

# Situation Update: HIV epidemics among PWID in South east Asia Region and national responses

20<sup>th</sup> International Harm Reduction Conference,  
April 2009, Bangkok

# Objectives of the assessment

- To describe the nature and extent of HIV infection among PWID in South East Asia Region
- To identify new and emerging epidemics
- To take stock of effective, evidence informed responses to the HIV epidemic- including coverage of interventions in the Region

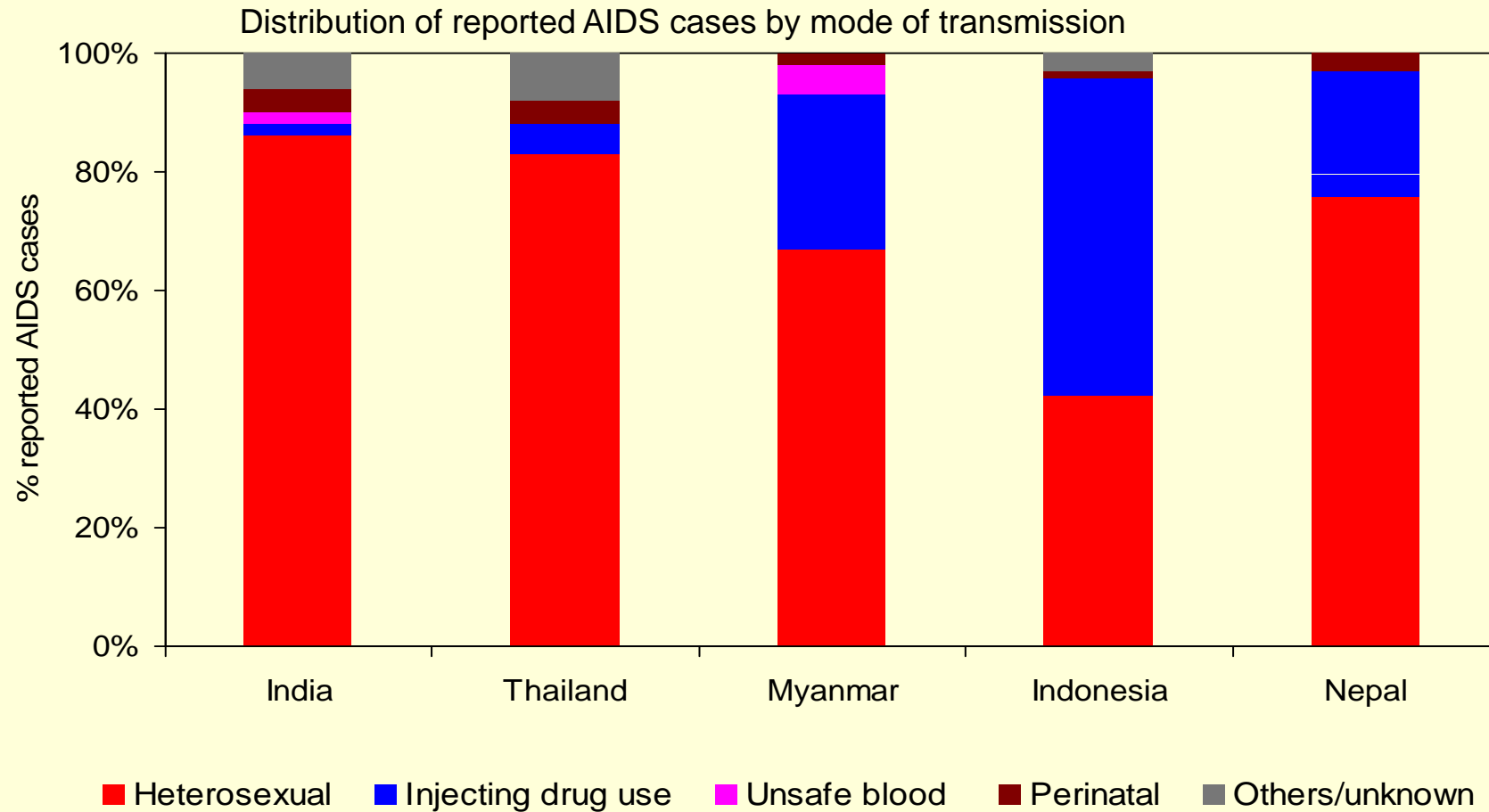
# Countries covered

- Bangladesh
  - India
  - Indonesia
  - Maldives
  - Myanmar
  - Nepal
  - Thailand
- An estimated 800,000 PWID in total.
- Sri Lanka, Bhutan, Timor-Leste and DPR Korea have reported small or no PWID populations

