





# Lessons from HIV Response in Managing Other Communicable Diseases

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-  **Commitments on ending AIDS and Fast-Track targets**
-  **Regional overview**
-  **Public health model of HIV**
-  **How HIV response model can benefit other communicable diseases**

 **Commitments on ending AIDS and Fast-Track targets**

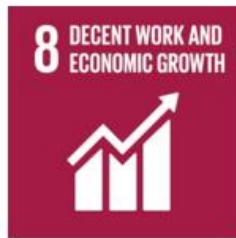
 Regional overview

 Public health model of HIV

 How HIV response model can benefit other communicable diseases



# SUSTAINABLE DEVELOPMENT GOALS



Getting to zero



# Goal and target framework

**Zero**  
new HIV infections

**Zero**  
discrimination

**Zero**  
AIDS-related deaths

SDG AIDS target for 2030

End the AIDS epidemic

Key AIDS-related SDGs for 2030

SDG 3  
Good health  
and well-being

SDG 5  
Gender  
equality

SDG 10  
Reduced  
inequalities

SDG 16  
Just, peaceful and  
inclusive societies

SDG 17  
Global  
partnerships

Strategic milestones for 2020

Fewer than  
500 000 new HIV  
infections

Fewer than  
500 000 AIDS-related  
deaths

Elimination of  
HIV-related  
discrimination

Targets for 2020

**90%**  
of PLHIV know their status

Target 1  
**90%**  
of PLHIV receive treatment

**90%**  
of people on treatment have  
suppressed viral loads

Target 2  
**Zero** new HIV infections  
among children  
and mothers

Target 3  
**90%**  
of young people  
are empowered

Target 4  
High prevalence setting: **90%** of  
women, men and, young people have  
access to HIV combination  
prevention & SRH services

Target 5  
High-prevalence setting:  
VMMC  
(27million additional men)

Target 6  
**90%** of key populations,  
have access to HIV combination  
prevention services

Target 7  
**90%** of women and girls live free  
from gender inequality and  
gender-based violence

Target 8  
**90%** of people living with, at risk  
of and affected by HIV report  
no discrimination

Target 9  
Investment: LMIC reach at least  
**USD 30 B** with continued increase  
from the current levels of domestic  
public sources

Target 10  
**75%** of people living with, at risk of  
and affected by HIV benefit from  
HIV-sensitive social protection

# Fast-Track commitments to end AIDS by 2030



**90-90-90**  
treatment target by 2020



Eliminate new HIV infections among children



Access to combination prevention (at least 90% among key populations)



Eliminate gender inequalities



90% of young people have the skills, knowledge and capacity to protect themselves from HIV



75% of people living with and affected by HIV benefit from social protection



At least 30% of all service delivery is community-led by 2020



HIV investment increase to 26 B by 2020, quarter for prevention, 6% for social enablers



Empower people living with HIV, at risk and affected by HIV to know their rights and access justice and legal services



Taking HIV out of isolation through people centered systems

Getting to zero



# Global Fast-Track Targets

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By 2020

Fewer than

**500 000**

new infections

By 2030

Fewer than

**200 000**

new infections

Fewer than

**500 000**

AIDS-related deaths

Fewer than

**200 000**

AIDS-related deaths

**ZERO**

discrimination

**ZERO**

discrimination

# Asia and the Pacific Fast-Track Targets

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By 2020

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Fewer than

**90 000**

new infections

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More than

**4.2 million**

on treatment

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**ZERO**

discrimination



 Commitments on ending AIDS and Fast-Track targets

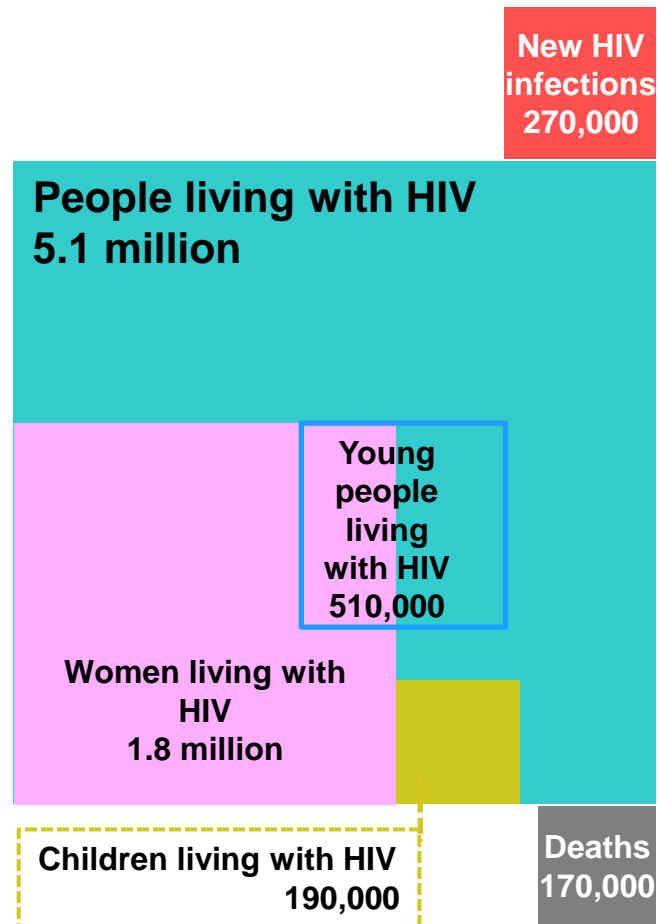
 **Regional overview**

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# Regional snapshot of HIV infections and AIDS-related deaths

## HIV and AIDS in Asia and the Pacific, 2016

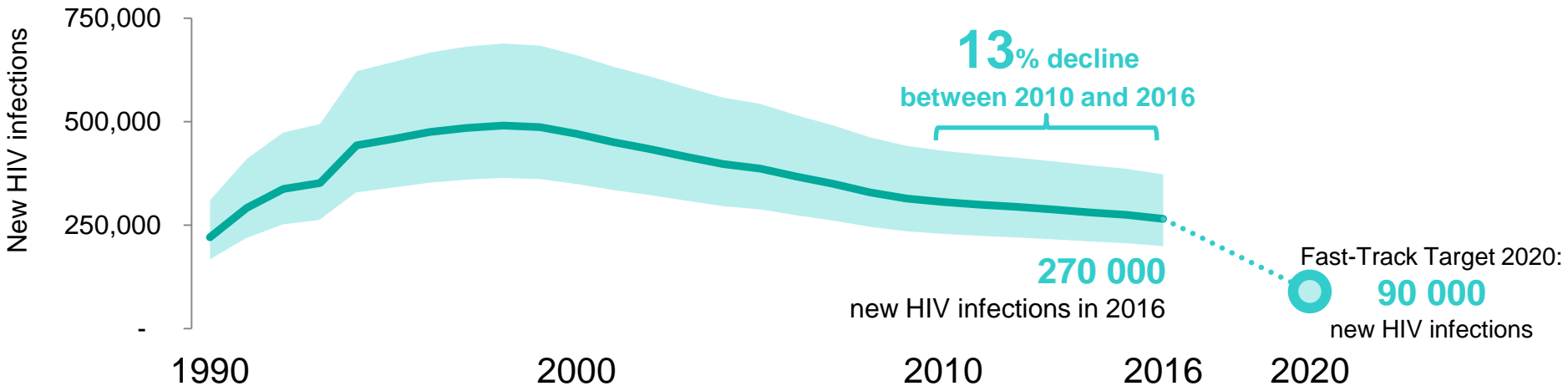


# HIV response has achieved notable success in declining new infections globally and regionally: a model and roadmap for other health threats

## Global



## Asia and the Pacific



— New HIV infections    ● 2020 Fast-Track target\*

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\*The 2020 target is equivalent to a 75% reduction since 2010.

