

UNAIDS 2019

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# Asia and the Pacific

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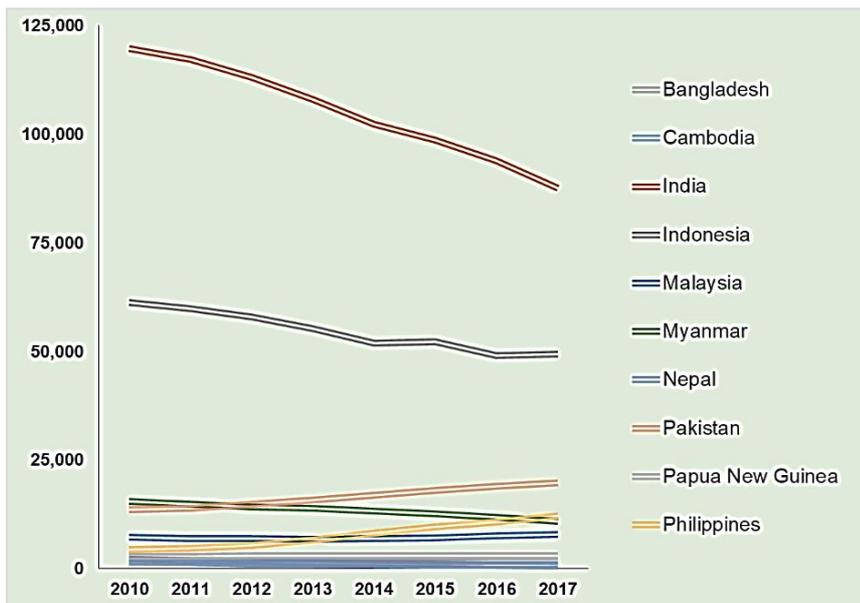
Regional report 2018



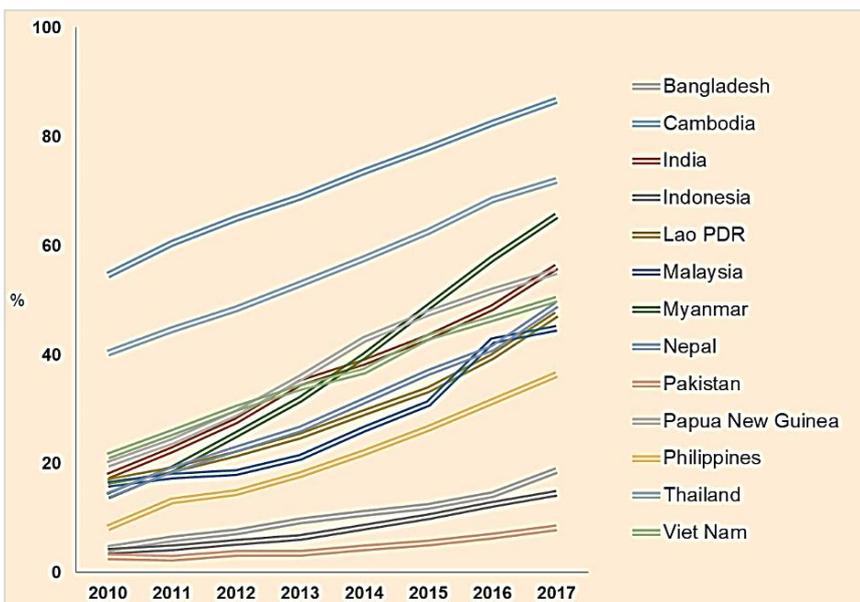
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## Introduction



*Rate of new HIV infections in Asia and the Pacific*



*ART coverage in Asia and the Pacific*

## Progress towards the Fast-Track targets

Indicators prioritized by the Regional Joint Team	Status	Remarks
At least 85% of people with an HIV diagnosis receive antiretroviral therapy (ART).	• WITHIN REACH	Treatment coverage among people with an HIV diagnosis rose from 64% in 2015 to 71% in 2017.
70% coverage of prevention of mother-to-child transmission of HIV (PMTCT) services.	• WITHIN REACH	The percentage of pregnant women living with HIV who received ART increased from 48% in 2015 to 56% in 2017.
Increased regional median of HIV testing among key populations to 60% among people who inject drugs, 70% among female sex workers and 70% among gay men and other men who have sex with men.	• WITHIN REACH	Median values of HIV testing among key populations in 2017 reached 45% among people who inject drugs, 54% among gay men and other men who have sex with men, 45% among female sex workers and 55% among transgender persons.
Increased access for young key populations to HIV prevention and testing services.	• WITHIN REACH	New data expected for more countries from new rounds of surveillance with a specific focus on young key populations.
At least 15 000 gay men and other men who have sex with men on pre-exposure prophylaxis (PrEP) in eight countries.	• WITHIN REACH	Four countries in Asia and the Pacific are rolling out PrEP for key populations on a national scale. Thailand and Viet Nam have announced national rollout based on successful pilots.
70% HIV testing rate among tuberculosis (TB) patients.	• SLOW PROGRESS	In 2017, 49% of diagnosed TB patients were tested for HIV.