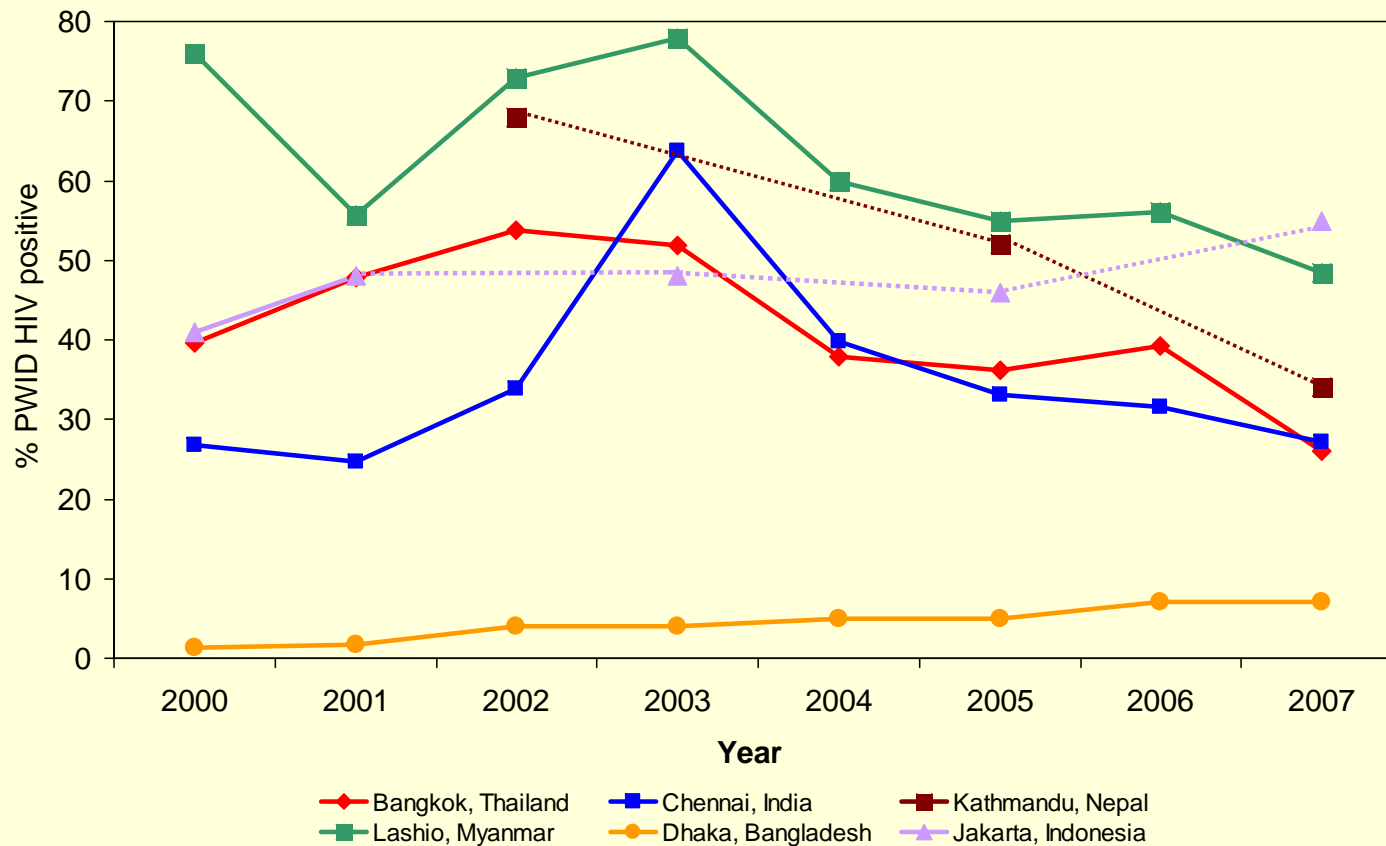
# Data issues and limitations

- Estimates of PWID populations limited/unsound
- Non-standardised definition of PWID
- Non-standardised definition of coverage
- Surveillance sites limited and changing
- Surveillance conducted in sites with existing interventions or already identified “hot spots” - one step behind the epidemic
- Behavioral and serological surveillance in prisons limited

