Journal of Virus Eradication
An online open-access journal published by Mediscript Ltd

Volume 2 · Supplement 4 · November 2016
ISSN 2055-66-40 – *Print* | ISSN 2055-66-59 – *Online*
www.viruseradication.com

Foreword

Since 1984, when HIV was first detected in Thailand, almost 1.4 million of the estimated 3.5 million people living with HIV in the WHO South-East Asia Region are on HIV treatment as of 2015. From over 200,000 annual AIDS-related deaths at the peak of the epidemic in 2005, mortality is now down to 130,000 annually. Prevention interventions combined with expansion in treatment have led to a decrease in new infections from over 300,000 a year in 2001 to 180,000 in 2015.

Despite low general prevalence, the HIV epidemic in the Region is concentrated among key populations. Of people living with HIV, 99% are found in five member states – India, Indonesia, Myanmar, Nepal and Thailand. While member states in the Region have made progress in the health-sector response to HIV, more needs to be done and at an increased pace if we are to achieve the 2020 target of 90-90-90, that is: 90% of people living with HIV tested; 90% of those identified on treatment; and 90% of those on treatment virally suppressed. Having committed to Sustainable Development Goal target 3.3 of ending AIDS as a public health threat by 2030, this interim 2020 goal is a key milestone. It will require scaling up HIV prevention, testing, treatment and retention in care through innovative service delivery models in partnership with communities and ensuring sustainable financing through inclusive and integrated service provision within the Universal Health Coverage framework, as outlined in the WHO Global Health Sector Strategy 2016–2021.

This supplement, with articles from national HIV programmes, describes the HIV epidemic and response within member states of the Region. I hope that it will provide insights into key issues and challenges on strategies and interventions implemented, lessons learned and actions needing further and urgent attention for policy-makers, governments, development partners and civil society to fast-track the response towards ending AIDS by 2030.

Dr Poonam Khetrapal Singh
WHO Regional Director for South-East Asia

Journal of Virus Eradication
An online open-access journal published by Mediscript Ltd

Volume 2 · Supplement 4 · November 2016
ISSN 2055-66-40 – *Print* | ISSN 2055-66-59 – *Online*
www.viruseradication.com

Aims and objectives

The aim of this journal is to provide a specialist, open access forum and fast-track pathway to publish work in the rapidly developing field of virus eradication, particularly of HIV, HBV and HCV. The Journal has been set up especially for these and other viruses, including herpes and flu, in a context of new therapeutic strategies, as well as societal eradication of viral infections with preventive interventions.

Scope

The Journal not only publishes original research, but also provides an opportunity for opinions, reviews, case studies and comments on the published literature. It focuses on evidence-based medicine as the major thrust in the successful management of HIV and AIDS, HBV and HCV as well as includes relevant work for other viral infections. The Journal encompasses virological, immunological, epidemiological, modelling, pharmacological, pre-clinical and *in vitro*, as well as clinical, data including but not limited to drugs, immunotherapy and gene therapy. It will be an important source of information on the development of vaccine programmes and preventative measures aimed at virus eradication.

Information for subscribers

Journal of Virus Eradication is an international open-access journal that is free for authors and readers alike. It is available online at **www.viruseradication.com**

Subscription to the printed journal

Subscription copies of the Journal are available via the website or from the Publishers (info@mediscript.ltd.uk).

Support for the Journal

The publication of this open-access journal has been made possible by support and sponsorship from a number of organisations and advertisements, particularly:

- The Royal Free Charity
- Children's HIV Association (CHIVA)
- Gilead Sciences Europe Ltd which has had no input into the content of this publication, other than the relevant advertisement(s) bearing the Gilead name and logo;

Advertising

Our advertising rate card can be found on our website: **www.viruseradication.com**.

If you would like any further information, please contact us at: info@mediscript.ltd.uk

Disclaimer

The Publisher, Editors and Authors cannot be held responsible for errors or any consequences arising from the use of the information contained in this Journal; the views and opinions expressed do not necessarily reflect those of the Publisher or the Editors, neither does the publication of advertisements constitute any endorsement by the Publisher and the Editors of the products advertised.

Before prescribing any medication, please consult the full prescribing information of the product.

Note to NIH grant-holders

The Publisher will post final published articles, written by NIH grant-holders, to PubMed Central.

Journal copyright

Editorial office *Journal of Virus Eradication*

Published by: Mediscript Ltd
Editorial Director: Fatima Patel

Editorial Office: Fiona Creagh
Mediscript Ltd, 1 Mountview Court,
310 Friern Barnet Lane, London N20 0LD, UK

T: 44 (0)208 446 8898 · E: editorial@viruseradication.com

Journal of Virus Eradication
An online open-access journal published by Mediscript Ltd

Volume 2 · Supplement 4 · November 2016
ISSN 2055-66-40 – *Print* | ISSN 2055-66-59 – *Online*
www.viruseradication.com

CONTENTS

The HIV epidemic in South-east Asia: initial responses towards the UNAIDS 90–90–90 goal

Edited by: N Kumarasamy and R Pendse

What needs to be done in South East Asia to End AIDS?