## Joint Programme contributions

### Treatment

In 2017, 2.7 million people were currently receiving ART in this region—equivalent to 53% of estimated total number of people living with HIV. All countries have adopted “Treat All” as a policy. Dolutegravir has been included in national HIV treatment guidelines in nearly all countries in the region. Procurement has been initiated in Bangladesh, Cambodia, Fiji, Lao PDR, Malaysia and Myanmar, and a substantial proportion of newly initiated patients are using Dolutegravir. With technical support from the Joint Programme for setting up case-based monitoring, treatment cascade monitoring systems are operational in priority districts in many of the countries.

Differentiated service delivery guidelines were developed and implementation began in India and Viet Nam. Rapid progress has been made in providing access to viral load testing to people on ART, using strategies such as public private partnerships. HIV treatment services being rapidly scaled up in Indonesia and Pakistan, which had low treatment coverage.

### PMTCT coverage

Countries in Asia and the Pacific are committed to eliminating mother-to-child transmission of HIV and syphilis as a public health priority.

Thailand became the first country in the region to eliminate mother-to-child transmission of HIV and syphilis in June 2016, followed by Malaysia in October 2018. Maldives submitted the official validation request in 2018 and validation processes are underway. Sri Lanka aims to submit validation request to WHO by mid-2019. Bhutan, Cambodia and Viet Nam are in the preparatory phase for the validation of eMTCT, while China and India also set elimination targets in selected sub-national locations.

Six countries (Cambodia, Malaysia, Myanmar, Sri Lanka, Thailand and Viet Nam) exceeded 70% coverage of PMTCT programmes in 2017.<sup>1</sup> UNAIDS, the UN Children's Fund (UNICEF) and WHO are working closely together at both country and regional levels to provide needed technical and coordination support for achieving and maintaining the elimination validation status. With support from the Joint Programme, additional countries in Asia and the Pacific are aiming for the triple elimination of mother-to-child transmission of HIV, syphilis and Hepatitis B. As of May 2019, Bhutan, Malaysia, Thailand and Viet Nam have expressed interest or committed to achieve triple elimination at the national level.

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<sup>1</sup> The most recent available epidemiological estimates and programme data are for 2017. Data for 2018 will be released in mid-2019.

## **HIV testing among key populations**

With support from the Joint Programme, effective strategies are being implemented to facilitate key populations' access to HIV testing. All Fast-Track countries and most of the other priority countries have policies that enable a combination of HIV testing approaches—including community-based testing, lay provider and, for some countries, self-testing.

A regional consultation on community-based testing and self-testing, jointly organized by the UNAIDS Secretariat, WHO and the UN International Drug Purchasing Facility (Unitaid), boosted the adoption of these testing methods. More countries are formally introducing those options in their national testing strategies. The International Labour Organization (ILO) voluntary counselling and testing model is being promoted in workplaces in Gujarat, India.

Steps are being taken to regulate the quality of HIV self-testing kits that are marketed online. Thailand's Food and Drug Administration has gazetted technical specifications for HIV self-testing kits and has invited manufacturers to register their products. This is expected to improve the quality assurance of testing kits and to stimulate similar actions in other countries.

## **Youth and young key populations**

Considerable efforts were made at regional and country levels to promote the revised UN International Technical Guidance on Sexuality Education, released in 2018, and to advocate for strengthening comprehensive sexuality education implementation.

UNESCO and the UN Population Fund (UNFPA) jointly published a research report on implementation of comprehensive sexuality education in middle schools and shared the findings at various events. In China, the UN Education, Scientific and Cultural Organization (UNESCO) and the Beijing Normal University conducted a review of national and local policies, curriculum standards and textbooks in the basic education stage of China, to identify strengths and gaps in comprehensive sexuality education. UNESCO, together with UNFPA, UNICEF and Youth Lead, supported regional research and workshop on comprehensive sexuality education in the digital space to identify opportunities for engagement and learning. UNFPA, UNESCO and UNICEF developed a joint UN Blueprint on advocacy and communications for accelerating comprehensive sexuality education in the region (2018–2022).

The Joint Programme, working through the Interagency Task Team on young key populations, collaborated with national civil society partners and youth organizations to build young key populations' capacities to contribute to national HIV responses that can realize their sexual and reproductive health rights and improve their health and wellbeing.

