



# **SAARC EPIDEMIOLOGICAL RESPONSE ON HIV/AIDS**

**2019**



**SAARC Tuberculosis and HIV/AIDS Centre**

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## FOREWORD

SAARC has adopted the SDG target of “End AIDS by 2030” and has accepted the challenge of achieving this target. In this journey through the fast track, National HIV/AIDS Control programme of SAARC Member States are taking the leadership and decisions to guide the national response to HIV and reach their goal timely.

Early enrollment in ART services contributes significantly to the ability for expanded ART access to make impact on averting AIDS related morbidity and mortality and reducing HIV transmission.

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 to contain HIV and AIDS epidemic.

In the year 2018, it is estimated that the number of people living with HIV globally was 37.9 million [32.7 million-44.0 million] and 1.7 million (1.4 million-2.3 million) new HIV infections. In addition, there were 770 000[570 000 – 1.1 million] AIDS related deaths.

SAARC Region has an estimated 2.35 million People Living with HIV and India alone bears an estimated 2.1 million. In SAARC region 0.1 million new HIV infections and around 77 000 AIDS related deaths. 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 inclusion of HIV/AIDS in 2005, STAC has taken 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.

This is the 17<sup>th</sup> report on HIV epidemiology. This report “SAARC Epidemiological Response on HIV and AIDS – 2019” has incorporates the updated information and brief analysis on HIV/AIDS as of December 2018. It describes HIV/AIDS situation in global, regional and SAARC member states.

I believe that this document will help the SAARC Member States and the stakeholders who are engaged in the field of HIV/AIDS prevention and control. STAC appreciate SAARC Member States for their extended cooperation and support in providing relevant information to compile this report.

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## **ABBREVIATIONS**

AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Clinic
APLHIV	Association of People living with HIV
ART	Anti Retroviral Therapy
ARV	Antiretroviral
BBS	Biological Behavioral Survey
BCC	Behavior Change Communication
BCSU	Blood Component Separation Units
CBOs	Community Based Organizations
CCM	Country Coordinating Mechanism
CHBC	Community/Home-Based Care
CSOs	Civil Society Organizations
EID	Early Infant Diagnosis
EIMS	Electronic Information Management System
FGD	Focus Group Discussion
FSW	Female Sex Worker
H/TG	Hijra/Transgender People
HACCA	HIV and AIDS Coordinating Committee of Afghanistan
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management System
HTS	HIV Testing Services
IBBS	Integrated Biological Behavioral Surveillance Survey
ICT	Information and Communications Technology
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IGMH	Indira Gandhi Memorial Hospital
IPT	Isoniazid Preventive Therapy
KAPs	Key Affected Populations
KPs	Key populations
LDT	Long Distance Truckers

LFU	Loss to Follow Up
M&E Plan	Monitoring and Evaluation Plan
MDR-TB	Multi Drug Resistance-Tuberculosis
MMT	Methadone Maintenance Treatment
MSM	Men Who Have Sex With Men
MSW	Male Sex Worker
NACO	National AIDS Control Organization
NACP	National AIDS Prevention and Control Program
NGOs	Non-Governmental Organizations
NPTCCD	National Programme for Tuberculosis Control & Chest Diseases
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
NTF	National Task Force
NTPs	National Tuberculosis Control Programme
OST:	Opioid Substitution Therapy
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PPTCT	Prevention of Parent to Child Transmission (PPTCT)
PSE	Population Size Estimation
PWID	People Who Inject Drugs
SAARC	South Asian Association for Regional Cooperation
SBCC	social and behavior change communication
SDGs	Sustainable Development Goals
SDPs	Service Delivery Points
SMM	Single Male Migrants
SRH	Sexual and Reproductive Health
STAC	SAARC Tuberculosis and HIV/AIDS Centre
STC	SAARC Tuberculosis Centre
STD	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SW	Sex worker

TB	Tuberculosis
TG	Transgender
TI	Targeted Intervention
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
XDRTB	Extensively Drug-Resistant TB

# **1. INTRODUCTION**

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## **1.1 SAARC AND STAC AT A GLANCE**

