



**Asia-Pacific
Economic Cooperation**

HTF 07/2008A/10

HIV PREVENTION IN VIET NAM AND THE ASIA PACIFIC REGION

Submitted by: UNAIDS

**APEC SEMINAR ON SOCIAL POLICIES FOR MIGRANTS TO
PREVENT THE TRANSMISSION OF HIV/AIDS**

**Ha Noi, Viet Nam
18 – 19 September 2008**

Uniting the World against AIDS



HIV Prevention in Viet Nam and the Asia Pacific Region

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UNAIDS Viet Nam*

- HIV Epidemic in Asia
- HIV Epidemic in Viet Nam
- HIV Prevention in Concentrated Epidemics



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September 26, 2008

About UNAIDS



Established in 1994 and launched in January 1996, UNAIDS is the main advocate for global action on the epidemic. UNAIDS leads, strengthens and supports an expanded response to AIDS

- **UNAIDS is a cosponsored programme composed of 10 UN organisations and a Secretariat.** The 10 cosponsoring organisations are: ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, and the World Bank.
- **UNAIDS mandate includes:**
 - Mobilizing leadership and advocacy for effective action on the epidemic
 - Providing strategic information and formulating policies to guide efforts for the AIDS response worldwide
 - Tracking, monitoring and evaluation of the epidemic and the response
 - Engaging civil society and developing partnerships
 - Mobilizing resources to support an effective response

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HIV Epidemic in Asia

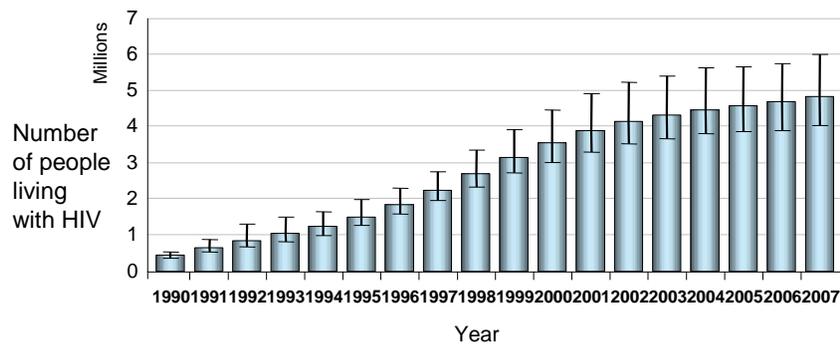
Estimated numbers in Asia, 2007

| | |
|-----------------------------------|------------------|
| People living with HIV | 5 000 000 |
| New HIV infection in 2007 | 380 000 |
| Deaths due to AIDS in 2007 | 380 000 |

