



SAARC
EPIDEMIOLOGICAL
RESPONSE ON HIV/AIDS
2015



SAARC

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2015

SAARC Tuberculosis and HIV/AIDS Centre (STAC)
Thimi, Bhaktapur,
P.O.Box No. 9517, Kathmandu, Nepal.
Tel: 00977-1-6631048, 6632477, 6632601 fax: 00977-1-6634379
E-mail: saarctb@mos.com.np Website: www.saarctb.org

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SAARC TB & HIV/AIDS CENTER, Thimi, Bhaktapur, Nepal (tel.: +977-1- 6631048; fax: +977-1-6634379; e-mail: saarctb@mos.com.np)

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FOREWORD

The global HIV epidemic has emerged as formidable challenges to public health, development and human rights. The SAARC Member States have varied epidemiological patterns of HIV infection and AIDS. In reviewing the current epidemiology of HIV and AIDS within the SAARC region, the diversity needs to be fully addressed and defined. Despite of these diversities, Member States are committed to take necessary actions and contain HIV and AIDS epidemic.

The United Nations through its General Assembly in 2015 set an ambitious target to ending the AIDS epidemic as public health threat by 2030 and interim targets have also been established for 2020 for reducing new HIV infection by 75% as compared with 2010.

The Emergence of HIV epidemic has posed major challenges in SAARC Member States, which is the second hardest hit by the HIV epidemic following sub-sharan Africa. The incidence of disease appears is highest in the most economically productive age group and poses significant threats not only to health, but also to the social economic development of the region.

In the year 2014, it is estimated that the number of people living with HIV globally was 36.9 million [34.3 million-41.4 million] there were 2 million (1.9 million-2.2 million) new HIV infections in 2014. In addition, there were 1.2 million AIDS related deaths, however AIDS related deaths is falling by 18% in the period of 2005-2009 and by 26% in 2010 -2014.

SAARC Region has an estimated 2.24 million People Living with HIV and India alone bears an estimated 2.09 million of that number in year 2014. HIV epidemic in the SAARC Region is a collection of different epidemics in the Member States with their own characteristics and dynamics.

The SAARC TB and HIV/AIDS Centre (STAC) coordinate the efforts of the National AIDS Control Programmes (NACPs). Since its inception in 1992, STAC has taken of the challenges of combating the threats of HIV/AIDS in SAARC region. The SAARC member states have made notable progress across South Asia in line with the SAARC Regional Strategy on HIV/AIDS and TB/HIV co-infection.

SAARC Epidemiological Response on HIV and AIDS – 2015 incorporates updated information on HIV/AIDS as of December 2014. This is the 13th report incorporates, as of December 2014, updated information and brief analysis on the HIV/AIDS situation in global, regional and SAARC Member States.

I believe that this document will facilitate to formulate the plan for strengthening and scaling-up

HIV and AIDS interventions, including consolidating and enhancing the quality of diagnosis and treatment, surveillance, monitoring and evaluation systems in the region.



Dr. Sharat Chandra Verma

Director

SAARC Tuberculosis and HIV/AIDS Centre

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Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Clinic
ANC	Antenatal Care
ART	Anti Retroviral Therapy
BBS	Biological Behavioral Survey
CMIS	Computerized Management Information System
CPT	Co-trimoxazole Preventive Therapy
CST	Care, Support & Treatment
DNA	Deoxyribonucleic Acid
FSW	Female Sex Worker
GoA	Government of Afghanistan
HCV	Hepatitis C Virus
HISC	Health Information Service Centers
HIV	Human Immunodeficiency Virus
HPA	Health Protection Agency
HRG	High Risk Groups
HRGs	High Risk Groups
HSS	HIV Sentinel Surveillance
IBBS	Integrated Biological Behavioral Surveillance Survey
ICF	Intensified Case Finding (tuberculosis)
ICTC	Integrated Counseling Testing Center
IDU	Injecting Drug Users
IPT	Isoniazid Preventive Therapy
JDWNRH	JigmeDorjiWangchuck National Referral Hospital
MARPs	Most At Risk Populations
MLM	Male labor migrants
MoCN	Ministry of Counter Narcotics
MoPH	Ministry of Public Health

MSM	Men who have Sex with Men
MSW	Male sex worker
MTCT	Mother-To-Child Transmission
NACO	National AIDS Control Organization
NACPs	National AIDS Control Programs
NAP	National AIDS Control Program
NASP	National AIDS and STD Programme
NGO	Non Governmental Organization
NSF	National Strategic Framework
NTPs	National Tuberculosis Control Programs
PLHIV	People Living with HIV
PPTCT	Prevention of Parent-To-Child Transmission
PWIDs	People Who Inject Drugs
PWUD	People who use drugs
RBA	Royal Bhutan Army
RBG	Royal Body Guard
RBP	Royal Bhutan Police
SAARC	South Asian Association for Regional Cooperation
STAC	SAARC Tuberculosis and HIV/AIDS Centre
STI	Sexually Transmitted Infections
TB	Tuberculosis
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNODC	United Nations Office on Drugs and Crime
VCT	voluntary counseling and testing
WHO	World Health Organization

1. INTRODUCTION



1.1 Introduction

SAARC the South Asian Association for Regional Cooperation (SAARC) comprises of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. SAARC is a manifestation of the determination of the people of South Asia to work together towards finding solutions to their common problems in a spirit of friendship, trust and understanding and to create an order based on mutual respect, equity and shared benefits.

1.2 Introduction to STAC

SAARC Tuberculosis and HIV/AIDS Centre (STAC) is one of the Regional Centres of the SAARC, located in Kathmandu, Nepal. The Fifth SAARC Summit of the Heads of State or Government of Member Countries held in Male' from 22 to 23 November 1990 decided to establish the SAARC Tuberculosis Centre in Nepal with a mandate to work for prevention and control of TB & TB-HIV Coinfection. In 2005, the scope of the centre was expanded further and mandated to work for HIV/AIDS as well. The centre was, then, renamed as SAARC TB and HIV/AIDS Centre to perform its role in the prevention and control of TB and HIV/AIDS in the Region by coordinating and supporting the National Tuberculosis Control Programs (NTPs) and National AIDS Control Programs (NACPs) of the Member Countries.

The centre has been disseminating updated information to the member states in the field of TB and HIV/AIDS in the region as its core function. In this regard the Centre has been publishing SAARC Regional Epidemiological Reports on HIV and AIDS annually since 2003 and this update is the thirteenth in the series.

The SAARC Member States have manifold epidemiological patterns of HIV/AIDS. In spite of different predominant HIV risk behaviors in different countries of the region, it has extremely diverse

capabilities to develop and support prevention and control programmes. This diversity needs to be fully addressed and defined in line with the current epidemiology of HIV/AIDS in the SAARC region.

The HIV epidemic has a variable impact in countries of the region. The HIV epidemic is in different stages in each country. The HIV epidemic has been improved substantially through surveillance system and other innovative program management addressing the determinants in the region. The overall HIV prevalence rate in the SAARC Member States remains below one percent, however, there are major public health concerns regarding the future growth potential of HIV epidemic within the region including the most at risk population.

The HIV epidemic is heterogeneously distributed in the region and within countries. Some countries are more affected and has different determinants in the region whereas there are variation in states and provinces, rural and urban, ethnic groups within the countries.

This report scrutinizes the HIV epidemic and a more detailed description of its epidemiology in the SAARC region. In addition, this report also includes the situation of HIV/AIDS in the region and the HIV/AIDS Control Program of member states of the region.

2. GLOBAL SITUATIONS OF HIV/AIDS



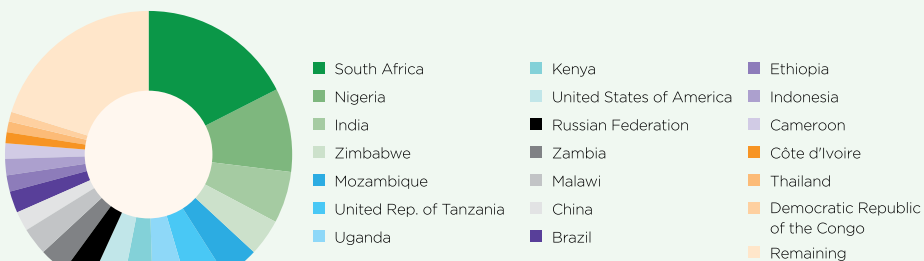
2.1 Overview of Global HIV/AIDS

The world has halted and reversed the spread of HIV. The epidemic has been pushed back as new infections have declined by 35% since 2000. And now the response is going one step further—ending the AIDS epidemic by 2030.

In 2014, 36.9 million [34.3 million–41.4 million] people were living with HIV. The number of people living with HIV continues to increase, in large part a positive trend, because more than 15 million people globally as of March 2015 are on antiretroviral therapy and as a result are living longer. At the same time, even though new HIV infections have declined, there is still an unacceptable number of new HIV infections each year, contributing to the burden of the epidemic.

Worldwide, 0.8% [0.7–0.9%] of adults (aged 15–49 years) are living with HIV. Sub-Saharan Africa, with 25.8 million [24 million–28.7 million] people living with HIV, remains the region most heavily affected by the epidemic. Although 80% of people living with HIV live in only 20 countries (Figure 1), the HIV epidemic remains global, affecting every corner of the world and adding substantially to health burdens in many regions.

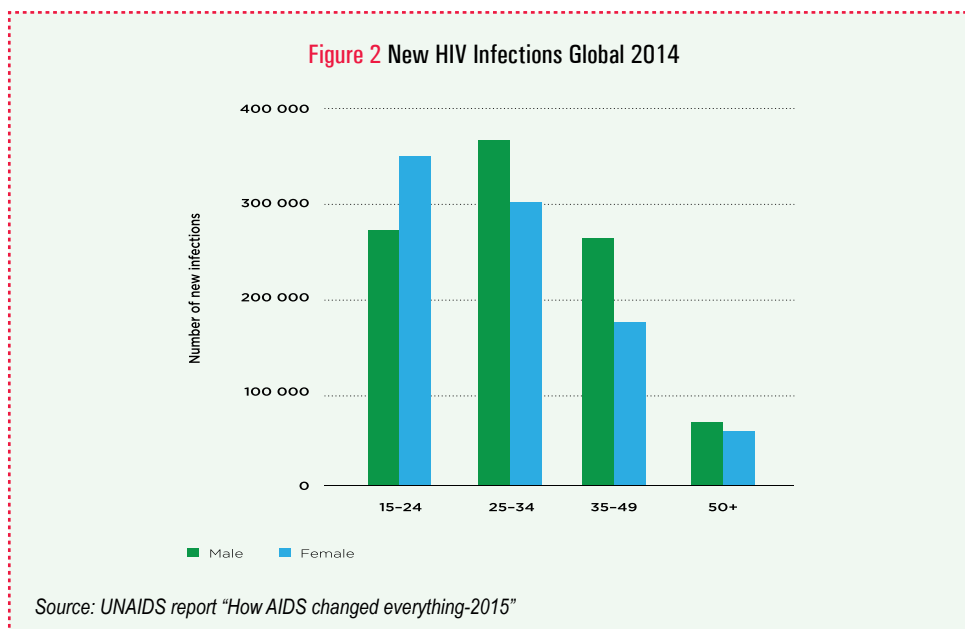
Figure 1: Proportion of People living with HIV by country 2014



Source: UNAIDS report "How AIDS changed everything-2015"

The most significant gains in reversing the epidemic have been among children under the age of 15 years. Since 2000 new HIV infections among children have declined by 58%. Yet the epidemic continues to have profound effects on the youngest people. In 2014, 2.6 million [2.4 million–2.8 million] children aged less than 15 years were living with HIV. The epidemic among children stems primarily from HIV transmission during pregnancy, childbirth or breastfeeding. With most of the countries with the highest burden of HIV among pregnant women adopting a strategy to provide lifelong antiretroviral therapy to pregnant women living with HIV, elimination of new HIV infections among children remains a distinct possibility within a few years. At the end of 2014, 73% [68–79%] of pregnant women living with HIV had access to services for preventing mother-to-child transmission of HIV.

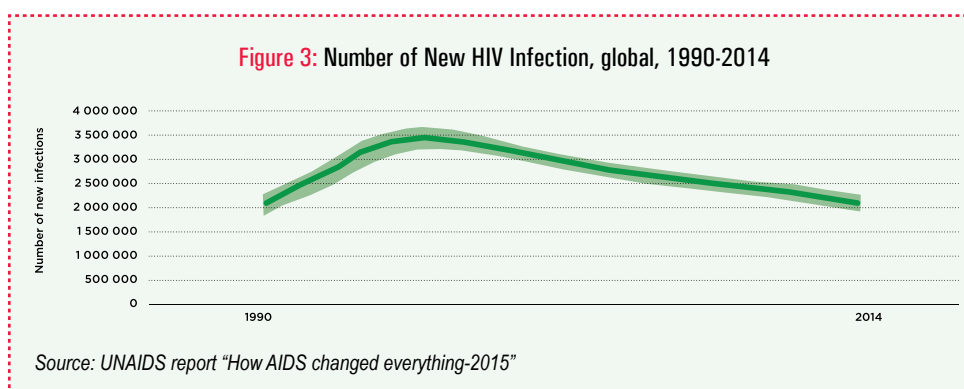
Globally, women account for 51% of all adults living with HIV. Women represent 59% of all people living with HIV in sub-Saharan Africa. Men living with HIV outnumber women living with HIV in every other region, except the Caribbean. Adolescent girls and young women are at especially high risk of acquiring HIV. In 2014, 3.9 million [3.7 million–4.2 million] young people aged 15–24 years were living with HIV—58% of these were female. HIV prevalence is 1.7 times higher among adolescent girls than among adolescent males in sub-Saharan Africa and has been found to be up to eight times higher among females than males aged 15–19 years in South Africa.



New HIV infections

During 2014 a total of 2.0 million [1.9 million–2.2 million] people were newly infected with HIV. The number of newly infected individuals in 2014 is 35% lower than in 2000. Globally, 220 000 [190 000–260 000] children acquired HIV infection in 2014. Young people aged 15–24 years represent 34% of newly infected adults. In 2014 sub-Saharan Africa accounted for 66% of all new HIV infections. Except for young people aged 15–24 years, new HIV infections are higher among men than women (Figure 2).

New HIV infections have declined steadily over the past 15 years, but the pace of the fall in new infections appears to have quickened in recent years. New infections dropped by 11% in 2005–2009 but fell by 13% in 2010–2014 (Figure 3).

