

# WORLD AIDS DAY

2009

I AM GETTING TREATMENT | I AM SAFE

## TOWARDS UNIVERSAL ACCESS:

NEED TO DO MORE



**World Health  
Organization**

Regional Office for South-East Asia



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Towards Universal Access: Need to do more  
WORLD AIDS DAY 2009

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## Message from the Regional Director

The HIV epidemic continues to be a major challenge for global health, despite some impressive achievements towards its control. The year 2008 witnessed sustained progress in expanding access to HIV prevention, treatment and care services in low- and middle-income countries. Globally, an additional one million people were receiving antiretroviral therapy (ART) at the end of 2008 than at the end of 2007. The total number of people receiving ART in low- and middle-income countries is four million. At present, an estimated 443 000 HIV-infected persons in South-East Asia receive life-saving ART.

At the United Nations General Assembly High-Level Meeting on AIDS in 2006, countries committed to work towards universal access to comprehensive HIV prevention, treatment, care and support by 2010. To achieve this ambitious goal, several critical priority areas demand the focus of countries and partners in the coming years.

The theme for this year's World AIDS Day is "Universal Access and Human Rights". Much remains to be done, however, to fulfil this promise.

HIV testing and counselling services are the gateway to other key health sector interventions. Care and treatment cannot be provided in a timely manner without knowledge of one's HIV status. The vast majority of people living with HIV remain unaware of their infection status. Expanding access to HIV testing and counselling services must continue to be a priority to ensure timely diagnosis of HIV infection and access to treatment and care. Evidence shows that the early initiation of ART may have a beneficial effect on individual morbidity, mortality and survival outcomes.



More attention must be paid to the needs of population groups at high risk for HIV infection, including people who inject drugs, men who have sex with men and sex workers, who are frequently unwilling or unable to use health services due to stigma, discriminatory laws, lack of access and social prejudice. Prisoners also face a high risk of acquiring HIV infection, yet their access to prevention and care remains far below what is available in the rest of the community. Countries should redouble efforts to introduce an empowering environment and remove the technical, legal and sociocultural barriers that have prevented the introduction or expansion of evidence-based interventions among most-at-risk population groups.

Low adherence to and inadequate retention in treatment are two critical reasons for poor treatment outcomes among people receiving ART. In addition to directly affecting personal well-being, poor adherence and retention rates may compromise programmatic and economic efficiency. Low retention can also negatively affect public health by increasing drug resistance.

The dual epidemic of tuberculosis and HIV is a public health priority. The coverage and availability of collaborative prevention, treatment and care interventions remain insufficient. National HIV and TB programmes should place greater emphasis on adopting and implementing WHO's framework on collaborative HIV/TB activities.

Most countries are still far from reaching universal access to many key prevention, treatment and care interventions for women and children, including interventions to prevent mother-to-child transmission of HIV. In the South-East Asia Region, only 28% of pregnant women with HIV receive antiretroviral prophylaxis to prevent transmission of HIV to their child. Increased attention is needed for children born to mothers living with HIV. Countries also need to establish

effective functional links between national HIV programmes and routine maternal, neonatal and child health services, and specialized care services as a priority.

Achieving universal access to prevention, treatment and care services will require health systems capable of delivering high-quality interventions on a vastly expanded scale. Harnessing and building the resources and systems needed to sustain such an increase in service availability will be one of the greatest challenges that countries face in the coming years.

Along with expanding coverage, countries also face the concomitant challenge of sustaining ongoing programmes and interventions. Unless services are expanded rapidly to reach those in need, millions of new infections will occur and the human and economic burden on future generations will continue to rise.

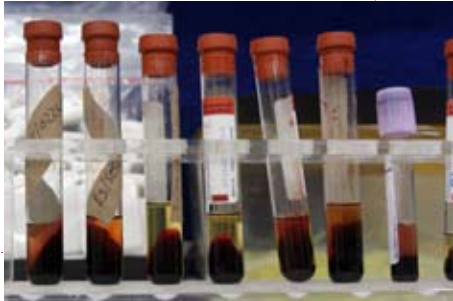
Although international assistance for the HIV response from the G8, the European Commission and other donor governments reached its highest level to date in 2008, a gap of more than US\$ 6 billion remains between the needed and available resources. The global economic downturn of 2008 and its repercussions pose a challenge to adequately financing a comprehensive response to HIV.

In order to make this year's theme a reality, WHO pledges its support to countries in meeting these challenges by providing technical capacity to strengthen health systems, expand coverage of priority interventions and support the improvement of data quality, analysis and monitoring.