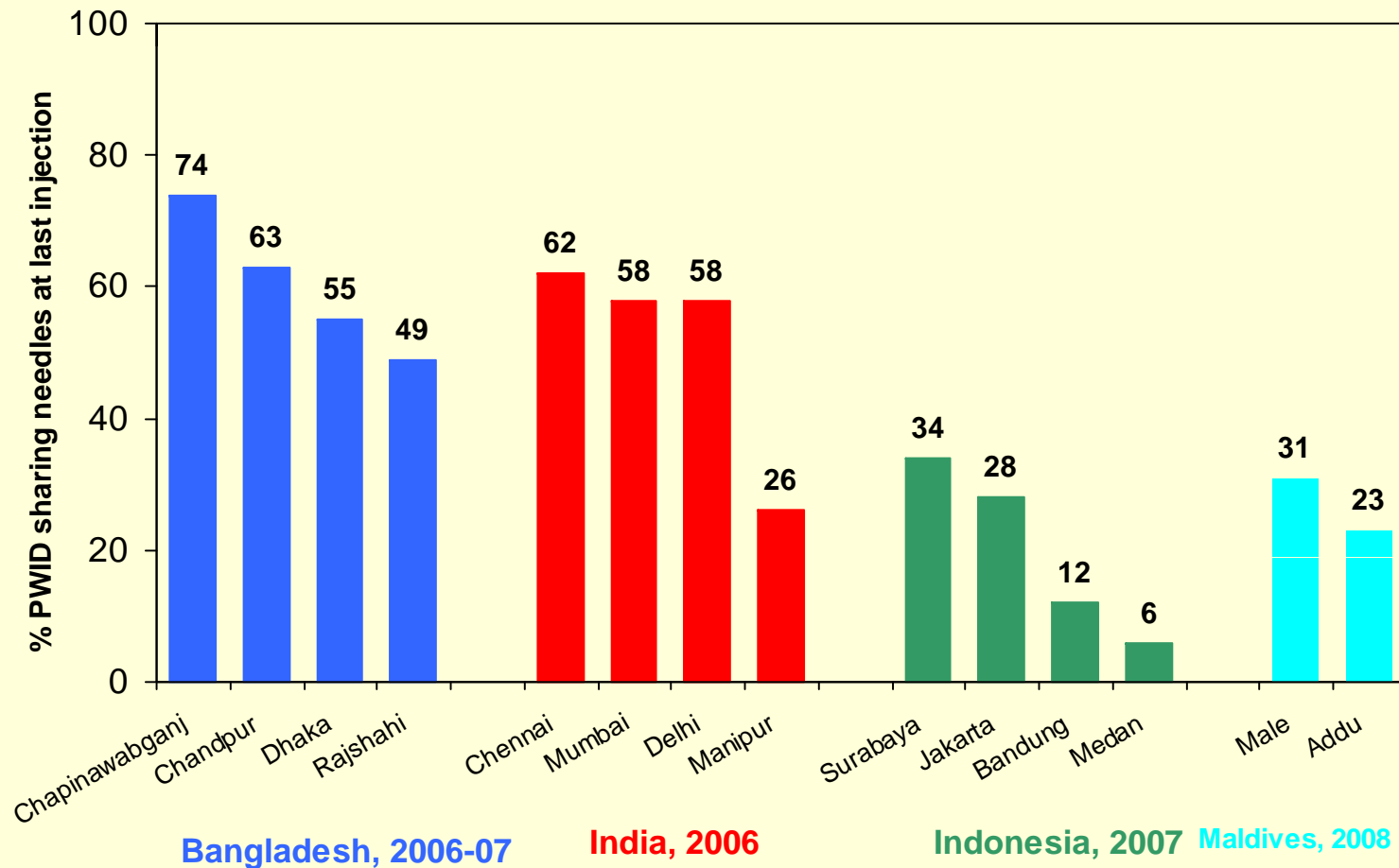
## Unsafe sex and injecting drug use are the two main drivers of the epidemic in SEAR



## HIV epidemics remain uncontrolled among injecting drug users with nearly a third of them being infected in many areas



# Significant rates of unsafe injecting



# Availability and uptake of harm reduction in SEAR – improving but still too little

Country	METH	BUP	Total No. on OST, Oct 2008	Govt NSP	No. of sites offering NSP, July 2008
Bangladesh	√	x	Nil*	√	90
India	x**	√	6,000 (BUP)	√	133
Indonesia	√	√	3000 (METH)+ 500 BUP	√	159
Myanmar	√	x	500 (METH)	√	19
Maldives	√	x	30 (METH)	x	Nil
Nepal	√	√ ***	150 (METH)+ 30 BUP	√	23
Thailand	√	x	<5000 (METH)	x	Nil

