

# Executive Summary

The HIV epidemic remains a serious public health concern globally with a large number of preventable new HIV infections occurring each year and millions of people dying prematurely of AIDS. In 2009, an estimated 33.3 million people were living with HIV in the world.

## **HIV epidemic situation in the South-East Asia Region**

- An estimated 3.5 million people were living with HIV/AIDS in the South-East Asia Region in 2009. Women account for 37% of the total number of people living with HIV.
- Annually, there are an estimated 220 000 new HIV infections and 230 000 AIDS deaths.
- Five countries (namely India, Indonesia, Myanmar, Nepal and Thailand) account for the majority of HIV infections. No case of HIV has been reported from the Democratic People's Republic of Korea. Bangladesh, Bhutan, Maldives, Sri Lanka and Timor-Leste together represent less than 1% of all HIV infections in the Region.
- The number of new infections every year is showing a downward trend in four of the five high HIV burden countries (namely India, Myanmar, Nepal and Thailand). In Indonesia, the HIV epidemic is still on the rise.
- The majority of HIV infections are transmitted sexually; injecting drug use is the second most common mode of HIV transmission.
- The South-East Asia Region accounts for nearly 15% of the global burden of new HIV-positive tuberculosis (TB) cases. HIV prevalence among new TB patients is 5.7%.
- The overall HIV prevalence among the adult population is very low (0.3%) in the Region, but sex workers and their clients, men who have sex with men, transgenders and people who inject drugs are disproportionately affected by HIV.
- In some areas, HIV prevalence has decreased among female sex workers; however, there is evidence of continuing high transmission among people who inject drugs, men who have sex with men and transgenders.
- Prevalence of sexually transmitted infections is very high particularly among sex workers, men who have sex with men and transgender populations.

## **Health sector response to the HIV epidemic**

- Consistent condom use is reaching high levels among sex workers; however, men who have sex with men and transgenders have low rates of condom use. Coverage of a comprehensive package of HIV interventions for people who inject drugs continues to be low.
- A programme for the elimination of congenital syphilis is being scaled up in many of the Region's Member countries. Reported screening of pregnant women for syphilis is over 50% in India and Myanmar, and 80% in Sri Lanka.

- Resistance to ciprofloxacin (an antimicrobial to treat gonorrhoea) is very high, ranging from 75% in Thailand to 92% in Sri Lanka.
- Based on 2008 data, 10.5 million units of blood were collected against a total requirement of 17 million units. About 71% blood was collected from voluntary non-remunerated donors. Overall, 0.32% of screened blood units were found to be positive for HIV antibody.
- A large number of facilities provide testing and counselling services resulting in approximately 15.1 million people being tested in 2009 across the Region. Access to testing and counselling services for most-at-risk populations is still far below optimal levels.
- Barely 18% of pregnant women have access to HIV testing and counselling. Of the estimated HIV-infected pregnant women, 34% received antiretroviral prophylaxis.
- Currently, 577 000 people with advanced HIV infection are receiving antiretroviral treatment. But these numbers represent only 32% of those in need of treatment as per latest WHO criteria. Of those started on treatment, 65–92% are alive and on treatment 12 months after start of therapy.
- Countries with HIV–TB dual epidemics have made substantial progress in implementing collaborative activities; however, detection of HIV–TB coinfecting patients is still low.
- Substantial progress has been made in expanding surveillance systems in the Region leading to a better understanding of the national epidemics. There is scope to improve routine programme monitoring systems to better track progress towards programme goals.
- HIV drug resistance surveys completed in three countries — India, Indonesia and Thailand — indicate a low level of transmitted drug resistance.

### **Challenges and future priorities**

Key challenges in achieving universal access to HIV prevention, care and treatment services include: continuing stigma and discrimination faced by people living with HIV and most-at-risk populations; limited capacity of health systems; still high prices of antiretroviral drugs; and lack of sustained finances. The critical priorities for the future in light of these challenges are listed below.

1. Reducing HIV transmission among most-at-risk populations. Minimizing HIV-associated stigma and discrimination in community and health care settings.
2. Reducing perinatal HIV transmission by increasing access to prevention of mother-to-child treatment services for pregnant women by integrating HIV services with related health services.
3. Decentralizing HIV testing and counselling services further to enable more people to know their status.
4. Ensuring timely access to treatment and improving the quality of antiretroviral treatment. Providing treatment adherence support and close monitoring to “slow” the development of HIV drug resistance.
5. Continuing advocacy for reducing prices of antiretroviral drugs.
6. Investing in building health systems and human resources to increase the implementation capacity for scaling-up HIV interventions.
7. Strengthening epidemiologic capacity at the country level and undertaking research on priority topics.