UNAIDS conducted the first Interagency Task Team e-course on young key populations and sexual reproductive health and rights for 60 selected participants. The course was aimed at bridging the gap in the regional discussion on young key populations and sexual reproductive health and rights through greater involvement of youth activists, youth-led and youth-serving organizations. The Joint Programme also worked with Youth LEAD, a youth organization advocating for policy and programming for young key populations, to perform a regional consultation as part of the development of a young key populations toolkit for Asia and the Pacific. The tool kit was adopted in the Philippines and elsewhere as an evidence-based, minimum package to scale up HIV prevention for adolescent and young key populations (10–24 years).

## **PrEP**

In 2018–2019, the Joint Programme supported expanded provision of PrEP as an additional prevention tool across the region. A regional advisor was funded to provide technical assistance, advocate for inclusion of PrEP in national HIV responses and support PrEP implementation in countries.

Australia, New Zealand, Thailand and Viet Nam are now implementing national or large-scale PrEP programmes. China, Malaysia, Nepal and the Philippines have begun or are continuing studies to generate evidence to support wide-scale PrEP rollout with support from the Joint Programme, the United States Agency for International Development (USAID), civil society and other stakeholders. In addition, Cambodia, Myanmar, Pakistan and Sri Lanka are preparing for the first phase of a PrEP implementation programme in 2019, supported by the UNAIDS Secretariat, WHO and other key stakeholders, including USAID, Global Fund and civil society partners.

WHO, the UNAIDS Secretariat and Unitaïd convened a consultation on PrEP with 13 countries in October 2018. The UNAIDS Secretariat and WHO also jointly chaired the Asia-Pacific Advisory Group on PrEP, which brought together stakeholders and experts to inform the Joint Programme and WHO's work on PrEP and strengthen coordination.

## **HIV testing rate among TB patients**

Close to half (49%) of diagnosed TB patients in Asia and the Pacific had tested for HIV in 2017, a slight increase from the baseline 45% in 2015 but well short of the 2019 target of 70% testing coverage.

The progress varies. In Australia, Malaysia, Singapore, Sri Lanka and Viet Nam, more than 85% of diagnosed TB patients had been tested for HIV, while in Bangladesh and Pakistan, HIV testing rates were 2% and 7%, respectively.

Despite challenges, countries in Asia and the Pacific are committed to take AIDS out of isolation and adopting a people-centred approach to move away from discrete, disease-specific responses.

In March 2019, a regional joint TB and HIV programme managers' meeting set out clear recommendations to improve and scale up TB-HIV responses across the region. The recommendations focus on:

- improving access to prevention, screening, diagnosis and treatment for both diseases through co-location or one-stop services and setting up proper referral mechanisms;
- improving treatment adherence through the use of digital technologies and by engaging with communities; strengthening and integrating data systems to accurate information on TB/HIV prevention, screening, diagnosis, care and treatment; and
- leveraging high-level, multistakeholder commitments for the TB/HIV response and ensuring accountability at all levels.

In Asia and the Pacific, the Joint UN Teams on AIDS supported actions to reach specific people-centred targets related to HIV testing and treatment, HIV prevention among key populations, human rights, and stigma and discrimination.

## **Challenges and bottlenecks**

A range of challenges have been identified, including:

- challenges associated with transitions from external funding to greater reliance on domestic resources for the HIV response;
- challenges in introducing national health insurance coverage for key HIV services, including issues such as out-of-pocket payments and shortages of key commodities;
- fragile health systems in the Pacific Island States, which face a lack of domestic funding and chronic difficulties in procuring drugs and medical supplies;
- barriers in some countries associated with the registration and procurement of medicines, which hinders access to ARVs for PrEP;

- lack of quality data, which impedes the control of STIs, including syphilis and drug-resistant gonorrhoea;
- difficulties in reaching some people who are at high risk of HIV, syphilis and hepatitis but who do not necessarily identify as members of key populations; and
- inadequate HIV testing rates in some high-burden countries (even though knowledge of HIV status approaches 90% in some other countries).

## Key future actions

Enhanced support is required to ensure a smooth transition from external funding to domestic funding mechanisms so that uninterrupted and sustainable access to key essential HIV, STI and hepatitis services can be maintained. Funding to support human resources at regional and country level will be sought to ensure the highest quality of technical support is available to countries.

Key activities for support include the roll-out of PrEP, promotion of condom use to reduce the risk of other STIs in PrEP users, scale-up of HIV self-testing and community testing, and development of mechanisms to ensure that partner notification happens in a timely and safe manner. There will be specific focus on finding innovative solution to reach key populations and provide remotely assisted services through digital platforms.

Support will be provided to help countries to include the use of Dolutegravir in their HIV treatment guidelines, including guidance regarding the use of Dolutegravir in pregnant women. There will be an increased focus on TB/HIV collaboration, spearheaded by joint TB/HIV programme manager meetings in 2019. Countries will be supported to develop their triple eMTCT programmes and to move towards validation either at national or subnational levels.