Samlee Plianbangchang, M.D., Dr. P.H.  
Regional Director

## The Global situation



### Global HIV burden

- Worldwide, an estimated 33.4 million people are living with HIV.
- Women account for 50% of people living with HIV, although this proportion varies from 27% in the Americas to 58% in Africa.
- In 2008, an estimated 2.7 million people became newly infected with HIV and approximately 2 million people died due to AIDS-related illnesses.
- Globally, 0.8% of the adult population is infected with HIV.
- sub-Saharan Africa remains the region most heavily affected by HIV, accounting for two-thirds of all people living with HIV and for 70% of AIDS deaths in 2008.
- An estimated 2.1 million children under 15 years of age are currently living with HIV. There were 430 000 new infections and 280 000 AIDS-related deaths among children in 2008.

HIV continues to be a serious public health problem, with an estimated 33.4 million people living with HIV/AIDS in 2008.

## HIV/AIDS in the South-East Asia Region

- The South-East Asia Region has the third-highest HIV burden in the world, accounting for 10% of all people living with HIV/AIDS.
- Nearly 3.5 million people are currently living with HIV in the South-East Asia Region. This includes an estimated 130 000 children living with HIV/AIDS.
- Women account for 33% of all people living with HIV/AIDS.
- During 2008, an estimated 200 000 people were newly infected with HIV and 230 000 died due to AIDS-related illnesses in the Region.
- Five countries – India, Thailand, Myanmar, Indonesia and Nepal – account for the majority of the Regional burden.
- Overall, 0.3% of adult population in the South-East Asia Region is infected with HIV; however, HIV infection rates are much higher among high-risk populations, namely, sex workers and their clients, men who have sex with men, and people who inject drugs.
- The overall HIV epidemic is declining, though country-wise variations exist. In India, Myanmar, Thailand, Nepal and Sri Lanka, HIV epidemics have declined or stabilized; however, in Indonesia, HIV is rapidly growing.



Nearly 3.5 million people are currently living with HIV in the South-East Asia Region.

# How HIV is transmitted



## Most common ways in which HIV is transmitted

The human immunodeficiency virus (HIV) is transmitted from an infected person to a healthy person through blood, semen, vaginal fluids and breast milk.

### Unprotected sex

HIV is transmitted by having unprotected sexual intercourse (vaginal, anal or oral sex) with an HIV-infected person. Non-use of condoms permits exchange of bodily fluids primarily during sexual intercourse between partners (man to woman, woman to man, man to man).

### Unsafe blood and blood products

HIV can be transmitted through exchange of infected blood during transfusion, sharing of contaminated needles or injection equipment during injecting drug use or, very rarely, being injured by needles, or other medical/surgical equipment that has been recently contaminated by the blood of a person infected with HIV.

### Mother-to-child transmission

HIV may also be transmitted from an infected mother to her child during pregnancy, labour and delivery or, after birth, through breastfeeding.

## How HIV is NOT transmitted

- Normal social contact or through many other actions thought to be risky by some people including:
  - through unbroken, healthy skin
  - light kissing or hugging
  - sharing cups, plates, cutlery or linen, such as towels
  - using the same toilets and swimming pools
- Mosquito bites or bedbugs, flies, lice, fleas and other household pets
- Act of donating blood, which carries no risk to the donor.



## HIV is transmitted

- through unprotected sexual intercourse
- through unsafe blood and blood products
- by sharing contaminated needles and injection equipment
- by mother-to-child transmission

# Stigma and Discrimination



Stigma continues to be one of the biggest hurdles to HIV prevention, care and treatment in South-East Asia. HIV-related stigma and discrimination are critical barriers to effectively addressing HIV. However, they remain seriously neglected issues in most national responses to HIV.

Stigma stems from fear and ignorance about the disease. Stigma leads to discrimination.

- Infection with the human immunodeficiency virus (HIV) is often associated with behaviours that may be considered socially or morally unacceptable by many people, such as sex work, sex outside marriage or with multiple partners, sex between men and injecting drugs. This, fuelled by high levels of ignorance, denial, fear and intolerance, has widely stigmatized HIV infection.
- People living with HIV (PLHIV) are frequently subject to discrimination and human rights abuses. The lack of knowledge about how HIV is not transmitted can often lead to irrational fears and the tendency to stigmatize or discriminate against PLHIV.
- Women tend to experience greater stigma and discrimination than men. Violence is a severe consequence of stigma faced principally by women. Both women and girls report increased violence at the hands of their partners for requesting condom use, accessing voluntary

testing and counselling, refusing sex within or outside marriage or testing HIV-positive.

### Consequences of stigma and discrimination

- Governments are discouraged from acknowledging or taking timely action against HIV/AIDS.
- Individuals are reluctant to find out about their HIV status.
- Those who know they are infected are reluctant to share their diagnosis and take action to protect others, and seek treatment and care for themselves.

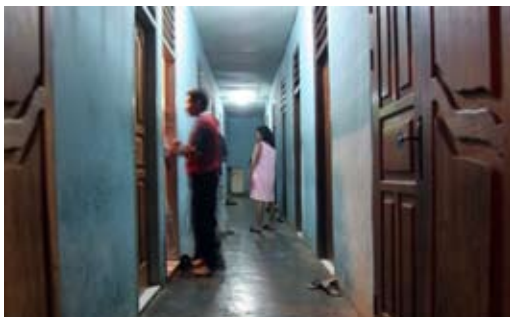
Women experience greater stigma and discrimination than men. Women who are HIV-infected face increased violence at the hands of their partners.