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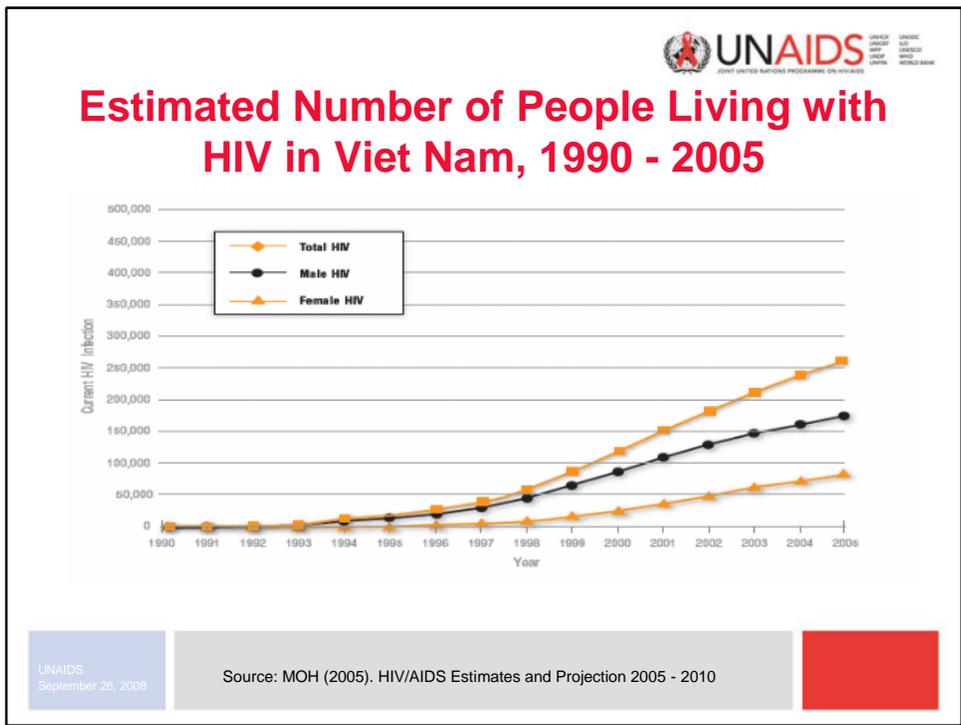
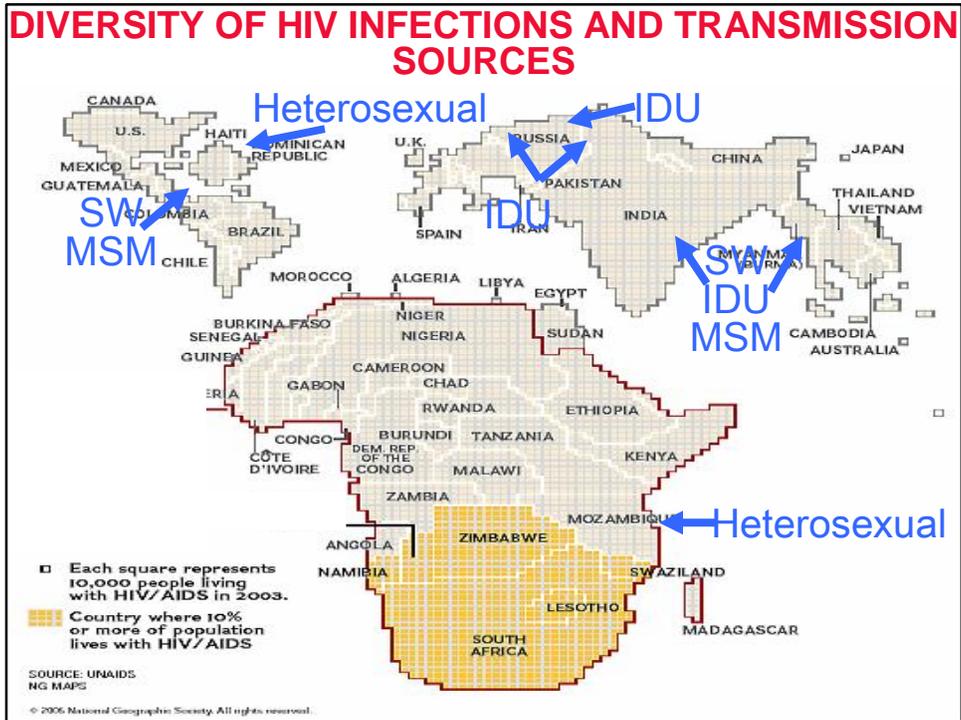
Source: 2008 Report on the Global Epidemic

Estimated number of people living with HIV in Asia, 1990 - 2007



 This bar indicates the range

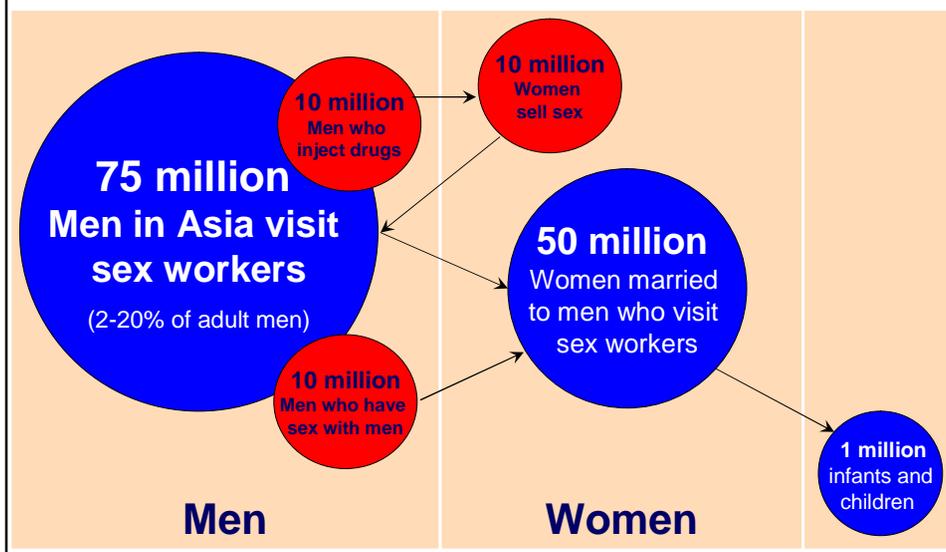
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Higher Risk Behaviours