SAARC is an organization of eight countries located in the South Asia and it stands for the South Asian Association for Regional Corporation (SAARC). This is an economic and geopolitical organization, established to promote socio-economic development, stability, welfare economics, and collective self-reliance within the Region. The first summit was held in Dhaka, Bangladesh on 7–8 December 1985 and was attended by the Government Representatives and Presidents from Bangladesh, Maldives, Pakistan and Sri Lanka, the Kings of Bhutan and Nepal, and the Prime Minister of India. The dignitaries signed the SAARC Charter on 8 December 1985, thereby establishing the regional association and to carry out different important activities required for the development of the Region. The summit also agreed to establish a SAARC secretariat in Kathmandu, Nepal and adopted an official SAARC emblem. Due to rapid expansion within the region, Afghanistan received full-member status and some countries are considered as observers. SAARC respects the principles of sovereign equality, territorial integrity, and national independence as it strives to attain sustainable economic growth.

## **1.2 Introduction of SAARC TB and HIV/AIDS Centre (STAC)**

The Centre was established in 1992 as SAARC Tuberculosis Centre (STC) and started functioning from 1994. The Centre had been supporting the National Tuberculosis Control Programmes of the SAARC Member States. The Thirty–first session of Standing Committee of SAARC held in Dhaka on November 09th – 10th 2005, appreciating the efforts of the centre on TB/HIV co-infection and other works related to HIV/AIDS discipline and approved the renaming of the Centre as SAARC Tuberculosis and HIV/AIDS Centre (STAC) with additional mandate to support SAARC Member States for prevention of HIV/AIDS. Since then with its efforts and effective networking in the Member States the Centre is contributing significantly for control of both TB and HIV/AIDS.

## **Vision, Mission, Goal and Objective of STAC**

The vision of the Centre is to be the leading institute to support and guide SAARC Member States to make the region free of TB and HIV/AIDS and the mission is to support the efforts of National TB and HIV/AIDS Control Programmes through evidence based policy guidance, coordination and technical support.

The goal of the Centre is to minimize the mortality and morbidity due to TB and HIV/AIDS in the Region and to minimize the transmission of both infections until TB and HIV/AIDS cases to be major public health problems in the SAARC Region and the objective of the Centre is to eliminate TB and end HIV/AIDS epidemic in the region by coordinating the efforts of the National TB Programmes and National HIV/AIDS Programmes of the SAARC Member States.

## **Role of STAC**

- ❖ To act as a Regional Co-ordination Centre for NTPs and NACPs in the Region.
- ❖ To promote and coordinate action for the prevention of TB/HIV co-infection in the Region.
- ❖ To collect, collate, analyze and disseminate all relevant information regarding the latest development and findings in the field of TB and HIV/AIDS in the Region and elsewhere.
- ❖ To establish a networking arrangement among the NTPs and NACPs of Member States and to conduct surveys, researches etc.
- ❖ To initiate, undertake and coordinate the Research and Training in Technical Bio-medical, operational and other aspects related to control of Tuberculosis and prevention of HIV/AIDS in the Region.
- ❖ To monitor epidemiological trends of TB, HIV/AIDS and MDR-TB in the Region.
- ❖ To assist Member States for harmonization of policies and strategies on TB, HIV/AIDS and TB/HIV co-infection.
- ❖ To assist National TB Reference Laboratories in the Region in quality assurance of sputum microscopy and standardization of culture and drug sensitivity testing and implementation of bio-safety measures.
- ❖ To carry-out other important works identified by the Programming Committees/Governing Board.



