

Commission on AIDS in Asia

Redefining AIDS in Asia: Crafting an effective response

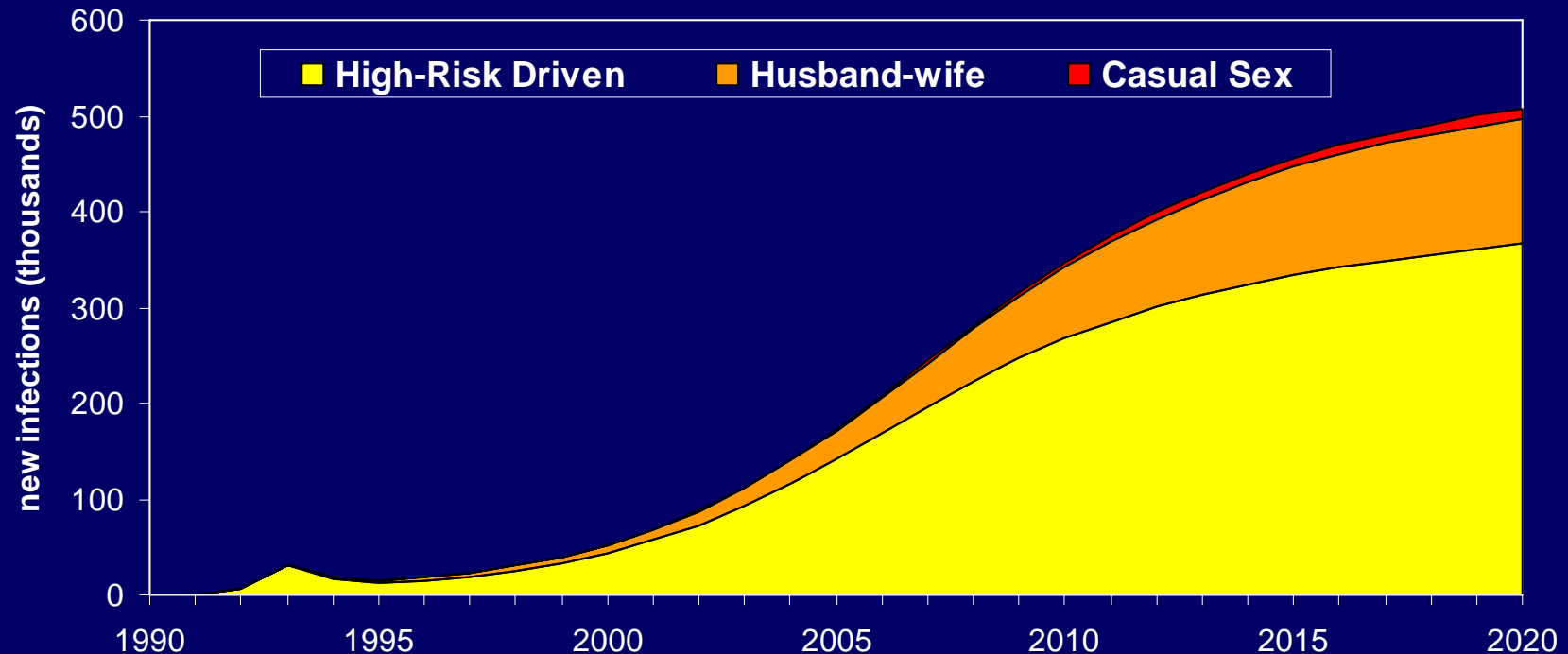
JVR Prasada Rao
Member Secretary

- Redefining the AIDS epidemic
- Crafting an effective response

Redefining the AIDS epidemic

Asian epidemic not driven by casual sex in general population

Estimated number of annual new infections and proportion of casual sex in a typical 100-million population setting in Asia