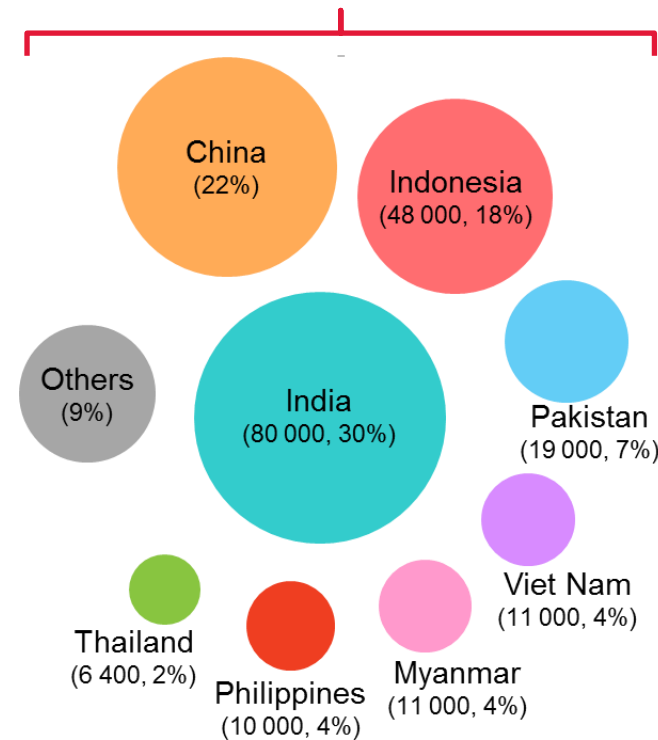
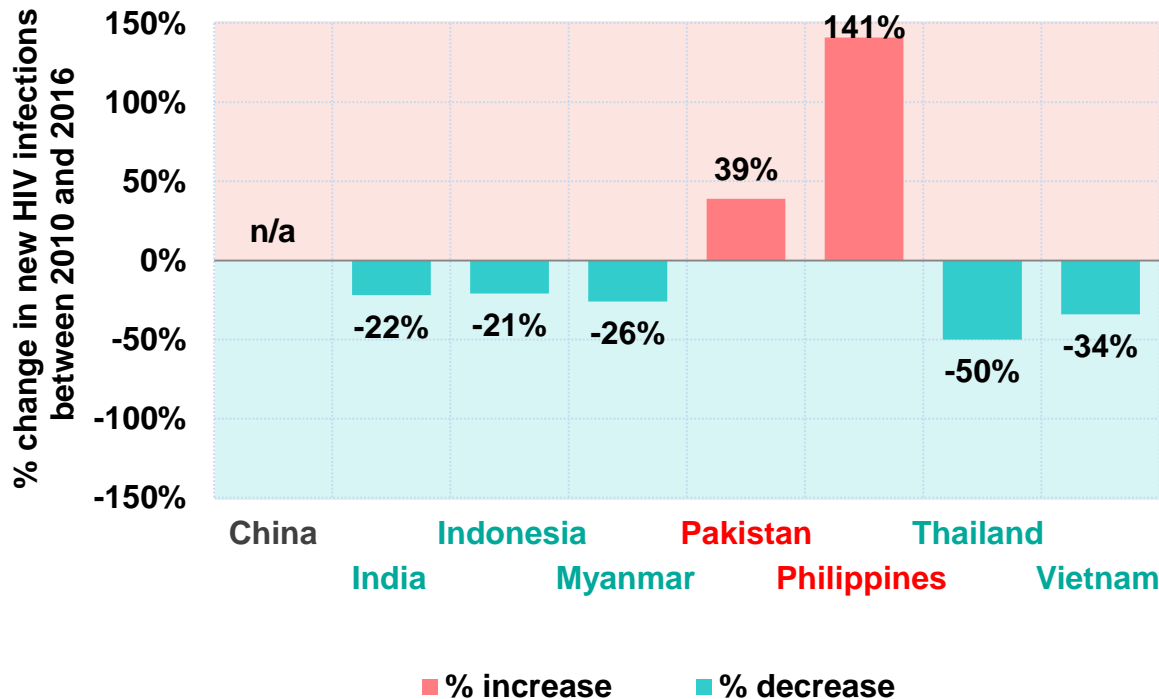