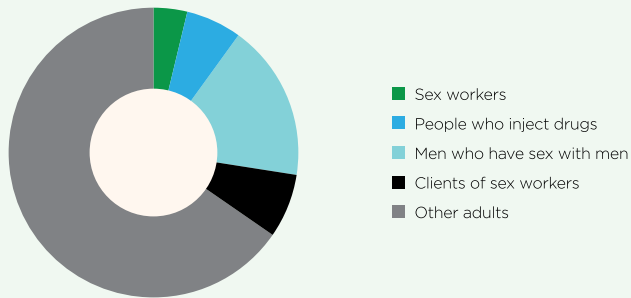


There is a clear global downward trend in the number of new HIV infections, but there is considerable variation among regions. From 2000 to 2014 the annual number of new HIV infections fell by 35% globally.

New HIV Infections among Key Populations

A recent analysis suggests that in 2013 there were approximately 330 000 [260 000–390 000] new HIV infections among men who have sex with men, 110 000 [90 000–140 000] among people who inject drugs, 70 000 [55 000–83 000] among sex workers and 140 000 [110 000–170 000] among clients of sex workers (Figure 4).

Figure 4: New HIV infections among key populations, global, 2013

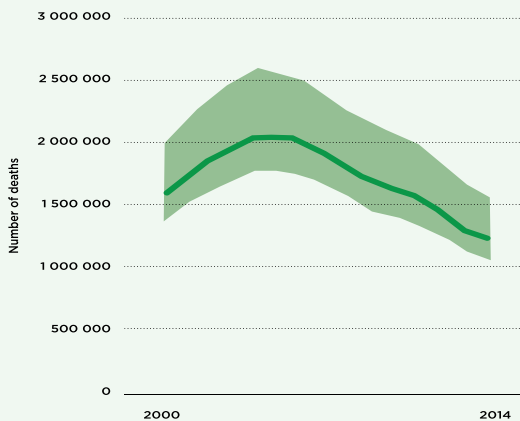


Source: UNAIDS report "How AIDS changed everything-2015"

Reductions in AIDS-related mortality accelerate

Since 2004, when the number of AIDS deaths peaked, the annual number of AIDS-related deaths has declined by 42%. In 2014 an estimated 1.2 million [980 000–1.6 million] people died of AIDS related causes globally (Figure 5).

Figure 5: Number of AIDS related Deaths, global, 2000-2014



Source: UNAIDS report "How AIDS changed everything-2015"

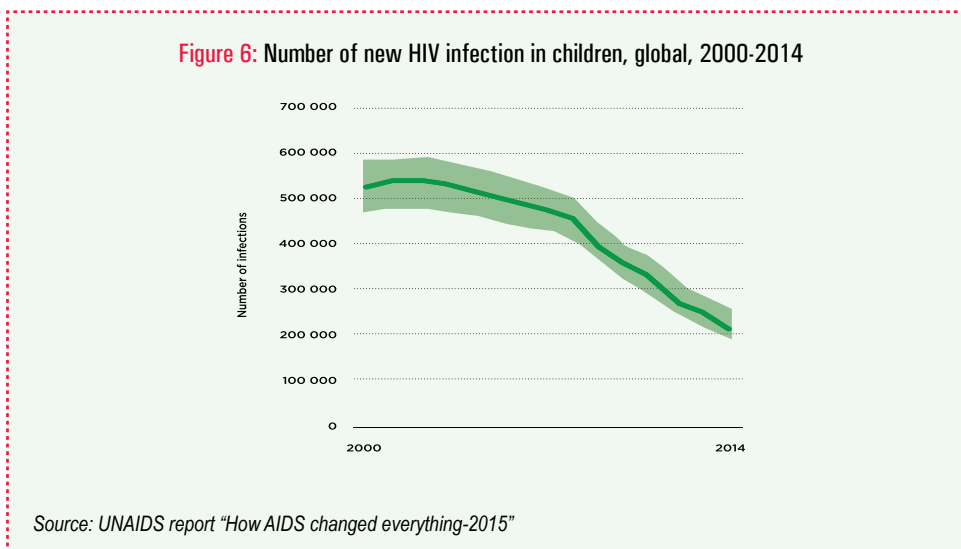
The rate at which the number of AIDS-related deaths is declining. AIDS-related deaths fell by 18% in 2005–2009, and by 26% in 2010–2014. Although the rapid expansion of access to antiretroviral therapy is primarily responsible for these reductions in AIDS-related mortality, the declines in recent years also reflect the global decline in new HIV infections that began in 1997.

New HIV Infections among children

The rapid expansion of services to prevent mother-to-child HIV transmission has had a massive health impact on the world's children and contributed to global efforts to reduce mortality in children under the age of five. Since 2000 antiretroviral medicines have averted an estimated 1.4 million HIV infections among children.

As of December 2014, 73% [68–79%] of pregnant women living with HIV received antiretroviral medicines to avoid HIV transmission to their newborns. In 2014 an estimated 1.5 million [1.4 million–1.6 million] women living with HIV gave birth. Significantly, the impact of prevention services is increasing over time. Among the 1.4 million infections averted due the provision of antiretroviral to prevent mother-to-child transmission, 1.2 million were averted between 2009 and 2014.

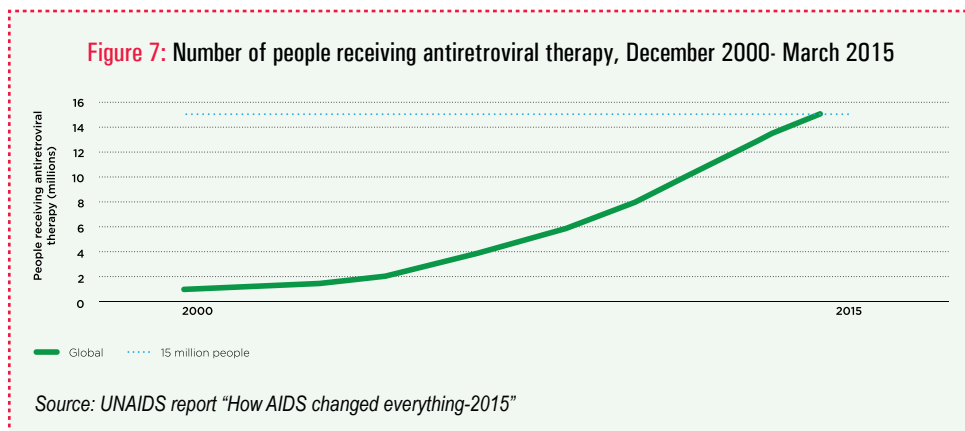
The number of new HIV infections among children declined by 24% between 2000 and 2009, and by 41% between 2010 and 2014 (**Figure 6**).



Numbers on Antiretroviral Therapy

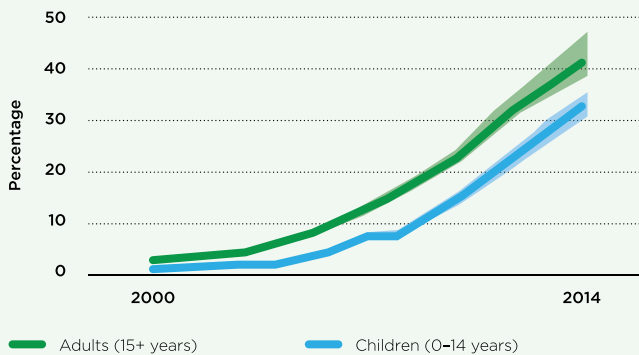
In March 2015 the world passed the threshold of reaching 15 million people receiving antiretroviral therapy, achieving the “15 by 15” target set out in the 2011 United Nations Political Declaration on HIV and AIDS (**Figure 7**). This is the second HIV treatment target that has been reached by the agreed deadline, buttressing global optimism of meeting the 90–90–90 targets.

A comparison of the global distribution of antiretroviral therapy between 2000 and 2014 illustrates how profoundly the push towards universal treatment access has transformed the AIDS response.



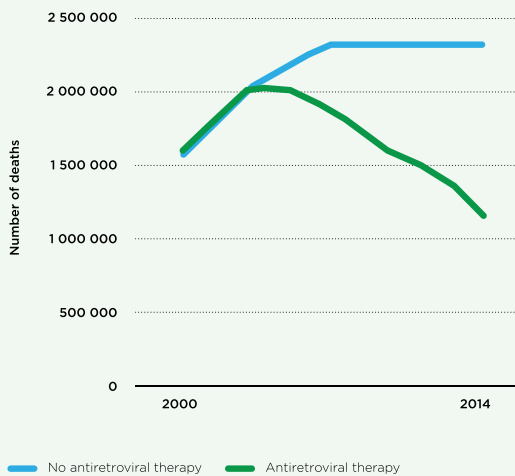
The proportion of children living with HIV who receive antiretroviral therapy more than doubled from 14% [13–15%] in 2010 to 32% [30–34%] in 2014. However, treatment coverage for children in 2014 remained notably lower than for adults (41% [38–46%]) (**Figure 8**).

Figure 8: Antiretroviral therapy coverage in adults and children, 2000-2014



Source: UNAIDS report "How AIDS changed everything-2015"

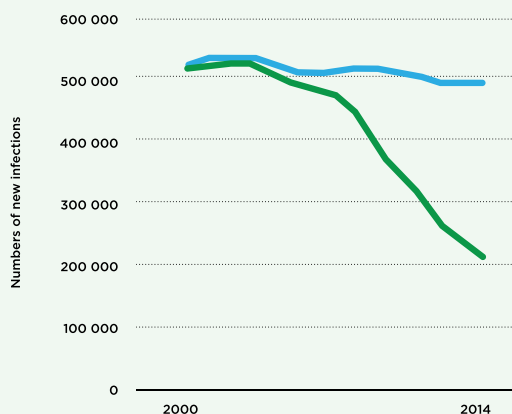
Figure 9: AIDS-related deaths with and without antiretroviral therapy, global, 2000-2014



Source: UNAIDS 2014 estimates.

Source: UNAIDS report "How AIDS changed everything-2015"

Figure 10: New infections among children with and without access to antiretroviral medicines to prevent mother-to-child transmission, 2000-2014



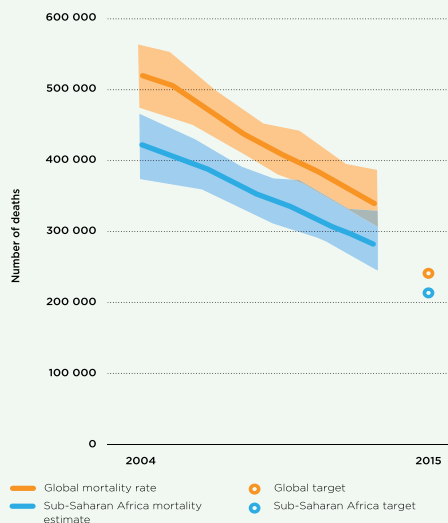
Source: UNAIDS report "How AIDS changed everything-2015"

Tuberculosis-Related Deaths among People Living With HIV

People living with HIV are 29 times more likely to develop tuberculosis (TB) than people who are not living with HIV. TB remains a leading cause of death among people living with HIV, accounting for one in five AIDS-related deaths globally. TB-related deaths among people living with HIV have declined steadily since 2004. As of 2013, TB-related deaths among people living with HIV worldwide have fallen by 33% since 2004 (Figure 11). Among 41 countries with the highest burden of HIV/TB, 17 are estimated to have met by 2013 the target for reducing mortality by 50%. An important factor in the decline in TB-related deaths among people living with HIV is the rapid increase in antiretroviral treatment, which reduces the risk that a person living with HIV will develop TB by 65%. The most recent updated antiretroviral treatment guidelines from the World Health Organization (WHO) recommend initiation of HIV treatment for all people living with HIV who are diagnosed with TB, regardless of CD4 count.

HIV treatment coverage for people living with HIV/TB has increased. In terms of numbers of patients, the largest increases in antiretroviral therapy among people living with HIV/TB have occurred in India, South Africa, United Republic of Tanzania and Zambia.

Figure 11: Estimated number of tuberculosis-related deaths among people living with HIV, globally and in sub-Saharan Africa, 2004-2013



Source: UNAIDS report "How AIDS changed everything-2015"

2.2 Millennium Development Goals to Sustainable Development Goals

The world has exceeded the AIDS targets of Millennium Development Goal (MDG) 6, halting and reversing the spread of HIV, and more and more countries are getting on the Fast-Track to end the AIDS epidemic by 2030 as part of the Sustainable Development Goals (SDGs). New HIV infections have fallen by 35% since 2000 (by 58% among children) and AIDS-related deaths have fallen by 42% since the peak in 2004. The global response to HIV has averted 30 million new HIV infections and nearly 8 million (7.8 million) AIDS-related deaths since 2000, when the MDGs were set.

Ensuring access to antiretroviral therapy for 15.8 million people is an achievement deemed impossible 15 years ago. In 2000, less than 1% of people living with HIV in low- and middle-income countries had access to treatment. In 2014, the global coverage of people receiving antiretroviral therapy was 40%. But HIV continues to shine a harsh light on the inequalities of the world. AIDS is unfinished business. The case for change is compelling and commanding. Significant gaps and shortcomings of the response must be rectified. Accelerating the AIDS response in low- and middle-income countries

could avert 28 million new HIV infections and 21 million AIDS-related deaths between 2015 and 2030. The AIDS response has a single priority for the next 15 years: ending the AIDS epidemic by 2030.

Table 01: Global Summary of HIV/AIDS, 2001 – 2014

Year	Adults and children living with HIV	Adults and children newly infected with HIV	Adults (15- 49) prevalence (%)	Adults and child deaths due to AIDS
2014*	36.9 million	2 million	-	1.2 million
2013	35 million	2.1 million	0.8	1.5 million
2012	35.3 million	2.3 million	0.8	1.6 million
2011	34.2 million	2.5 million	0.8	1.7 million
2010	34.0 million	2.7 million	0.8	1.8 million
2001	28.6 million	3.1 million	0.8	1.9 million

Source: GLOBAL REPORT, UNAIDS report on the global AIDS epidemic 2013, * UNAIDS report "How AIDS Changed everything" - 2015

3. HIV/AIDS SITUATION IN THE SAARC REGION



HIV epidemic in SAARC region is also a collection of diverse epidemics in countries, provinces & districts. HIV/AIDS continues to be a major public health problem in the SAARC Region. All eight Member States of the SAARC region are designated as low prevalence countries. On the basis of latest available information this region is home for an estimated number of 2.24 million HIV infected people and 0.15 million AIDS deaths in 2014. **Table 02** shows the estimated number of People Living with HIV (PLHIV) in eight Member States of the SAARC Region in the year 2014. Three countries, namely India, Nepal and Pakistan account for majority of the regional burden. The first HIV infected persons were diagnosed in 1986 in India and Pakistan. By 1993, all SAARC Member States had reported the existence of HIV infection in their countries.