Poonam Khetrapal Singh

Regional Director for South East Asia, World Health Organization

The countries of the South East Asia region (SEAR) confront a turning point in the fight against HIV. Progress over the last two decades in reducing new HIV infections and AIDS-related deaths – combined with the emergence of powerful HIV treatment and prevention tools – makes it possible to end AIDS once and for all in the region by 2030. However, achieving this goal will demand that SEAR countries heed warning signs of complacency and redouble efforts to reach those most in need with proven prevention and treatment interventions.

This is not the first time that SEAR has faced a moment of truth in the regional AIDS response. Two decades ago, the world's leading AIDS experts forecast that the epidemic would soon explode across South East Asia [1]. Although AIDS did evolve to become a serious health problem in the region, the startling escalation of the epidemic projected by experts did not occur, as countries across the region took action in the 1990s to fully leverage available prevention and treatment tools, focus programmes on those most in need, and base national responses on human rights and community involvement [2].

Although HIV prevalence in SEAR is lower than in sub-Saharan Africa, the region nevertheless accounts for roughly one in 10 people living with HIV worldwide [2]. The number of people newly infected with HIV in SEAR in 2015 was 47% lower than in 2000, but there are disturbing signs that progress on HIV prevention has slowed [2]. The number of new HIV infections in SEAR in 2015 (180,000) was only marginally lower than the number in 2010 (200,000) [2]. If AIDS is to be ended as a public health threat in SEAR, a rejuvenation of efforts is clearly needed. However, international HIV assistance is on the decline [3], and governments in the SEAR region have not stepped up domestic resource allocations that the fight against AIDS requires. [2].

While working to mobilise sufficient political will and financial resources to accelerate progress towards ending AIDS, decision-makers in SEAR need to take several key steps to enhance the public health impact of their efforts. First, all SEAR countries urgently need to embrace the 90-90-90 HIV treatment target and ensure that this approach is reflected in national policy and programmatic strategies. Although rapidly scaling up treatment towards the 90-90-90 target has the potential to sharply lower new HIV infections and AIDS-related deaths [4], HIV treatment coverage in SEAR (39% in 2015) remains lower than the global average for low- and middle-income countries (46%) [2]. Expediting progress towards Universal Health Coverage can help SEAR countries close the HIV treatment gap while laying a sustainable foundation to address the full array of regional health challenges.

Second, while scaled-up antiretroviral therapy is the single intervention likely to have the greatest impact on reducing new HIV infections [5], ending AIDS will also require much greater success in reducing the risk of HIV acquisition through primary prevention [6]. Weaknesses in primary prevention efforts in the region are apparent. Most countries in the region are not currently on track to eliminate new HIV infections among children, they have adopted widely variable approaches towards implementation of validated harm reduction strategies to reduce new infections among people who inject drugs, and meaningful roll-out of pre-exposure antiretroviral prophylaxis (PrEP) has only just begun [2]. Countries in SEAR should immediately prioritise primary HIV infection measures, taking inspiration from Thailand's successful elimination of mother-to-child HIV transmission and from the region's previous prevention successes.

The third step that decision-makers in SEAR must take is to better target efforts on those most at risk. While progress in the regional AIDS response is clear, the most marginalised communities are being left behind. Even though transmission among such key populations as sex workers, men who have sex with men, people who inject drugs and transgender people are driving national epidemics across the region, only 24% of domestic HIV spending in Asia and the Pacific supports programming for key populations [2]. Focusing prevention and treatment resources on the populations and locations in greatest need not only enhances equity but also increases the public health impact of HIV spending as well as the return on investments.

Finally, the regional AIDS response needs to be firmly grounded in human rights and in the values of solidarity, inclusion and fairness. In addition to investing in anti-stigma programmes, implementing a rights-based response will also require legal reform in some countries. Six of the 11 SEAR countries criminalise same-sex relations, four impose criminal penalties for sex work, and four operate detention centres for people who inject drugs [2]. Unless they are repealed, such punitive laws and policies will continue to drive those most in need away from life-saving prevention and treatment services, undermining hopes for ending the epidemic.

The choice facing SEAR is clear. Either we renew our commitment, redouble our efforts and invest in smart programmatic choices to end AIDS once and for all, or we watch while the opportunity to end the epidemic evaporates. Even more concerning, modelling studies indicate that a failure to build on coverage gains achieved thus far will lead by 2030 to a worsening of the epidemic, effectively erasing the region's progress over the last 20 years [5].

We possess the means to win the AIDS fight, both globally and across SEAR. History will rightly judge us harshly if we let pass by this historic opportunity to build the foundation for a healthier world for future generations.

References

1. Mann D, Tarantola D. *AIDS in the World II*. New York and Oxford: Oxford University Press; 1996.
2. WHO. Fast-tracking the HIV response in the South-East Asia Region. New Delhi: World Health Organization Regional Office for South-East Asia; 2016.
3. Kates J, Wexler A, Lief E. Financing the response to HIV in low- and middle-income countries: international assistance from donor governments in 2015. Washington DC: Henry J Kaiser Family Foundation, UNAIDS; 2016.
4. UNAIDS. 90:90-90: An ambitious treatment target to help end the AIDS epidemic. Geneva: UNAIDS; 2014.
5. UNAIDS. Fast-track: ending the AIDS epidemic by 2030. Geneva: UNAIDS; 2014.
6. Isbell M, Kilonzo N, Mugurungi O, Bekker L. We neglect primary HIV prevention at our peril. *Lancet HIV* 2016; **3**: e284–e285.