# A significant variation in new HIV infections trends in Asia and the Pacific countries

Percent change in new HIV infections between 2010 and 2016

Distribution of new HIV infections by country, 2016

270 000 new HIV infections in Asia and the Pacific in 2016

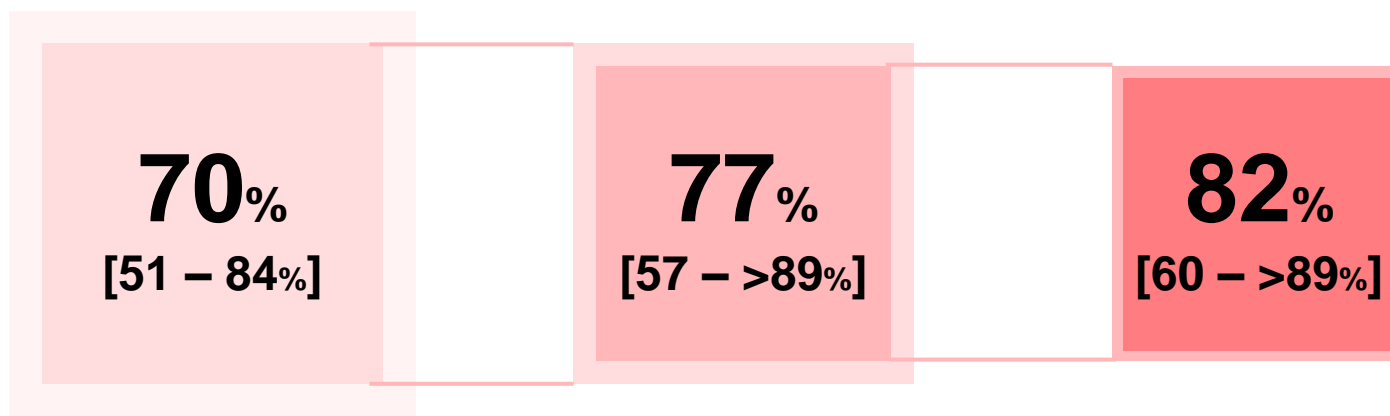


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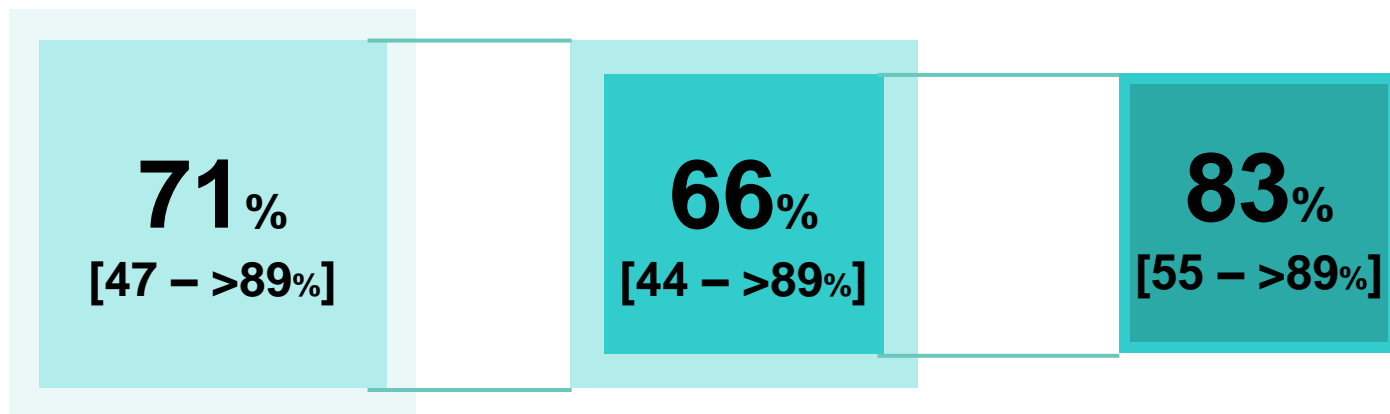


# Progress towards the 90–90–90 targets: global versus Asia and the Pacific, 2016

## Global



## Asia and the Pacific



of people living with HIV  
know their status

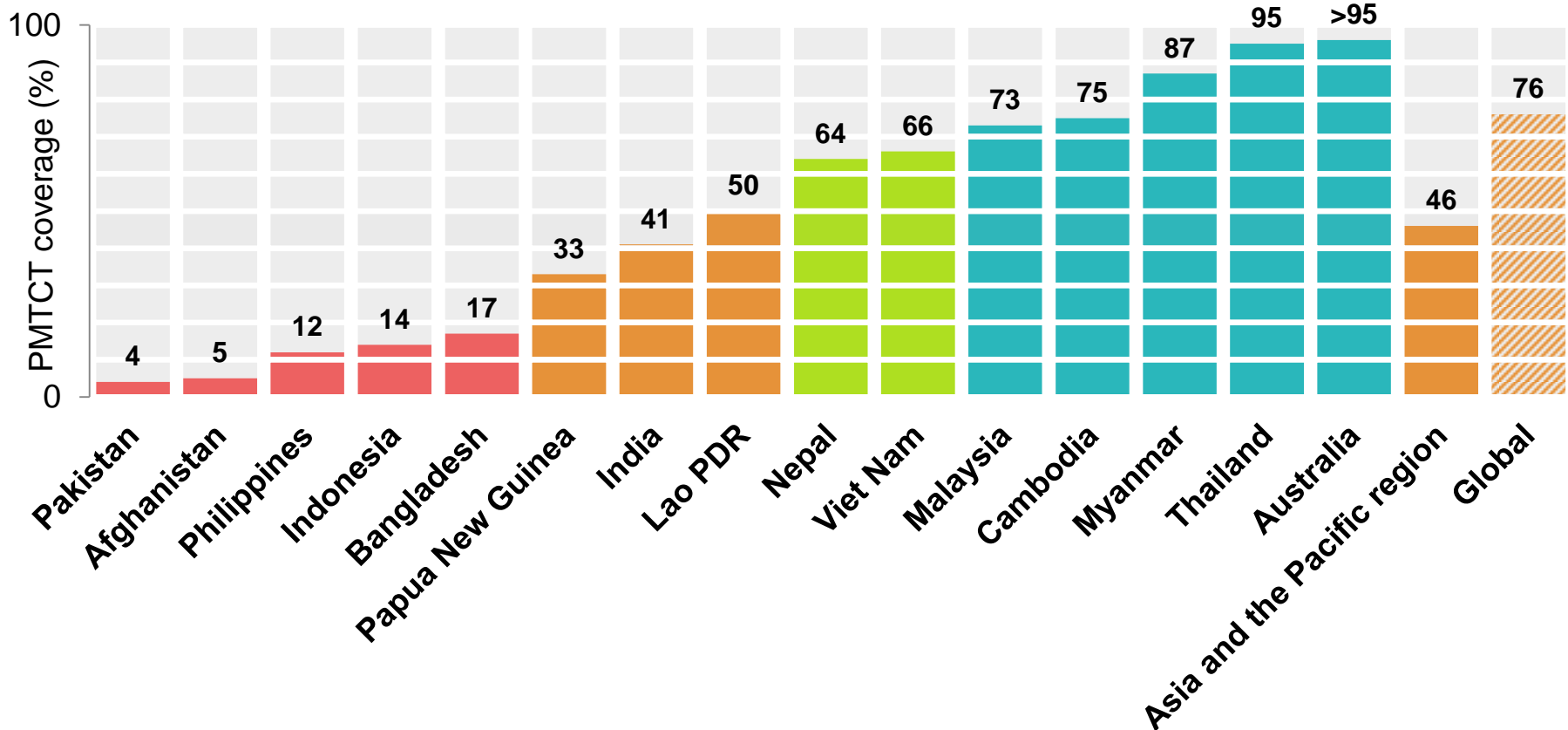
of people living with HIV  
who know their status  
are on treatment