Table 02: Adult HIV Prevalence Rates and Estimated Number of PLHA in SAARC Region, 2014

Country	Estimated No. of PLHA	Estimated New HIV infection in 2014 (all ages)	HIV Prevalence Rate (%)	Number of AIDS Deaths	First HIV Positive Case Detected (Year)
Afghanistan	6700	< 1000	< 0.1	<500	1989
Bangladesh	8900	1000	< 0.1	< 1000	1989
Bhutan**	1000	<100	0.1	<100	1993
India*	2.09 million	0.12 million	0.27	0.14 million	1986
Maldives**	<100	<100	<0.1	<100	1991
Nepal	39249	1493	0.2	2576	1988
Pakistan	94000	20000	< 0.1	2800	1986
Sri- Lanka	3300	< 500	< 0.1	<200	1987
Regional	2.24 million	0.14 million		0.15 million	

Source: UNAIDS report “How AIDS Changed everything”-2015* Annual Report 2014-15, NACO, India (data of 2011)** SAARC Epidemiological Response on HIV/AIDS-2014

The overall adult HIV prevalence in SAARC region remains below 1%. However, there are important variations existing between countries. Bangladesh, India, Nepal and Pakistan have reported concentrated epidemics among the key affected populations. Of the estimated number of 2.24 million PLHIV in SAARC region, 2.09 million were living in India in 2014.

Table 03: Estimated number of adults and children receiving and needing antiretroviral therapy and coverage, 2014

Country	Estimated number of People needing ART(WHO 2013 Guidelines)*	Reported number of adults on ART	Estimated adults ART coverage (%)	Number of Children (0-14 years) on ART
Afghanistan	3900	281	4	16
Bangladesh	7100	1287	14	79
Bhutan	<1000	167	21	10
India	1900000	765747	36	45546
Maldives	<100	5	19	NA
Nepal	50000	11089	41	783
Pakistan	85000	5019	5	102
Sri Lanka	2700	605	19	34
Regional	2048700	784200	38	46570

Source: UNAIDS report “How AIDS Changed everything”-2015, * UNAIDS Report on the Global AIDS Epidemic -2013

On the basis of latest available information (UNAIDS report “How AIDS Changed everything”-2015), this region has 2.04 million estimated numbers of adults needing ART while in the region 0.78 million reported number of adults and 46570 numbers of children on ART in 2014. **Table 03** shows three countries, namely India, Nepal and Pakistan account for majority of the regional burden.

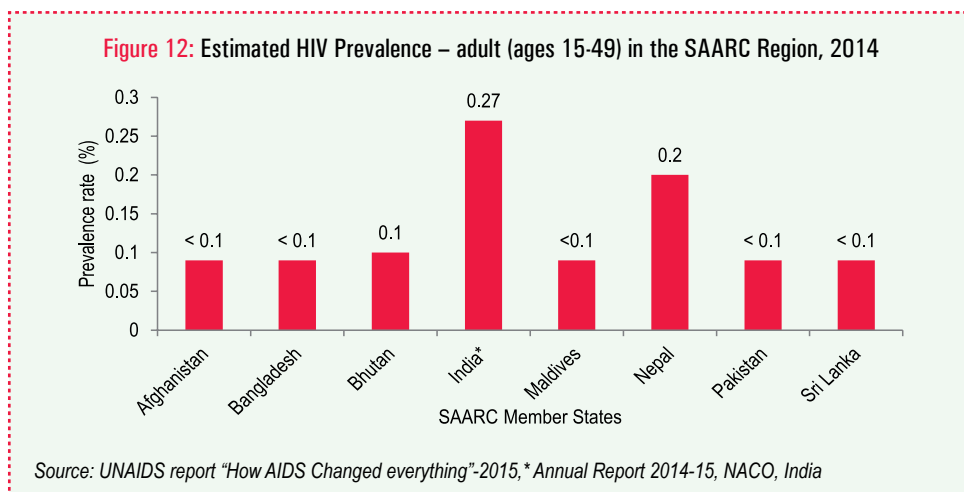


Figure 12 shows the estimated adult (15- 49) HIV prevalence rate of SAARC Member States. The overall HIV prevalence in the region still remains below 1%.

COUNTRY PROFILES

AFGHANISTAN

BANGLADESH

BHUTAN

INDIA

MALDIVES

NEPAL

PAKISTAN

SRI-LANKA

AFGHANISTAN



Islamic Republic of Afghanistan is one of the eight member countries of SAARC. It is a land-locked country, bordered by Pakistan in the south and east, Iran in the west, Turkmenistan, Uzbekistan and Tajikistan in the north, and China in the far northeast. The land area is 647,500 square kilometers and a population of 32 million (Global Tuberculosis Report-2015). Afghanistan consists of 34 provinces and 398 districts. Afghans comprise the second largest number of refugees and internally displaced people in the world.

Overview of the HIV/AIDS epidemic

Based on available data HIV epidemic in Afghanistan seems to be low and step to concentrated, this means that HIV affected mainly PWIDs among key population at higher risk of contracting HIV. The recent Integrated Biological Behavioral Surveillance Survey (IBBS) in 2012 shows an overall 4.4% of HIV prevalence among PWIDs. This prevalence is varied from minimum 0.3% among PWIDs in Mazar city to maximum up to 13.3 percent in Herat city. The study also found 0.3%, 0.4% and 0.7% among Female Sex Worker (FSW), Men who have Sex with Men (MSM) and Prisoner respectively.

A total 6700 estimated Number of People Living with HIV/AIDS (PLHIV) in the country (Figure 13). However a cumulative number of 1694 HIV infections were reported to the National AIDS Control Program at the end of year 2014 (Figure 14).

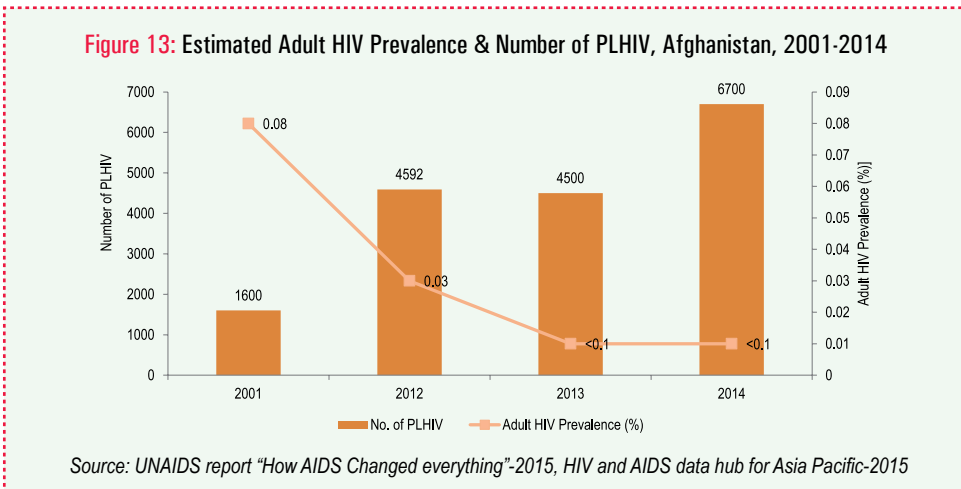
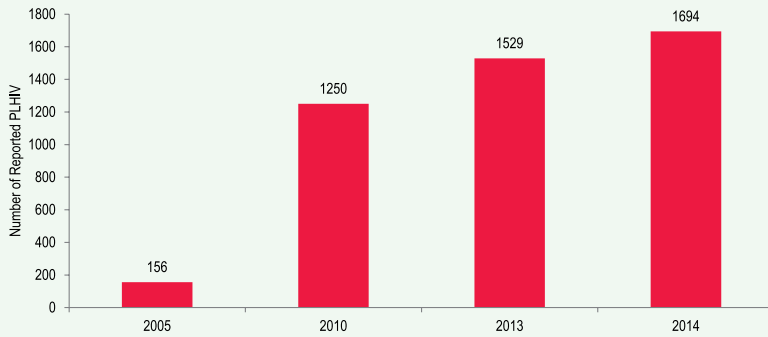


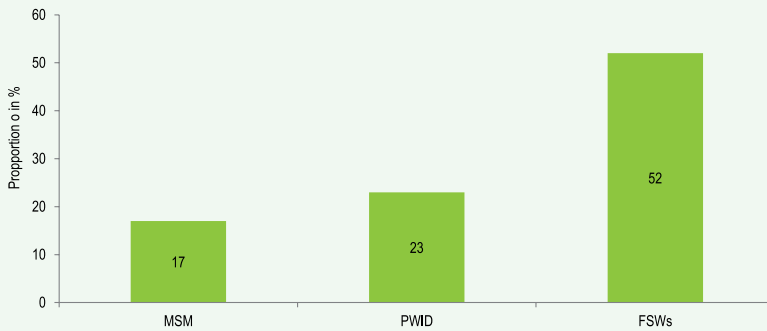
Figure 14: Cumulative number of reported PLHIV in the country from 2005-2014



Source: UNAIDS report "How AIDS Changed everything"-2015, HIV and AIDS data hub for Asia Pacific-2015

The highest percentage of Key Populations who reported condom use at last sex was FSWs followed by PWID and MSM (Figure 15).

Figure 15: Percentage of key populations who reported condom use at last sex, 2012



Source: SAARC Epidemiological Response on HIV/AIDS-2014

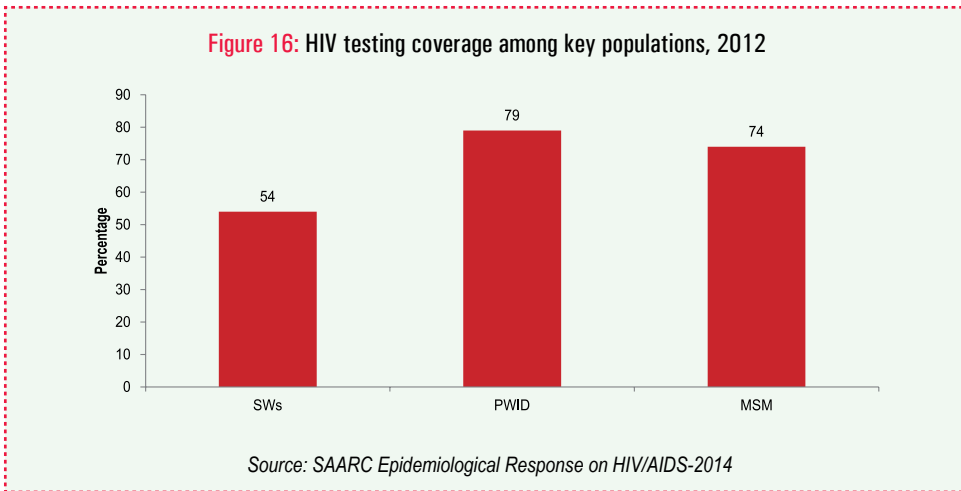


Figure 16 shows the HIV testing coverage among key populations. The highest coverage was in PWID and least in Sex worker.

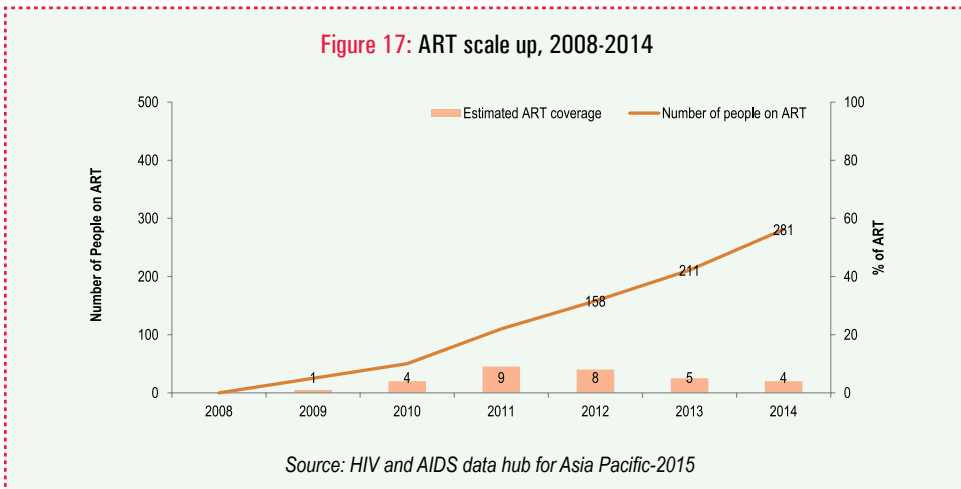


Figure 17 shows the trend of ART scale up from 2008 to 2014. The number of people on ART has reached 281 and its estimated ART coverage was 4% in 2014.

Epidemic Overview, 2014

Population(mid-year)	32 million
Estimated Number of people living with HIV/AIDS	6700
Estimated newly infected	<1000
Cumulative number of reported HIV infections	1694
Estimated number of deaths due to AIDS	<500
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)*	1500 (1% to 7%)

HIV Prevalence

Adult (15 - 49)	<0.1%
Female sex workers (FSW)*	0.30%
Men who have Sex with Men (MSM)*	0.50%
People Who Inject Drugs (PWID)*	4.40%

Condom use at last sex (2012)

FSW	52%
MSM	17%
PWID	23%

HIV Testing Coverage

FSW	6%
MSM	17%
PWID	23%

Treatment

Reported number of people on ART, 2014	281
ART Coverage (people on ART as proportion of PLHIV)	4%

Source: UNAIDS report "How AIDS Changed everything"-2015, HIV and AIDS data hub for Asia Pacific, * data of year 2012 (IBBS)

BANGLADESH



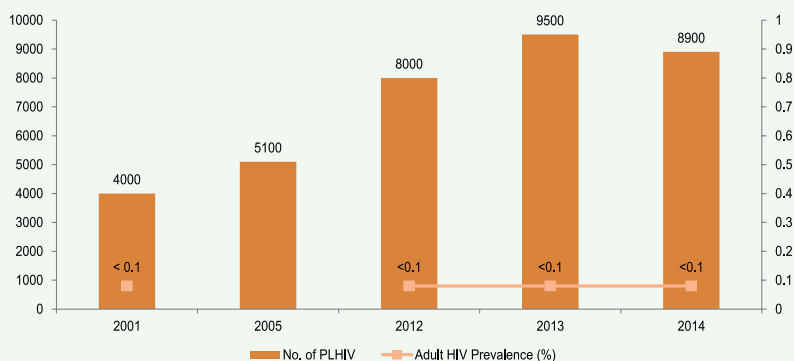
Bangladesh is a relatively small coastal country in South Asia. It is bordered by India on all sides, Burma (Myanmar) on the southeast and the Bay of Bengal to its south. With a population of around 159 million (Global Tuberculosis Report -2015), it is one of the most densely populated countries in the world, with the highest densities occurring in and around the capital city of Dhaka.

