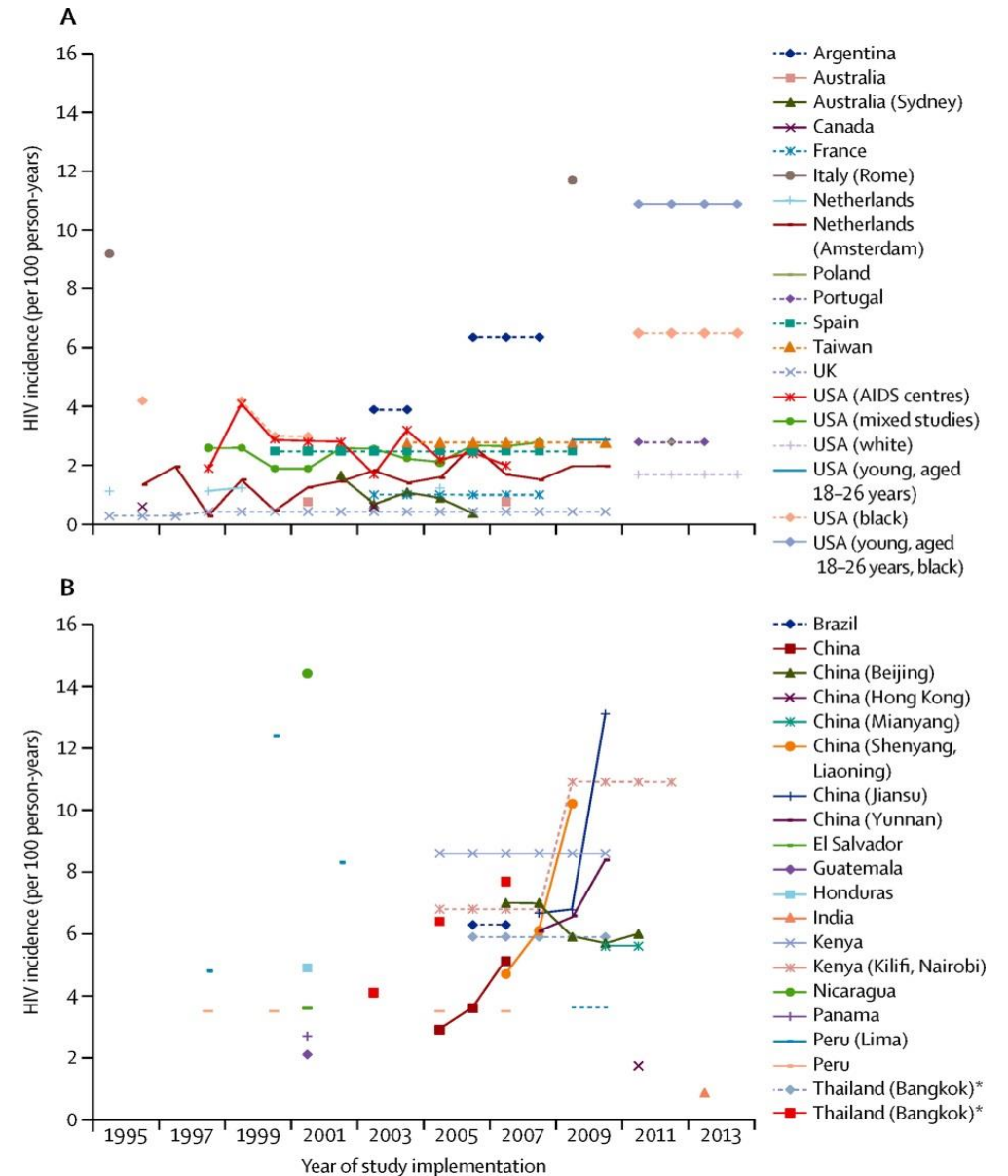
# 78% of new HIV infections are among key populations and their partners



About half of people who inject drugs, sex workers, gay men and other MSM and transgender people **are unaware of their HIV status**

# Global estimates of HIV incidence in men who have sex with men by country 1995–2015

The next decade of  
AIDS in SE Asia looks  
like the first with MSM  
most at risk



# HIV Incidence in re-testers

CHCC Clinic, PT Foundation

	Newly tested	HIV infected	HIV prevalence	PY of follow-up re-testers	Newly HIV-infected	HIV incidence density
Year	N	n	% (95% CI)	N	n	(n/N) (95% CI)
2014	1126	107	9.5 (7.9-11.4)	37.18	4	10.1 (4.0-28.7)
2015	1253	124	9.9 (8.4-11.7)	136.77	8	5.8 (2.9-11.7)
2016	824	84	10.2 (8.3-12.5)	202.98	9	4.4 (2.3-8.5)
2017	776	102	13.1 (10.9-15.7)	277.57	12	4.3 (2.5-7.6)
Total	3979	417	10.5 (9.6-11.5)	654.49	33	5.0 (3.6-7.1)

PY, person years; CI, confidence interval

*[HIV prevalence and incidence among men who have sex with men attending a community health center, Kuala Lumpur 2014-2017]*

RESEARCH ARTICLE

# Young, Online and in the Dark: Scaling Up HIV Testing among MSM in ASEAN

Thomas E. Guadamuz<sup>1,2\*</sup>, Doug H. Cheung<sup>2,3</sup>, Chongyi Wei<sup>4</sup>, Stuart Koe<sup>5</sup>, Sin How Lim<sup>6</sup>

