HIV/AIDS in the Asia Pacific: Where is the Epidemic Heading?

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Outline

• Current Epidemiology and Treatment Coverage
• Key population Epidemics in the Asia-Pacific
• Ways Forward
• Human rights and the Response
The HIV/AIDS Epidemic in Asia Pacific

(UNAIDS 2016)

5.1 million [4.4 million–5.9 million] people living with HIV

300 000 [240 000–380 000] new HIV infections
   19 000 [16 000–22 000] new HIV infections among children
New HIV infections declined by 5% overall, 26% in children, between 2010 and 2015

180 000 [150 000–220 000] people died of AIDS
AIDS-related deaths decreased by 24%, 2010-2015

Treatment coverage was 41% [35–47%] of all people living with HIV in Asia and the Pacific

3 million [2.3 million–3.8 million] adults did not have access to antiretroviral therapy in Asia and the Pacific in 2015
New HIV infections among people aged 15 years and over, 2010–2015

Source: UNAIDS 2016 estimates.

Data are from 2015 except for Timor-Leste (for MSM and sex workers), Bangladesh (for PWID), and Nepal (for sex workers), which are from 2013.
## Coverage of Key Prevention Interventions

<table>
<thead>
<tr>
<th>Country</th>
<th>MSM</th>
<th>PWID</th>
<th>Sex workers</th>
<th>No. of needles per PWID (2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>46%</td>
<td>35%</td>
<td>67%</td>
<td>243</td>
</tr>
<tr>
<td>Bhutan</td>
<td>NA</td>
<td>54%</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>India</td>
<td>84%</td>
<td>77%</td>
<td>91%</td>
<td>259</td>
</tr>
<tr>
<td>Indonesia</td>
<td>81%</td>
<td>46%</td>
<td>68%</td>
<td>13</td>
</tr>
<tr>
<td>Maldives</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>Myanmar</td>
<td>77%</td>
<td>23%</td>
<td>81%</td>
<td>223</td>
</tr>
<tr>
<td>Nepal</td>
<td>86%</td>
<td>53%</td>
<td>NA</td>
<td>25</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>47%</td>
<td>26%</td>
<td>93%</td>
<td>0</td>
</tr>
<tr>
<td>Thailand</td>
<td>82%</td>
<td>47%</td>
<td>95%</td>
<td>6</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>66%</td>
<td>NA</td>
<td>36%</td>
<td>0</td>
</tr>
</tbody>
</table>
## HIV Care Continuum (2015)

<table>
<thead>
<tr>
<th>PLHIV aware of their HIV status</th>
<th>ART coverage</th>
<th>PLHIV on ART with viral suppression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>36%</td>
<td>NA</td>
</tr>
<tr>
<td>Bhutan</td>
<td>42%</td>
<td>NA</td>
</tr>
<tr>
<td>India</td>
<td>72%</td>
<td>42%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>26%</td>
<td>25%</td>
</tr>
<tr>
<td>Maldives</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Myanmar</td>
<td>62%</td>
<td>NA</td>
</tr>
<tr>
<td>Nepal</td>
<td>57%</td>
<td>35%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>46%</td>
<td>24%</td>
</tr>
<tr>
<td>Thailand</td>
<td>89%</td>
<td>100%</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>47%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Treatment Coverage Remains Low
Key Populations and HIV

- Key populations are those individuals and communities who have disproportionate burdens of HIV risk and disease and lack of access to essential HIV services

- Gay, Bisexual, and other men who have sex with men (MSM)
- Sex Workers of all genders
- People who inject drugs (PWID) of all genders
- Transgender Women who have sex with men
- HIV uninfected partners in discordant relationships

- Adolescents from all of these communities
Burden of HIV among men who have sex with men in Asia Pacific

“In much of the world, [men who have sex with men] remain hidden, stigmatised, susceptible to blackmail if they disclose their sexual lives, and criminalised, even in health-care facilities....To address HIV in [these men] will take continued research, political will, structural reform, community engagement, and strategic planning and programming, but it can and must be done.”
Global measures of HIV incidence among MSM
Measures of HIV incidence among MSM in SE Asia region
Figure 1. Route of transmission of HIV infection (1984-2016)