Overview of the HIV/AIDS epidemic

In Bangladesh the first case of HIV was detected in 1989. In 2014 (December 2013 to November 2014) the Number of New HIV infected is 433 and the Number of HIV/AIDS related Death is 91. Till December 2014, there were 3,674 reported cases of HIV and among them 563 died. Bangladesh still a low prevalent country in the region with prevalence of less than 0.1% among the general population and less than 1% among Most at risk population.

According to the latest available survey 2014 of Bangladesh, the HIV prevalence among people who use drugs (PWUD), female sex workers (FSW), male sex workers (MSW), men who have sex with men (MSM) and Hijras was 0.7%. Although HIV prevalence was below 1% in most groups of FSW, in casual sex workers (those who were selling sex either in the street, residence or hotel and had either one or more main sources of income) from Hilli (a small border town in the northwest part of Bangladesh), prevalence was 1.6%. As per midline assessment of the Global Fund supported interventions for MSM, MSW and TG in 2013 in Dhaka (capital city), the prevalence among MSW was 0.6%, among MSM 0.7% and among TG/Hijras it was 0.5%. Among the transgendered community (hijra) the HIV prevalence was 1% in two sites (Dhaka and Manikganj-a peri-urban site adjacent to Dhaka) in 2011 and one person was detected as being HIV positive among a small sample from Hilli.

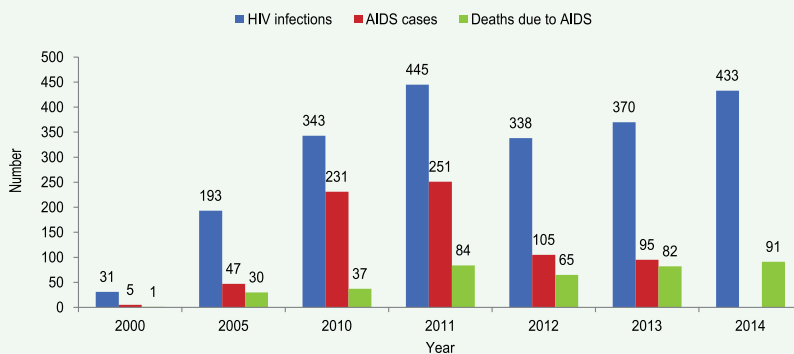
Figure 18: Estimated Adult HIV Prevalence & Number of PLHIV, Bangladesh, 2001-14



Source: HIV and AIDS data hub for Asia Pacific-2015

The estimated number of PLHIV in Bangladesh maintains a steady increasing trend from 2001 to 2013 and it has decreased to 8900 in 2014 (Figure 18). Bangladesh is estimated to have 1000 annual new HIV infections among adults.

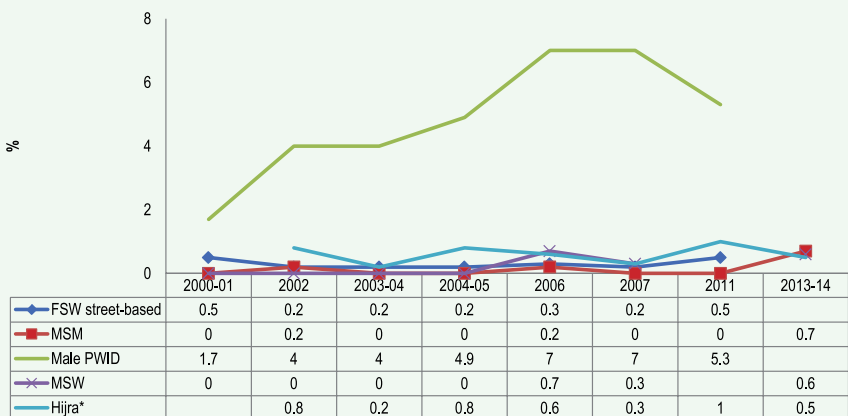
Figure 19: Annual reported number of HIV infections, AIDS cases and deaths, 2000-2014



Source: HIV and AIDS data hub for Asia Pacific-2015 & www.bdnasp.org

Reported number of HIV infections and deaths due to AIDS were in increasing order from 2011. However AIDS cases were in decreasing trend from 2011 (Figure 19).

Figure 20: HIV Prevalence among key populations in Dhaka, by survey round from 2000-01 to 2013-14

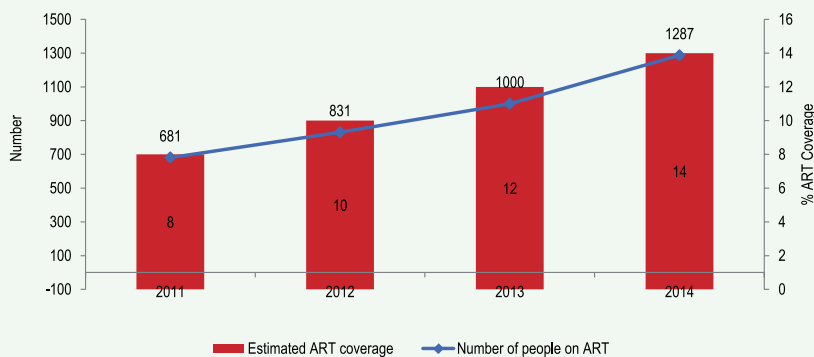


*Dhaka and Manikganj

Source: HIV and AIDS data hub for Asia Pacific-2015

Figure 20 shows the HIV Prevalence among key populations. The HIV prevalence among MSW was 0.6%, among MSM 0.7% and among Hijra 0.5% in 2014.

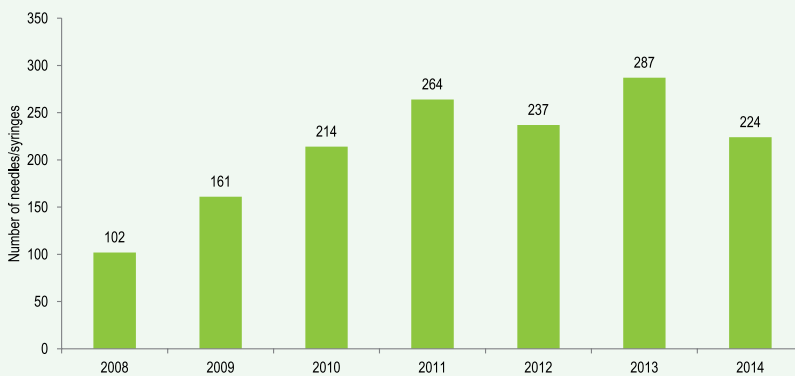
Figure 21: ART scale up, 2011-2014



Source: HIV and AIDS data hub for Asia Pacific-2015

Figure 21 shows the scaling up of number of people on ART from 681 in 2011 to 1287 in 2014. The percentage ART coverage also increased from 8% in 2011 to 14% in 2014

Figure 22: Number of needles/syringes distributed per person who inject drugs per year, 2008-2014



Source: HIV and AIDS data hub for Asia Pacific-2015

Figure 22 shows, the coverage of needles/syringes distributed per person who inject drugs per year. The highest coverage per PWID per year started from 2010 to till date. However, before 2010 it has been in medium coverage of syringes were distributed.

Epidemic Overview, 2014

Population(mid-year)	159 million
Estimated Number of people living with HIV/AIDS	8900
Estimated newly infected	1000
Cumulative number of reported HIV infections**	3674
Estimated number of deaths due to AIDS	< 1000
Number of pregnant women receiving ARVs and PMTCT coverage	25(18%)

HIV Prevalence

Adult (15 - 49)	< 0.1 %
Female sex workers (FSW)*	0.3%
Men who have Sex with Men (MSM)*	0.7%
People Who Inject Drugs (PWID)*	1.1%

Condom use at last sex

FSW	67%
MSM	49%
PWID	45%

HIV Testing Coverage

FSW	4%
MSM	16%
PWID	5%

Treatment

Reported number of people on ART, 2014	1287
ART Coverage (people on ART as proportion of PLHIV)	14%

Source: UNAIDS report "How AIDS Changed everything"-2015, HIV and AIDS data hub for Asia Pacific, * data of year 2012 (IBBS), ** www.bdnasp.org

BHUTAN



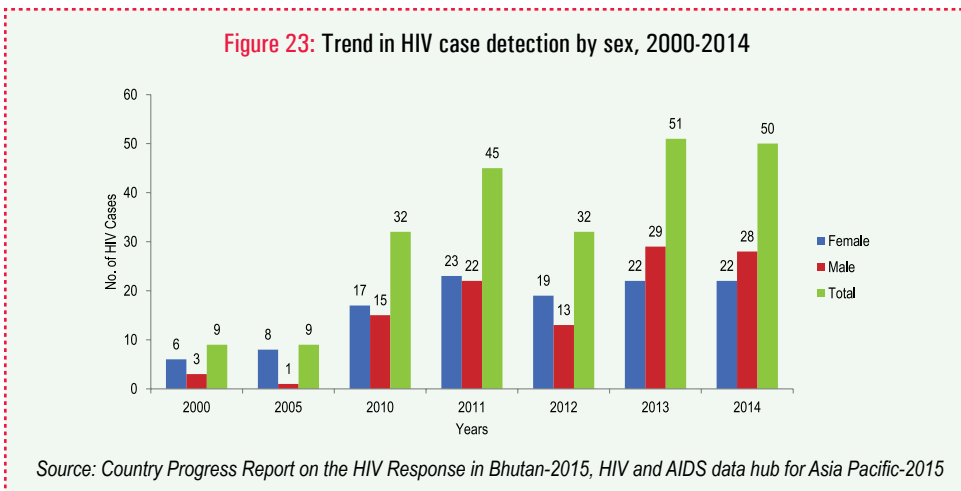
Bhutan is a land locked country situated in the Himalayas, it has border with China and India. Bhutan has an area of 38,394 sq km and the altitude varying from 180 m to 7,550 m above sea level. The total population of Bhutan is 7, 66,000 (HIV and AIDS data hub for Asia Pacific-2015). The country is divided into 20 districts for administrative purposes.

The Himalayan Kingdom of Bhutan, though isolated geographically, is not impervious to HIV/AIDS. Increasing cross-border migration and international travel, combined with behavioral risk factors of the population, Bhutan could face rapid spread of HIV. As the epidemic is at a very early stage, there is still time for vigorous action to stop its spread.

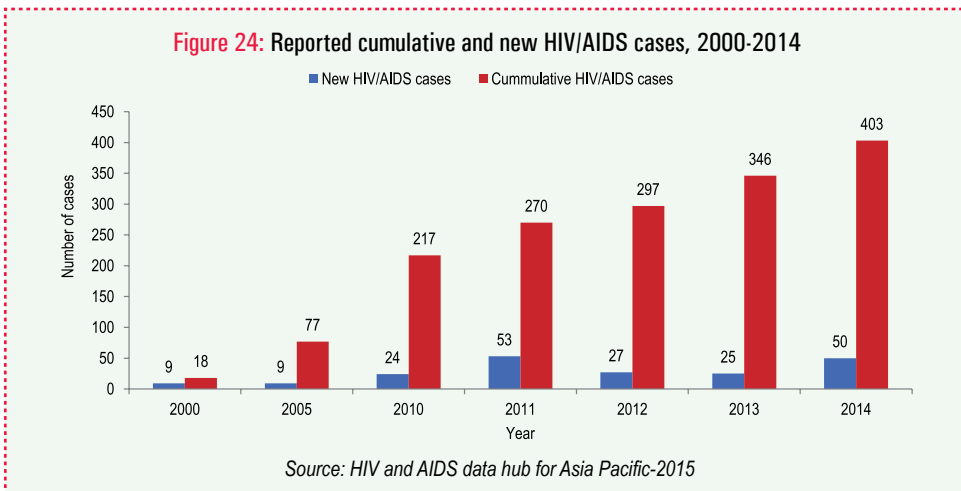
Overview of the HIV/AIDS epidemic

The first case of HIV was detected in 1993, and the number of cases increased from the year 2000 onwards, with more than 80% of the total cases reported within the last 10 years. This noticeable increase is attributed to the scale up of HIV testing and counseling services in the country. The majority of the cases are found within the younger populations, with over 53% of cases detected in the population group below the age of 30.

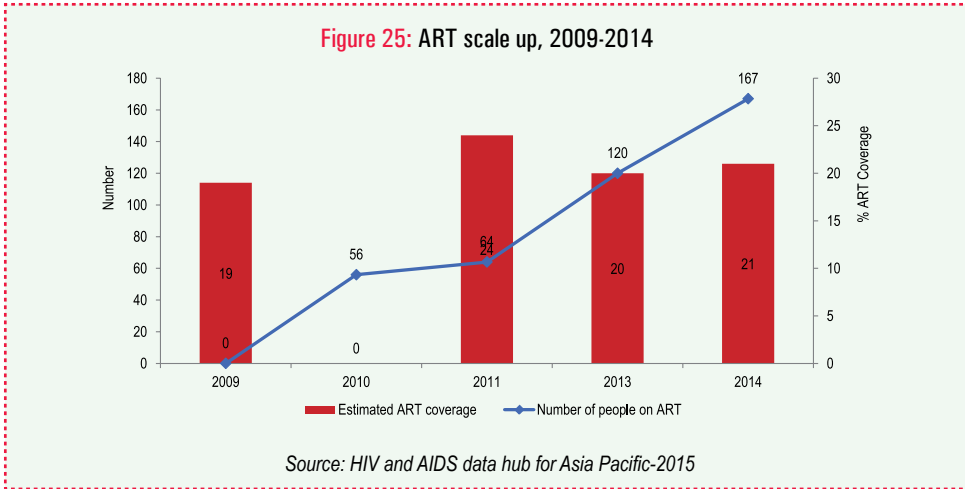
Bhutan bears a low burden of HIV; the estimated adult HIV prevalence was 0.1% (range 0.1%-0.4%) in 2013, or less than 1,000 people living with HIV. (UNAIDS, HIV in Asia and the Pacific, 2013). However, due to data limitations, particularly related to the HIV prevalence and size of the traditionally vulnerable populations, it remains difficult to fully understand and explain the dynamics of the overall HIV epidemic in the country.



From 2000 to 2010, maximum 32 HIV cases were detected. More than 50% of the cases were reported in the last five years, due to the increased efforts and scaling up of the HIV testing services and mass awareness programmes by the Ministry of Health and its partners. (Figure 23)



By 2014, a total of 403 reported HIV cases have been detected with a total increase of 50 new cases as compared to the previous report updates of December, 2015 (Figure 24).



Till date, there are 167 PLHIV on ART based on the previous WHO guideline of CD4 count of less than 350. **Figure 25** shows the 21% of ART coverage in the country.