of people on treatment  
are virally suppressed



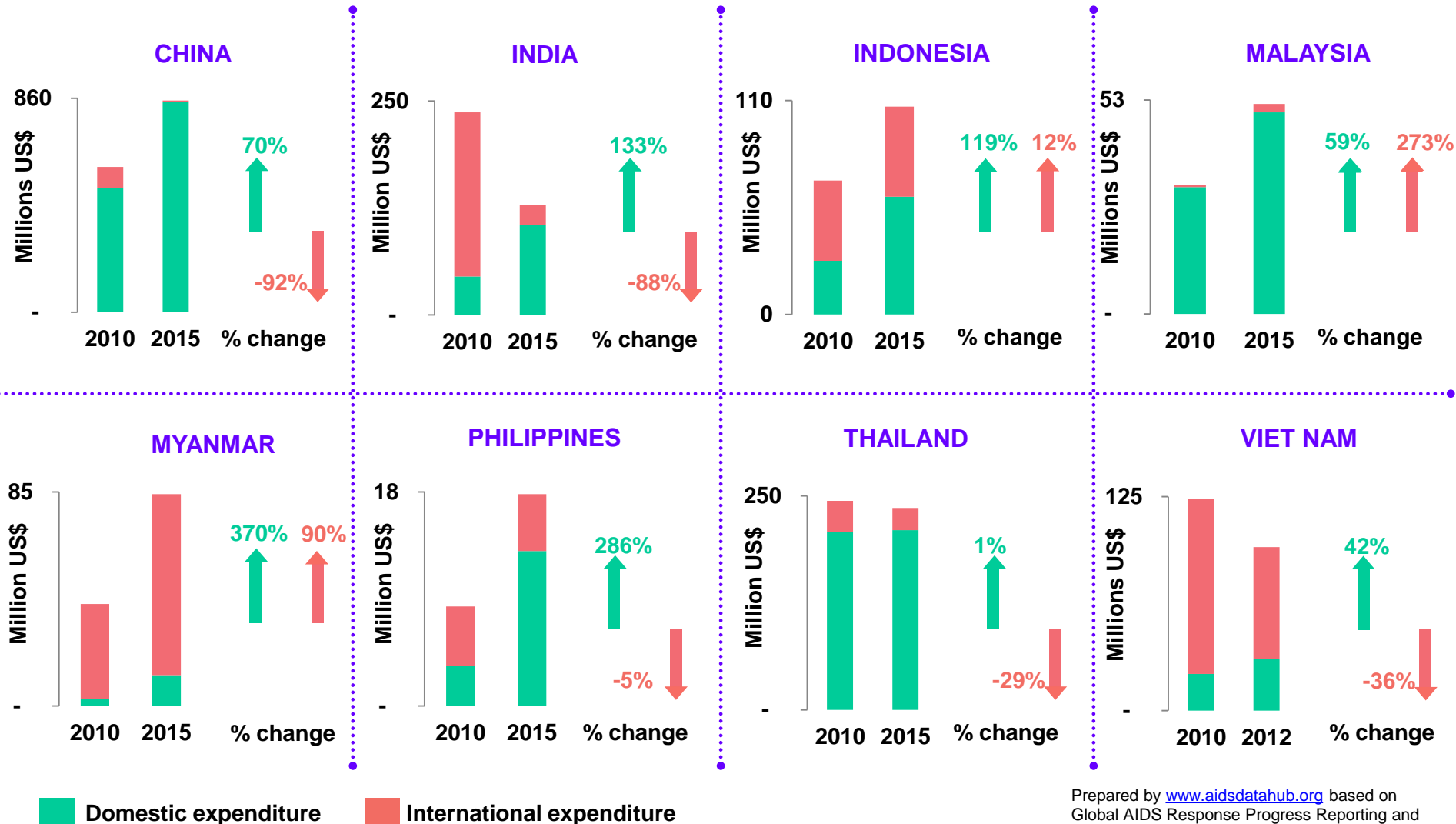
## Regional overview: Prevention of mother-to-child transmission

Percentage of pregnant women living with HIV who received ARVs to reduce the risk of mother-to-child transmission of HIV, 2016





### Increased government investments in AIDS to fill the gap of decline in international funding



# Support countries to put in place guarantees against discrimination in law, policies, and regulations

## Legal barriers to the HIV response remain in 38 UN Member States in Asia and the Pacific



38 countries in Asia and the Pacific region  
Countries with punitive laws

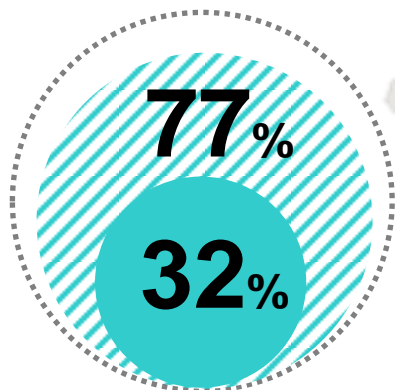
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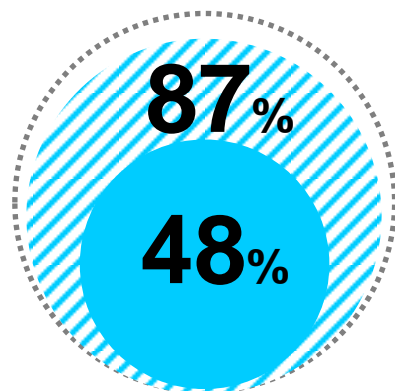
Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Punitive Laws Hindering the HIV Response in Asia and the Pacific (as of June 2016)



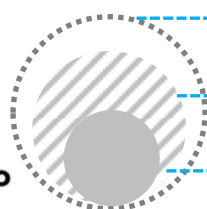
# Scale-up key human rights programmes alongside HIV prevention, testing and treatment services



**17** out of 22 reporting countries have had training and/or capacity-building on HIV-related rights for people living with HIV and key populations in the past two years



**20** out of 23 reporting countries with training programmes for health-care workers on human rights and non-discrimination legal frameworks as applicable to HIV



reporting countries in Asia and the Pacific region

countries with training programmes (percentage of reporting countries)

countries with training programmes at scale at national level (percentage of reporting countries)

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- 🎗️ Commitments on ending AIDS and Fast-Track targets
- 🎗️ Regional overview
- 🎗️ **Public health model of HIV**
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# Public health approach to communicable diseases

## Public health model

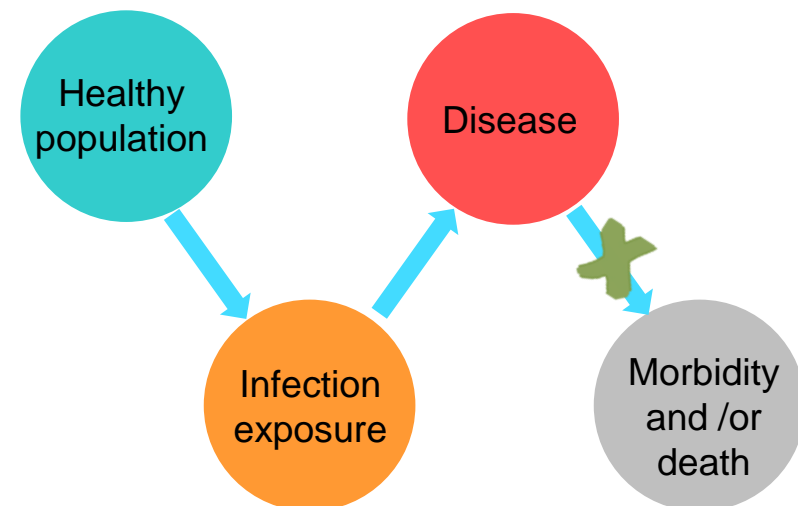
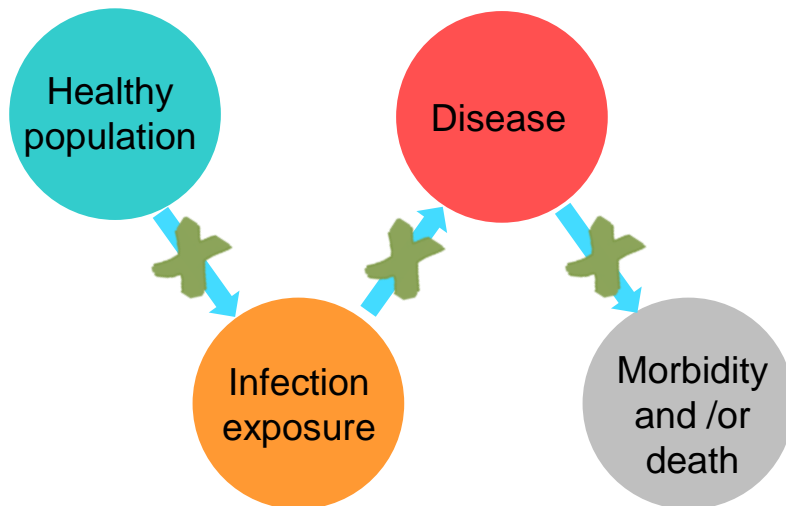