Source: Recommended HIV/AIDS Strategies for Hong Kong (2017 – 2021), Hong Kong Advisory Council on AIDS, May 2017
The Changing Context
Sixty months cumulative HIV incidence in a cohort of men who have sex with men, Bangkok, Thailand, 2006 – 2012, by age group

Number at risk (HIV-negatives)

<table>
<thead>
<tr>
<th>Months</th>
<th>1372</th>
<th>1147</th>
<th>919</th>
<th>635</th>
<th>564</th>
<th>326 All</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-21 years</td>
<td>264</td>
<td>187</td>
<td>140</td>
<td>92</td>
<td>73</td>
<td>38</td>
</tr>
<tr>
<td>22-29 years</td>
<td>724</td>
<td>605</td>
<td>497</td>
<td>352</td>
<td>313</td>
<td>179</td>
</tr>
<tr>
<td>≥30 years</td>
<td>384</td>
<td>355</td>
<td>282</td>
<td>191</td>
<td>178</td>
<td>109</td>
</tr>
</tbody>
</table>

Source: van Griensven et al, AIDS 2013 doi: 10.1097/QAD.0b013e32835c546e
Molecular Epidemiology of HIV subtypes in MSM, 2007-11

Distribution of HIV-1 Subtypes in MSM in Asia

Systematic Review, 2010-15
Distribution of HIV-1 Subtypes in MSM by Region

Mainland China

Other (Taiwan, Singapore, Indonesia, Malaysia)

Thailand

Systematic Review, 2010-15
Connections

• “Thailand has been the top destination for outbound tourism for Chinese in the first decade of China’s ‘free travel policy’ as it was the first country Chinese citizens were allowed to visit.” Feng Y, et al AIDS 2013

• “MSM contact is becoming a major route of local CRF01_A/E transmission in Hong Kong.” Chen JHK, et al JAIDS 2009

• “…the dominant genetic forms of HIV-1 changed from subtype B to CR01_A/E among MSM population in China.” Zhang L, et al, IJ STD & AIDS 2014
Prevalence of HIV infection among people who Inject drugs and in the general population
Proportion of injecting drug users living with HIV who receive antiretroviral therapy, by region
Seizures of ATS (excluding "ecstasy"-type substances), 2012

Weight in ton equivalents**.

The present map includes data from countries and territories for which official seizure data are available and amount to more than 10 kg.

Source: UNODC annual report questionnaire data, supplemented by other official sources.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Dotted lines represent undetermined boundaries. Dotted lines represent approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been determined.

* This quantity reflects the bulk weight of seizures of amphetamine-type stimulants (excluding "ecstasy"-type substances) amphetamine, methamphetamine, non-specified ATS, prescription stimulants and other stimulants, with no adjustment for purity. Seizures of amphetamine, methamphetamine and non-specified ATS reported in tablets or similar units are converted using assumed bulk tablet weights between 50mg and 300mg, depending on the region and specific drug type and based on information currently available to UNODC. The conversion factors are listed in the methodology section of the World Drug Report. Seizures reported by volume are converted assuming 1 litre has a mass of 1 kg.

** Available data for 2011 were incomplete and therefore not comparable to 2012 data.

*** Includes seizures of 10,796 litres of methamphetamine.
Estimated HIV prevalence (A) and incidence (B) among people who inject drugs recruited from 15 Indian cities. Circle diameters are proportional to site point estimates. Northeast sites are shown in dark grey and North/Central cities are shown in light grey.
Human immunodeficiency virus (HIV) care continuum for 1146 HIV-infected men who have sex with men (MSM) and 2906 HIV-infected persons who inject drugs (PWID) across 27 sites (26 cities) in India. Numbers represent medians of the respondent-driven sampling (RDS) II–weighted site-specific percentages, along with the 10th and 90th percentiles [26]. Of the 911 PWID who had been linked to care and had not started antiretroviral therapy (ART), 90.7% were eligible for ART, and 9.3% were not; of the 446 MSM, 86.9% were eligible for ART, and 13.1% were not.