## Methods

- Asian Internet MSM Sex Survey (AIMSS)
- 4,310 MSM from the ten member countries (ASEAN).
- 29.9% never been tested, 50.7% last test 6 months – 2 years,
- **8.4%** tested in the past 6 months
- Multivariable logistic regression,
  - Younger MSM 15–22 years old, lower education, identify as bisexual or heterosexual, had never used a condom with male partners –
  - Higher odds of never been HIV tested
- Main reason for not being tested - **low risk perception of HIV exposure**

# The finding of casual sex partners on the internet, methamphetamine use for sexual pleasure, and incidence of HIV infection among men who have sex with men in Bangkok, Thailand: an observational cohort study

*Phunlerd Piyaraj, Frits van Griensven, Timothy H Holtz, Philip A Mock, Anchalee Varangrat, Wipas Wimonsate, Warunee Thienkrua, Jaray Tongtoyai, Atitaya McNamara, Wannee Chonwattana, Kenrad E Nelson*

Lancet HIV 2018; 5: e379–89

- N= 1744
- Per 100 person-years of follow-up
- Incidence of methamphetamine use
  - 3·8 (128 events in 3371 person-years)
- Incidence of HIV infection
  - 6·0 (212 events in 3554 person-years).
  - Dual risk factors for incident **methamphetamine use** and HIV infection
  - younger age , finding casual sex partners on the **internet**

# Substance use among men who have sex with men in Malaysia: Findings from the Asian Internet MSM Sex Survey.

Lim SH, Cheung DH, Guadamuz TE, Wei C, Koe S, Altice FL.

- N=1235

## RESULTS:

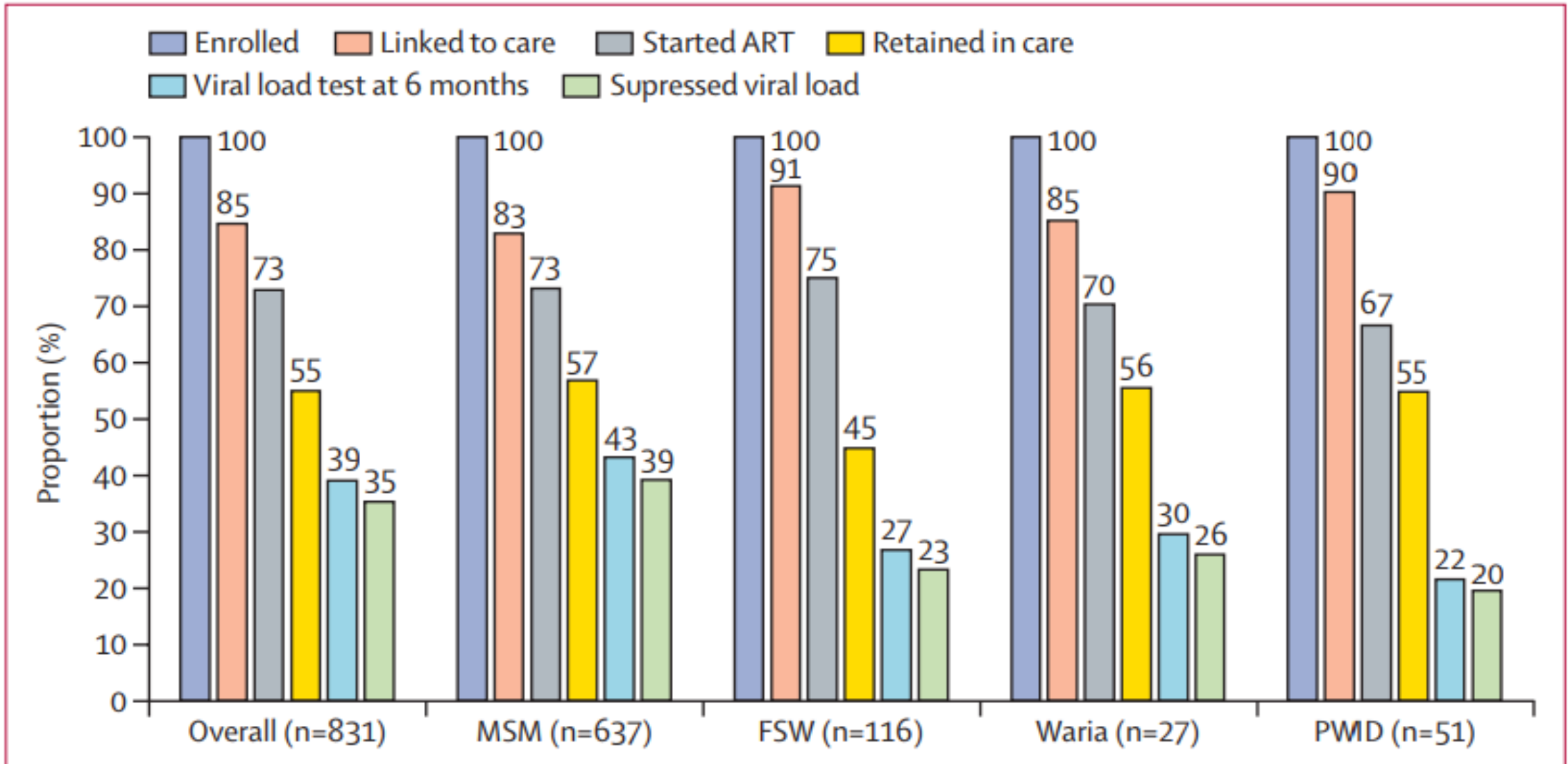
84% - negligible or non-drug users, 9% - amyl nitrates & ecstasy,  
7% - stimulant users, mostly ATS

Men in the 'ATS use' category were:

- Significantly less likely to not know their HIV status,
- More likely to have
  - > 6 male sex partners, group sex, inconsistent condom use, HIV, any STI

Compared to men in the 'negligible substance use' category.