## Medical model



targets population at risk with strong prevention focus

targets diagnosis and treatment of sick person



# HIV is not a stand-alone issue and our responses need to be comprehensive

- **Co-infections due to immunosuppression** (E.g. TB, meningitis etc.)
  - PLHIV has 1 in 8 risk every year of acquiring TB as compare to 1 in 10 life time risk of HIV uninfected individuals)
    - **45% of AIDS-related deaths among PLHIV in Asia and the Pacific are TB deaths.**
- **Co-infections due to associated risk behaviors** (E.g. STIs, Hepatitis B and C, etc.)
  - Co-infection with HIV and Hep C increases risk of sexual transmission of Hepatitis C
    - **28-88% of PWID living with HIV in the region are co-infected with Hepatitis C**
- **Health needs of people living with and affected by HIV** (E.g Sexual and reproductive health, mental health, etc)
  - **Up to 40% of women living with HIV in Indonesia were asked to undergo sterilization; 13% of women living with HIV had been advised to have an abortion in Hai Phong and Ho Chi Minh City in Viet Nam; 45% of MSM in Nepal ever attempted suicide**
- **Other associated non-communicable diseases** (diabetes mellitus, hypertension, etc)
  - **Random sample of PLHIV on treatment showed 9% and 15% prevalence of diabetes mellitus and hypertension respectively in Cambodia**
- **Stigma and discrimination towards key populations and people living with HIV**
  - Barriers in access to HIV and other health services, violence, issues in employment opportunities, housing, inheritance etc.

# HIV response model: an evolving comprehensive approach with scale, focus and innovation

Public health pyramid

Classic elements of the HIV response applying across all levels of public health response model

Tertiary prevention

Secondary prevention

Primary prevention

- People centered public health approach
- Location-population approach
- Early diagnosis and optimize linkages for early treatment model
- Point-of-care rapid diagnostic test model
- Service delivery models tailored to the needs of populations served (eg. CoC)
- Peer adherence support model
- Treatment as prevention model
- Comprehensive case management model
- Task-shifting approach
- Integrated health care approach (one-stop shop)
- Innovation – new approaches for high-impact interventions
- Making use of advances in technology
- Enablers and synergies approach

 Commitments on ending AIDS and Fast-Track targets

 Regional overview

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 **How HIV response model can benefit other communicable diseases**

# Community model and people-centered approach of HIV response

## COMMUNITY of KEY POPULATIONS

### Primary prevention

Community-led prevention interventions – from conventional outreach to new tools such as peer outreach, use of digital social media and PrEP



### Secondary prevention

Community-led case finding, linkages to care and treatment



### Tertiary prevention

Adherence support, legal support, advocacy for structural interventions such as employment opportunities



**Roles of community**

**Public health impacts applicable to other disease**

- Greater coverage with higher impact
- Element of trust particularly for innovative approaches. (e.g. 72% of surveyed MSM in HCMC in Viet Nam wanted to receive PrEP from CSO; 70% of recent HIV tests among TG in Cambodia were at local NGO or community-based testing sites)

- More PLHIV identified with less leakages to care and treatment continuum
- (e.g. 100% of identified HIV positive MSM were enrolled in treatment through KHANA programme in Cambodia)

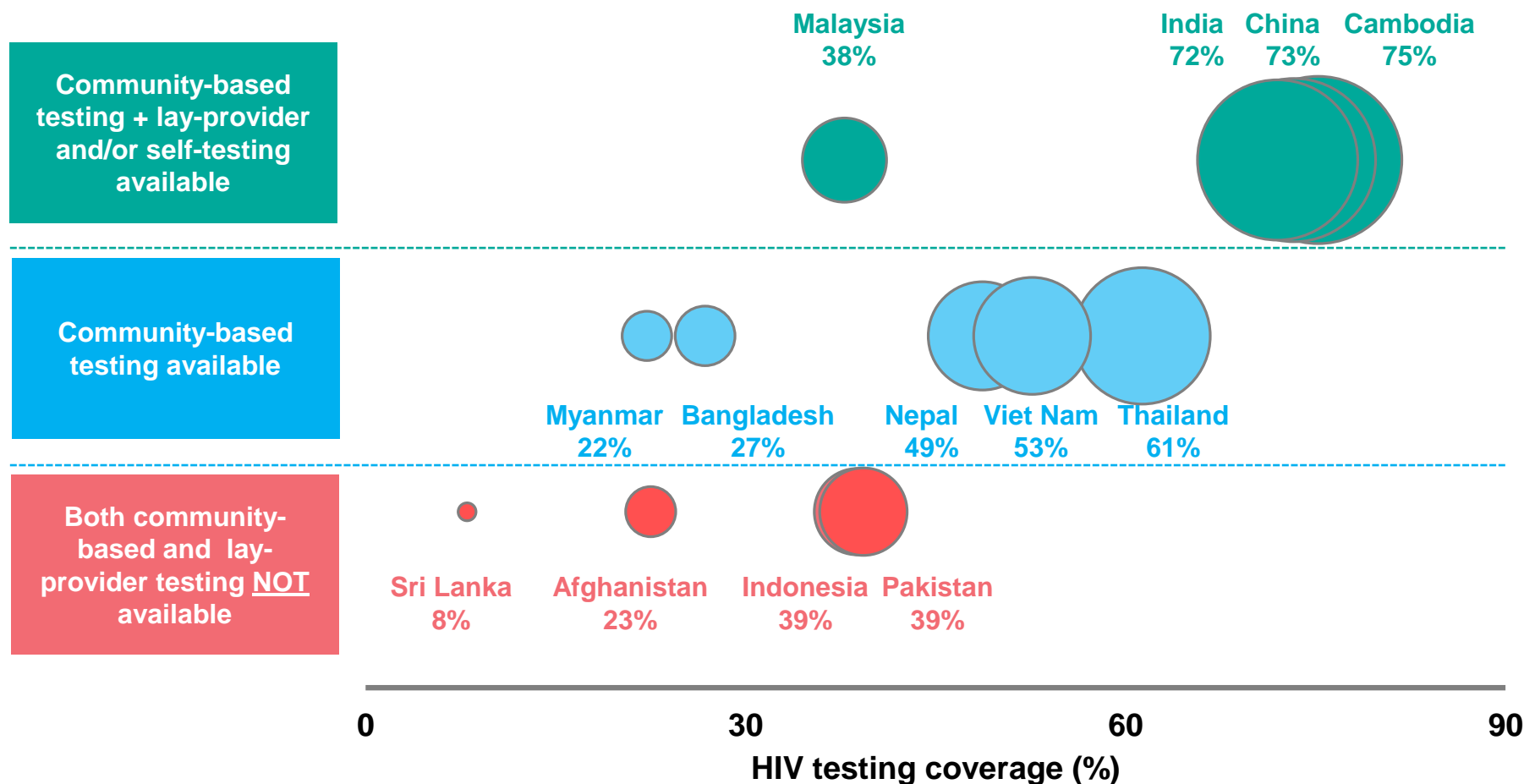
- Significantly higher adherence to treatment even among people who inject drugs (e.g. Nai Zindagi project in Pakistan - 77% adherence among PWID as compared to 51% among control group)
- Addressing mandatory testing for employment and denied employment opportunities