Experience has shown that:

- A strong movement of PLHIV, which affords mutual support and a voice at the local and national levels, is particularly effective in tackling stigma.
- Treatment availability has given hope. People are less afraid of AIDS and thus more willing to be tested for HIV, to disclose their status, and to seek care if necessary.
- Participation of networks of PLHIV, and representatives from other key affected populations, in national planning processes for designing, funding and implementing stigma and discrimination-reduction activities will help ensure that their concerns are addressed in national responses to HIV.

# Sexually transmitted infections and HIV



The presence of an STI greatly increases the chances of acquiring infection with HIV.

Sexually transmitted infections (STIs) are among the most common causes of illness in the world and have far-reaching health, social and economic consequences for many countries. The presence of an STI greatly increases the chances of acquiring infection with HIV. People who have genital herpes caused by herpes simplex virus (HSV)-2 are twice as likely to acquire HIV compared with those who are not infected. Individuals who have HIV and HSV-2 are five times more likely to transmit HIV to their sexual partners than those who do not.

## Global situation

- The global burden of STIs is estimated at 340 million.
- Nearly a million people acquire a sexually transmitted infection (STI) including HIV infection every day.
- Genital herpes caused by HSV-2 is one of the most common STIs worldwide.

## Situation in South-East Asia

- The South-East Asia Region (SEAR) accounts for nearly 40% of world's burden of STIs.
- SEAR also bears the third-largest burden of HIV.
- Overall, STI control remains poor in many countries of the Region.
- Some countries in SEAR with strong STI control services have reduced the burden of curable STIs on a national scale and slowed the spread of HIV epidemics.

The highest STI prevalence rates in the Region are found among sex workers and men who have sex with men. HIV prevalence is also consistently higher among these population groups.



## WHO strategy for control of STIs

- Prevention of spread, particularly among population groups with high-risk behaviour
- Improvement in STI case management
- Collection of reliable data to guide the response

By according high priority, allocating adequate resources and implementing effective control measures, STI can be prevented and treated, thereby significantly reducing human suffering and even death.

### STI CONTROL PROGRAMME IN SRI LANKA

- Sri Lanka has a well-established network of STI clinics at district and provincial levels run by both specialist and non-specialist public health clinicians.
- Public health inspectors and nurses have both clinic and community outreach responsibilities that include defaulter tracing, contact tracing and visits to sex work venues.
- 28 STI clinics in the country report STI data quarterly. Disaggregated STI data are collated and analysed by the central STD clinic and the results disseminated, including posting on the Ministry of Health website.
- Improvement in STI clinic infrastructure including laboratory facilities has led to increased clinic attendance.
- Bacterial STIs continue to decline, although a larger number of people now seek services.

# HIV/Tuberculosis interaction

HIV and tuberculosis (TB) are global emergencies whose deadly interaction affects millions and threatens global public health.

HIV infection is a leading risk factor for TB through promoting the progression of latent and recent infections of *Mycobacterium tuberculosis* into active disease. HIV also increases the rate of recurrence of TB.

Likewise, TB is the most common opportunistic infection among those with HIV and is a major cause of death among people living with HIV (PLHIV).

## Global situation

- At least one-third of the 33.4 million PLHIV worldwide are infected with TB and are 20–30 times more likely to develop active TB than those without HIV.
- There were an estimated 1.37 million HIV-positive TB patients globally in 2007. Around 80% of such patients live in sub-Saharan Africa.

## Situation in South-East Asia

- The South-East Asian Region accounts for 11% of the global HIV/TB burden. In 2007, there were an estimated 146 000 incident HIV-positive TB cases in the South-East Asian Region.
- Five countries in the Region with the highest HIV burden also have a very high TB burden (Thailand, Myanmar, India, Indonesia and Nepal).

TB is the most common opportunistic infection among those with HIV and is a major cause of death among people living with HIV (PLHIV).





Further collaboration is needed between TB and HIV programmes to provide unified care to people co-infected with TB and HIV.

- India accounts for three-fourths of the new HIV-positive TB cases in the Region and 8% in the world.

### Recommendations by WHO

- TB and HIV/AIDS control programmes should collaborate through an established coordinating body, undertake joint TB/HIV planning, ensure surveillance for HIV prevalence among TB patients, as well as monitor and evaluate activities.
- The burden of HIV in TB patients should be reduced through HIV testing and counselling for TB patients and those suspected of having TB. Condoms and other HIV prevention interventions, co-trimoxazole prophylaxis, and HIV treatment and care should also be provided.
- The burden of TB among PLHIV should be reduced through “Three Is for HIV/TB”: intensified TB case finding, isoniazid preventive therapy and infection control for TB.