but by percentage of adult men visiting sex workers

Varied patterns of adult male behavior in Asia

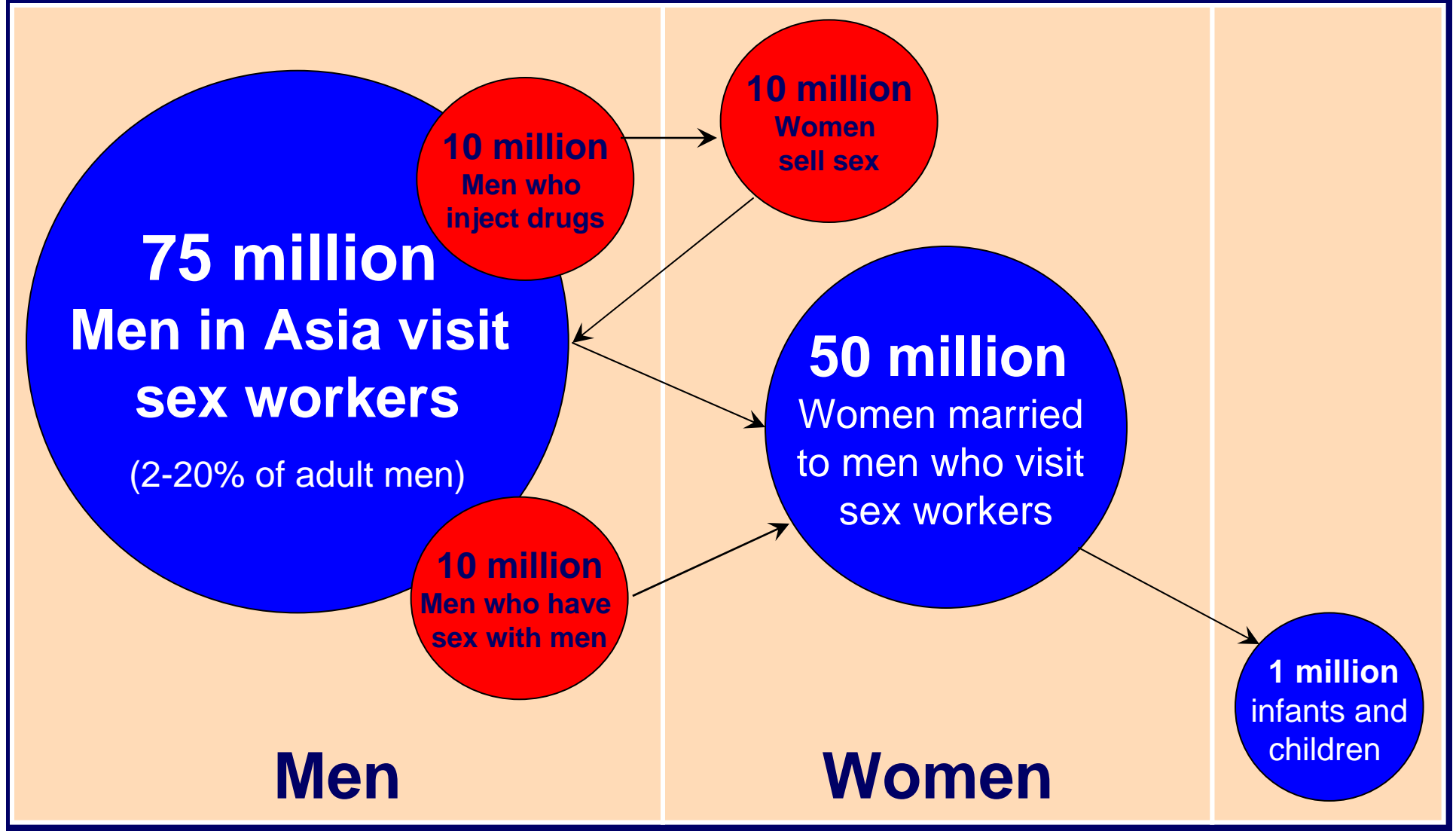
Percentage adult male visiting sex workers	Countries
10-20%	Thailand, Cambodia
5-10%	India, China, Indonesia
2-5%	Laos, Philippines