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# Relationship between HIV testing coverage and community-based HIV testing approaches

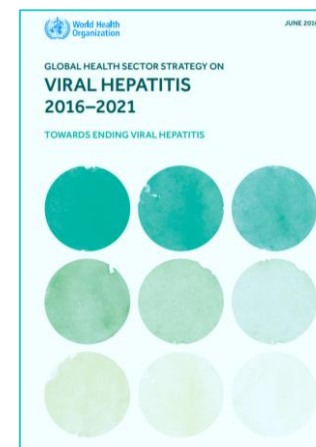
HIV testing coverage among people who inject drugs by HIV testing approaches, 2014-2016





# UNAIDS goal and targets of “Ending AIDS by 2030”- a trendsetter

**18 November 2014**  
 UNAIDS announced that taking a Fast-Track approach will allow the world to **end the AIDS epidemic**



<b>By 2020</b>	<b>By 2030</b>
<b>90-90-90</b> HIV treatment	<b>95-95-95</b> HIV treatment
<b>500 000</b> New adult HIV infections	<b>200 000</b> New adult HIV infections
<b>ZERO</b> Discrimination	<b>ZERO</b> Discrimination

**By 2035**

**95%** reduction TB deaths

**90%** reduction TB incidence

**Zero** TB-affected families facing catastrophic costs

**By 2030**

**>90%** reduction malaria mortality

**>90%** reduction malaria incidence

**Eliminate** malaria at least 35 countries

**By 2030**

**90%** reduction new cases of hepatitis B and C

**65%** reduction hepatitis B and C deaths

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# **In order to realize the goal – elimination of viral hepatitis as a public health threat, some very significant barriers need to be addressed:**

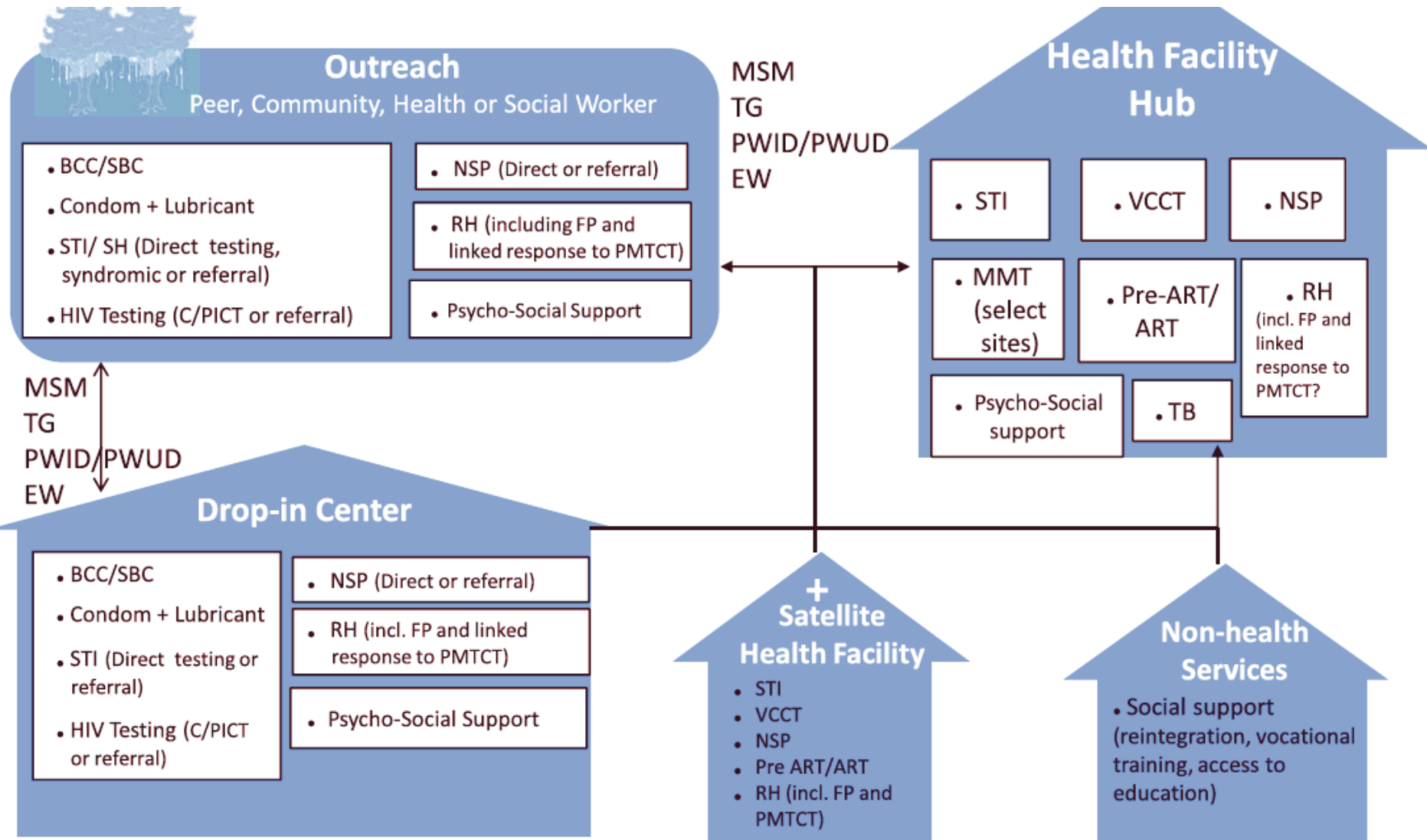
- 1. Uneven leadership and commitment**
- 2. Inadequate data**
- 3. Limited coverage of prevention programmes**
- 4. Most people do not know their hepatitis status**
- 5. Few have access to treatment and care services**
- 6. Medicines and diagnostics are unaffordable for most**
- 7. Public health approach to hepatitis is lacking**
- 8. Structural barriers that increase vulnerability and prevent equitable access to services**

WHO (2016). Global Health Sector Strategy on Viral Hepatitis  
2016-2021: Towards ending viral hepatitis