# HIV and Sex Workers



Sex work is a key driver of the HIV epidemic in the Region. Female sex workers have among the highest rates of sexually transmitted infections.

## Background

Most countries in the Region recognize that sex work is a key driver of the HIV epidemic. Sex workers are at a high risk for both acquiring HIV and sexually transmitted infections (STIs) from their clients and transmitting them to their clients and regular partners.

## Risk behaviours

- Sex workers (SWs) have sex with a large number of paying and non-paying partners.
- In many countries, 80% or more of sex workers report using a condom with paying partners at the last sexual encounter. Consistent condom use, however, is lower.
- Condom use with regular partners is substantially lower than commercial partners in all countries.

## Burden of STIs and HIV

- Sex workers have among the highest rates of STIs due to the high turnover of partners.
- In Thailand and parts of India, HIV infection rates among SWs have decreased significantly.
- In Nepal, Sri Lanka and Bangladesh, low rates of STIs and HIV have been maintained.

Sex work is illegal in most countries. Greater advocacy is needed to create an enabling environment for sex workers to access health services.



- However, in Myanmar, 15–25% of sex workers are HIV-infected. In Indonesia, HIV infection is increasing among sex workers in some areas.

### Prevention of HIV among sex workers

Most countries have developed targeted interventions for sex workers.

Key components of such interventions include:

- An enabling environment through advocacy at the local and national levels
- Peer outreach to promote condoms and STI services to other sex workers
- Condom supply and promotion
- STI services.

Several successful models of interventions for SWs exist in the Region.

- The 100% condom use programme in Thailand reduced new HIV infections by 95% within five years, thus reversing the overall epidemic.
- The Sonagachi Project in West Bengal, India demonstrated that sex workers can be empowered to protect their own health.
- The percentage of sex workers covered with prevention services ranges from 12% to 76%.
- NGOs play a critical role in providing services to sex workers but are largely dependent on international donors for sustaining their programmes.

# HIV and People who Inject Drugs

There are over half a million people who inject drugs in South-East Asia.



## Background

There are over half a million people who inject drugs (PWID) in South-East Asia. The majority of countries in the South-East Asia Region (SEAR) have a significant problem of injecting drug use. As HIV is transmitted through exchange of infected blood from sharing of contaminated needles or injection equipment during injecting drug use, a large proportion of PWID in the Region are HIV infected. Among PWID, HIV prevalence remains unacceptably high.

## Risk behaviours

- Sharing of injecting equipment is common across South-East Asia.
- Many PWID have paid sex and most do not use condoms.
- Many PWID in the Region are married or have a regular partner but do not consistently use condoms with regular partners.

As drug use is illegal in most countries of SEAR, this Region has a sizeable population of incarcerated PWID. HIV prevalence in prisons is often significantly higher than in the general population.

## Burden of STIs and HIV

- Vulnerability to HIV is enhanced by high rates of STIs among PWID.
- HIV epidemics among PWID often remain uncontrolled for many years, with HIV prevalence frequently above 25%.

Harm reduction services, including NSPs and OST, must be expanded to reach a much larger number of PWID to have an impact on the HIV epidemic.



## HIV prevention among PWID

The reach of harm reduction interventions to address the HIV epidemic among PWID remains inadequate. Major harm reduction interventions with a comprehensive package of HIV prevention interventions include needle and syringe programmes (NSPs) and opioid substitution therapy (OST).

- Most countries in the region have NSPs but not all are official.
- Only 20–25% of all PWID in the Region are reached by NSPs.
- PWID in SEAR receive far too few sterile needles to have an impact on the HIV epidemic.
- No country in the Region currently offers NSPs in prisons.
- OST, while available in most countries of the Region, is of limited scale.
- The total number of PWID reported to be accessing OST in the Region is approximately 15 000, which represents 2.7% of PWID in the Region.

A comprehensive package of harm reduction interventions include: needle and syringe programmes (NSPs); opioid substitution therapy (OST); voluntary testing and counselling; antiretroviral therapy; STI prevention and treatment; condom programming; targeted information, education and communication for PWID and their sexual partners; diagnosis, treatment and vaccination for hepatitis; and prevention, diagnosis and treatment of tuberculosis.

# HIV and Men who have sex with men (MSM) and Transgender (TG) people

The risk of HIV transmission is greater during anal sex between men than during vaginal sex between a man and a woman.



## Background

The risk of HIV transmission is greater during anal sex between men than during vaginal sex between a man and a woman. Men who have sex with men (MSM) and transgender people (TG) are thus at higher risk for HIV.

## Risk behaviours

- A proportion of MSM have multiple sex partners, both male and female.
- A significant proportion of MSM also buys and sells sex.
- A considerable proportion of MSM in SEAR are married. Regardless of the marital status, a large proportion of MSM in all countries report vaginal or anal sex with female partners.
- In general, condom use during male-to-male sex is low with all partners, in all countries.
- Among transgender sex workers, condom use is reported to be low.

