

## Executive Summary

Twenty-five years after the first AIDS case was reported in the World Health Organization (WHO) South-East Asia Region, the HIV epidemic remains highly dynamic, posing tremendous challenges to the public health system.

### Epidemic Situation in the South-East Asia Region

- An estimated 3.5 million people are living with HIV / AIDS in the Region. Women account for 33% of total people living with HIV. In 2008, 200 000 people were newly infected with HIV and 230 000 died of AIDS related illnesses.
- Five countries account for the majority of HIV infections — India, Indonesia, Myanmar, Nepal and Thailand. No case of HIV has been reported from DPR Korea. Bangladesh, Bhutan, Maldives, Sri Lanka and Timor-Leste together represent less than 1% of total HIV infections in the Region.
- The overall HIV prevalence in the Region is slowly decreasing. However, country-wise differences exist. In parts of India, Myanmar, Nepal, Sri Lanka and Thailand, HIV prevalence is decreasing or stabilizing although pockets of high transmission remain. HIV is rapidly increasing in Indonesia.
- The majority of the HIV infections are transmitted sexually. Injecting drug use is an important route of HIV transmission in several countries. In Thailand, a third of all new infections are among low-risk women from their HIV-infected regular male partners or husbands.
- Overall, HIV prevalence among the adult population is low (0.3%) in the Region, but sex workers and their clients, men who have sex with men and transgender populations as well as injecting drug users are disproportionately affected by HIV. In some areas (Thailand and south India), HIV prevalence has decreased among female sex workers; however, there is evidence of continuing high transmission among injecting drug users and increasing HIV infection among men who have sex with men in large cities.
- Prevalence of sexually transmitted infections is very high particularly among sex workers, men who have sex with men and transgender people.
- A substantial proportion of drug injectors share injection equipment and engage in unprotected sex with female sex workers.
- Consistent condom use with paying partners is reaching optimal levels among sex workers; however, men who have sex with men, transgender populations and injecting drug users have low rates of condom use.
- Men who have sex with men have multiple partners and a large proportion of them are married (to women).
- Approximately, 4.6% of new tuberculosis (TB) patients are co-infected with HIV. The South-East Asia Region accounts for 11% of the global burden of new HIV-positive TB cases.

## National Response

- The national HIV strategic plans in most countries accord priority to targeting prevention, care and treatment interventions to high-risk populations; however, coverage of a comprehensive package of HIV interventions for sex workers, men who have sex with men, transgender persons and injecting drug users remains low in all countries.
- Nearly, 9.4 million units of blood were collected in 2007, against a total requirement of 16 million units. About 66% of blood was collected from voluntary non-remunerated donors. Based on country reports, donated blood is universally screened for HIV and other transfusion transmitted infections.
- A large number of facilities provide testing and counselling services resulting in approximately 10 million people being tested across the Region in 2008. Yet, access to testing and counselling services remains low. Overall, 30% of sex workers, 28% of injecting drug users and 23% of men who have sex with men had received an HIV test in the past year.
- A mere 13% of pregnant women have access to HIV testing and counselling. Of the estimated HIV-infected pregnant women, 28% received antiretroviral prophylaxis. Thailand is the only country to achieve a high coverage of prevention of mother-to-child transmission services; nearly all pregnant women receive an HIV test and 95% of infected pregnant women receive antiretroviral prophylaxis.
- There has been an eight-fold increase in treatment over the past five years. Currently, 443 000 (40%) people with advanced HIV infection are receiving antiretroviral treatment. Of those started on treatment, 65–82% are alive and on treatment a year after start of treatment.
- Countries with HIV/TB dual epidemics have made substantial progress in implementing collaborative activities; HIV testing and counselling for TB patients and screening of TB among people living with HIV is expanding. There is modest progress in providing antiretroviral treatment and co-trimoxazole to HIV/TB patients, but activities targeting the reduction of TB infection among HIV patients are limited.
- Surveillance systems are expanding to cover more areas and more population subgroups. Every country (except DPR Korea) has data on biological and/or behavioural indicators. Routine monitoring systems for HIV interventions, however remain weak. There has been little investment in HIV research.
- A large amount of funds have been mobilized from international partners, however, shortfalls still exist in every country for achieving targets for universal access to HIV prevention and treatment.

## Key Challenges

- Continuing stigma, weak health systems, limited human resources capacity, high prices of drugs and unsustainable finances are main barriers to HIV prevention and control efforts.

## Future Priorities

- Rapid scale-up of interventions is required to increase access to prevention, care and treatment services.
- Greater attention is needed on prevention of new infections among populations with the highest rate of transmission — namely sex workers, people who inject drugs and men who have sex with men.
- An enabling environment is a prerequisite for increasing access to HIV services to marginalized populations.
- Investments in health systems and human resources is critical to increase the implementation capacity of the public health system.
- Further collaboration between health service programmes is needed to deliver services more efficiently. Moreover, effective linkages between prevention, care and treatment services are required for HIV programmes.

## Role of WHO: Strengthening health sector response to the HIV epidemic

WHO closely works with and supports Member States through a team of public health professionals, focusing on five strategic directions.

1. Enabling people to know their HIV status
2. Maximizing the health sector's contribution to HIV prevention, including sexually transmitted infection control and prevention of mother-to-child transmission interventions
3. Accelerating the scale-up of HIV treatment and care
4. Strengthening and expanding health systems
5. Investing in strategic information to better inform the HIV response.

WHO sets norms and provides guidance on policies, strategies and programmes; builds capacity of national authorities and partners in programme planning, implementation, and monitoring and evaluation; facilitates sharing of information and experiences among countries; promotes research; strengthens collaboration among partners; and, advocates for and mobilizes increased national and international funding for realizing the vision of universal access to HIV prevention, care and treatment.