# How HCV response can be built upon the existing HIV public health model

- **People centered public health approach** with strong community engagement at all levels that is responsive to community needs
- **Location-population approach** that has proven high impact on turning the HIV epidemic around (100% CUP in Thailand, Cambodia and many Asian countries – an approach credited with substantial reduction in new HIV infections from the peaks of epidemic)
- **A strong foundation of existing HIV prevention models** (targeted outreach, peer outreach, NSEP, OST programmes)
- Broad expansion of screening and assessment of HCV infections through replication of/coupling with evolving HIV testing strategies (such as HIV testing and counseling (HTC), partner counseling and testing, community-based HIV testing, self-testing)
- **Increased access to health services** including HCV treatment and retention in care through:
  - Service delivery models tailored to the needs of key populations affected by HCV as being exemplified in HIV model (eg. Boosted Continuum of Prevention to Care and Treatment approach of Cambodia National HIV Health Strategy); Addressing stigma and discrimination particularly in health care setting; Making treatment affordable

# Cambodia example: referral and service linkages for the Boosted CoPCT



**Coordination and follow up by Outreach workers and Entertainment establishment owners**

# How HCV response can be built upon the existing HIV public health model

- **Treatment as prevention model** that has been proven effective in HIV and has become a new narrative that lays the groundwork to end the AIDS epidemic
- **Integrated health care approach (one-stop shop)** for prevention and treatment of communicable diseases
- **Making use of advances in technology** as well exemplified in HIV model
  - iMonitor; Blued – a dating app in China; HIV and AIDS Data Hub for Asia and the Pacific web platform and mobile application
- **Enablers and synergies approach**
  - Social protection and social services; addressing violence against people who are affected by and living with HIV and gender based violence; community empowerment, legal literacy, and rights; address punitive laws and policies, stigma and discrimination that deter the effective programme response at all levels

# Achievement of ending the TB epidemic goal by 2035 requires:

1. expanding the scope and reach of interventions for TB care and prevention, with a focus on high-impact, integrated and patient-centered approaches
2. eliciting full benefits of health and development policies and systems;
3. pursuing new scientific knowledge and innovations

WHO (2015). The End TB Strategy: Global strategy and targets for tuberculosis prevention, care and control after 2015

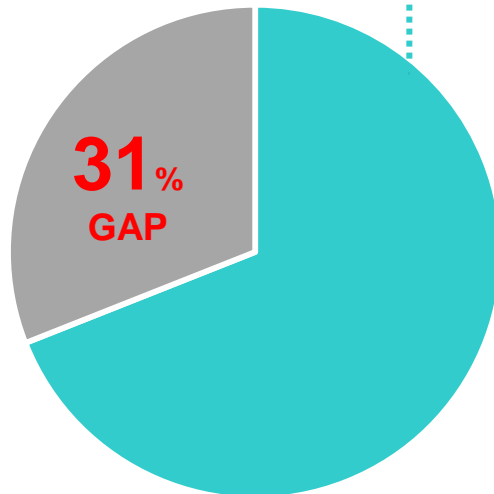
# How tuberculosis programmes can benefit from the HIV public health model

- TB and HIV prevention and care interventions are mutually reinforcing. Interventions to tackle tuberculosis and HIV can occur as a comprehensive integrated approach
- **Early diagnosis and optimize linkages for early treatment model**
- **Point-of-care rapid diagnostic test model** to expand and enhance case detection and linkage to care
- **Comprehensive case management model** tailored to the needs of the clients rather than disease centered approach
- **Peer adherence support model** has proven positive outcomes in maintaining people under treatment and it can be incorporated in and re-packaged the DOTS model of TB treatment
  - PDI+ - peer driven intervention plus programme – implemented by KHANA Cambodia shows almost 90% of enrollment and retaining in care among MSM and TG clients
- **Addressing vulnerable population and prioritized location approach** that has proven high impact on turning the HIV epidemic around can be also beneficial to TB programmes

# Integration gap: the need to move away from disease centered approach to people centered approach

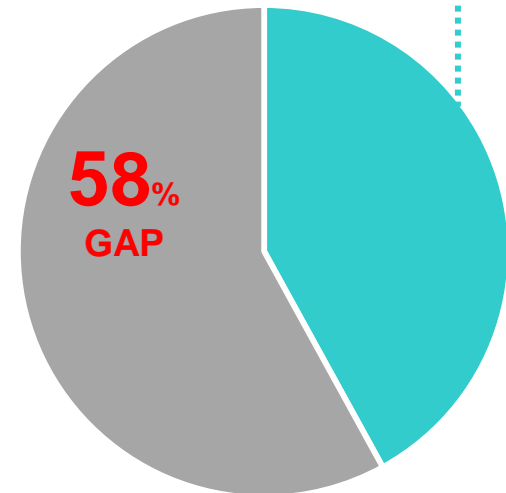
## HIV programme

**69%** of PLHIV enrolled in care screened for TB



## TB programme

**42%** of notified TB cases (new and relapse) tested for HIV



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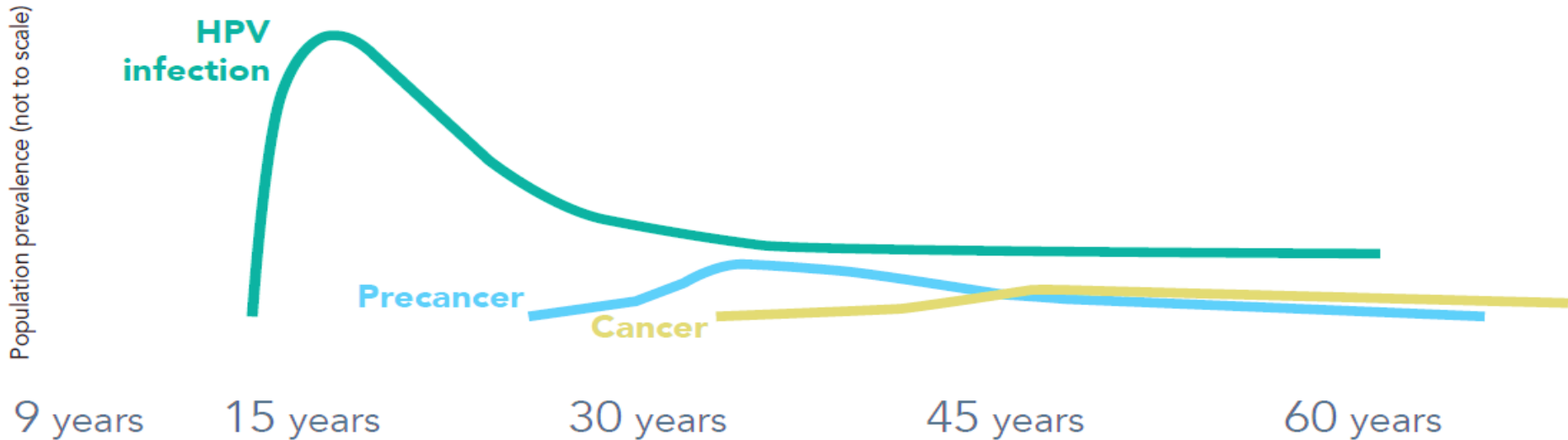