# The Cascade of HIV Care - Indonesia

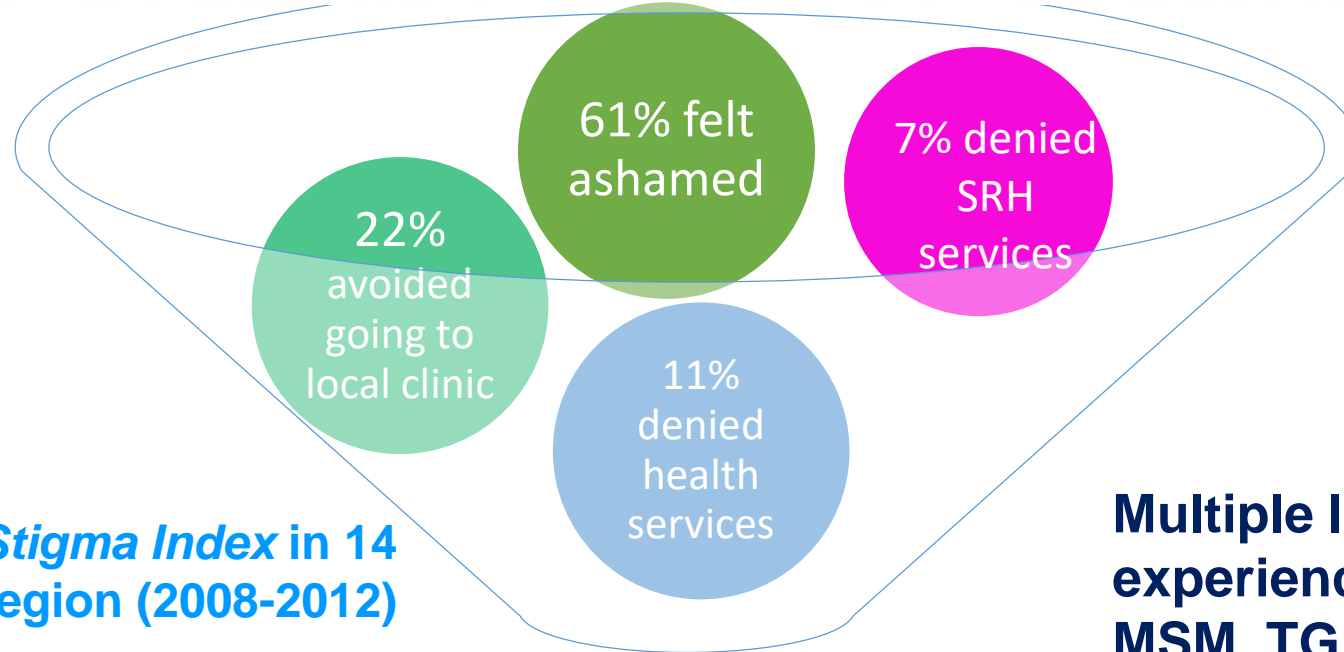




# Challenges on Treatment & Care in PNG

- Inconsistent supply & stock outs of ART
- Very high lost to follow up (LTFU) = lower retentions on ART
- Verified high rates of HIV Drug Résistance in PNG
- Impact of deaths on other PLHIV while on ART
- Need for quality counselling and linkage to care and treatment
- Disclosure strategies for adolescents & parents
- “Softly isolated and silently killed” too much “tok baksait’
- Co ordination and support of the many PLHIV networks
- Peer counsellors and peer educators in clinical settings is a major achievement and response to these challenges.

# Stigma: a Major Barrier to HIV Services



Averages from *PLHIV Stigma Index* in 14 countries in the region (2008-2012)

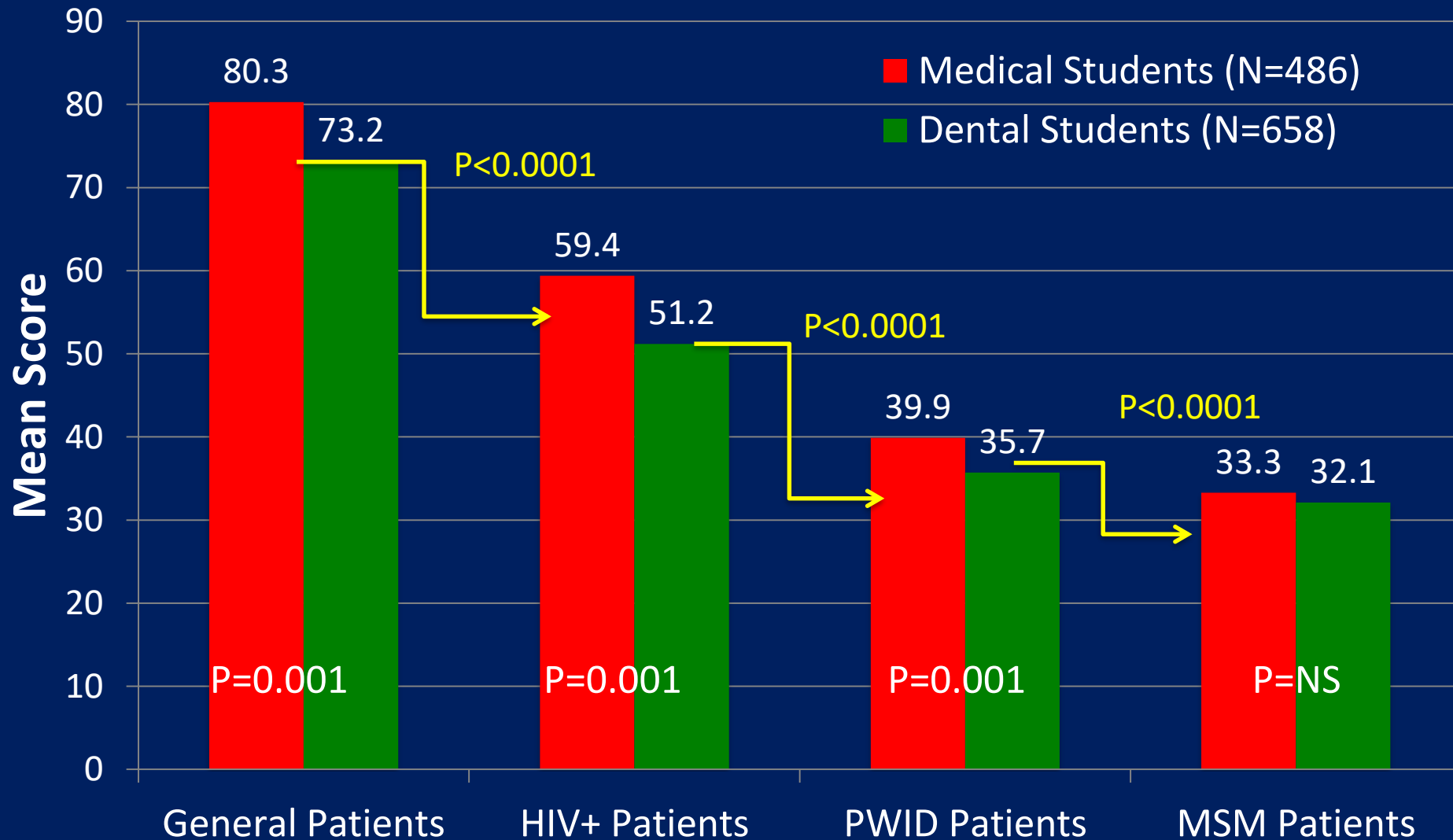
Multiple layers of stigma experienced by sex workers, MSM, TG, people who use drugs, migrants.