HIV Care continuum among MSM and PWID in India: barriers to successful engagement. (Mehta, et al, CID, 2015.)
Ways Forward

The agenda for KP
And HIV in Asia

Adam’s Love Campaign
Treat All People Living with HIV, Offer Antiretrovirals as Additional Prevention Choice for People at Substantial Risk

30 September 2015
PrEP Access in Asia-Pacific

• No country in region is providing PrEP as part of national health
• Thailand has approved Truvada for PrEP and conducting pilots
• India and China have demonstration projects
• Australia has demonstrations and some large scale studies that allowing access at state level
• Hong Kong strategy calls for PrEP demonstrations

• Efficacy of PrEP for MSM shown in 2011
How to improve chemoprophylaxis effectiveness?

New oral PrEP drugs and dosing strategies

Alternative delivery systems and formulations

Vaginal & Rectal Microbicides (MTN 017)

Intravaginal rings (Dapivirine, Tenofovir +/- Contraception)

Injectables: ARVs and mAbs (Cabotegravir, VRC01)

Novel adherence strategies

Hard-to-reach populations; PWUD
Cost of inaction: number of new HIV infections (2010–2030, various scenarios)

- No key population after 2013
- Constant coverage of prevention programmes
- Key population programmes only
- Key population and ART for Key population
- Key populations and antiretroviral therapy programmes
- Expanded Coverage

UNAIDS GAP Report, 2014
“The very first article of the Universal Declaration of Human Rights proclaims that, ‘All human beings are born free and equal in dignity and rights.’ **All human beings** – not some, not most, but all. No one gets to decide who is entitled to human rights and who is not.

Let me say this loud and clear: lesbian, gay, bisexual, and transgender people are entitled to the same rights as everyone else. They, too, are born free and equal.”
Philippines: Duterte’s War on Drugs

Human Rights Watch: “License to Kill” March, 2017

• Since the inauguration of President Rodrigo Duterte on June 30, 2016, and his call for a “war on drugs,” Philippine National Police officers and unidentified “vigilantes” have killed over 7,000 people.

• The anti-drug campaign dubbed “Operation Double Barrel”... in practice has been a campaign of extrajudicial execution in impoverished areas...

• Duterte’s outspoken endorsement of the campaign implicates him and other senior officials in possible incitement to violence, instigation of murder, and in command responsibility for crimes against humanity.

QUEZON CITY: Protesters stage a “die-in” to dramatize the rising number of extra judicial killings related to Philippine President Rodrigo Duterte’s “War on Drugs” yesterday in front of the Philippine National Police headquarters. —AFP (May 15, 2017)
Duterte’s war and HIV

Duterte’s War on Drugs not only violates human rights, it is also likely to have significant negative public health consequences...harsh drug enforcement can lead to drug users going underground away from critical health services.

This can fuel the transmission of HIV and Hepatitis C among people who used drugs and may discourage people with drug dependence from seeking effective treatment services.
Rights Violations: Chechnya 2017

- Russian police round up LGBT activists demonstrating against persecution of gay men in Chechnya. [Independent May 1, 2017]

- More than 100 men have been rounded up and detained in secret prisons by authorities in recent weeks, with many beaten and tortured.

- At least four are alleged to have been killed.

“If there were such people in Chechnya, the law-enforcement organs wouldn’t need to have anything to do with them because their relatives would send them somewhere from which there is no returning.”
Indonesia Police Arrest 141 Men Accused of Having Gay Sex Party

JON EMONT, NYT, MAY 22, 2017

Sharia court sentences gay men to public lashing in Indonesia
--Yosef Riadi and Juliet Perry, CNN May 17, 2017

Increasing intolerance in many communities in the region.

Stigma and fear reduce gay/MSM access to essential HIV services and can measurably increase HIV viral loads at community level. (Schwartz, et al, IAS 2015).
Human Rights Undermined

“It’s not just liberal democracy in danger,”

“It’s the rule of law internationally. It’s the international system itself. It’s the notion that human rights are universal and sacred. That’s what’s at stake with the Trump administration.” --Jessica Stern, OutRight Action Intl.
First SOGI Independent Expert named for UN: Prof. Vitit Muntarbhorn

The United Nations was split almost down the middle in a vote on whether or not to keep the Independent Expert on Sexual Orientation and Gender Identity (SOGI)—the body's first-ever appointment tasked with monitoring human rights abuses against LGBTQ people.

[MARY EMILY O'HARA, NBC NEWS, 12/19/16]

Vitit Muntarbhorn, was appointed in September with a three-year mandate to investigate anti-LGBTQ abuses.
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