# How tuberculosis programmes can benefit from the HIV public health model

- **Increase access to health services** including treatment and retention in care through
  - Service delivery models tailored to the needs of populations affected (Sundown Clinics in Quezon City Philippines); addressing stigma and discrimination particularly in health care setting, work places and community
- **Task-shifting approach**
  - SMARTgirl programme - community-based testing programme in Cambodia ; Task shifting and differentiated care approach successfully implemented in MSF supported HIV care and treatment in Myanmar.
- **Innovation – new approaches for high-impact interventions**
  - PrEP – an innovative prevention tool – has moved from effective trials towards implementation
- **Making use of advances in technology**
  - Voice4U – a programme by KHANA Cambodia – providing interactive voice response system for free HIV, key populations related information and counseling; [LoveYourself](#) - virtual outreach programmes - in Philippines that provide information, behavioral change communications, risk assessment and link to screening and treatment services
- **Enablers and synergies approach**
  - Social protection and social services; addressing violence against people who are affected by and living with HIV and gender based violence; community empowerment, legal literacy, and rights; address punitive laws and policies, stigma and discrimination that deter the effective programme response at all levels

# Similarly, HIV model can be transferred and applied to HPV response

Life cycle approach of HPV and cervical cancer prevention and treatment programmes: a call for integrated and comprehensive public health response model



## PRIMARY PREVENTION

**Girls 9-13 years**

- HPV vaccination

**Girls and boys, as appropriate**

- Health information and warning about tobacco use\*
- Sexuality information tailored to age and culture
- Condom promotion/ provision for those engaged in sexual activity
- Voluntary medical male circumcision

\* tobacco use is an additional risk factor for cervical cancer

## SECONDARY PREVENTION

**Women >30 years of age**

**Screening and treatment as needed**

- "Screen and treat" with low cost technology VIA followed by cryotherapy
- HPV testing for high risk HPV types (e.g. types 16, 18 and others)

## TERTIARY PREVENTION

**All women as needed**

**Treatment of invasive cancer at any age**

- Ablative surgery
- Radiotherapy
- Chemotherapy

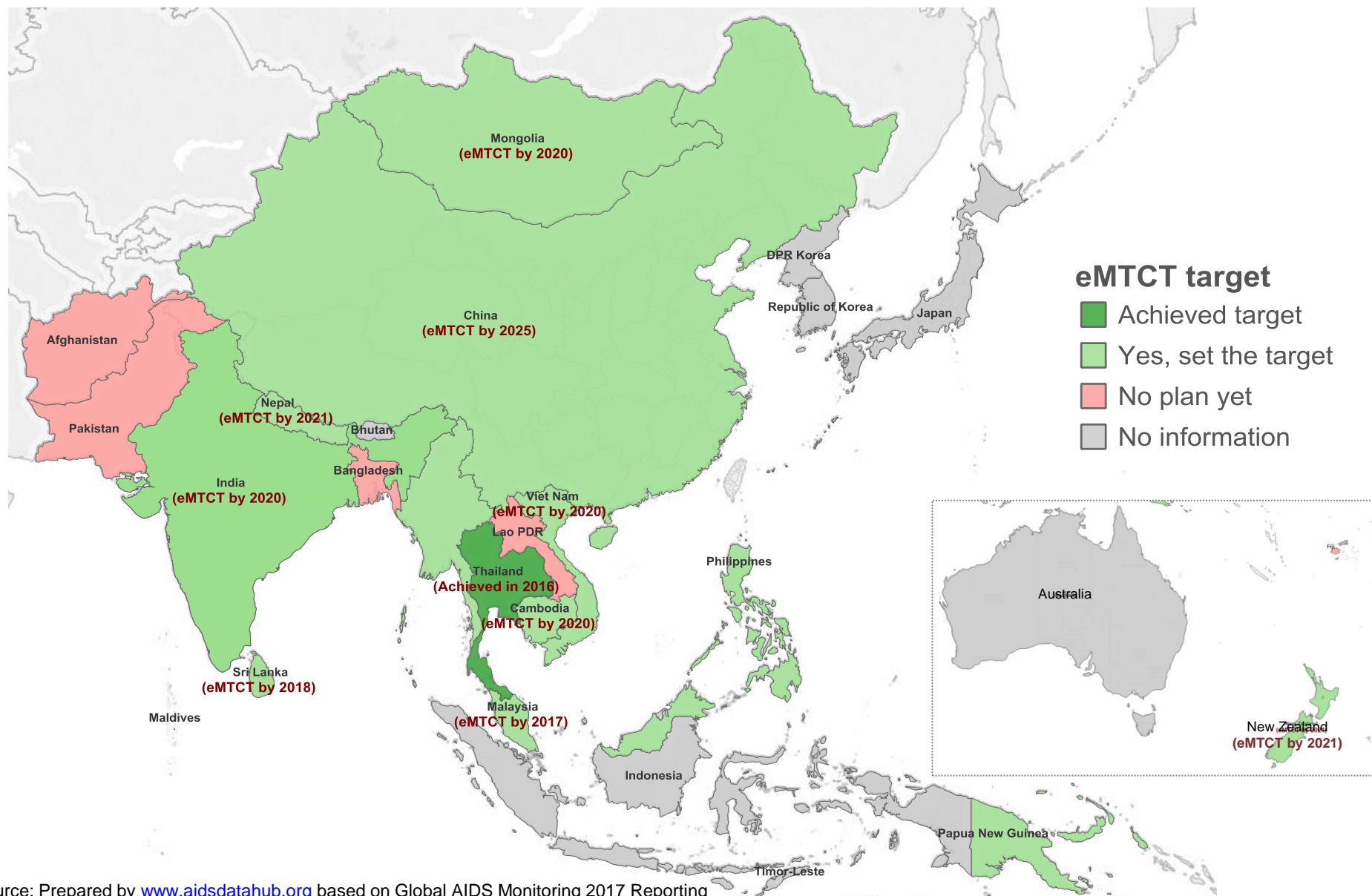
# AIDS free generation: from single to triple elimination

- In 2009, UNAIDS executive director called for **elimination of mother-to-child transmission of HIV**
- It led to the conceptualization and implementation of “Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive” and successive global and regional elimination agendas
  - **Dual elimination of parent-to-child transmission** of HIV and Syphilis in Asia and the Pacific in 2015 and beyond
    - Thailand has achieved the elimination of mother-to-child transmission of HIV and syphilis, becoming the first country in Asia and the Pacific region and also the first with a large HIV epidemic in the world
  - Regional Framework on **Triple Elimination of Mother-to-Child Transmission** of HIV, Hepatitis B and Syphilis in Asia and the Pacific 2018-2030 is currently underway of finalization and to be reviewed by Member States and representatives.
    - Viet Nam has already piloted an innovative approach to triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B since 2015

Getting to zero



# Commitment of member states on eMTCT in Asia and the Pacific



*“We have seen that the AIDS response is a powerful pathfinder. As we strive to end this epidemic as a public health threat, we are also on a path towards better health, education and employment for families and communities....”*

*“We expect there are many lessons learned that could add value towards the new global goals as a model for a people-centred approach for development. This is the legacy we bring to future generations.”*

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Michel Sidibé  
UNAIDS Executive Director

# THANK YOU

[www.aidsdatahub.org](http://www.aidsdatahub.org)

