

Implementing WHO HIVDR Strategy in the Western Pacific Region

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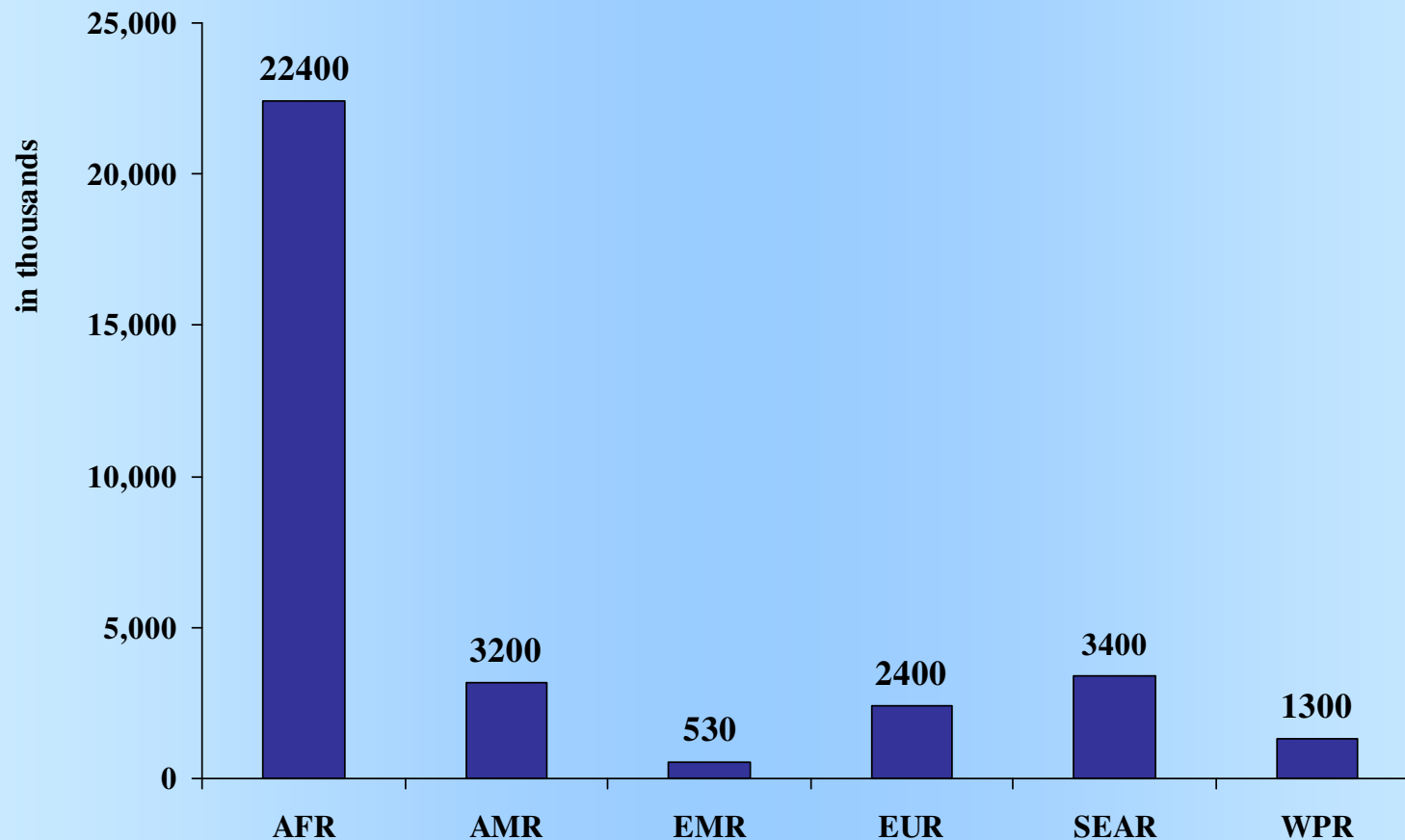
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Estimates of No. people living with HIV (all ages) in 2007, by WHO regions



Source: HSI/WPRO, adapted from UNAIDS-WHO, 2007

Characteristics of HIV epidemic in Asia

- Primarily driven by high-risk behaviours: unprotected commercial sex, injecting drug use, and unprotected sex between men
- But not limited to MARPs: adult men who buy sex and their female partners
- Three out of four are men, but more women are getting infected, most of whom in steady relationship
- Sexual transmission, in particular MSM, is increasing in many countries in the region