\* Approval for methadone given but programme not commenced

\*\* Approval for methadone imminent

\*\*\*3 month tapering dose

# Availability and uptake of OST in Asia - very low coverage

Country	METH	BUP	Total No. on OST, Oct 2008	Estimated IDU pop	Coverage
India	x*	√	6,000 (BUP)	160,518 -223,121	3.5%
Indonesia	√	√	3000 (METH)+500 BUP	190,460 -247,800	1.5%
Myanmar	√	x	500 (METH)	60,000 -90,000	0.6%
Maldives	√	x	30 (METH)	400 -500	0.02%
Nepal	√	√ **	150 (METH)+ 30 BUP	16,100 – 28,000	0.7%
Thailand	√	x	<5000 (METH)	160,528	0.3%

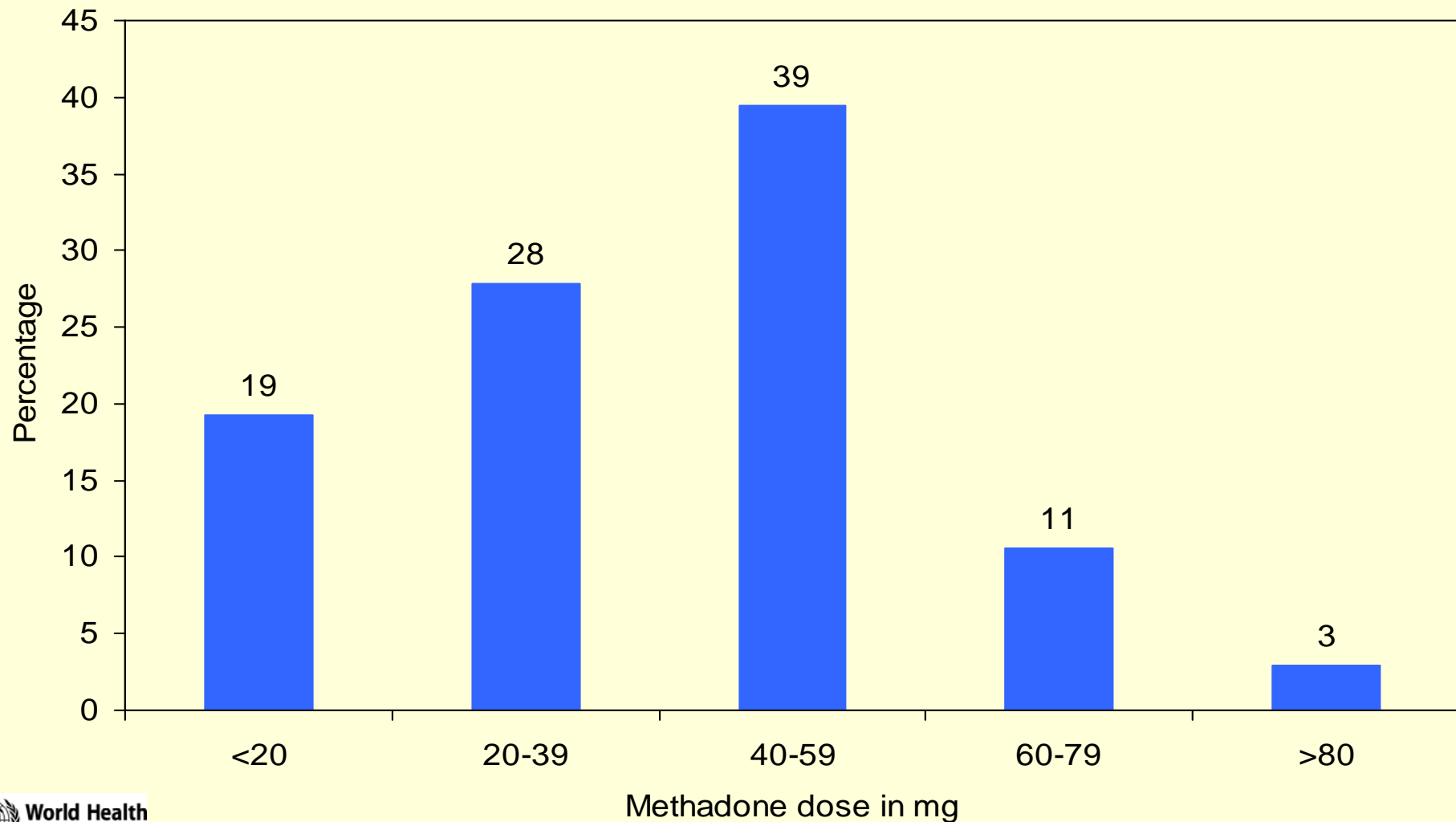
# REACH of Harm Reduction interventions

- OST reaches less than 12,000 PWID.
- OST is available in prisons in Indonesia (4 prisons) and India (1 prison)
- Planned for Thailand, Myanmar and Nepal in the near future.
- With the exception of India and Indonesia, all others are very small scale programs

# Doses of OST in SEAR - good and bad practices

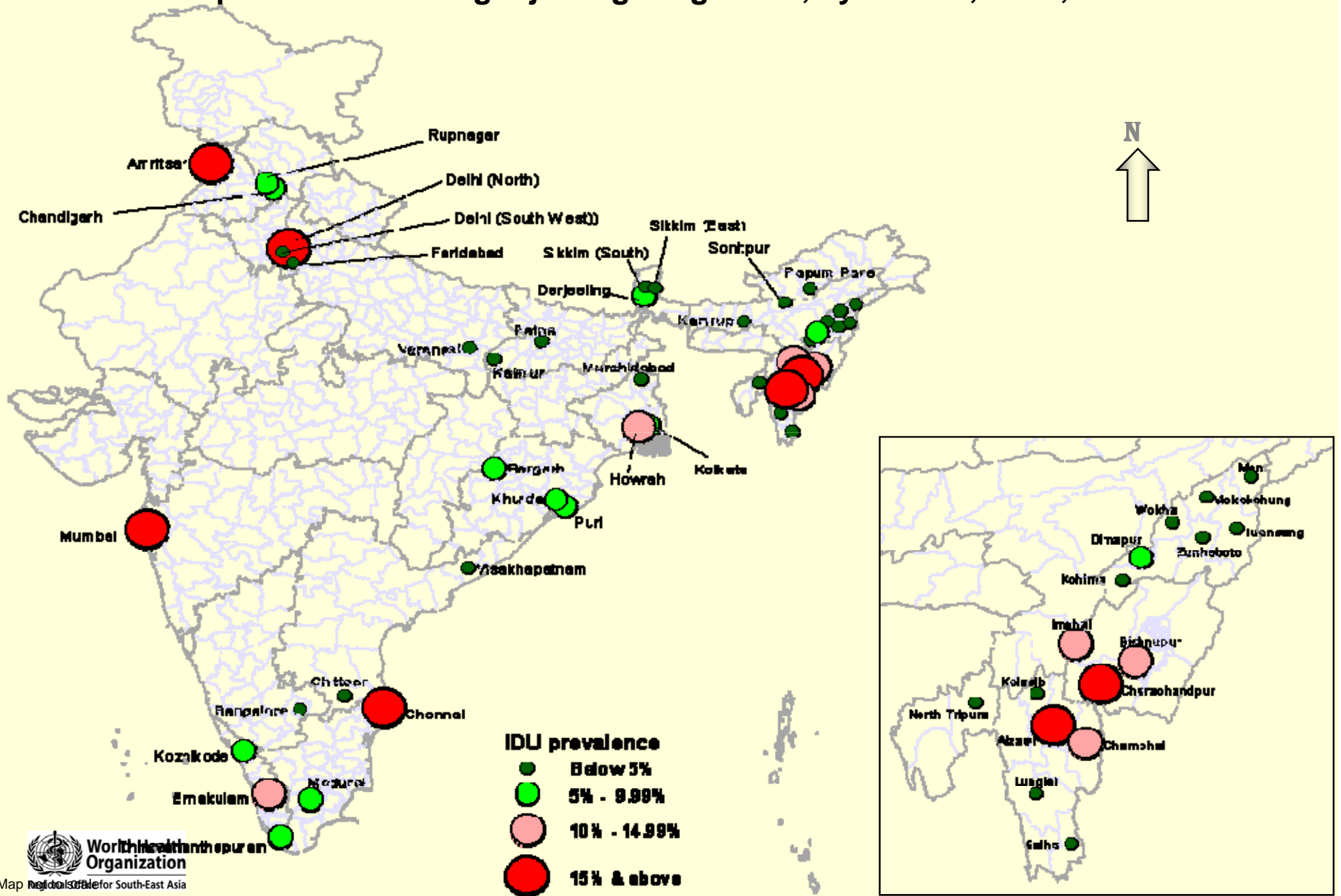
- Indonesia (methadone): 82.7 mg
- Nepal (methadone): 40 mg
- Myanmar (methadone): 45-70 mg
- India (buprenorphine): 4.9 mg