Epidemic Overview, 2014

Population(mid-year)	766000
Estimated Number of people living with HIV/AIDS	1000
Estimated newly infected	<100
Cummulative number of reported HIV infections	-
Estimated number of deaths due to AIDS	< 100
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)	-

HIV Prevalence

Adult (15 - 49)	0.1%
Female sex workers (FSW)	N/A
Men who have Sex with Men (MSM)	N/A
People Who Inject Drugs (PWID)	N/A

Condom use at last sex

FSW	38%
MSM	N/A
PWID	54%

HIV Testing Coverage

FSW	N/A
MSM	N/A
PWID	N/A

Treatment

Reported number of people on ART, 2014	167
ART Coverage (%)	21

Source: Country Progress Report on the HIV Response in Bhutan-2015, HIV and AIDS data hub for Asia Pacific-2015

INDIA



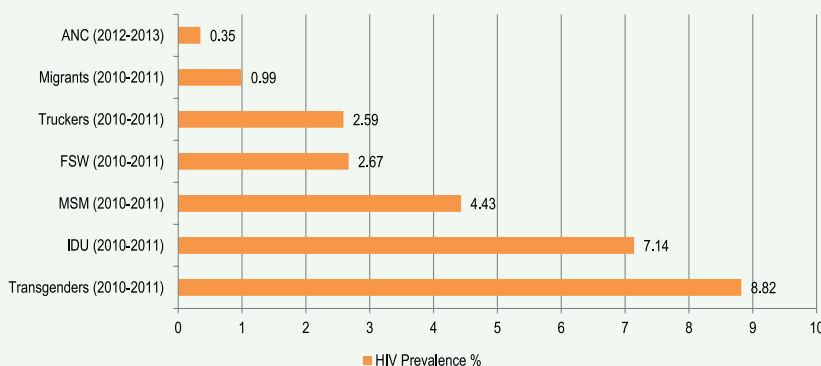
India is the largest countries in South Asia. Geographically it is the seventh largest and second most populous country in the world. Its estimated total population was 1295 million (Global Tuberculosis Report-2015). Bounded by the Indian Ocean on the south, the Arabian Sea on the south-west, and the Bay of Bengal on the south-east, it shares land borders with Pakistan to the west; China, Nepal, and Bhutan to the north-east; and Burma and Bangladesh to the east.

Overview of the HIV/AIDS epidemic

The HIV epidemic in India is concentrated among High Risk Groups and is heterogeneous in its distribution. The vulnerabilities that drive the epidemic are different in different parts of the country. Overall trends of HIV portray a declining epidemic at national level, though regional variations exist. The Department of AIDS Control has been monitoring levels and trends of HIV among different population groups to craft effective responses to control HIV/AIDS in India through the HIV Sentinel Surveillance System since 1998.

According to HIV Sentential Surveillance (HSS) 2012-2013, the overall HIV prevalence among ANC clinic attendees, considered a proxy for prevalence among the general population, continues to be low at 0.35% in the country, with an overall declining trend at the national level.

Figure 26: National HIV Prevalence for ANC attendees (2012-2013) and among different risk groups (2010-11)



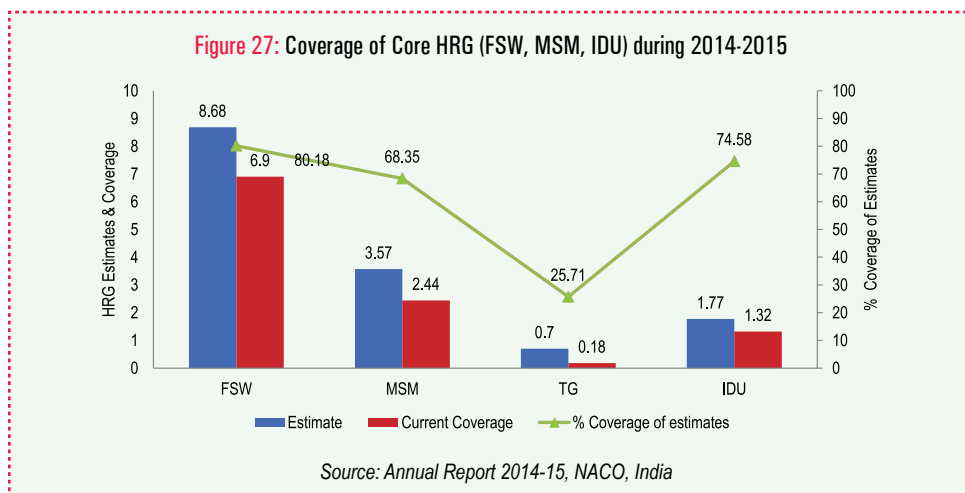
Source: Annual Report 2014-15, NACO, India

Figure 26 shows considerable decline HIV Prevalence has been recorded among female sex worker at national level (5.06% in 2007 to 2.67% in 2011). Declines have been achieved among Men who have Sex with Men (7.41% in 2007 to 4.43% in 2011) also, though several pockets in the country have shown higher HIV prevalence among them with mixed trends. Stable trends also have been recorded among Injecting Drug Users at national level (7.23% in 2007 to 7.14% in 2011).

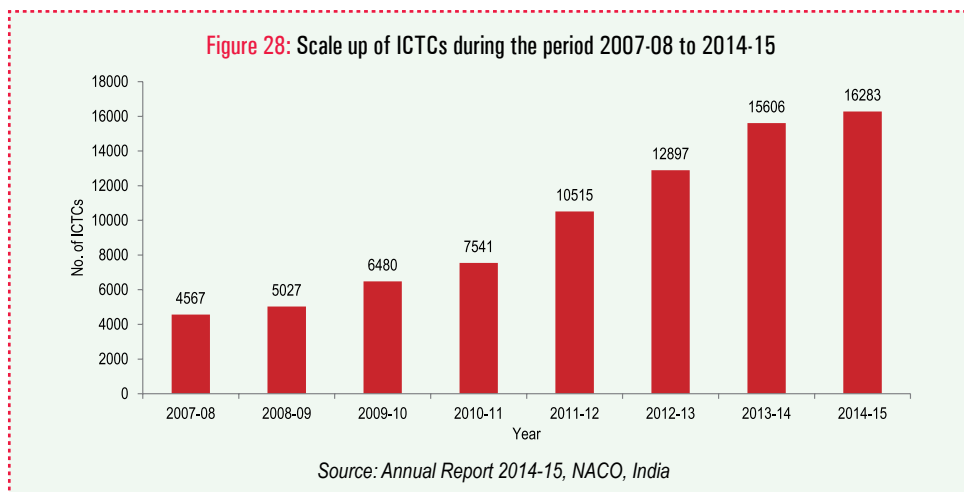
The last round of HIV Estimations was conducted in the country in 2012. The next round of HIV Estimations is planned to be conducted during 2015 to estimate the levels and trends of HIV prevalence, incidence and burden at the National and State levels after availability of data on HIV prevalence from the ongoing National Integrated Biological and Behavioural Surveillance for High Risk Groups.

According to HIV Estimations 2012, the adult (15- 49 years) HIV prevalence at national level continued its steady decline from the estimated level of 0.41% in 2001 to 0.27% in 2011. However, some States like Assam, Delhi, Chandigarh, Chhattisgarh, Jharkhand, Odisha, Punjab and Uttarakhand showed rising trends in adult HIV prevalence. At national level HIV prevalence among the young (15-24 years) population also declined from around 0.30% in 2001 to 0.11% in 2011

The total number of people living with HIV/AIDS in India was estimated at around 2.09 million in 2011, 86% of whom were in 15-49 years age-group. Children less than 15 years of age accounted for 7% (0.14 million) of all infections in 2011. Of all HIV infections, 39% (0.81 million) were among women. The estimated number of PLHIV in India has maintained a steady declining trend from 2.3 million in 2006 to 2.09 million in 2011.



The key performance of TIs (Targeted Intervention) with respect to the coverage of core HRGs during 2014-15 is depicted (Figure 27). This data based on reports received at NACO, shows that FSW coverage compared to the estimates, has already crossed 80%.



There is an increase in the number and proportion of F-ICTCs in the country and decrease in standalone ICTCs, clearly portraying integration of counseling and testing services under general health services, increase in geographical coverage of these services below block level, better accessibility and addressing sustainability (Figure 28).

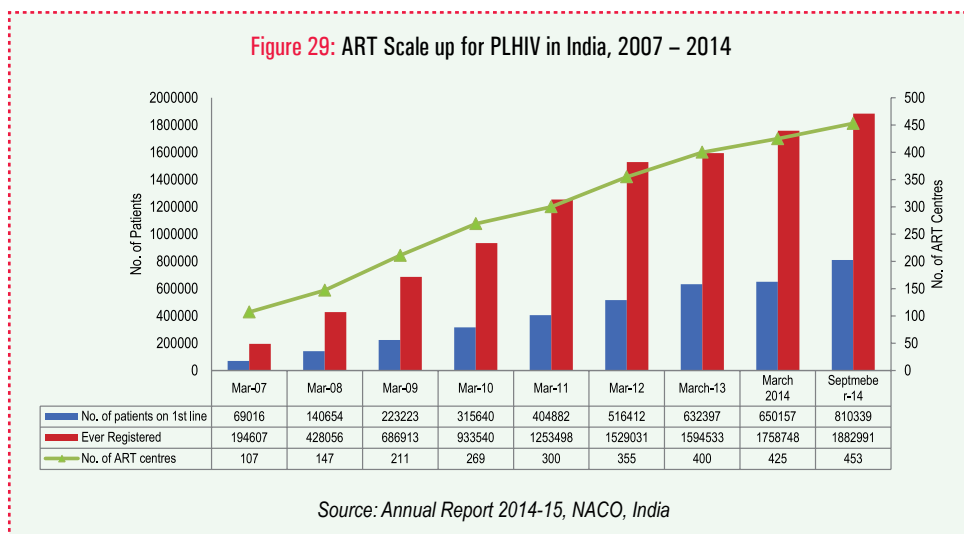


Figure 29 shows the scaling up of service provisioning under CST component since March 2007. All measures of service provisioning, viz. number of ART centres, PLHIV ever registered and PLHIV on 1st line treatment have increased exponentially.

Epidemic Overview, 2014	
Population(mid-year)	1295 million
Estimated Number of people living with HIV/AIDS (2011)	2.09 million
Estimated newly infected	0.12 million
Estimated number of deaths due to AIDS	0.14 million
No. of patients on 1st line	810,339
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)	-
HIV Prevalence	
Adult (15 - 49)	0.27%
Female sex workers (FSW)	2.67%
Men who have Sex with Men (MSM)	4.43%
People Who Inject Drugs (PWID)	7.14%
Condom use at last sex*	
FSW (2014)	96%
MSM (2009)	58%
PWID (2013)	63%
HIV Testing Coverage*	
FSW	71%
MSM	70%
PWID	68%
Treatment	
Reported number of people on ART, 2014	765747
ART Coverage (%)	36

Source: Annual Report 2013-2014, NACO, India, * HIV and AIDS data hub for Asia Pacific-2015

MALDIVES

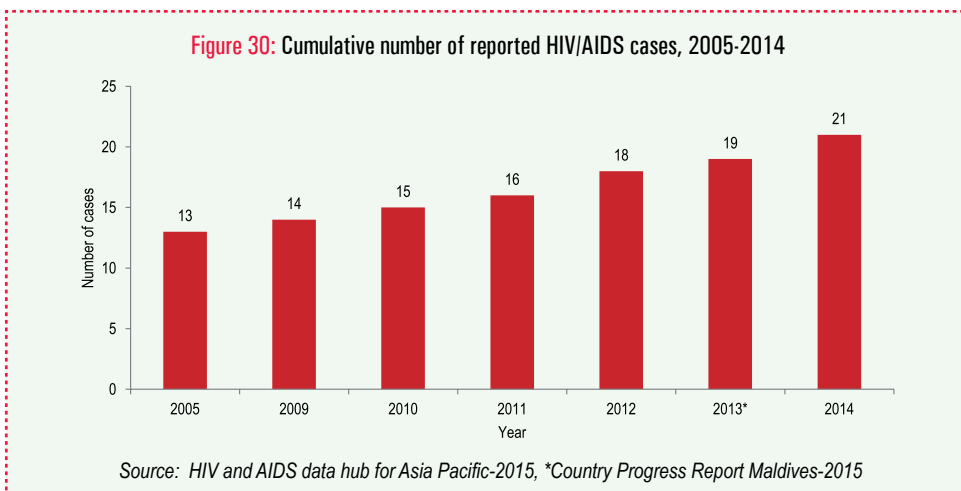


Republic of Maldives is a country formed by a number of natural atolls plus a few islands and isolated reefs which form a pattern from North to South. Maldives is situated in the Indian Ocean, close to India and Sri Lanka. It is located southwest of the Indian subcontinent stretching 860 km north to south and 80 – 129 km east to west. For administrative purposes, the Country has been organized into seven provinces. It consists of nearly 1,190 islands, of which around 200 are inhabited. In addition, there are around 90 uninhabited islands that have been developed as tourist resorts.

The population of Maldives was over 352000 (HIV and AIDS data hub for Asia Pacific-2015) in year 2014. Of which approximately one third of the population is living in the island of Male', the capital. The remaining two-thirds of the population are spread out over 198 islands.

Overview of the HIV/AIDS epidemic

Maldives has a low prevalence of HIV, with high risk for potential concentrated epidemic. Through 2013, 19 HIV positive cases had been reported among Maldivians (16 male, 3 female) and around 300 or more cases among expatriates. 18 out of 19 cases have been identified through case reporting, one case was identified through 1st BBS, and majority of infections were reportedly acquired through Heterosexual transmission. 12 of 18 HIV positive Maldivians died of AIDS. Until recently, Maldives, HIV infections were imported, however most recent infections were local. HIV among Key Populations was reported in 2011 and 2012; they are from MSM and IDU communities. However, as per HIV and AIDS data hub for Asia Pacific-2015, 21 cumulative reported HIV infections was recorded in 2014 (**Figure 30**).



Before 2008, the only data on HIV in the Maldives was available in the form of case reporting. In 2008, the first Bio- Behavioral survey was conducted in the Maldives. A total of 1971 serological samples were taken across five groups: Female sex workers (FSW), Men who have sex with men (MSM), injecting drug users (IDU), Occupational cohorts of Men, (OCM- including seafarers, construction workers and resort workers) and youth, across Male', Addu and Laamu atolls. In 2010, a Risk behavior Mapping was conducted at selected island and atolls.

The Risk Behavior Mapping Survey (2010) shows that number of key affected population (IDU, FSW and MSM) spread across the Atolls. The survey was done in 12 islands across Maldives and it has been estimated that there are 545 to 625 FSW, 577 to 792 MSM and 410 IDU in these 12 islands. The data has been extrapolated to calculate the national estimates of 1139 FSW, 1199 MSM and 793 IDU with high percentage of the population in Male alone: FSW 37%, MSM 48% and IDU 53%.