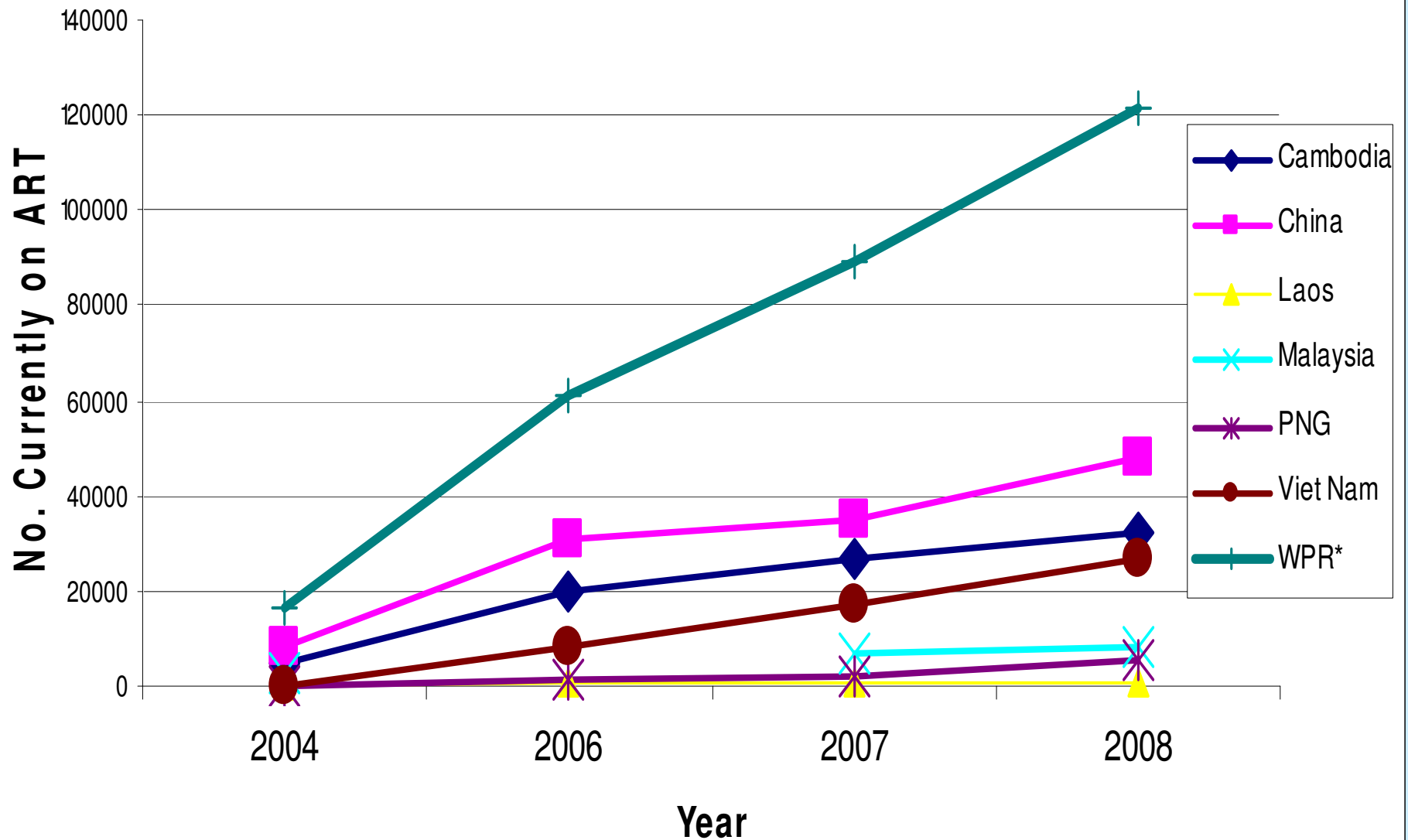


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ART Scaling up in Selected WPR Countries



ART Treatment Outcomes

Country	Patients Alive and on ART at 12m	Percent (95% CI)
Cambodia	3269/3731	88% (87 – 89%)
China	10338/12250	84% (83 – 85%)
PNG	835/1007	83% (80 – 85%)
Vietnam	3837/4702	82% (80 – 83%)