## Burden of STIs and HIV

Available data indicate a high prevalence of bacterial and viral STIs among MSM and TG. HIV prevalence among MSM is above 20% in several cities. STI and HIV prevalence rates are higher among TG than MSM.

MSM and TG face widespread stigma and often criminal sanctions for same-sex behaviour.



## HIV prevention among MSM and TG

The response to HIV prevention among MSM and TG in the Region is inadequate. Most interventions are located in a few major urban centres only.

Targeted HIV interventions include

- peer and outreach education
- promotion and distribution of condoms and water-based lubricants
- referrals to HIV and STI screening and treatment.

Many MSM do not disclose male-to-male sexual activities, which impacts upon the reach of HIV interventions. An enabling environment is critical for HIV prevention interventions.

# HIV Testing and Counselling



HIV testing and counselling is the gateway to HIV prevention, care and treatment services.

## Background

- HIV testing and counselling is the gateway to HIV prevention, care and treatment services.
- Despite this, knowledge of HIV status remains low and diagnosis often occurs late, after the development of symptoms of HIV disease. Late diagnosis and delayed access to care are key reasons for poor treatment outcomes and increased mortality among persons initiated on HIV treatment.
- There are two main modes of testing and counselling :
  - Client-initiated testing and counselling (CITC): individuals actively seek testing services at a facility
  - Provider-initiated testing and counselling (PITC): health-care providers routinely offer HIV testing services to persons with symptoms of HIV or individuals at increased risk for HIV.

## Scale-up of testing and counselling services

- Eight of 11 Member countries have national policies in place for HIV testing and counselling.
- HIV testing and counselling is offered in both the government and private/ NGO sectors. In most countries, HIV testing and counselling services are free in the public sector.

## EXPANSION OF HIV TESTING AND COUNSELLING SERVICES IN INDIA

- Dramatic scale-up of services in the past eight years
- National HIV testing and counselling programme initiated in 2001 at 109 facilities; now increased to over 4900 facilities across the country
- 140 000 persons received testing and counselling at public sector facilities in 2001; this increased to 8.7 million persons in 2008
- The programme is now focusing on further decentralization of testing and counselling services, improving the quality of counselling, and increasing access for high-risk populations.

- In 2008, 10.2 million persons were tested for HIV in the Region.
  - Women comprised more than 50% of those tested.
- PITC is promoted in several countries of the Region with concentrated HIV epidemics, where the prevalence of HIV is highest in select groups such as most-at-risk populations (MARPs) including sex workers, men who have sex with men, and people who inject drugs.
- PITC is also offered to select patient populations, including patients with tuberculosis, attendees at sexually transmitted infection (STI) clinics, and women accessing antenatal services.

Linkages must be established between testing and counselling and HIV prevention and care programmes in order to increase coverage of HIV services to those in need.



# Prevention of Mother-to-child Transmission (PMTCT) of HIV

## THAILAND – PMTCT success story

- PMTCT was introduced nationwide in 1999.
- In 2008:
  - Almost 100% of these pregnant women received HIV testing and counselling.
  - 95% of HIV-infected pregnant women received ARV prophylaxis for PMTCT.
- Widespread implementation of the PMTCT policy in Thailand has led to substantial declines in mother-to-child HIV transmission and dramatic declines in paediatric HIV cases.

## Background

- HIV may be transmitted from an infected mother to an infant during pregnancy, delivery, or breastfeeding.
- Without any intervention, an estimated 30–35% of the infants born to HIV-infected women may acquire HIV.
- Effective interventions to reduce mother-to-child transmission of HIV include:
  - HIV testing and counselling for pregnant women
  - Antiretroviral therapy (ART) for women who require it for their own health
  - Antiretroviral (ARV) prophylaxis during pregnancy, delivery and in the postpartum period for HIV-infected women who do not yet require ART for their own health
  - The promotion of safer delivery practices
  - The promotion of safer infant-feeding practices.
- Globally, 45% of HIV-infected pregnant women received some ARV prophylaxis for prevention of mother-to-child transmission (PMTCT) of HIV in 2008.

## South-East Asia

- In some countries, HIV testing and counselling is routine for all women accessing antenatal services.



Linkages must be improved between antenatal/health services and HIV testing and counselling and ART services so that infected women are successfully linked to appropriate PMTCT services.

- In other very low-prevalence countries, testing is offered at a limited number of centres with trained staff, and is sometimes focused in higher-prevalence districts.
- Regionally, PMTCT coverage remains low. Low rates of usage of antenatal care (ANC) services and poor links between ANC and HIV services are cited as key barriers to improving PMTCT coverage in the Region.
- In 2008, only 13% of pregnant women in the Region had access to HIV testing and counselling.
- In 2008, only 28% of HIV-positive pregnant women in the Region received any ARV prophylaxis for PMTCT. Coverage varies widely in the Region – from 3% in Nepal to over 95% in Thailand.