Limiting factor in Asian epidemics



Epidemic Characteristics

Asian Population: 3.3 billion



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

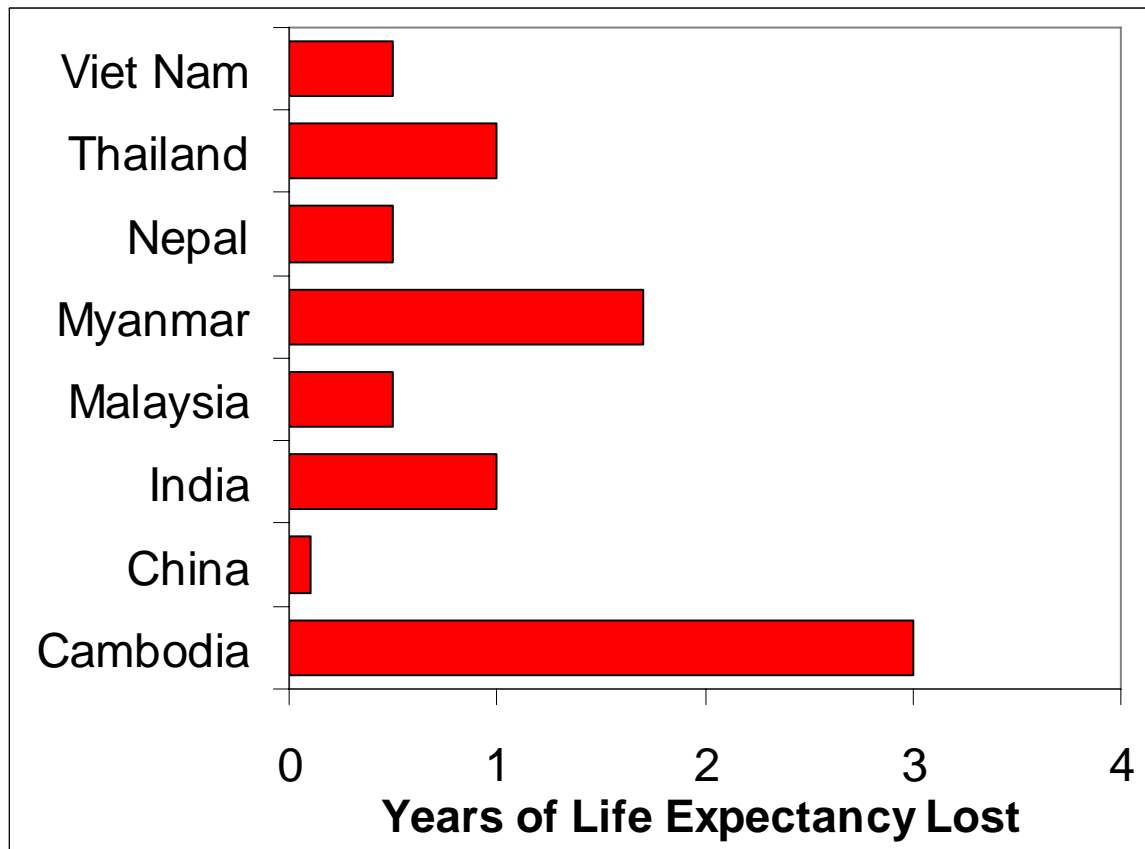
Potential areas of impact studied

- 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

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- Life expectancy – marginal impact
- MDG 6 – many countries will miss at current level of response