Apart from the key affected population IDU, FSW and MSM, Maldives have other vulnerable population like Migrants, Youths and Adolescents. There were 70,259 non-Maldivian migrant workers in the Maldives in 2009 of whom only 8% were women. These above data suggests that there is potential risk of low epidemic of Maldives becoming concentrated epidemic if interventions are not effectively planned. The program approaches needs to target more to on identifying the risk population, reaching them with HIV prevention programs and getting them to HIV testing.

In regards to the interventions to the FSW, a couple of reproductive health service centers run by NGOs are delivering the services. The STI diagnosis and treatment and HIV testing and counseling are being offered through these centers to the FSW population. These services however have minimal linkages with community base service. These also cover migrant population with similar service packages. TI services for IDU, FSW and Migrants link with Indira Gandhi Memorial Hospital (IGMH) for confirmatory HIV diagnosis and continuum of care for PHIV.

HIV testing and Counseling

In Maldives, every HIV positive result (screening test) will be notified to the National programme, for confirmatory testing and linking to treatment and care. An HIV is available from all the hospital and health centers; anyone can access to these services free of charge. In addition there are 8 centers designated to promote and offer free testing and counselling. Two VCT centers have been established outside the public health system, within NGOs that offer targeted services for key populations, youth and migrant workers. Maldives has national guidelines for HIV testing and counseling endorsed in April 2009.

In 2014, nearly 25,000 HIV tests were carried out; in 2013, 35,754 tests were done. During this reporting round, there were under reporting from many reporting sites.

According to national testing guidelines, pregnant women should be offered an HIV test, allowing them to opt out; also, pre- and post-test counseling should be provided and written informed consent should be obtained prior to testing. However, contrary to these guidelines, all pregnant women are still screened for HIV along with VDRL and hepatitis B, and pre- and post-test counseling is not available.

Written informed consent is obtained prior to HIV testing and there is a procedure for pregnant women to opt out, if they wish. 3704 women were tested in 2014.

The expatriate workers applying for a work permit is required to undergo a medical screening process, which includes selected communicable diseases, and HIV is one of them. In 2014, 7242 expatriates were tested and 6 among them were tested positive for HIV, who were not granted permit to stay.

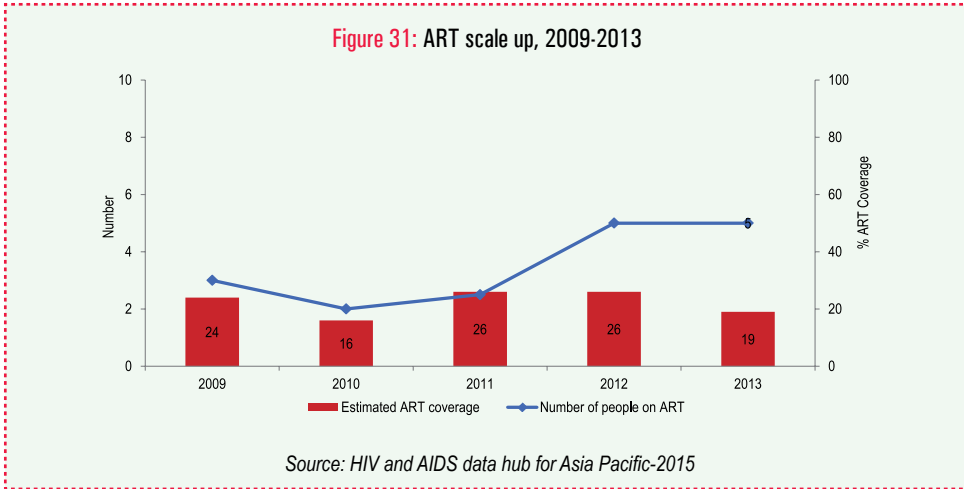


Figure 31 shows the scaling up of number of people on ART from 3 in 2009 to 5 in 2013. The percentage ART coverage has decreased from 24% in 2009 to 19% in 2013. However there are less than 100 cases who in need of ART. Antiretroviral services are being delivered from one center, Indira Gandhi Memorial Hospital in Male. People who get positive for HIV are immediately enrolled in the national treatment programme; a treating physician will be assigned to every client, who will look after the client, ensuring regular checkups, dispensing the ARV drugs and follow-up. National programme facilitates psychosocial support, and if required legal support as well. Patients on treatment, who are living away from the ART center, are asked to identify a family member who will collect the drugs from the ART center and deliver the drugs to the client. This practice has been there, and functional ever since the ARV programme was established.

Epidemic Overview, 2014

Population(mid-year)*	352000
Estimated Number of people living with HIV/AIDS	<100
Estimated newly infected	N/A
Cummulative number of reported HIV infections	-
Estimated number of deaths due to AIDS	< 100
No. of patients on 1st line	-
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)	N/A

HIV Prevalence

Adult (15 - 49)	< 0.1 %
Female sex workers (FSW)	0%
Men who have Sex with Men (MSM)	0%
People Who Inject Drugs (PWID)	0%

Condom use at last sex

FSW	12%
MSM	34%
PWID	18%

HIV Testing Coverage

FSW	14%
MSM	10%
PWID	17%

Treatment

Reported number of people on ART, 2013	5
ART Coverage (%)	19

Source; SAARC Epidemiological Response on HIV/AIDS-2014,* HIV and AIDS data hub for Asia Pacific-2015,

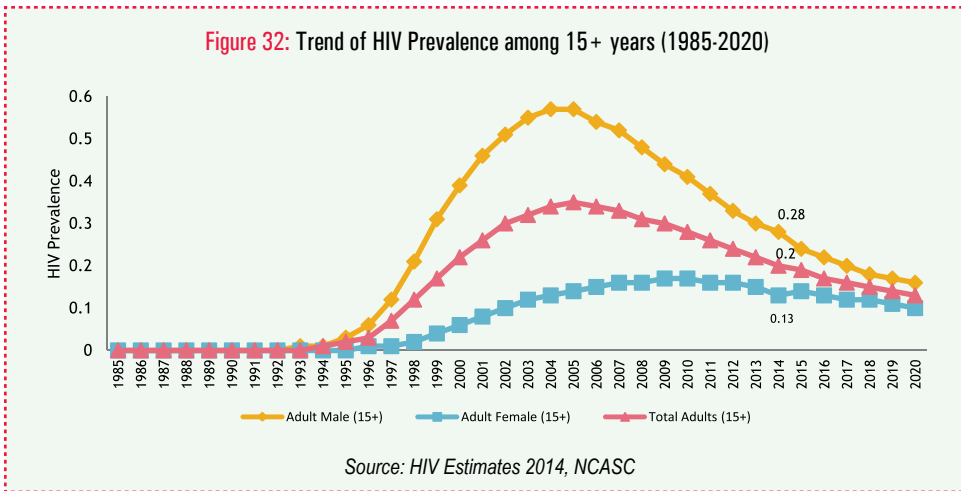
NEPAL



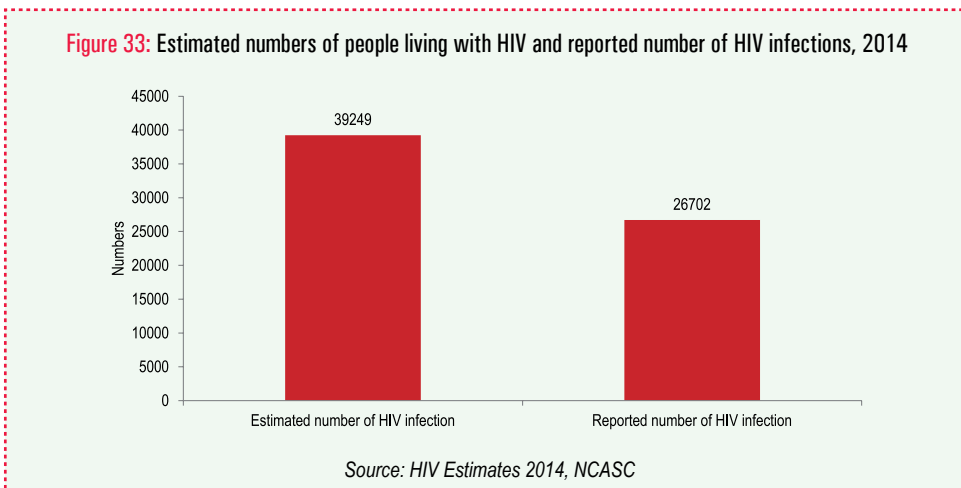
Nepal is a landlocked country and is located in the Himalayas and bordered to the north by China and to the south, east, and west by India. It is comprised of 75 districts divided into five regions (Far- Western, Mid-Western, Western, Central and Eastern). It has an area of 147,181 square kilometers and a population of approximately 28 million (Global Tuberculosis Report-2015). The urban population is largely concentrated in the Kathmandu valley. Nepal has a market economy mainly based on farming and tourism.

Overview of the HIV/AIDS epidemic

Nepal's HIV prevalence has not changed much over the last five years, it has remained within 0.3 - 0.2 percent. It is estimated that currently there are around 39,249 people living with HIV in 2014, decreasing from 40,723 in 2013. An estimated number of 2,576 deaths were due to AIDS in 2014 declining from 3,362 deaths in 2013. The number of estimated deaths is projected to decline to 1,266 in 2020, due to an expected increase in the numbers of people on Antiretroviral Therapy (ART). The estimated number of new cases in 2014 is 1,493 as compared to 1,408 in 2013. Overall, the epidemic is largely driven by sexual transmission that accounts for more than 85% of the total new HIV infections. The HIV epidemic in Nepal remains concentrated among the key affected populations notably; people who inject drugs (PWID), men who have sex with men (MSM), transgender people (TG), male sex workers (MSW), female sex workers (FSW) and male labor migrants (MLM) as well as their spouses. As shown in Figure 21, the estimated HIV prevalence among adult aged 15-49 years has dropped from a peak (0.35%) in 2005, and is likely to remain around 0.13 % in 2020.

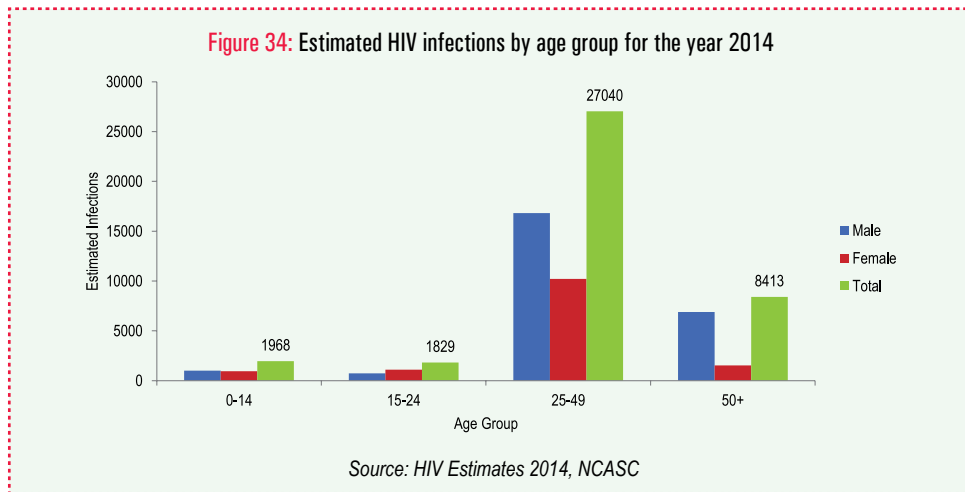


According to National estimates of HIV infection report, a total of 39249 individuals with aged 15 years and above are living with HIV. In 2014-15 July, 26702 HIV positive cases were detected. The gap 32 % between estimated and detected HIV cases (**Figure 32**) raises questions about the accessibility and uptake of testing and counseling services.

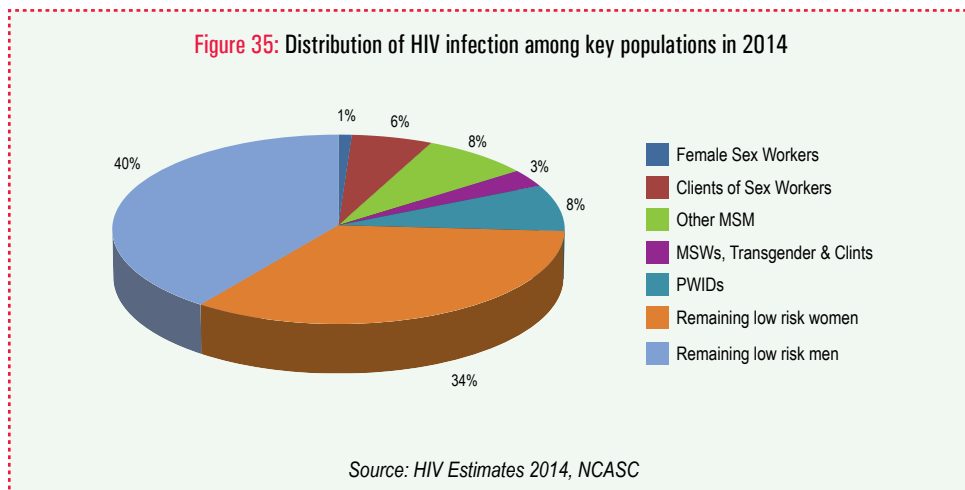


Out of the total estimated infections of 39,249, there are a total of 1,968 children in the 0-14 year's age group (5%). The age group comprising of adults 15 years and above makes remaining 95% of the

estimated infections (**Figure 33 & Figure 34**). It should be noted that 8,413 infections are amongst people over the age of 50 years (21%). By sex, 65% of infections have occurred among males; and 35% of infections are in females, out of which around 26% are in the reproductive age group of 15-49.



The estimates also indicate that 26% of total infections are distributed among PWID (8%), MSWs & TGSW (3%), Clients (6%), MSM (8%), and FSWs (1%) (**Figure 35**). These apart, low risk males including MLM account for 40% and low risk females account for 34% of the remaining infections.



As of July 2015, total ART need (CD4 <= 350) is 26702 and 11089 is its coverage. Patients on 1st line regimen is 8003 and substituted on 1st line is 2944, however 142 patients switched on 2nd line. **Figure 36** shows outcomes of ART programme in Nepal in which 75% alive and on treatment.