## 2. GLOBAL SENARIO

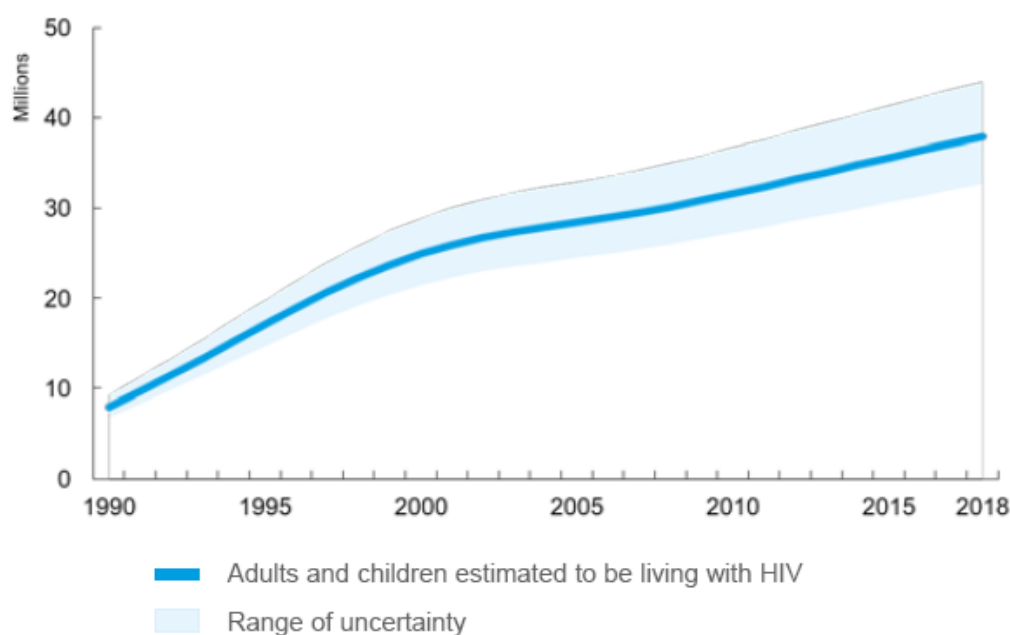
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### 2.1 GLOBAL HIV STATISTICS

#### People living with HIV

- ❖ In 2018, there were 37.9 million [32.7 million–44.0 million] people living with HIV.
  - 36.2 million [31.3 million–42.0 million] adults.
  - 1.7 million [1.3 million–2.2 million] children (<15 years).

**Figure: 01 Adults and children estimated to be living with HIV (1990–2018)**



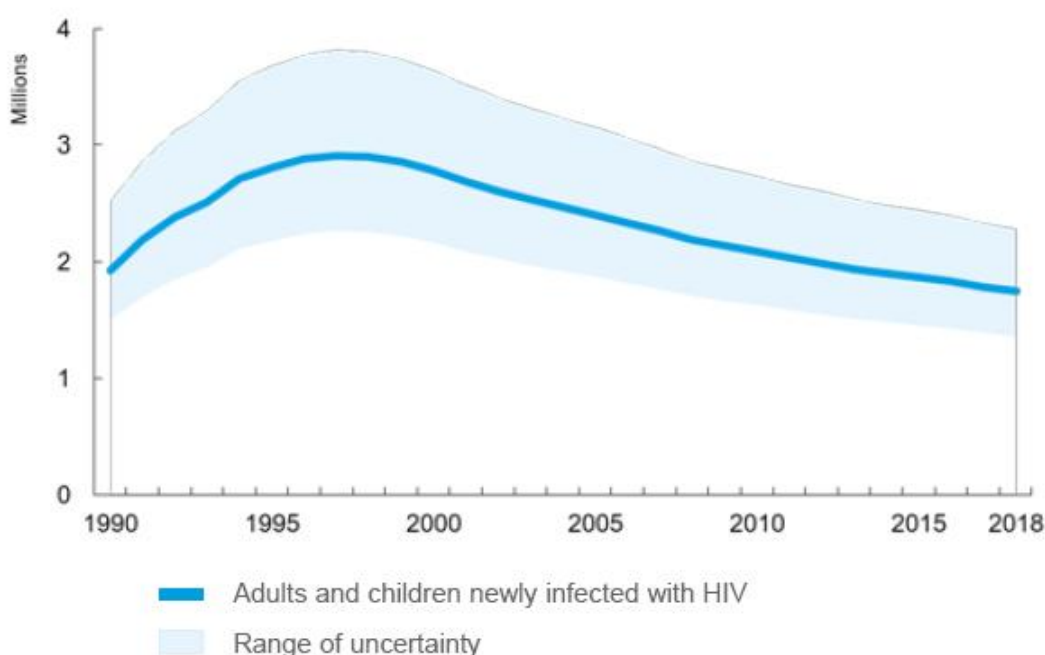
*Source: UNAIDS DATA 2019*

#### New HIV infections

- ❖ New HIV infections have been reduced by 50% since the peak in 1996.