- 12-month survival: 65-88%
- Greatest mortality in first 6 months of starting ART
- CD4 cell count at ART initiation is low (41-120 c/mm³)
- TB co-infection common
 - Diagnostic challenges
 - Treatment challenges

Progress Implementing HIVDR Strategy 2008-2009 (Regional)

- Epidemiologist:
 - Zeenat Sep 07 - Oct. 08
 - Dongbao: since May 2009
- Bi-regional workshop on HIVDR Prevention, Surveillance and Monitoring: May 20-22, 2009, Bangkok
- Technical support: Cambodia, PNG, Viet Nam, China
- All accredited laboratories passed WHO PP 2009: 2 regional and 3 national
- Strong partnerships with CDC/PEPFAR, Treat Asia
- Mobilization of resources for HIVDR in the region: Gates, JVC, Global Fund, PEPFAR



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Progress - Cambodia

- **EWI**
 - Pilot in Q2/2008 at 4 sites
 - Scaled up to 16 sites in July 2008
 - Results disseminated to site staff and partners in May 09
- **Protocol for HIVDR Monitoring Survey**
 - Ethical clearance Mar. 2009
 - Training planned Nov. 2009
- **HIVDR Transmission Threshold Survey**
 - Initiated in June 2008 at 5 VCT sites in Phnom Penh
 - 1st batch 39 DBS specimen to the Public Health Agency of Canada HIV laboratory (genotyping success 71%) - ongoing
 - 2nd batch specimen based on the results of 1st batch



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Progress - China

- Development of the 2nd 5 year strategic plan on HIVDR under way
- EWI pilot in 2008 at 5 ART sites, and results presented in May 2009 in BKK; lessons learnt used for improving the web-bases patient monitoring system
- HIVDR Genotyping Laboratory
 - 3 accredited national labs passed the WHO PP



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Progress - Papua New Guinea

- EWI
 - 2 sites (Port Moresby and Mt Hagen) by end of 2009.
 - 2 more sites in 2010
- HIVDR monitoring survey and TS survey:
No current activities



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Progress - Viet Nam

- **Five-year (2008-2012) Country Plan** approved by MoH in July 2009.
- **EWI**
 - 2007 pilot - 17 adult & 3 pediatric sites, 5 EWI collected
 - 2nd round: in 27 adult & 4 pediatric ART sites in Mar.-Apr. 2009. report being finalized
- **HIVDR Monitoring Survey**
 - Protocol finalized
 - 4 sites starting in Nov-Dec 09 (HCMCx2 sites, Hai Phong, Hai Duong)
- **HIVDR threshold survey**
 - 2006: among IDUs in Hanoi - 2 VCT sites (HIVDR <5%)
 - 2007: 6 VCT sites at HCMC - specimens being tested at CDC Atlanta
 - 2010: planed in sites in Vung Tau & Hai Phong, site assessment in Nov. 2009
- **HIVDR Genotyping laboratory**
 - Preliminary assessments of two national laboratories (NIHE & Pasteur) in 2008 and 2009
 - Sequencer to be supported to PI by PEPFAR



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Summary

- HIVDR assessment and prevention seen as critical elements to support public health approach ART
- Country plans for HIVDR developed or updated for four focus countries
- EWI piloted and/or implemented in all focus countries, results discussed with sites and partners or used for improvement of program
- Results from HIVDR threshold surveys available in some countries
- HIVDR monitoring surveys being implemented in some countries



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Issues/suggestions

- Strong advocacy for WHO HIVDR strategy: position paper (policy makers) + technical guidelines
- Guidance on translating HIVDR surveillance results to public health & programmatic actions
- Consistency between WHO HIVDR guidelines and other patient monitoring guidelines
- Advocate for continuing funding to HIVDR at countries
- Coordination and partnership:



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Priority for WPR 2010

- Scale up HIVDR strategy and activity in Malaysia
- Assist countries to develop or update their national strategic plans or work plan for HIVDR prevention and assessment
- TA to focus countries for implementing the HIVDR assessment and prevention activities
- Enhance coordination for HIVDR activities at country and regional levels (gov't, WHO and development partners)



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