# Antiretroviral therapy for HIV



From 2004 to the end of 2008, the number of people receiving ART in the Region has increased eight-fold.

## Background

- The scale-up of antiretroviral therapy (ART) services in low- and middle-income countries across the globe is one of the most extraordinary events in global health in the past 20 years.
- Most countries have expanded ART services using a public health approach, with the use of standardized first-line ART regimens and monitoring methods.
- As of 2008, more than 4 million HIV-infected adults and children are receiving ART in low- and middle-income countries worldwide.
- Efforts to scale-up treatment services have resulted in increased survival and reduced morbidity and disease progression for those who receive ART.

## Scale-up of antiretroviral therapy in South-East Asia

- The number of people receiving ART in the Region has increased eight-fold in the past five years, from 55 000 in 2003 to over 443 000 by the end of 2008.
  - All countries in the Region have national guidelines for ART and all have free public sector ART services.
  - Of those receiving ART in the Region, 39% are women and 5% are children below 15 years of age.
- The expansion of ART programmes in the Region is a result of strong



HIV-infected persons need to be identified and linked to care early in the course of the disease in order to improve treatment outcomes. Adherence to treatment must be supported and losses to follow up prevented.

Almost 60% of those who require ART do not have access to it.



- collaborative efforts among national programmes, civil society and advocacy groups, nongovernmental organizations (NGOs), donor agencies, as well as global momentum to provide life-saving therapies to those in need.
- Presently, 40% of those who require ART in the Region are receiving treatment.
  - Coverage within the Region varies widely, from 13% in Nepal to 71% in Thailand.
  - Programme data from six countries of the Region indicate that 79% of persons initiated on ART remain alive and on treatment after 12 months.
  - Despite these achievements
    - Presently almost 60% of those who require ART lack access to therapy.
    - High rates of early mortality remain a major concern and are closely associated with late initiation of ART.
    - ART services for children lag behind the progress made in access to therapy for adults.

# Strategic information



Strategic information is crucial for understanding the national epidemic and designing an appropriate response.

Strategic information is the information and knowledge required to influence policy-making, programme development and action.

Strategic information about the HIV epidemic in a country is a prerequisite for designing an appropriate response.

Programme managers and policy-makers can use HIV strategic information for advocacy and resource mobilization; targeting resources to vulnerable population groups and high-transmission geographical areas; monitoring progress against planned programme objectives; measuring the impact of interventions; and accountability to donors and the civil society.

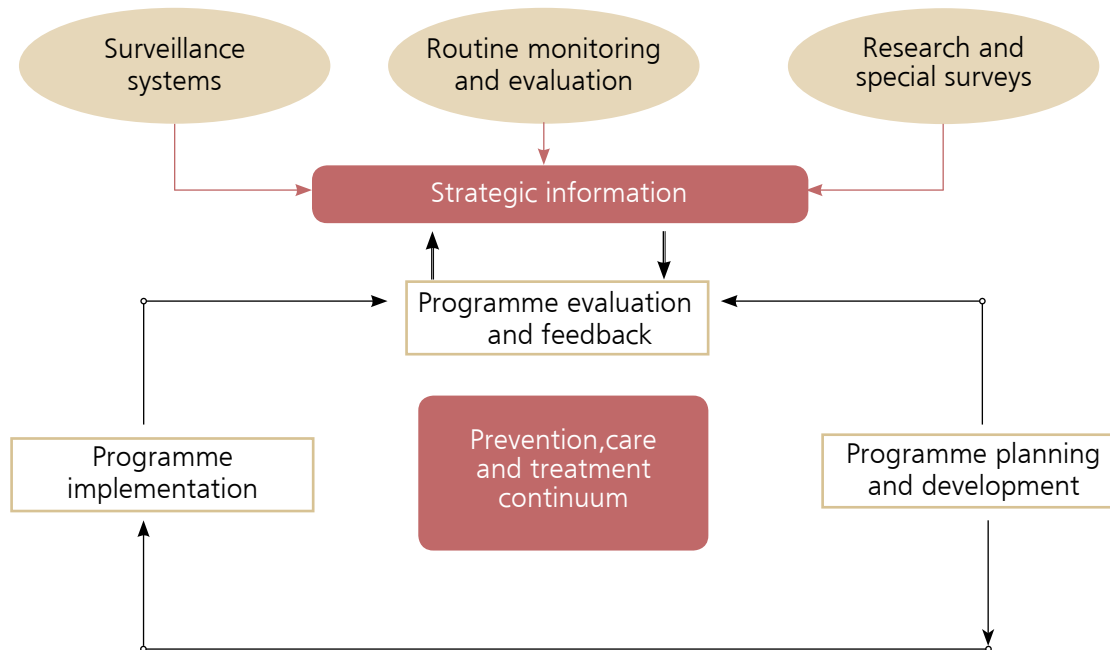
## Key components of HIV strategic information

- Surveillance for HIV, sexually transmitted infections (STIs) and risk behaviours
- Monitoring and evaluation of the national response to HIV
- Research to acquire new knowledge or apply existing knowledge for prevention and control of HIV

Despite considerable improvements in HIV information systems over the years, high-risk populations remain underrepresented in surveillance systems.