# Nepal - Distribution of Methadone dose August, 2008 (n=104, N=150)

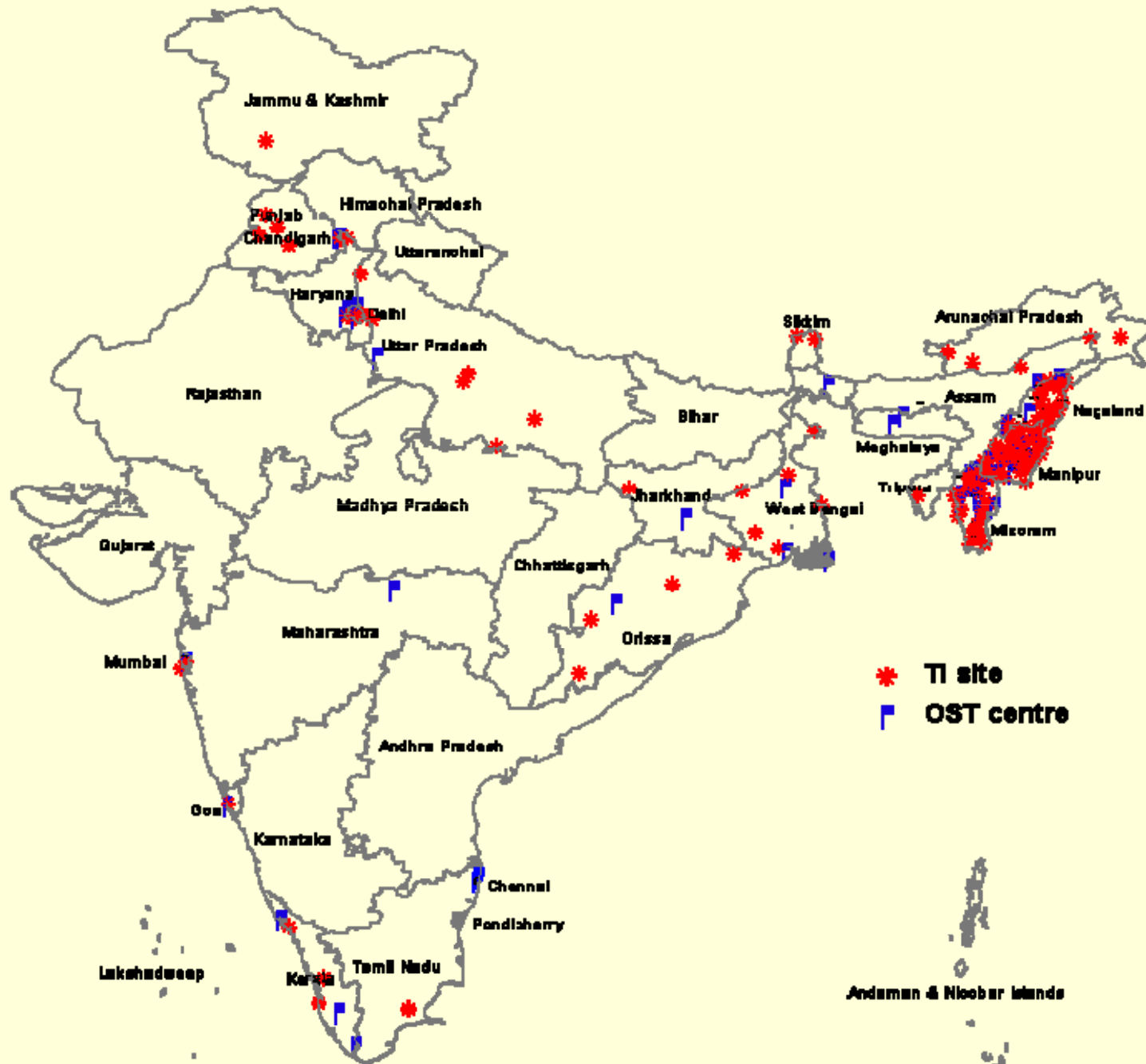
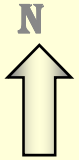