- In 2018, there were 1.7 million [1.4 million–2.3 million] new HIV infections, compared to 3.4 million [2.6 million–4.4 million] in 1996.
- ❖ Since 2010, new HIV infections among adults have declined by an estimated 16%, from 1.9 million [1.5 million–2.5 million] to 1.6 million [1.2 million–2.1 million] in 2018.
- Since 2010, new HIV infections among children have declined by 41%, from 270 000 [170 000–400 000] in 2010 to 160 000 [110 000–260 000] in 2018.

**Figure 02: Adults and children newly infected with HIV (1990–2018)**

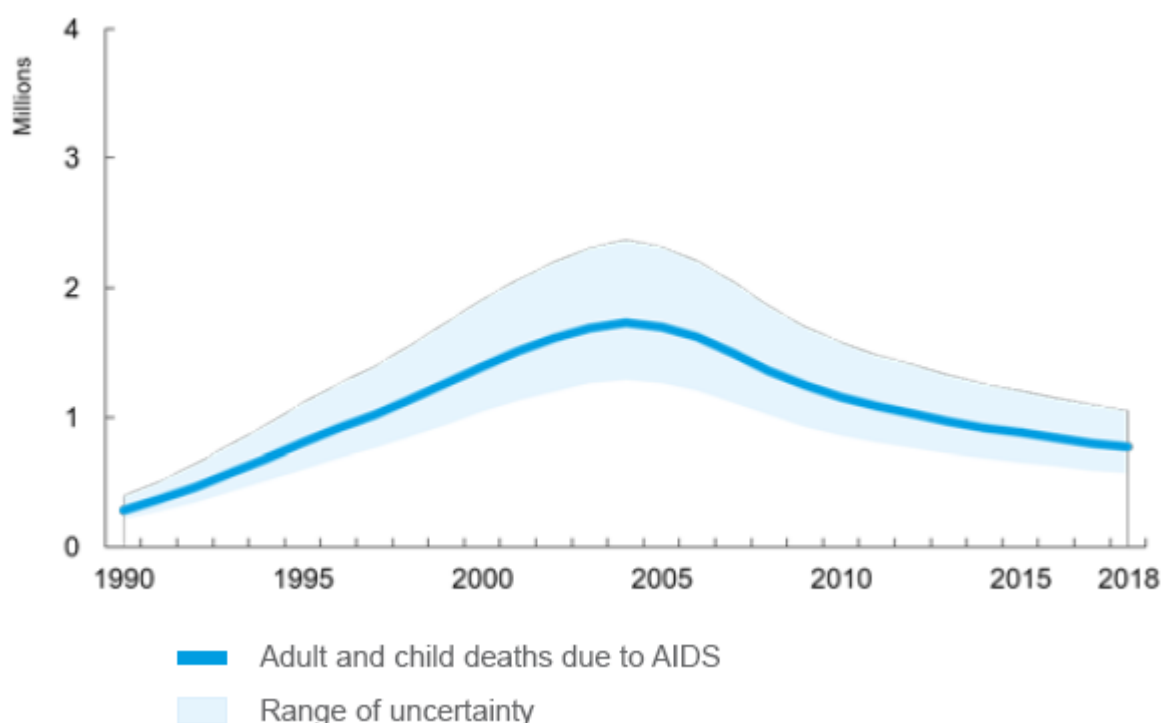


Source: UNAIDS DATA 2019

### **AIDS-related deaths**

AIDS-related deaths have been reduced by more than 59% since the peak in 2004. In 2018, 770 000 [570 000–1.1 million] people died from AIDS-related illnesses worldwide, compared to 1.9 million [1.4 million–2.7 million] in 2004 and 1.4 million [1 million–2 million] in 2010.

**Figure 03: Adult & child deaths due to AIDS (1990–2018)**



Source: UNAIDS DATA 2019

### **HIV and Tuberculosis co-infection**

- ❖ TB remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
- ❖ In 2018, an estimated 10.0 million [9.0 million–11.1 million] people developed TB disease, approximately 9% of whom were living with HIV.
- ❖ People living with HIV with no TB symptoms need TB preventative therapy, which lessens the risk of developing TB and reduces TB/HIV death rates by around 40%.
- ❖ 1.8 million People living with HIV across 65 countries started preventive treatment for TB in 2018.
- ❖ It is estimated that 44% of people living with HIV and TB are unaware of their confection and are therefore not receiving care.