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

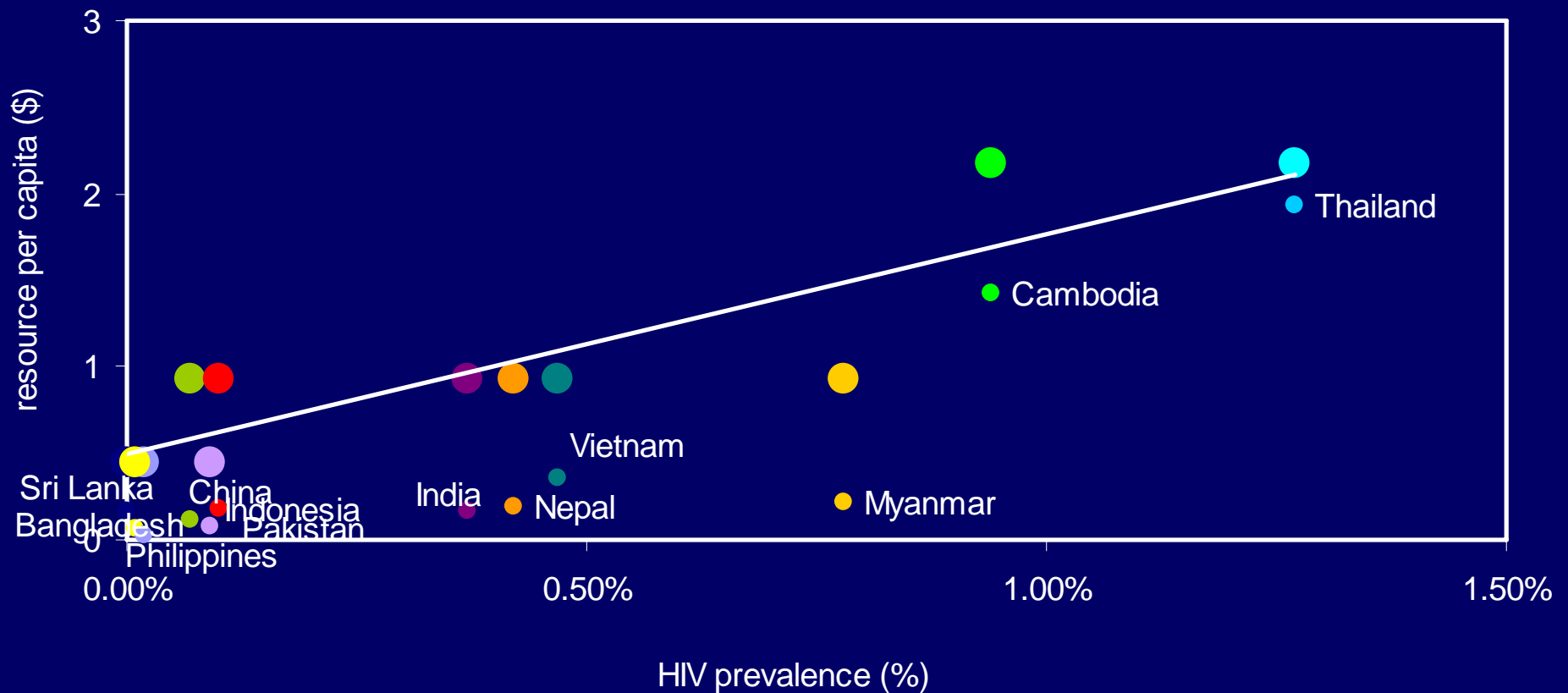
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Crafting an effective response

- Needs to focus on:
 - Most-at-risk populations
 - Treatment access
 - Impact mitigation
 - Sound management practices
 - Scale-up of resources