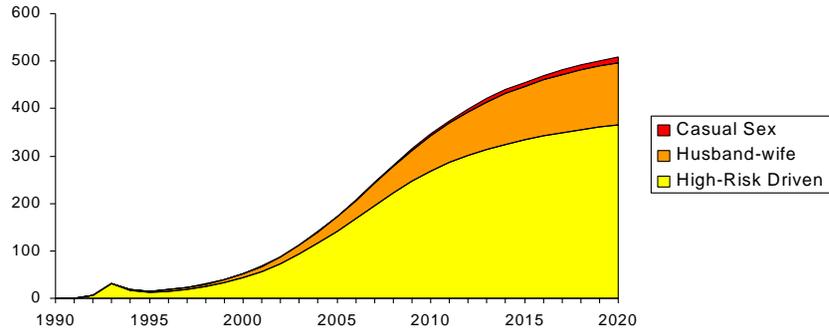
- Behaviours place individuals in situations in which they may be exposed to HIV
- People do not necessarily identify with any particular group such as IDU, SW or MSM
- Unsafe injecting drug use and unprotected paid sex put people at higher risk of acquiring HIV

Epidemic Characteristics in Asia



Asian epidemic not driven by casual sex in general population

Estimated number of annual new infections and proportion of casual sex in a typical 100-million population setting in Asia



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Source: Commission on AIDS in Asia. 2008. *Redefining AIDS in Asia: Crafting an Effective Response*. New Delhi, India: Oxford University Press.

Determining factor of the epidemic Adult male sexual behaviour in Asia

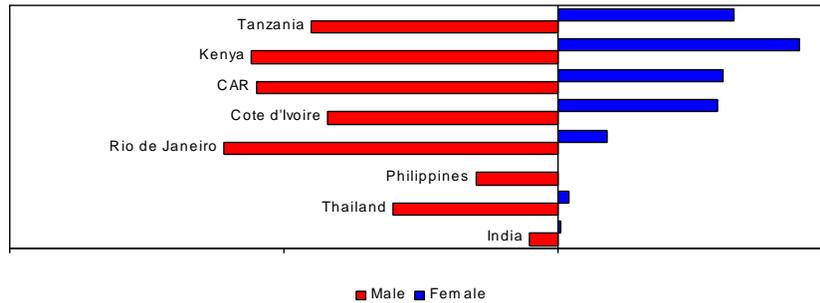
| Percentage adult male visiting sex workers | Countries |
|--|-------------------------|
| 10-20% | Thailand, Cambodia |
| 5-10% | India, China, Indonesia |
| 2-5% | Laos, Philippines |

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Source: Commission on AIDS in Asia. 2008. *Redefining AIDS in Asia: Crafting an Effective Response*. New Delhi, India: Oxford University Press.

Limiting factor of the epidemic

Adult female sexual behavior in Asia



Percentage of 15-19 year old women never married in urban areas having sexual intercourse in the last 12 months

HIV incidence among key populations at higher risk

Nationally...

| | |
|----------------------------|-------|
| Male Injecting Drug Users: | 23.1% |
| Female Sex Workers: | 4.2% |
| Men who have Sex with Men: | 9%* |

BUT...

Street-based FSW: 29% Can Tho; 23% Ha Noi
IDU: 66% in Hai Phong; 59% in Quang Ninh

HIV Prevention in a Concentrated Epidemic

Key populations at higher risk

-  Injecting drug users
-  Sex workers and their clients
-  Men who have sex with men

An effective response targets key populations and involves them fully in all aspects of HIV policy, programming and service delivery

Challenges

- Stigma and discrimination limit access to prevention, care and treatment services
- Scale up of coverage of effective prevention interventions
- High level multi-sectoral coordination
- Strengthening commitment to provincial level response
- Costing the response
- Strengthening civil society participation
- Resources need to be focused on where they will have the most impact
- Sustainability of funding

Prioritisation of resources: Averting new infections

| | Cost of Interventions | |
|----------------------------------|---|--|
| Effect (averting new infections) | Low-cost, High-impact (prevention among most-at-risk populations) | High-cost, High-impact (antiretroviral treatment and prevention of mother-to-child transmission) |
| | Low-cost, Low-impact (general awareness programmes through mass media and other channels) | High-cost, Low-impact (universal precautions and injection safety) |

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Source: Commission on AIDS in Asia. 2008. *Redefining AIDS in Asia: Crafting an Effective Response*. New Delhi, India: Oxford University Press.

Thank You

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