**Access to health services**



# The Future HIV Healthcare Providers: Stigma & Healthcare Students in Malaysia



# Doctors' intention to discriminate against trans people

- Online survey of 436 physicians at UMMC and UiTM
- Measures included
  - Socio-demographic characteristics (age, race, medical training)
  - Stigma-related constructs measured:
    - **Prejudice** toward trans people
    - **Internalized** shame trans people
    - **Fear** of trans people
    - Belief that trans people **deserve good quality medical care**
    - Belief / endorsement of **stereotypes** of trans people
  - Dependent variable: intention to discriminate against transgender patients
- Analytic strategy:
  - Identify factors associated with intention to discriminate against trans people
- Results showed stigma-related constructs were the main drivers of discrimination intent.





All **38** countries still have laws that impede HIV response

**37** criminalize some aspects of sex work

**11** have compulsory detention centres for people who use drugs

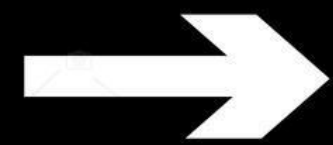
**15** have the death penalty for drug-related offences

**16** criminalize same-sex relations

**10** impose some form of restriction on the entry, stay and residence of PLHIV based on their HIV status



**DOOM**  
**AND**  
**GLOOM**



- *“CAMBODIA IS ON TRACK TO ACHIEVE THE 90-90-90 TARGETS. CAMBODIA’S RESPONSE TO AIDS BEGAN IN THE EARLY 1990S, WHEN THE COUNTRY FACED A GENERALIZED, FAST-GROWING EPIDEMIC. TODAY, WE ARE FOCUSING ON PRIORITY POPULATIONS AND AIM TO ELIMINATE NEW HIV INFECTIONS BY 2025.”*
- **MAM BUN HENG MINISTER OF HEALTH, CAMBODIA**

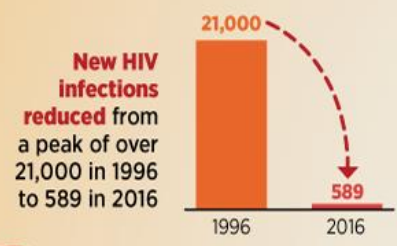




Cambodia has been one of the global leaders in addressing HIV for the past 25 years