No country spends enough



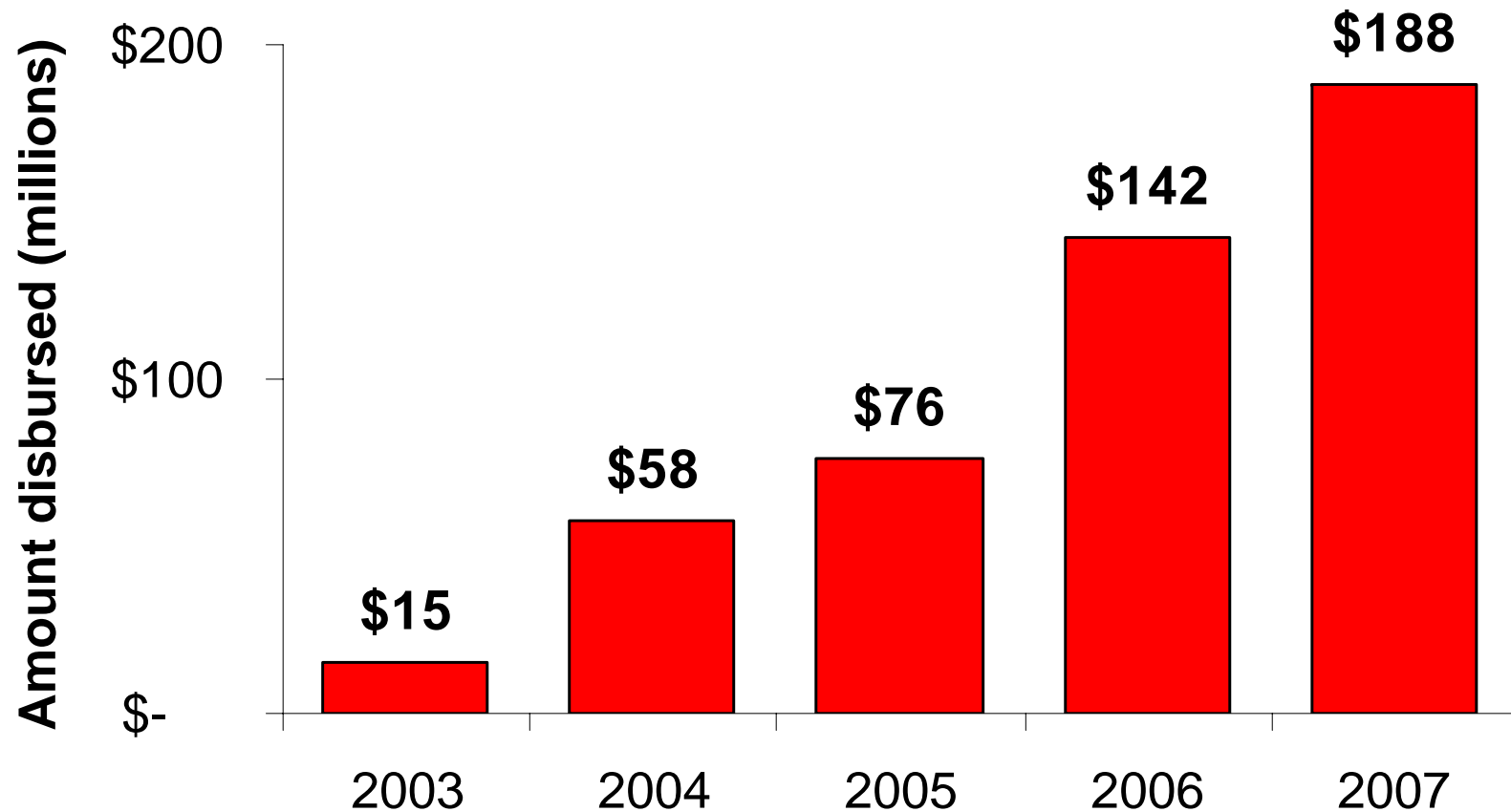
Crafting an effective response: National Governments

- 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

	Cost of Interventions	
Effect (averting new infections)	Low-cost, High-impact (prevention among most-at-risk populations)	High-cost, High-impact (antiretroviral treatment and prevention of mother-to-child transmission)
	Low-cost, Low-impact (general awareness programmes through mass media and other channels)	High-cost, Low-impact (health systems strengthening through universal precautions and injection safety)