- Services not keeping pace with the emergence of new epidemics
- Process of scaling up too slow – continued reliance on pilot approaches ensures we stay one step behind the epidemic

# HIV prevalence among injecting drug users, by district, India, 2007

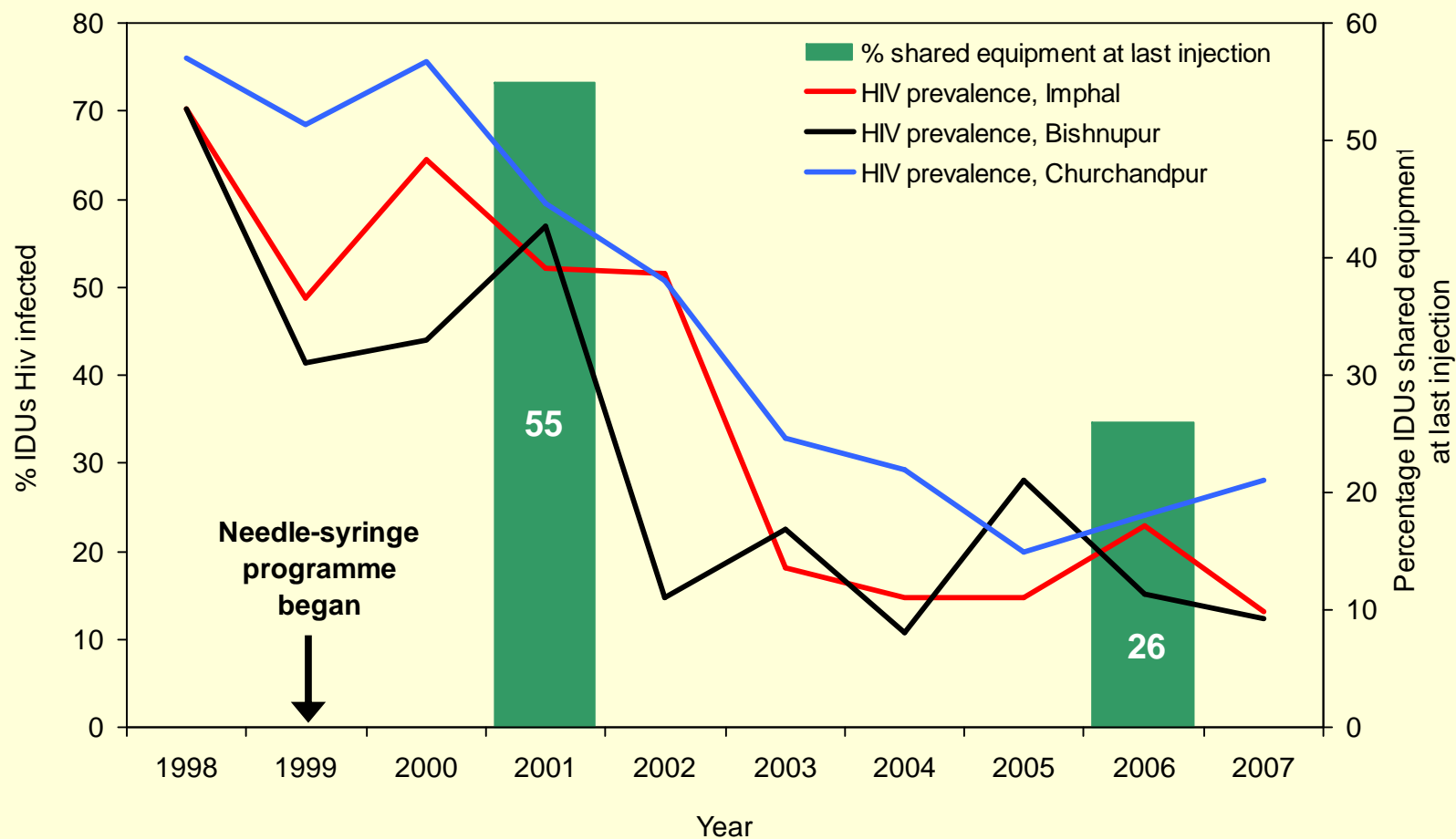


# State-wise TI sites and OST centres, India, 2007

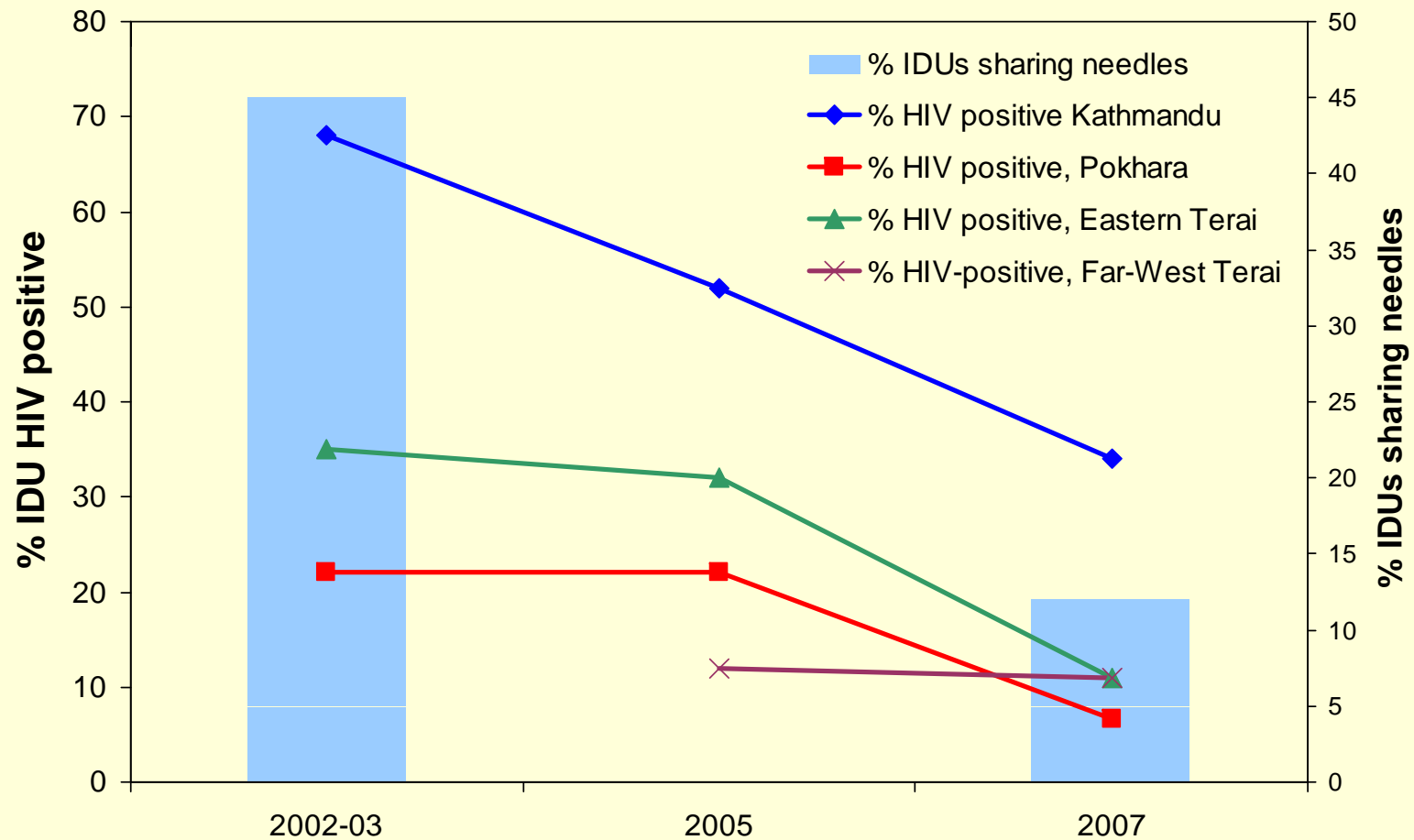


\* TI site  
■ OST centre

# Scaled up interventions work!!



# Evidence of declines in HIV prevalence in Nepal



# Summary

- Approximately 800,000 IDUs in 7 countries assessed
- HIV prevalence ranges from 10% in one location in BANG to 52% in Indonesia.
- Stabilisation in Northeast India, and Nepal linked to decreases in risk behavior, which are in turn related to HR interventions
- Less than 12,000 on OST - suboptimal dosage in some countries
- Reach of NSP - average of 25%, with the exception of BANG where it is over 60%