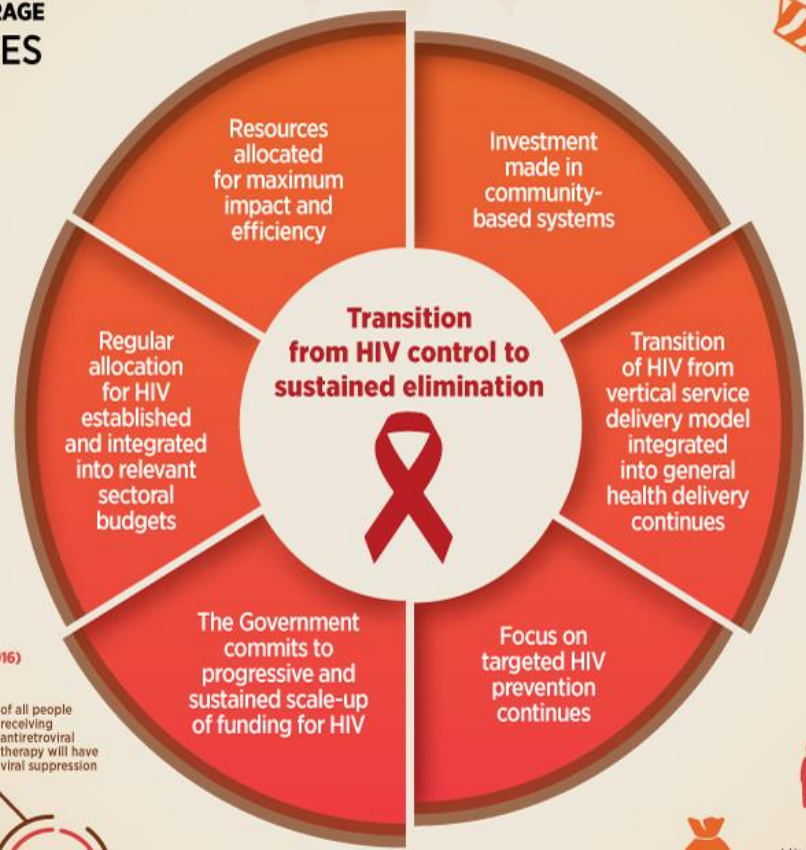
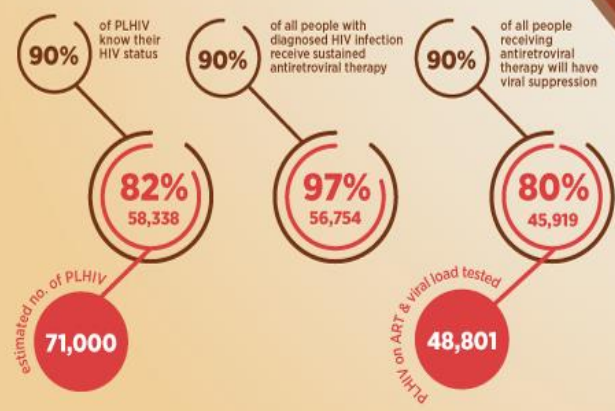
# CAMBODIA'S ROAD TOWARDS HIV ELIMINATION BY 2025

## REMARKABLE EXPANSION AND COVERAGE OF LIFESAVING SERVICES



Mother-to-child transmission has declined from 12% in 2010 to 6.6% in 2016

## 90-90-90



## SIGNIFICANT CHALLENGES TO SUSTAIN HIV ELIMINATION REMAIN

- Structural and legal barriers (including discrimination and stigma) which discourage key and priority populations from using HIV services.
- External funding for AIDS set to decline more rapidly than anticipated from 2018 to 2020, creating an annual funding gap [4.7m US\$].
- Targeted prevention services, HIV testing, treatment and care will not be maintained unless there is increased domestic financial investment.

## INNOVATION HUB

- Treat all policy adopted and introduction of differentiate care
- Boosted Integrated Active Case Management (B-IACM) approach and Community Action
- High quality cost effective HIV service delivery models



# Thailand KP-led health services to fill service gaps for KPs



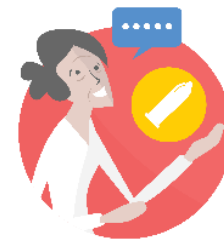
## ACCESSIBILITY

- Located in **hot spots**
- **Flexible service hours** suitable for KP's lifestyle
- **One-stop** service



## AVAILABILITY

- **Needs-based** and **client-centered** services, such as hormone monitoring, STI, legal consultation, harm reduction



## ACCEPTABILITY

- **Staff are members of KP communities** who truly understand KP's lifestyle
- Services are gender-oriented, and **free from stigma and discrimination**



## QUALITY

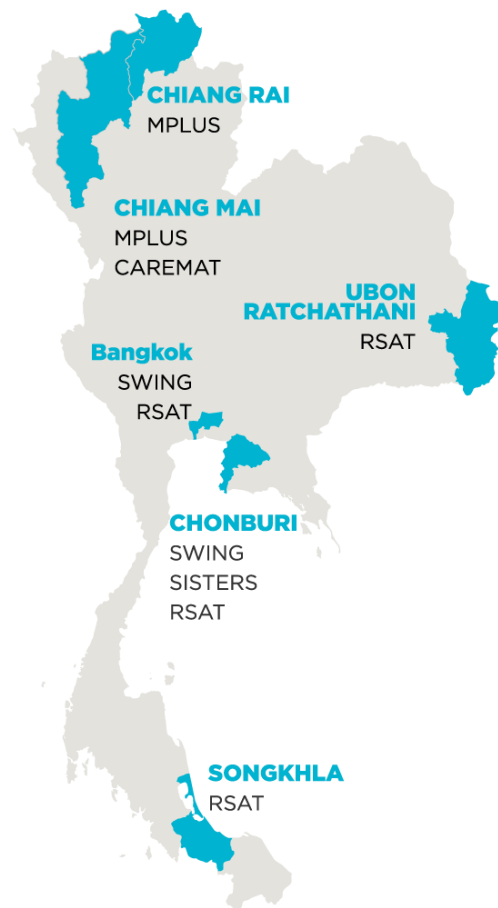
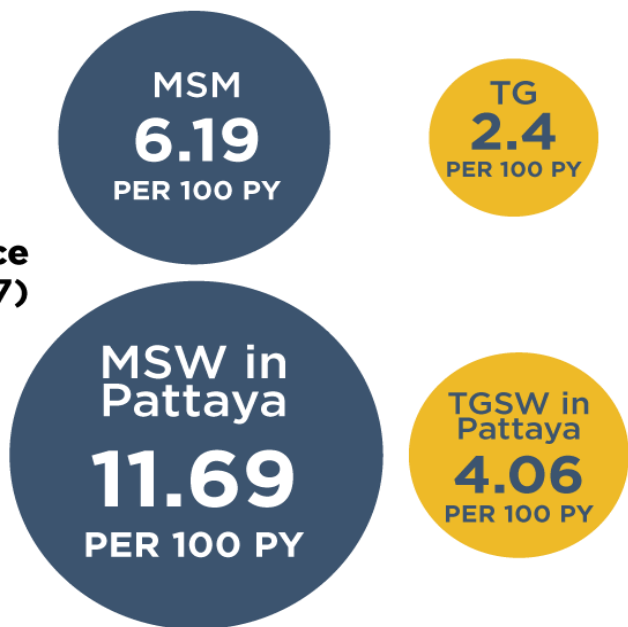
- Staff are **trained and qualified** in accordance with national standards
- Strong **linkages** with and **high acceptance** from **public health sectors**