Cost of a Priority Response

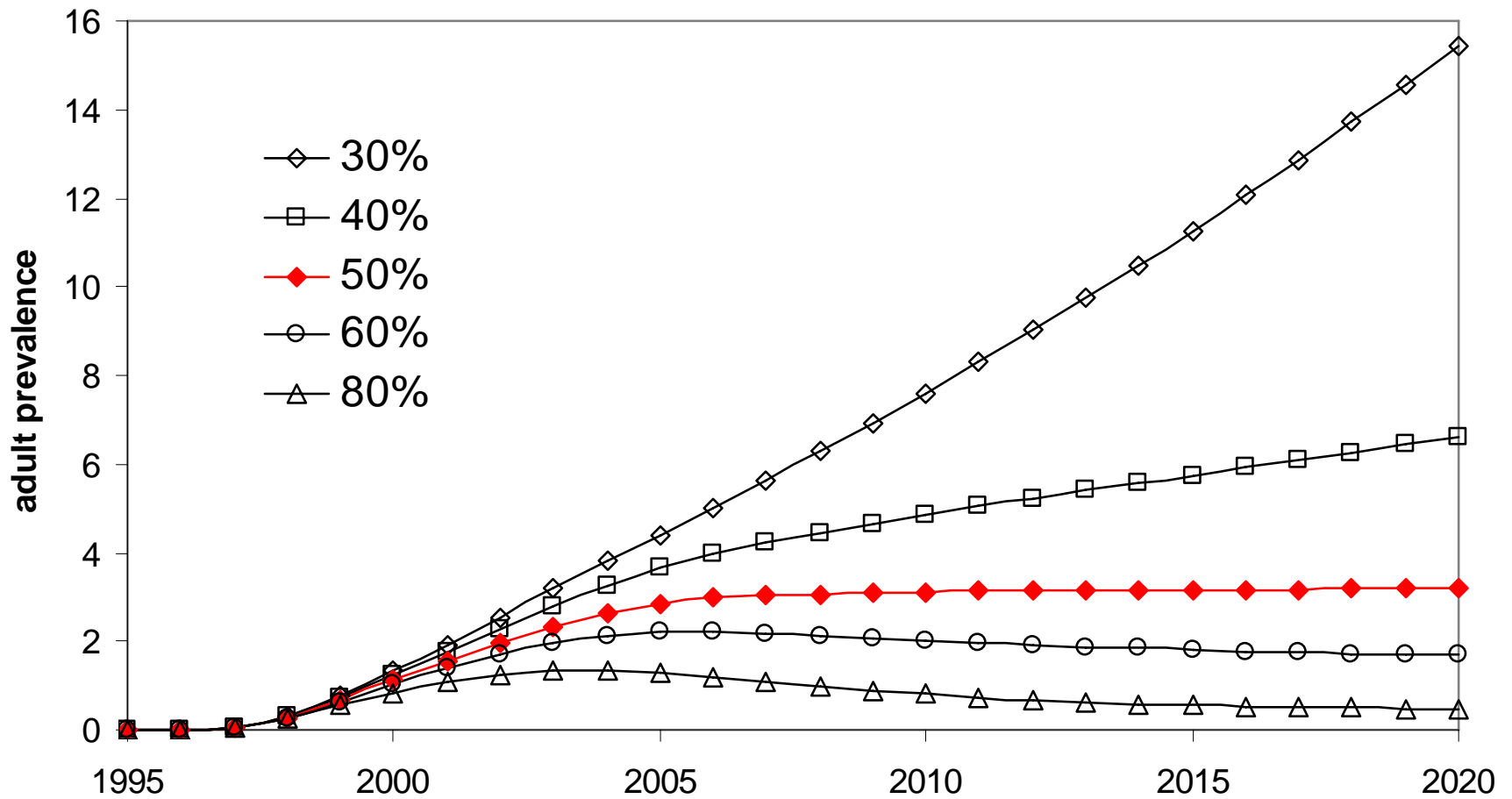
Interventions	Total Cost (millions USD)	% of total
High-impact prevention	\$1,338	43%
Treatment by ART	\$761	24%
Impact mitigation	\$321	10%
Programme Management	\$363	12%
Creation of an Enabling Environment	\$359	11%
Total	\$3,143	100%