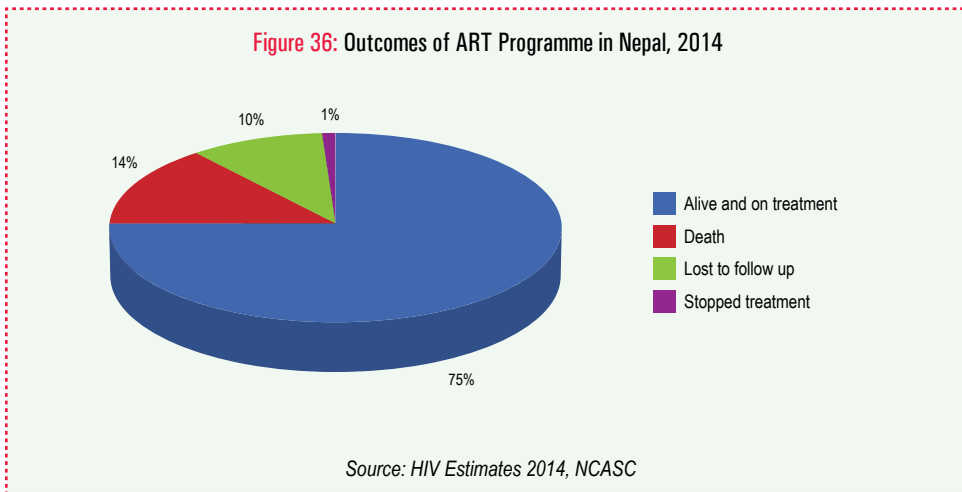
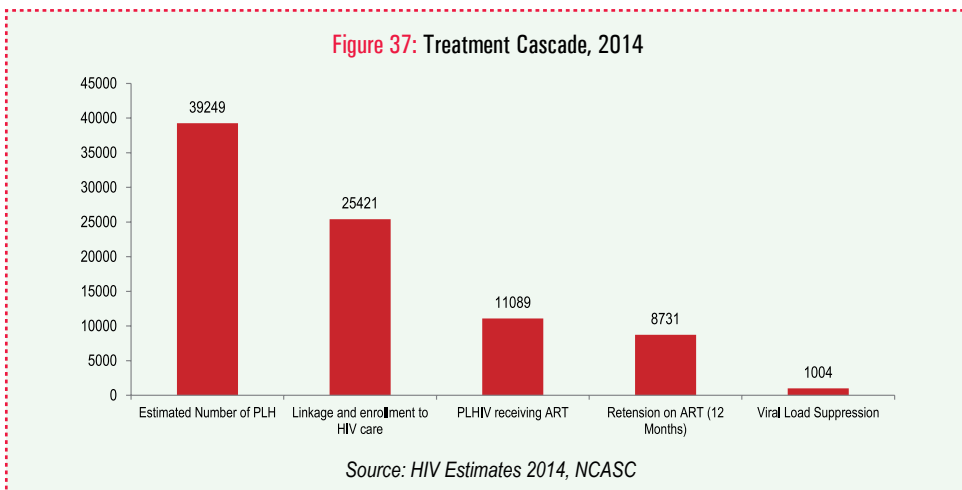


Figure 37 shows the treatment cascade, 2014 of Nepal, in which estimated PLHIV were 39249 and out of which linkage and enrollment to HIV care were 25421. However, 11089 PLHIV receiving ART and 8731 retention on ART (12 months), also 1004 were in viral load suppression.



Epidemic Overview, 2014

Population(mid-year)	28 million
Estimated Number of people living with HIV/AIDS	39249
Estimated newly infected	1493
Cummulative number of reported HIV infections	26702
Estimated number of deaths due to AIDS	2576
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)	47

HIV Prevalence

Adult (15 - 49)	0.20%
Female sex workers (FSW)	1.7%
Men who have Sex with Men (MSM)	3.8%
People Who Inject Drugs (PWID)	6.3%

Condom use at last sex*

FSW	83%
MSM	91%
PWID	47%

HIV Testing Coverage*

FSW	55%
MSM	42%
PWID	21%

Treatment

Reported number of people on ART, 2014	11089
ART Coverage (people on ART as proportion of PLHIV)	41%

Source: Country Report NCASC, Nepal-2015, HIV and AIDS data hub for Asia Pacific-2015, * SAARC Epidemiological Response on HIV/AIDS-2014

PAKISTAN

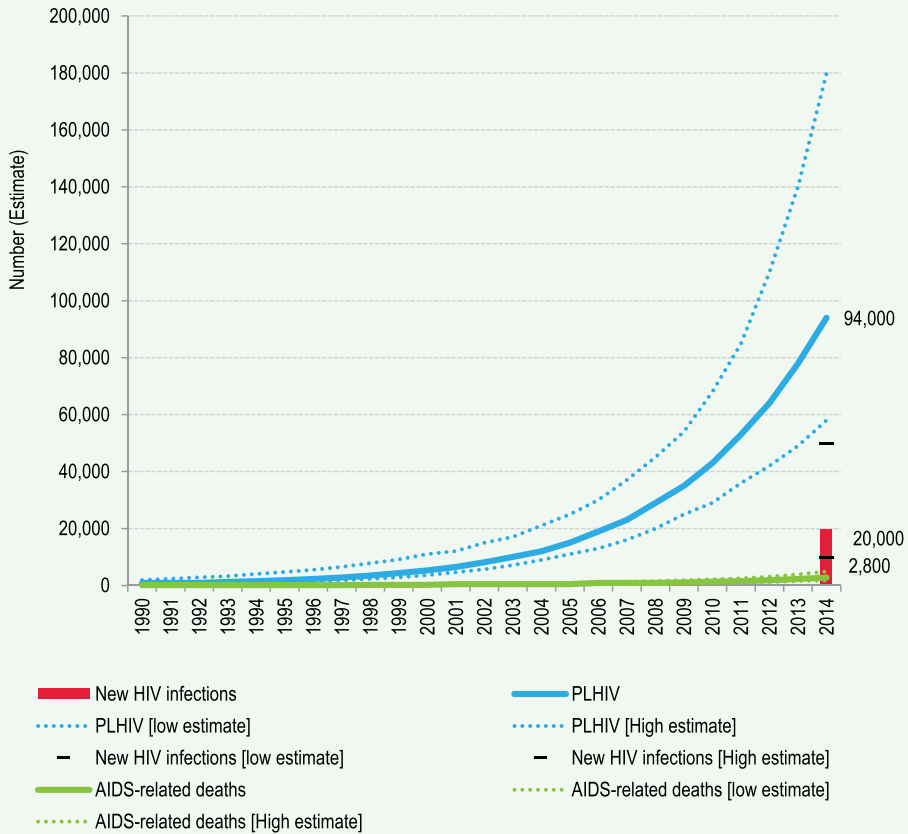


Pakistan is located in South Asia. It has the Arabian Sea in the south and is bordered by India to the east, Afghanistan to the west and north, Iran to the southwest and China in the far northeast. It has a total area of 796,095 km². The population of Pakistan was estimated at approximately 185 million in 2014 (Global Tuberculosis Report-2015) making it the sixth most populous nation in the world with an average annual growth rate of 2%. Pakistan comprises of four provinces and 129 districts.

Overview of the HIV/AIDS epidemic

Pakistan's Federal Ministry of Health initiated a National AIDS Prevention and Control Program (NACP) in 1987. Pakistan had an estimated 94,000 people living with HIV by the end of 2014, with 20,000 estimated new HIV infection and 2800 deaths due to AIDS. The trend of a concentrated HIV epidemic among Key Affected Populations in Pakistan continues to be driven by PWID exhibiting the highest HIV prevalence at 27.2% in 2011. This is followed by 'Hijra' (HSWs) or transgender and male sex workers (MSWs) at 5.2% and 1.6%, respectively. Among the Key Affected Populations identified in the country, female sex workers (FSWs) exhibit the lowest prevalence of 0.6%. Other than the Key Affected Populations, evidence also exists of either HIV-related risk factors or infection among certain vulnerable populations, such as the spouses of key affected populations, imprisoned populations, at-risk adolescents and in certain occupational settings, including in some cases through nosocomial infection.

Figure 38: Estimated number of people living with HIV, new infections and AIDS-related deaths, Pakistan, 1990-2014



Source: HIV and AIDS data hub for Asia Pacific-2015

Figure 38 shows the increasing trend of PLHIV, New infection, and AIDS related deaths. The figure also shows low estimate and high estimate of PLHIV and New HIV infections.

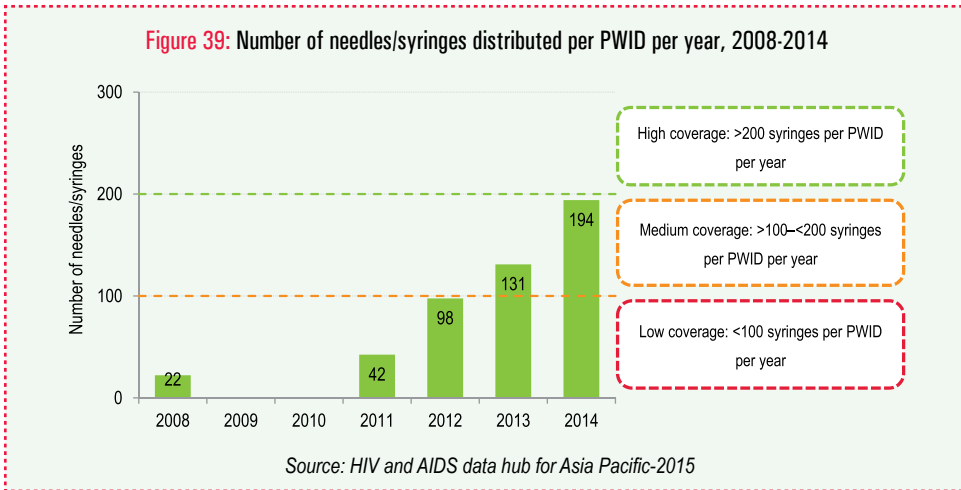
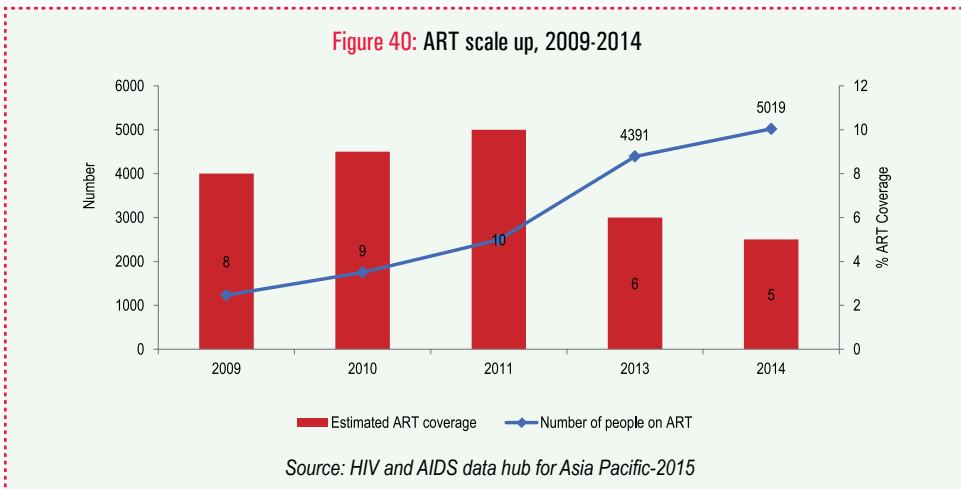
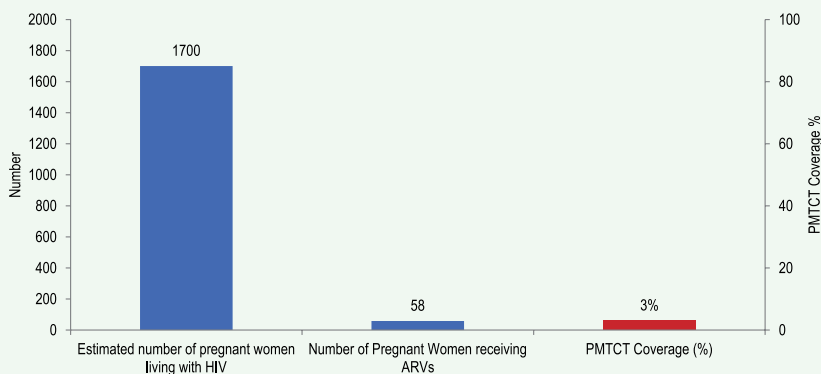


Figure 39 shows, the coverage of needles/syringes distributed per person who inject drugs per year. The medium coverage per PWID per year is in year 2013 and in 2014. However, the low coverage has been from 2008 to 201 of syringes.



In Pakistan, 5019 Number of people on ART in year 2014. **Figure 40** shows the scaling up of number of people on ART. The percentage ART coverage has been decreasing from year 2011.

Figure 41: Estimated number of pregnant women living with HIV, receiving ARVs, and PMTCT coverage, 2014



Source: HIV and AIDS data hub for Asia Pacific-2015

Figure 41 shows the, 1700 estimated number of pregnant women living with HIV out of which only 58 pregnant women are receiving ARVs which is just 3% PMTCT coverage of estimated number of pregnant women living with HIV.

Epidemic Overview, 2014

Population(mid-year)	185 million
Estimated Number of people living with HIV/AIDS	94000
Estimated newly infected	20000
Cummulative number of reported HIV infections	-
Estimated number of deaths due to AIDS	2800
No. of patients on 1st line	-
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)-2013	19000 (5 % to 14 %)

HIV Prevalence*

Adult (15 - 49)	< 0.1%
Female sex workers (FSW)	0.6%
Men who have Sex with Men (MSM)	3.5%
People Who Inject Drugs (PWID)	27.2%
Hijra SW	5.2%

Condom use at last sex*

FSW	41%
MSW	32%
Hijra	32%
PWID	23%

HIV Testing Coverage

FSW	6%
MSM	NA
PWID	9%

Treatment

Reported number of people on ART, 2014	5019
ART Coverage (%)	5

Source: HIV and AIDS data hub for Asia Pacific-2015, *SAARC Epidemiological response on HIV/AIDS-2014

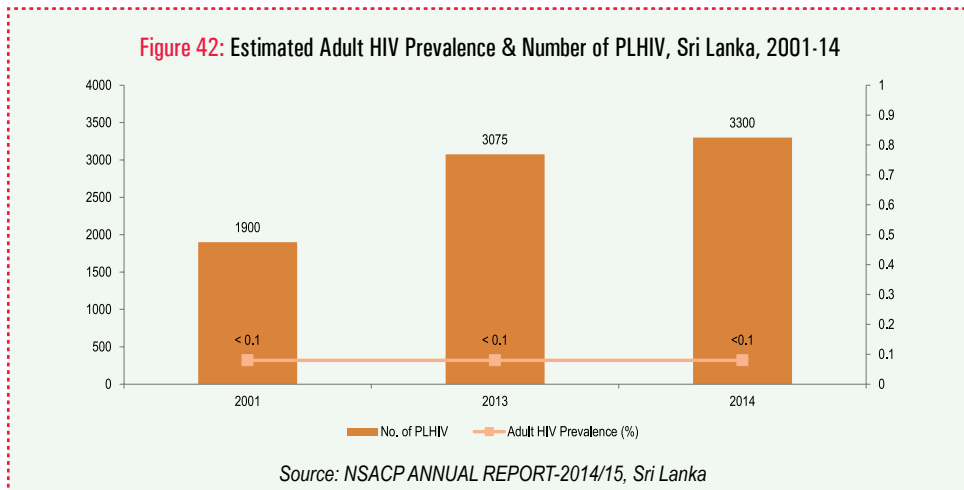
SRI-LANKA



Sri-Lanka is an island country in the Indian Ocean, separated from the south-eastern coast of peninsular India. Its estimated population is 21 million in 2014 (Global Tuberculosis Report-2015). There are many ethnic groups of which the Sinhalese are the predominant ethnic group.