# KP-led health services: contributed to more than half of HIV testing and PrEP services among KPs in Thailand

- Finger-prick / oral fluid HIV testing
- STI sampling and POC testing
- PrEP and PEP

HIV incidence  
(by Mar 2017)



**55%**

of MSM & TGW tested  
for HIV nationwide in 2018

**36%**

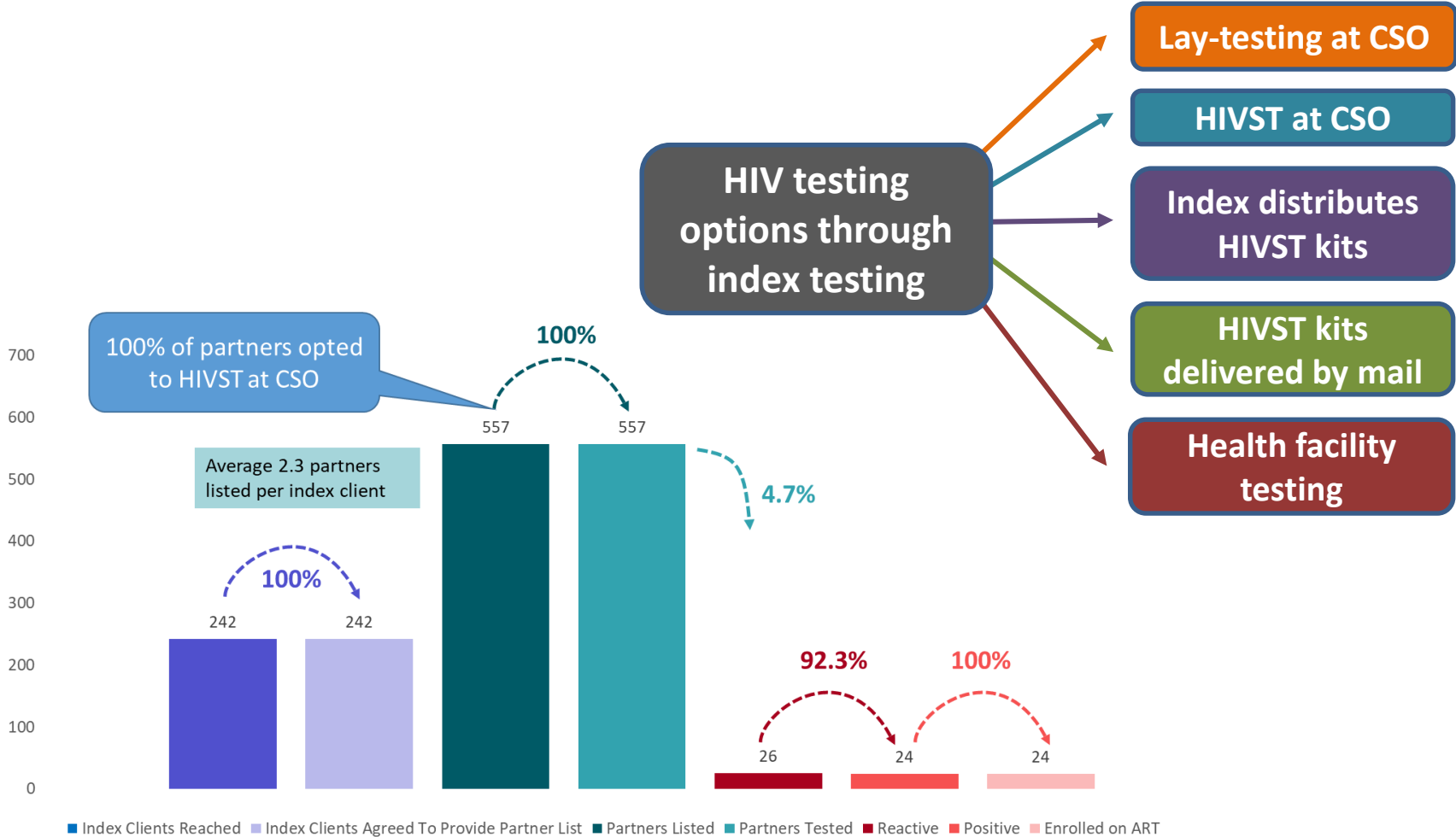
of newly diagnosed HIV-positive  
cases among MSM & TGW  
nationwide in 2018