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

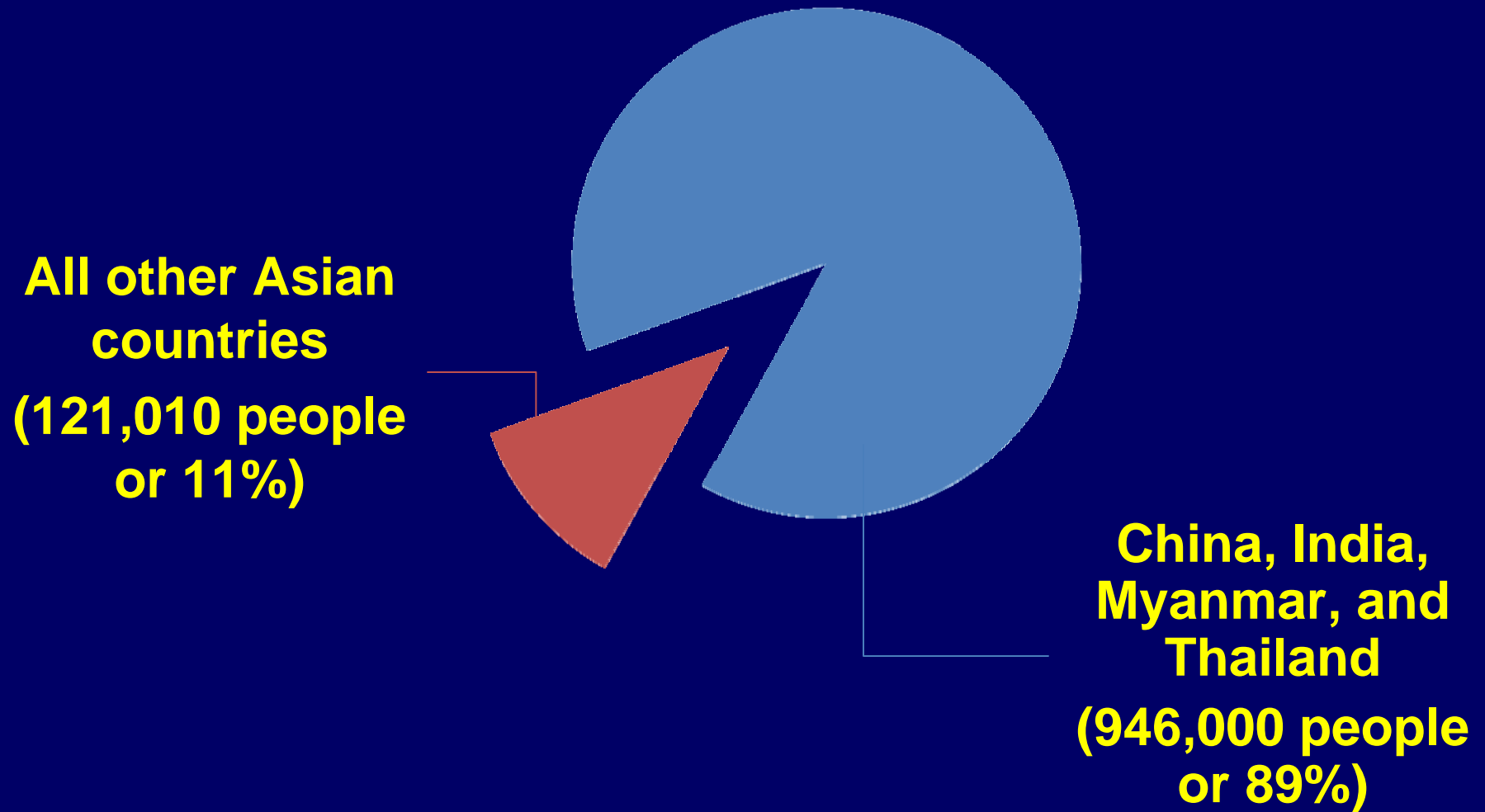
Prevention in Asia

- 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

Prevention in Asia



Treatment: Universal Access is feasible in Asia



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
- Independent AIDS watch bodies to monitor the performance of all players

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WAY FORWARD ?