Overview of the HIV/AIDS epidemic

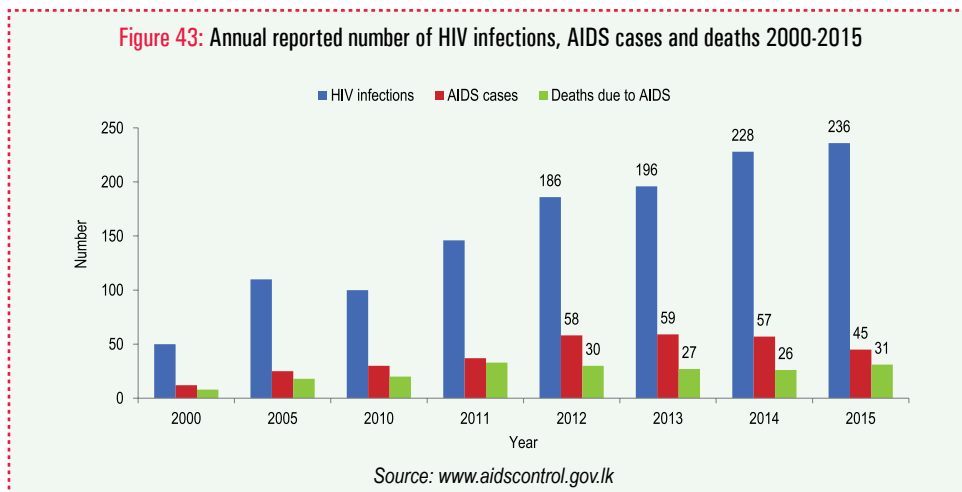
Sri Lanka has been categorized as a country with a low level HIV epidemic. The term 'low-level epidemic' is used for epidemics where HIV prevalence remains less than 1% in the general population and below 5% in any key population. In such a scenario, HIV case reporting and monitoring of HIV programmatic data plays a vital role in understanding the HIV epidemic in the country. The estimated number of PLHIV in Sri-Lanka maintains a steady increasing trend from 1900 in 2001 to 3300 in 2014 (Figure 42).



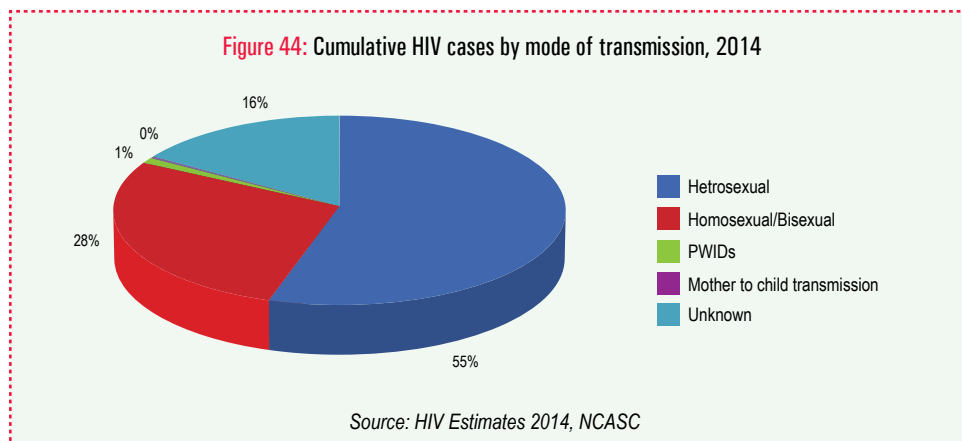
The National STD/AIDS control programme (NSACP) has a HIV case notification system since the beginning of the HIV epidemic in Sri Lanka. HIV confirmatory test, (Western Blot or Line Blot) has been available only at the National reference laboratory at NSACP. This has greatly facilitated the HIV case notification system as all the screening positive HIV blood samples are sent to the NSACP laboratory with a form (Health 1214) containing basic epidemiological information. The first HIV

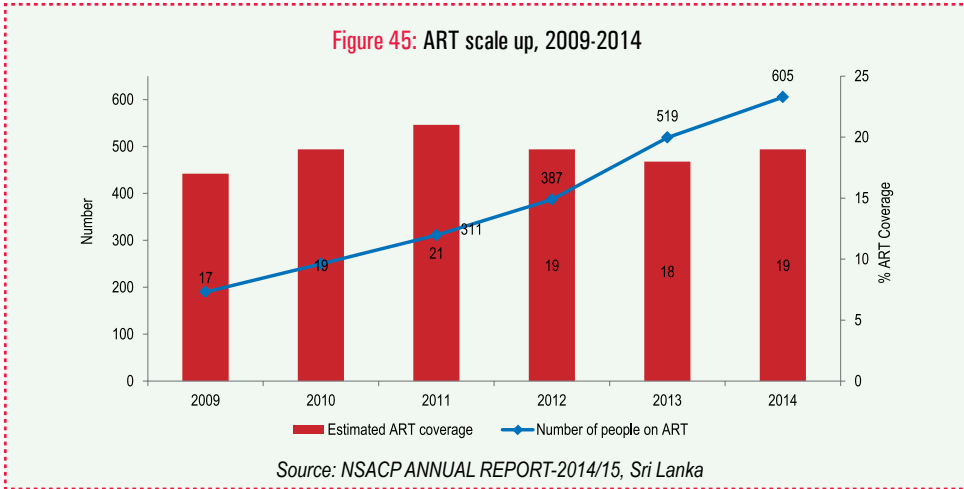
positive Sri Lankan patient was reported in 1987. As end of 2014, there were 2073 cumulative HIV positives reported to the National STD/AIDS control programme.

Annual reported number of HIV infections and deaths due to AIDS has increased, however AIDS cases has decreased in 2015 as shown (Figure 43).



The probable mode of transmission cannot be determined in 16% of the cases, due to incompleteness of the reported data. Sexual contacts constitute for over 80% of the reported new cases {Heterosexual (male-female) 55% and homosexual/bisexual (male-male) contacts among men 28%}. It is noteworthy that only a single case of mother to child transmission was reported during 2014 (three year old boy) and only 1% of reported cases had a history of injecting drug use. (Figure 44)





In Sri-Lanka 605 are living on ART in 2014. **Figure 45** shows the scaling up of number of people on ART. The percentage ART coverage also scales up slowly from 17 in 2009 to 19 in 2014.

Epidemic Overview, 2014

Population(mid-year)	21 million
Estimated Number of people living with HIV/AIDS	3300
Estimated newly infected	<500
Cummulative number of reported HIV infections	2074
Estimated number of deaths due to AIDS	<200
No. of patients on 1st line	603
HIV-positive pregnant women received prevention of parent-to-child transmission (PPTCT)	9

HIV Prevalence

Adult (15 - 49)	< 0.1
Female sex workers (FSW)	0.2%
Men who have Sex with Men (MSM)	0.6%
People Who Inject Drugs (PWID)	N/A

Condom use at last sex

FSW	93%
MSM	N/A
PWID	N/A

HIV Testing Coverage

FSW	34%
MSM	14%
PWID	8%

Treatment

Reported number of people on ART, 2014	605
ART Coverage (%)	19

Source: NSACP ANNUAL REPORT-2014/15, Sri Lanka, HIV and AIDS data hub for Asia Pacific-Srilanka-2015

5. TB-HIV CO-INFECTION



TB HIV Co-infection poses a critical challenge for the health-sector and for people living with HIV and TB. People living with HIV are 29 times more likely to develop TB disease than those who are HIV-negative. Starting in the 1980s, the HIV epidemic led to a major upsurge in TB cases and TB mortality in many countries.

In 2014, an estimated 1.2 million (12%) of the 9.6 million people who developed TB worldwide were HIV-positive. The number of people dying from HIV-associated TB peaked at 570 000 in 2004 and has since fallen to 390 000 in 2014 (a reduction of 32%). HIV-associated TB deaths accounted for 25% of all TB deaths (among HIV-negative and HIV-positive people) and one third of the estimated 1.2 million deaths from HIV/AIDS.

Globally, 51% of notified TB patients had a documented HIV test result in 2014, a small increase from 49% in 2013. WHO recommended the implementation of 12 collaborative TB/HIV activities. Between 2005 and 2014, an estimated 5.8 million lives were saved by TB/HIV interventions.

In 2014, coverage of antiretroviral therapy (ART) for notified TB patients who were known to be co-infected with HIV reached 77% globally. Further efforts are needed to reach the target of 100%. This is especially the case given that the number of HIV positive TB patients on ART in 2014 represented only 33% of the estimated number of people living with HIV who developed TB in 2014.

WHO recommends that routine HIV testing should be offered to all TB patients, to all those with TB signs and symptoms, and to partners of known HIV-positive TB patients. In 2014, 3.2 million notified TB patients had a documented HIV test result, equivalent to 51% of notified TB cases. This represented an increase from 3 million and 49% respectively in 2013, and more than 17 times the coverage reported in 2004.

ART is an intervention that can have an important impact on TB morbidity and mortality among HIV-positive TB patients. The number of notified HIV-positive TB patients on ART has grown from a very low level in 2004 to reach 392 000 in 2014.

Coverage of co-trimoxazole preventive therapy (CPT) among HIV-positive TB patients remains high, and increased slightly to 87% globally and 89% in the African Region in 2014. The number of people living with HIV who were treated with isoniazid preventive therapy (IPT) reached 933 000 in 2014, an increase of about 60% compared with 2013. However, provision of IPT was reported by just 23% of countries globally, including only 13 of the 41 high TB/HIV burden countries.

Preventing TB deaths among HIV-positive people requires intensified scale-up of TB prevention, diagnosis and treatment interventions, including earlier initiation of ART among people living with HIV and those with HIV-associated TB. Increased efforts in joint TB and HIV programming could facilitate further scale-up and consolidation of collaborative TB/HIV activities.

Joint activities between national TB and HIV/AIDS programmes are crucial to prevent, diagnose and treat TB among people living with HIV and HIV among people with TB. These include establishing mechanisms for collaboration, such as coordinating bodies, joint planning, surveillance and monitoring and evaluation; decreasing the burden of HIV among people with TB (with HIV testing and counseling for individuals and couples, co-trimoxazole preventive therapy, antiretroviral therapy and HIV prevention, care and support); and decreasing the burden of TB among people living with HIV (with the three I's for HIV and TB: intensified case-finding; TB prevention with isoniazid preventive therapy and early access to antiretroviral therapy; and infection control for TB). Integrating HIV and TB services, when feasible, may be an important approach to improve access to services for people living with HIV, their families and the community.

Table 04: HIV testing for TB patients, provision of CPT and ART to HIV-positive TB patients, and initiation of IPT for people newly enrolled in HIV care, 2014

Country	TB patients with known HIV status		HIV-positive TB patients		% HIV-positive TB patients started on		HIV-positive people provided with IPT
	No.	%	No.	%	CPT	ART	
Afghanistan	10443	32	4	< 1	-	-	7
Bangladesh	1110	<1	45	4	45 (100)	45 (100)	0
Bhutan	703	55	7	< 1	0	7 (100)	-
India	1034712	61	44171	4	41066 (93)	39800 (90)	-
Maldives	130	99	0	0	-	-	-
Nepal	3254	9	369	11	-	273 (74)	43
Pakistan	10715	3	90	< 1	90 (100)	90 (100)	-
Sri Lanka	7418	78	21	< 1	18 (86)	18 (86)	9
Regional	1068485	-	44707	4	92	90	-

Source: Global TB Report WHO, 2015

In 2014, a total 1068485 TB patients with known HIV status has tested in which 44,707 (4%) tested TB patients are HIV-positive among them 92% and 90 % are started CPT and ART in the SAARC region, which is slightly increased in ART from 2013.

In the SAARC region, India accounts for highest TB patients with known HIV status followed by Pakistan and Afghanistan in number. Around 93% of HIV-positive TB patients started CPT and 90% started ART in India at the end of 2014. However Bangladesh, Bhutan and Pakistan has 100 % HIV-positive TB patients started ART. In 2014, Afghanistan, Nepal and Sri-Lanka has initiated HIV-positive people provided with IPT.

References

- ❖ GLOBAL REPORT, UNAIDS report on the global AIDS epidemic 2013
- ❖ UNAIDS report “How AIDS changed everything-2015”
- ❖ SAARC Epidemiological Response on HIV/AIDS-2014
- ❖ National AIDS Control Program Afghanistan, Data & Report 2014
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Afghanistan>)
- ❖ Global AIDS Response Progress Report, Afghanistan- 2014
- ❖ www.bdnasp.org
- ❖ Country Progress Report: Bangladesh-2015
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Bangladesh>)
- ❖ Bhutan Progress Report – 2015, Global Aids Response Progress Report
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Bhutan>)
- ❖ National AIDS Control Organization India, Annual Report 2014-15
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/India>)
- ❖ Country progress report, Maldives-2015
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Maldives>)
- ❖ Country Progress Report on HIV/AIDS Response, Nepal, 2015
- ❖ HIV Estimates 2014, NCASC, Nepal
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Nepal>)
- ❖ Global AIDS Response Progress Report 2015, PAKISTAN
- ❖ HIV and AIDS data hub for Asia Pacific-2015 (<http://www.aidsdatahub.org/Country-Profiles/Pakistan>)
- ❖ NSACP ANNUAL REPORT-2014/15, Sri Lanka (www.aidscontrol.gov.lk)
- ❖ Global Report, UNAID reports on the global AIDS epidemic 2013
- ❖ UNAIDS, Country Progress Reports, 2012
- ❖ Global Tuberculosis Report WHO, 2015



SAARC Tuberculosis and HIV/AIDS Centre (STAC)

Thimi, Bhaktapur,

G.P.O. Box No. 9517, Kathmandu, Nepal

Tele: 00977 1 6631048, 00977 1 6632601

Fax: 00977 1 6634379

E mail: saarctb@mos.com.np, Website: www.saarctb.org