Moreover, national AIDS programmes have limited capacity for collection, analyses, and use of data for policy and programmatic improvements.

More investment is needed to strengthen HIV information systems including research to facilitate an evidence-based response to the HIV epidemic.



# Role of the World Health Organization

As the directing and coordinating authority on international health, the World Health Organization (WHO) takes the lead within the UN system in the health sector response to HIV/AIDS.

WHO **promotes a public health approach** to HIV prevention, care, treatment and support.

In order to better target much-needed interventions and achieve universal access, WHO focuses on the following **five strategic directions**:

- Enable people to know their HIV status
- Maximize the health sector's contribution to HIV prevention such as STI control, preventing mother-to-child transmission, etc.
- Accelerate the scale-up of HIV treatment and care
- Strengthen and expand health systems
- Invest in strategic information to better inform the HIV response.

WHO assists Member States by

- Developing **normative tools and guidelines** to help countries scale up HIV/AIDS interventions in the health sector
- Providing support to countries through **capacity building and training** for health workers in the areas of prevention, care and treatment, programme management, and monitoring and evaluation





- Facilitating support for **procurement** of an adequate supply of HIV medicines and diagnostics
- Facilitating the **sharing of information and experiences** among Member countries through meetings and consultations
- **Strengthening health systems** including laboratories to deliver much-needed HIV services
- **Strengthening strategic information** by working with partners to use harmonized monitoring and evaluation systems
- **Mobilizing resources** to implement HIV prevention, care and treatment programmes in collaboration with national and international partners from sources such as the Global Fund to fight AIDS, Tuberculosis and Malaria, and other development partners.

WHO fully supports Member States to realize the vision of universal access to HIV prevention, care and treatment for their people.

# Partnerships to combat HIV/AIDS



Partnerships are crucial for mounting an effective and appropriate response to the epidemics of sexually transmitted infection (STI) and HIV/AIDS in the WHO South-East Asia Region.

The World Health Organization (WHO) believes that the promise of universal access to HIV prevention, treatment, care and support can be fulfilled only through cooperation and collaboration with a wide range of partners. Such partnerships are crucial for mounting an effective and appropriate response to the epidemics of sexually transmitted infection (STI) and HIV/AIDS in the WHO South-East Asia Region.

**Governments have the ability to** provide political commitment and dynamic leadership to mobilize resources for HIV/AIDS prevention, care and treatment within and outside the health sector; mobilize and involve a diverse range of partners and sectors, and coordinate the activities of various government ministries (such as finance, labour, tourism, education, among others), nongovernmental organizations (NGOs), the private sector and academia.

**Ministries of health** are key forces for providing leadership and advocating for the inclusion of all stakeholders in national planning and decision-making, as well as scaling up of antiretroviral therapy through strong partnerships between the private health sector and the government.

**Civil society and nongovernmental organizations** are essential, and are required for every aspect of HIV prevention and control, including advocacy, delivery of services and support to patients.



Community-based organizations can offer a wide range of support services such as psychosocial and other counselling, education, home-based care, training and income-generation activities.

- People living with HIV/AIDS (PLHA) play a crucial role in advocating for access to treatment as a human right.
- NGOs are people-oriented and sensitive to the needs of those affected.
- Their involvement is crucial in raising awareness for behavioural change, advocating for human rights, countering discrimination, facilitating access to the health services, and providing care and support at the community level. They are full partners in national planning and monitoring and evaluation of the national response (not all countries recognize this.)

The corporate sector's involvement is needed to ensure that workplace policies regarding HIV/AIDS are in place and to enforce the International Labour Organization's Code of Practice on HIV/AIDS.

The media is a major advocacy channel and plays a powerful role in shaping public opinion and educating communities about HIV prevention, care and treatment. It helps fight ignorance, silence and inaction; and ensures that people can make the right choices by providing consistent and accurate information that is accessible to all.

International/external organizations within and outside the United Nations system are important partners in WHO's collaborative efforts .

- They help in developing policies, and providing normative and technical guidance to help countries scale up HIV/AIDS interventions in the health sector.
- They provide support in building capacity and providing training for health workers.



- They assist in securing an adequate supply of HIV medicines, diagnostics and other tools.
- They partner in monitoring the global spread of HIV/AIDS, and the availability of treatment and prevention services.
- They advocate for greater global attention and commitment to HIV/AIDS.

The media is a major advocacy channel and plays a powerful role in shaping public opinion and educating communities about HIV prevention, care and treatment.