**55%**

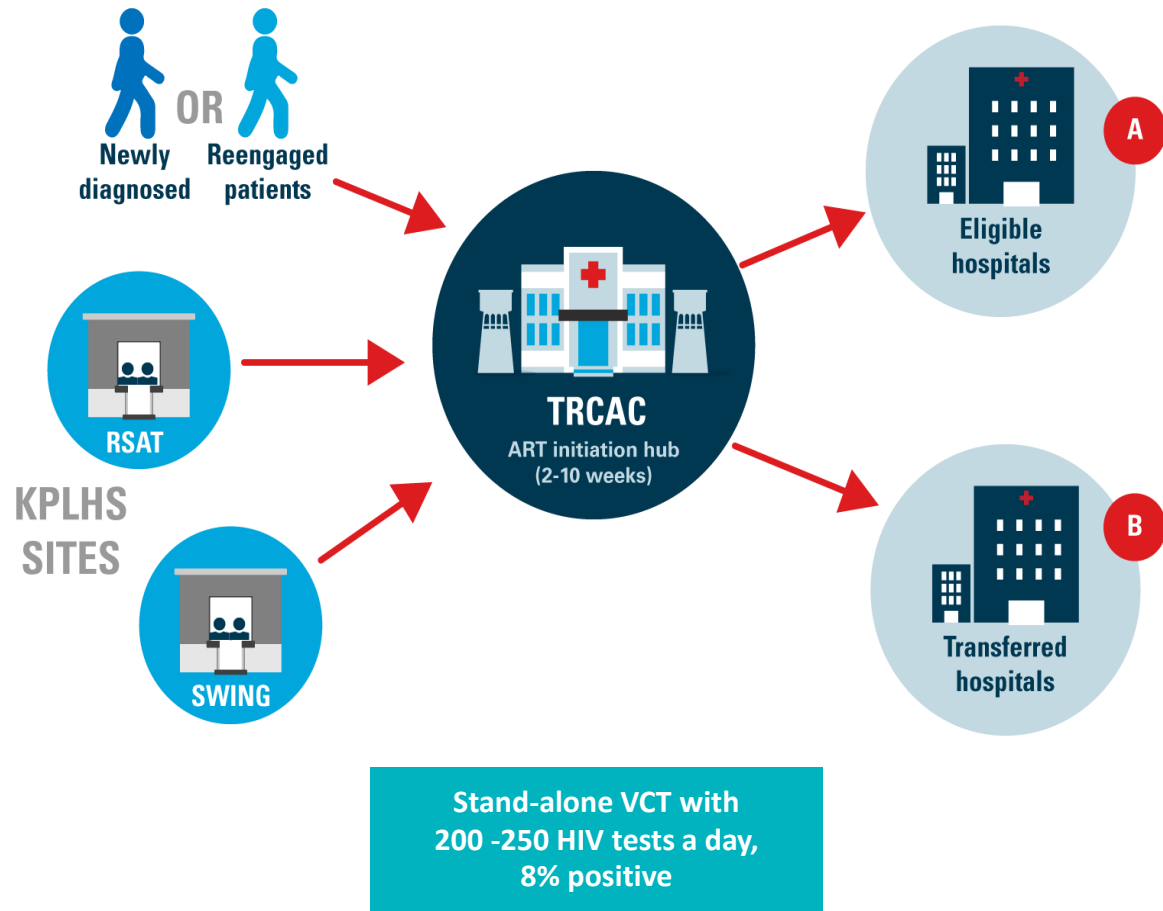
of Thai PrEP users in 2018

received services at  
10 community health centers  
in 6 provinces

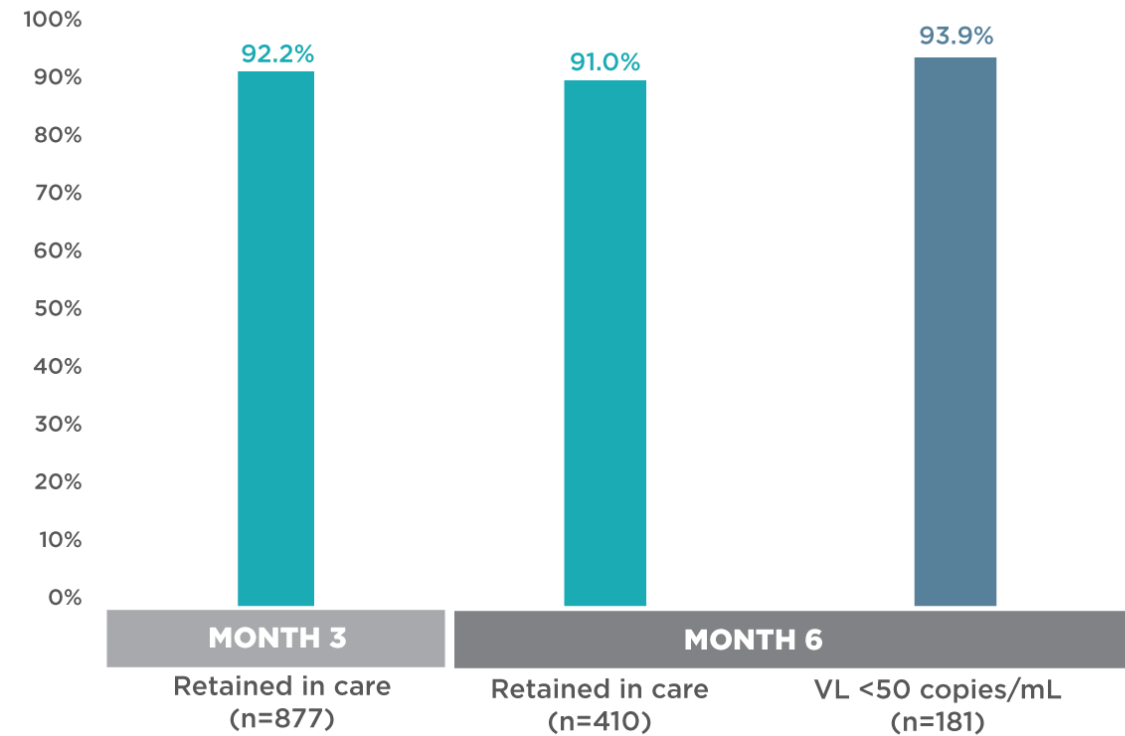
# Optimizing index testing with the use of HIV self-testing in Vietnam



# Same-Day ART using ART Initiation Hub Model at the TRC Anonymous Clinic



## Retention & VL Suppression



## DRIVE (DRug Use and Infections in ViEtnam) Project : Ending the HIV Epidemic Among PWID in Hai Phong, Viet Nam

High coverage implementation of combined prevention and care - NSP, MAT, ART, using an innovative approach will end the HIV epidemic among PWID in Haiphong, Viet Nam.