In the Asia and the Pacific region, country envelope resources were devoted primarily to testing and treatment (36.5%), key populations (23.2%), human rights (15.2%), and gender and gender-based violence (6.5%).

## Expenditure information

**Table 1**

Expenditure and encumbrances in Asia and the Pacific in 2018, by organization (USD)

Organization	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
UNHCR	128 400	70 000	1 938 883	2 137 283
UNICEF	896 952	385 646	5 606 683	6 889 281
WFP	-	49 304	650 892	700 196
UNDP	333 769	347 056	535 891	1 216 716
UNDP GF	-	-	7 055 475	7 055 475
UNFPA	365 491	430 000	4 340 657	5 136 148
UNODC	588 195	400 916	212 022	1 201 132
UN WOMEN	206 990	244 824	1 724 353	2 176 167
ILO	282 043	163 084	655 673	1 100 800
UNESCO	509 242	133 534	1 139 851	1 782 627
WHO	1 178 607	856 052	6 377 224	8 411 883
World Bank	763 200	30 000	841 684	1 634 883
Secretariat	10 895 106	-	7 941 093	18 836 198
<b>GRAND TOTAL</b>	<b>16 147 995</b>	<b>3 110 416</b>	<b>39 020 379</b>	<b>58 278 790</b>

**Table 2**

Expenditure and encumbrances in Asia and the Pacific in 2018, by country (USD)

Country	Core (globally allocated) (USD)	Core (country envelope) (USD)	Non-core (USD)	Grand total (USD)
Afghanistan	47 180	-	3 394 142	3 441 322
Bangladesh	228 682	133 170	1 916 248	2 278 099
Bhutan	1 022	-	167 484	168 506
Cambodia	630 322	-	157 233	787 555
China	1 425 453	273 182	1 653 270	3 351 905
Dem. Rep. Korea	-	-	11 788	11 788
Fiji	177 254	-	892 498	1 069 752
India	1 400 778	824 461	830 297	3 055 536
Indonesia	1 172 946	378 383	3 068 444	4 619 773
Laos	107 613	-	122 742	230 355
Malaysia	36 822	141 737	209 437	387 996
Maldives	-	-	5 858	5 858
Mongolia	-	-	81 772	81 772
Myanmar	911 385	175 874	8 122 903	9 210 162
Nepal	249 771	-	1 849 492	2 099 263
Pakistan	921 120	268 260	1 903 571	3 092 950
Papua New Guinea	695 236	139 542	656 310	1 491 088
Philippines	428 787	395 315	780 645	1 604 746
Sri Lanka	-	-	40 245	40 245
Thailand	589 403	109 186	76 910	775 499
Timor Leste	53 350	-	46 537	99 887
Viet Nam	1 029 938	271 306	331 925	1 633 169
Asia and the Pacific regional	6 040 934	-	12 700 628	18 741 563
<b>GRAND TOTAL</b>	<b>16 147 995</b>	<b>3 110 416</b>	<b>39 020 379</b>	<b>58 278 790</b>

**Table 3**

Core and non-core expenditure and encumbrances in Asia and the Pacific in 2018, by Strategy Result Area (USD)

Strategy Result Area	Core* (USD)	Non-core (USD)	Total (USD)
SRA 1 – HIV testing and treatment	1 268 070	9 199 485	10 467 555
SRA 2 – eMTCT	11 139	2 426 962	2 438 101
SRA 3 – HIV prevention and young people	1 058 599	3 060 603	4 119 202
SRA 4 – HIV prevention and key populations	1 208 574	2 931 388	4 139 962
SRA 5 – Gender inequalities and gender-based violence	292 938	3 319 131	3 612 069
SRA 6 – Stigma, discrimination and human rights	460 726	2 217 537	2 678 264
SRA 7 – Investment and efficiency	446 041	1 317 876	1 763 917
SRA 8 – HIV and health services integration	506 802	6 606 304	7 113 106
<b>TOTAL</b>	<b>5 252 889</b>	<b>31 079 286</b>	<b>36 332 175</b>

\* This does not include expenditures against country envelope funds.

**Table 4**

Core and non-core expenditure and encumbrances in Asia and the Pacific in 2018,  
by Secretariat function (USD)

Secretariat function	Core (USD)	Non-core (USD)	Total (USD)
S1 – Leadership advocacy and communication	3 262 601	1 596 691	4 859 292
S2 – Partnerships mobilization and innovation	1 881 724	1 353 134	3 234 858
S3 – Strategic information	1 804 612	237 166	2 041 778
S4 – Coordination convening and country implementation support	2 120 274	4 613 194	6 733 469
S5 – Governance and mutual accountability	1 825 894	140 908	1 966 802
<b>TOTAL</b>	<b>10 895 106</b>	<b>7 941 093</b>	<b>18 836 198</b>





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