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Sl no.	Publication	Reference number	Year of publication
1	REGIONAL STRATEGY FOR THE ELIMINATION OF CONGENITAL SYPHILIS	ISBN 978-92-9022-346-7	2009
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5	TECHNICAL CONSULTATION TO REVIEW HIV SURVEILLANCE IN INDIA, 23-25 APRIL 2008, NEW DELHI	SEA/AIDS/182	2008
6	GUIDELINES FOR CONDUCTING A REVIEW OF THE HEALTH SECTOR RESPONSE TO HIV/AIDS	ISBN 978-92-9022-318-4	2008
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9	HIV SURVEILLANCE TRAINING MODULES (SIX MODULES & ONE FACILITATOR GUIDE)	ISBN 9290222859	2007
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13	REVIEW OF THE NATIONAL RESPONSE TO SEXUALLY TRANSMITTED INFECTIONS AND HIV/AIDS IN SRI LANKA	ISBN 9789290223108	2007
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Sl no.	Publication	Reference number	Year of publication
28	EXPANDING ACCESS TO HIV/AIDS TREATMENT - MISSION REPORT INDONESIA, 19-31 JANUARY 2004	SEA/AIDS/157	2005
29	EXPANDING ACCESS TO HIV/AIDS TREATMENT - MISSION REPORT INDIA 8-12 DECEMBER 2003		2005
30	BIREGIONAL STRATEGY FOR HARM REDUCTION 2005-2009	ISBN 9290611952	2005
31	HIV/AIDS CLINICAL STAGING, HIV/AIDS CASE DEFINITIONS AND USE OF HIV RAPID TESTS FOR DIAGNOSIS AND SURVEILLANCE	SEA/AIDS/155	2005
32	GUIDELINES FOR HIV DIAGNOSIS AND MONITORING OF ANTIRETROVIRAL THERAPY	SEA/HLM/382 (REV. 1)	2005
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45	HIV/AIDS IN ASIA AND THE PACIFIC REGION, 2003	ISBN9290611642	2003
46	REGIONAL STRATEGIC PLAN ON HIV/TB	SEA/TB/261	2003
47	WORLD AIDS DAY 2003: FIGHT STIGMA AND DISCRIMINATION		2003
48	TB AND HIV/AIDS IN THE SOUTH-EAST ASIA REGION - REPORT OF THE SECOND JOINT MEETING OF NATIONAL AIDS AND TB PROGRAMME MANAGERS	SEA/TB/257 SEA/AIDS/138	2003
49	QUALITY ASSURANCE IN BACTERIOLOGY & IMMUNOLOGY	ISBN 9290222118	2003
50	HIV/AIDS STRATEGIC FRAMEWORK FOR SOUTH-EAST ASIA REGION 2002-2006	SEA/AIDS/135	2002
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Sl no.	Publication	Reference number	Year of publication
52	THE USE OF ANTIRETROVIRAL THERAPY: A SIMPLIFIED APPROACH FOR RESOURCE- CONSTRAINED COUNTRIES	SEA/AIDS/133	2002
53	PLANNING AND IMPLEMENTING HIV/AIDS CARE PROGRAMMES: A STEP-BY-STEP APPROACH	SEA/AIDS/106	2002
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56	GUIDELINES FOR SEXUALLY TRANSMITTED INFECTIONS -PREVALENCE STUDIES	SEA/STD/41	2001
57	GUIDELINES FOR CONDUCTING HIV BEHAVIOURAL SURVEILLANCE	SEA/AIDS/123	2001
58	INVOLVING PRIVATE MEDICAL PRACTITIONERS IN TB AND STI CONTROL	SEA/TB/235 SEA/STD/40	2001
59	PLANNING FOR HIV/AIDS COMMUNICATION - TRAINING MODULES	WHO/NACO	2001
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61	ISONIAZID PREVENTIVE THERAPY (IPT) FOR PEOPLE LIVING WITH HIV IN UPPER NORTH OF THAILAND		2000
62	FLOW CHARTS ON THE MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES		2000
63	INTENSIFYING HIV/AIDS SURVEILLANCE	SEA/AIDS/112	2000

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64	EVALUATION OF VOLUNTARY COUNSELLING AND TESTING IN THE NATIONAL PREVENTION OF MOTHER TO CHILD TRANSMISSION PROGRAMME (2000)		2000
65	ENHANCING THE ROLE OF MEDICAL SCHOOLS IN STI/HIV AND TB CONTROL	SEA/AIDS/118 SEA/TB/228	2000
66	GUIDELINES FOR SURVEILLANCE OF SEXUALLY TRANSMITTED DISEASES	SEA/STD/39	2000

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In the South-East Asia Region, the majority of people living with HIV do not know that they are infected. Expanding access to HIV testing and counselling is a priority, so that HIV-infected persons can have early access to treatment.

HIV testing and counselling is also the gateway to prevention of mother-to-child transmission of HIV. In the South-East Asia Region, only 28% of HIV-infected women receive treatment to prevent transmission of HIV infection to their child.

The World Health Organization pledges its support to help countries meet the challenge of expanding and improving HIV-related services, so that universal access to HIV prevention, care, treatment and support becomes a reality.