- Reduce HIV incidence to **0.5/100 person years** at risk or less: **0.1/100 person-years**
- Reduce percentage of HIV seropositive PWID not at viral suppression to **7.5%** or less of PWID in Hai Phong: **90-90-90**
- Reduce percentage of HIV seropositive PWID not at viral suppression and engaging in distributive sharing of needles/syringes to 2% or less: **< 1%**



Credits



## Malaysia eliminates mother-to-child transmission of HIV and syphilis



# Malaysia's Government looks to decriminalise drug use in bid to stem disadvantage

By South-East Asia correspondent [David Lipson](#)

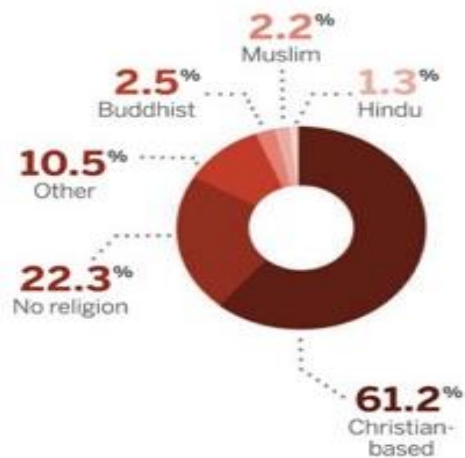
Updated Sun at 4:12am



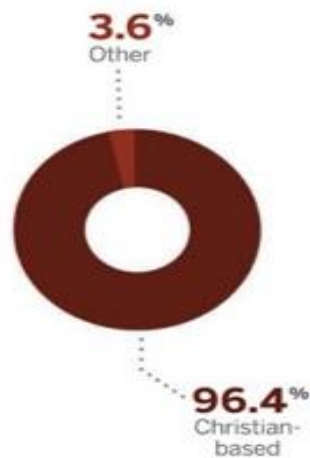
PHOTO: Malaysia currently has some of the harshest drug penalties in the world. (ABC News: Phil Hemingway)

# Comparison between different resource settings in Asia Pacific region

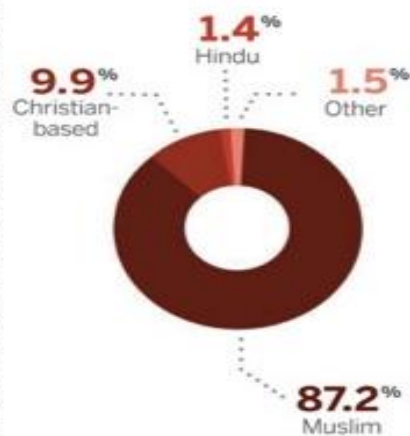
**Australia**  
**22.5 million**  
 Total population  
**31,000**  
 HIV+  
**All HIV+**  
 Treatment eligibility (CD4s)  
**19,000**  
 On antiretrovirals  
**\$421 million**  
 Annual HIV/AIDS spending  
**27.4%**  
 Intercourse before 15 years old



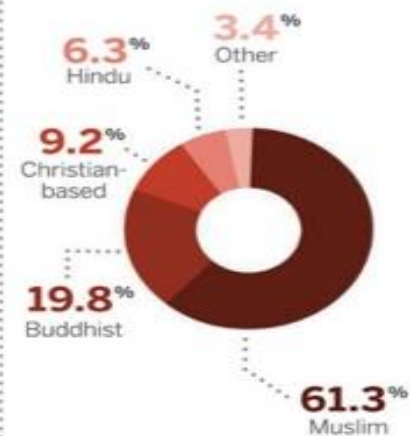
**Papua New Guinea**  
**6.5 million**  
 Total population  
**31,945**  
 HIV+  
**350**  
 Treatment eligibility (CD4s)  
**13,905**  
 On antiretrovirals  
**\$44.8 million**  
 Annual HIV/AIDS spending  
**11.1%**  
 Intercourse before 15 years old



**Indonesia**  
**253 million**  
 Total population  
**610,000**  
 HIV+  
**350**  
 Treatment eligibility (CD4s)  
**39,418**  
 On antiretrovirals  
**\$87 million**  
 Annual HIV/AIDS spending  
**0.28%**  
 Intercourse before 15 years old



**Malaysia**  
**30.1 million**  
 Total population  
**86,324**  
 HIV+  
**<350**  
 Treatment eligibility (CD4s)  
**17,369**  
 On antiretrovirals  
**\$56.5 million**  
 Annual HIV/AIDS spending  
**1%**  
 Intercourse before 15 years old



Source: UNAIDS, *HIV in Asia and the Pacific* (2013)/UNAIDS, *Global AIDS Response Progress Reporting* (2012 and 2014)/Indonesia Ministry of Health, *National AIDS Spending Assessment*/Papua New Guinea, CIA World Factbook



## *How Australia Could Almost Eradicate H.I.V. Transmissions*



- Universal Health Coverage
- Leadership
  - Civil Society
  - Patient Groups
  - Academia, Clinical
  - Political
- Science & Research
- Financial Investment

“Dealing effectively with HIV will require our communities and societies to break down longstanding prejudice, hatred, and ignorance,” “Only when scientific advances are matched by social and cultural progress can this epidemic truly be contained.”

**Justice Edwin Cameron**



# Acknowledgments

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