



REGIONAL COMMITTEE

Provisional Agenda item 9.6

*Sixty-seventh Session
Dhaka, Bangladesh
9–12 September 2014*

SEA/RC67/19

28 July 2014

Progress reports on selected Regional Committee resolutions:

Regional Health Sector Strategy on HIV, 2011–2015 (SEA/RC64/R6)

The Sixty-fourth Regional Committee endorsed the Regional HIV Strategy, 2011–2015 and requested WHO to support Member States in adapting and implementing it. Since then, Member States in the South-East Asia Region have made significant progress in HIV prevention, care and treatment.

- The HIV epidemic is declining in the South-East Asia Region: the estimated number of new infections in adults (15–49 years) has declined by 34%, from 350 000 in 2001 to 230 000 in 2012; and in children (0–14 years) by 32%, from 28 000 to 19 000.
- In 2012, 940 000 people with advanced HIV infection were receiving antiretroviral treatment (ART). However, this accounted for only 55% of those in need of treatment, and lagged behind the global average of 61% on ART in 2012. ART coverage in children is 39% and lags behind coverage in adults.
- HIV infection among pregnant women has shown a steady decline in high-burden countries, but there are pockets of high-prevalence areas.
- Countries with dual epidemics of HIV and tuberculosis (TB) have made substantial progress in implementing collaborative activities; however, detection of HIV–TB co-infected patients remains low.

Continued commitments are critical for further reducing the burden of HIV and sustaining the gains. The regional priorities will be:

- to complete roll out of the WHO Consolidated guidelines (2013);
- to improve access to and quality of HIV treatment through linkage and decentralization to the subdistrict level;
- to mobilize and obtain resources through the new funding model of the Global Fund;
- to enhance capacity for data analysis and use of information for decision-making within Member States; and
- to position HIV in the broader health and development agenda beyond 2015.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi from 14–17 July 2014 reviewed the attached report and made the following recommendations:

Action by Member States

- (1) Countries should accelerate activities to reach defined country targets by 2015.

Action by the WHO Regional Office

- (1) WHO should coordinate with other partners on the development of the strategy to position HIV in the broader health and development agenda

The report and the HLP recommendations are submitted to the Sixty-seventh Session of the Regional Committee for its consideration.

Introduction

1. In 2010, the Sixty-third World Health Assembly urged all Member States to reaffirm their commitment to achieving internationally-agreed development goals. As the HIV epidemic was the foremost challenge to health and development, it requested WHO to take the lead in establishing broad consultative processes to develop an HIV/AIDS strategy for 2011–2015, which would guide its support to Member States in reaching those goals. The WHO Global Health Sector Strategy on HIV, 2011–2015 was considered and unanimously adopted by the Sixty-fourth World Health Assembly on 23 May 2011.
2. The Regional Committee SEA/RC64/R6 endorsed the Regional Health Sector Strategy on HIV, 2011–2015, which is aligned with the Global Health Sector Strategy on HIV. It describes four mutually supportive strategic directions and focus of work over a period of five years to guide countries in addressing the HIV/AIDS epidemic, and WHO in providing support to Member States in their efforts to expand the scope, improve the effectiveness and ensure the sustainability of response to HIV.
3. The Sixty-fourth Session of the Regional Committee requested that the progress made be reviewed and reported to its Sixty-seventh.

Regional HIV situation

4. The South-East Asia Region accounts for almost 70% of the HIV burden in Asia (3.5 million of the estimated 5 million people living with HIV in Asia). India alone accounts for approximately 2.4 million.
5. Five high HIV burden countries account for 99.5% of cases; these are India, Indonesia, Myanmar, Nepal and Thailand.
6. While there has been progress in halting and reversing the HIV epidemic, an increase in incidence among certain population groups, especially young men who have sex with men (MSM) and transgender people (TG) is a cause for concern.
7. Annually, an estimated 70 000 pregnant women are found to be HIV-positive.
8. In South-East Asia, the HIV prevalence among tuberculosis (TB) patients is 5.7%, which is nearly 15% of the global burden.

Progress at the regional level

9. All countries in the Region have reviewed their current HIV strategies and plans in light of the new 2013 treatment recommendations, such as earlier initiation of ART, and immediate treatment for HIV-positive pregnant women (option B+).

10. The HIV response is focused on addressing prevention, care and treatment in vulnerable populations. While overall coverage with interventions is below the universal access targets of 80% for all at-risk populations in most Member States. India has achieved more than 80% coverage of interventions for sex workers and there is increasing trend for MSM and people who inject drugs (PWID). Nepal and Myanmar also showing an increasing trend of coverage among at-risk populations.

11. Among people with advanced HIV infection, 940 000 were receiving ART in 2012. However, this number accounts for only 55% of those in need of treatment, and lags behind the global average of 61% in 2012. At 39%, ART coverage in children lags behind adult coverage.

12. Six Member States – India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand – discussed national roll-out plans for the prevention of mother-to-child transmission (PMTCT) of HIV and syphilis during the Ninth Meeting of the Regional Task Force on Prevention of Parent-to-Child Transmission conducted in Nepal from 27–29 August 2013.

13. A dual elimination initiative for elimination of mother-to-child transmission of HIV and syphilis was launched in 2011 with the goal of eliminating congenital syphilis and new paediatric HIV infections by 2015. It is reported that in India, Myanmar, Sri Lanka and Thailand, more than 80% of pregnant women with syphilis receive treatment.

14. The WHO Regional Office for the Western Pacific and the United Nations Development Programme have jointly developed a capacity-building package for HIV/sexually transmitted infection (STI) needs among MSM and TG to reduce stigma and discrimination of vulnerable populations by the health sector. It is planned to roll out national-level training.

15. A regional consultation was held in October 2013 following the release of the global guidance on community-based testing approaches in June 2013. Currently, countries of the South-East Asia Region are in the process of expanding their community-based approaches to testing with technical support from the Regional Office.

16. Countries with dual epidemics of HIV–TB have made substantial progress in implementing collaborative activities; however, detection of HIV–TB-coinfected patients remains low.

17. HIV drug-resistance surveys conducted in three countries (India, Indonesia and Thailand) indicate a low level of transmitted drug resistance (<5%). Early warning indicators to monitor and prevent the development of HIV drug resistance are being piloted in the Region. The Regional Office plans to support development of national HIV drug resistance plans based on the updated WHO global HIV drug resistance strategy. The regional strategic plan for HIV drug resistance monitoring and surveillance will be developed on the basis of country plans.

Continuing regional focus

18. The South-East Asia Region will continue to focus on the following issues:

- to strengthen programme focus on key populations and reduce stigma and discrimination in health-care settings;
- to eliminate mother-to-child transmission of HIV for an AIDS-free generation;

- to support implementation science research for informing context-specific scale-up of HIV interventions;
- to strengthen strategic information for monitoring progress and measuring impact, including monitoring HIV drug resistance;
- to strengthen partnerships with the UN and other development partners and civil society organizations for maximizing impact and harnessing comparative strengths; and
- to assist Member States with mobilization and effective utilization of resources.