Redefining AIDS in Asia: Crafting an effective response

JVR Prasada Rao
Member Secretary
• Redefining the AIDS epidemic

• Crafting an effective response
Redefining the AIDS epidemic
Asian epidemic not driven by casual sex in general population but by percentage of adult men visiting sex workers.
### Varied patterns of adult male behavior in Asia

<table>
<thead>
<tr>
<th>Percentage adult male visiting sex workers</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-20%</td>
<td>Thailand, Cambodia</td>
</tr>
<tr>
<td>5-10%</td>
<td>India, China, Indonesia</td>
</tr>
<tr>
<td>2-5%</td>
<td>Laos, Philippines</td>
</tr>
</tbody>
</table>
Limiting factor in Asian epidemics
Epidemic Characteristics

Asian Population: 3.3 billion

**Men**
- **75 million** Men in Asia visit sex workers (2-20% of adult men)
- **10 million** Men who inject drugs
- **10 million** Men who have sex with men

**Women**
- **50 million** Women married to men who visit sex workers
- **10 million** Women sell sex
- **1 million** Infants and children

"Women" and "Men" are highlighted in blue, while "Epidemic Characteristics" is highlighted in red.
Need behaviour based classification of epidemic and not based on burden of disease

Recommends to UNAIDS and WHO introduction of an additional classification for Asian epidemics
Potential areas of impact studied

- Gross Domestic Product
- Poverty
- Life expectancy
- Millennium Development Goals (MDGs)
- Health Expenditures
Impact

• No perceptible impact on GDP growth
• Largest cause of disease related deaths among 15-44 year old sub-population
• Additional poverty 5-6 million households (25 to 30 million people) by 2015
• $2 billion annual economic loss mainly borne by poor households
• Life expectancy – marginal impact
• No perceptible impact on GDP growth
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• MDG 6 – many countries will miss at current level of response

![Years of Life Expectancy Lost](chart)

- Viet Nam
- Thailand
- Nepal
- Myanmar
- Malaysia
- India
- China
- Cambodia

Years of Life Expectancy Lost

Cambodia
Impact

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Implications of AIDS in fast growing economies

- Growing income inequality
- Time-lag between economic advancement, social protection/public health systems
- Large infrastructural projects fuelling inter- and intra-country migration
- Mobile Men with Money—increases demand for paid sex
Implications of AIDS in fast growing economies

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Crafting an effective response

• Needs to focus on:
  – Most-at-risk populations
  – Treatment access
  – Impact mitigation
  – Sound management practices
  – Scale-up of resources
No country spends enough
Crafting an effective response: National Governments

- Leadership: In only 2 countries Heads of Government provided leadership as chair of the National AIDS Commissions

- Only 3 countries have legislations for protecting rights of PLWAs and at risk populations
Crafting an effective response: Community

- Civil Society involvement limited to service delivery – remains tokenistic in policy, strategy and monitoring
- Prevention programmes blocked by criminalisation of IDU, sex workers, and MSM
- Harassment of community workers by law enforcement – seriously limiting access to services
Crafting an effective response: Donor and UN Response

Largest donor Global Fund: still less than 10% of total needed
Crafting an effective response: Donor and UN Response

• Donor funding 20% of the need

• Limiting Conditions on high prevention priority

• UN system should improve coherence to deliver as one and align with national priorities
Recommendations

• Scale up resources from the current $1.2 billion to $3.1 billion to halt and reverse the epidemic to $6.4 billion for a long term sustainable response.
## Prioritisation of resources: Averting new infections

<table>
<thead>
<tr>
<th>Effect (averting new infections)</th>
<th>Cost of Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost, High-impact (prevention among most-at-risk populations)</td>
<td>High-cost, High-impact (antiretroviral treatment and prevention of mother-to-child transmission)</td>
</tr>
<tr>
<td>Low-cost, Low-impact (general awareness programmes through mass media and other channels)</td>
<td>High-cost, Low-impact (health systems strengthening through universal precautions and injection safety)</td>
</tr>
</tbody>
</table>
## Cost of a Priority Response

<table>
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<tr>
<th>Interventions</th>
<th>Total Cost (millions USD)</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-impact prevention</td>
<td>$1,338</td>
<td>43%</td>
</tr>
<tr>
<td>Treatment by ART</td>
<td>$761</td>
<td>24%</td>
</tr>
<tr>
<td>Impact mitigation</td>
<td>$321</td>
<td>10%</td>
</tr>
<tr>
<td>Programme Management</td>
<td>$363</td>
<td>12%</td>
</tr>
<tr>
<td>Creation of an Enabling Environment</td>
<td>$359</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,143</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Average total cost per capita ranges from $0.50 to $1.70, depending on the stage of the epidemic.
Prevention in Asia

- High-impact prevention should receive at least 40% funding - $ 0.30 per capita

- Removal of road blocks to service access (enabling environment) – integrate additional 10% of funding into prevention

- Prevention coverage must reach 80% to reverse the trend of the epidemic
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Graph showing adult prevalence from 1995 to 2020 with various coverage rates: 30%, 40%, 50%, 60%, 80%.
Treatment: Universal Access is feasible in Asia

- China, India, Myanmar, and Thailand (946,000 people or 89%)
- All other Asian countries (121,010 people or 11%)
Impact Mitigation: Programmes non-existent in Asia

• Not part of national strategies in most Asian countries
• Costs only US$300 million per annum for region
• Programmes must include:
  – Income support for foster-parents
  – Livelihood security for widows and affected families
  – Health insurance to protect against catastrophic health expenditures
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Meaningful Involvement of civil society

• Public private partnerships to finance community based programmes

• Community involvement in HIV prevention, treatment, impact mitigation services for most-at-risk populations

• Involve networks of positive people for recruitment into treatment and impact mitigation programmes
Management and Governance

• Entrust the programmes to senior and competent professionals

• Clearly define the lines of authority and accountability between entities like CCMs, NACs and national programmes

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