## **People living with HIV accessing antiretroviral therapy**

- ❖ As of the end of 2019, 25.4 million [24.5 million–25.6 million] people were accessing antiretroviral therapy, up from 6.4 million [5.9 million–6.4 million] in 2009.
- ❖ In 2019, 67% [54–79%] of all people living with HIV were accessing treatment.
  - 68% [54–80%] of adults aged 15 years and older living with HIV had access to treatment, as did 53% [36–64%] of children aged 0–14 years.
  - 73% [60–86%] of female adults aged 15 years and older had access to treatment; however, just 61% [48–74%] of male adults aged 15 years and older had access.
- ❖ 85% [63–100%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their child in 2019.

## **90–90–90 Global target**

- ❖ In 2019, 81% [68–95%] of people living with HIV knew their HIV status.
- ❖ Among people who knew their status, 82% [66–97%] were accessing treatment.
- ❖ And among people accessing treatment, 88% [71–100%] were virally suppressed.
- ❖ Of all people living with HIV, 81% [68–95%] knew their status, 67% [54–79%] were accessing treatment and 59% [49–69%] were virally suppressed in 2019.

## **Women**

- ❖ Every week, around 5500 young women aged 15–24 years become infected with HIV.
  - In sub-Saharan Africa, five in six new infections among adolescents aged 15–19 years are among girls. Young women aged 15–24 years are twice as likely to be living with HIV than men.
- ❖ More than one third (35%) of women around the world have experienced physical and/or sexual violence by an intimate partner or sexual violence by a non-partner at some time in their lives.
  - In some regions, women who have experienced physical or sexual intimate partner violence are 1.5 times more likely to acquire HIV than women who have not experienced such violence.

- ❖ Women and girls accounted for about 48% of all new HIV infections in 2019. In sub-Saharan Africa, women and girls accounted for 59% of all new HIV infections.

## Key populations

- ❖ Key populations and their sexual partners account for:
  - 62% of new HIV infections globally.
  - 99% of new HIV infections in eastern Europe and central Asia.
  - 97% of new HIV infections in the Middle East and North Africa.
  - 96% of new HIV infections in western and central Europe and North America.
  - 98% of new HIV infections in Asia and the Pacific.
  - 77% of new HIV infections in Latin America.
  - 69% of new HIV infections in western and central Africa.
  - 60% of new HIV infections in the Caribbean.
  - 28% of new HIV infections in eastern and southern Africa.
- ❖ The risk of acquiring HIV is:
  - 26 times higher among gay men and other men who have sex with men.
  - 29 times higher among people who inject drugs.
  - 30 times higher for sex workers.
  - 13 times higher for transgender people.

**Table 01:**

### Global Summary of HIV/AIDS, 2000 – 2018 (in millions)

Year	People living with HIV	New HIV infections (total)	New HIV infections (age 15+)	New HIV infections (age 0-14)	AIDS related deaths	People accessing antiretroviral therapy
2018	37.9 (32.7-44.0)	1.7 (1.4-2.3)	1.6 (1.2-2.1)	0.16 (0.11-0.26)	0.77 (0.57-1.1)	23.1
2017	36.9 (31.1-43.9)	1.8 (1.4-2.4)	1.6 (1.3-2.1)	0.18 (0.11-0.26)	0.94 (0.67-1.3)	21.7 (19.1-22.6)
2016	36.3 (30.6-43.1)	1.9 (1.4-2.4)	1.7 (1.3-2.2)	0.18 (0.11-0.27)	0.99 (0.7-1.4)	19.4 (17.1-20.2)
2015	35.6 (30.1-42.4)	1.9 (1.5-2.5)	1.7 (1.3-2.3)	0.19 (0.12-0.28)	1 (0.73-1.54)	17.2 (15.2-17.9)
2014	35 (29.5-41.6)	2 (1.5-2.6)	1.8 (1.4-2.3)	0.2 (0.12-0.29)	1.1 (0.7-1.5)	15.1 (13.3-15.7)

2013	34.3 (29-40.8)	2 (1.6-2.7)	1.8 (1.4-2.4)	0.22 (0.14-0.32)	1.2 (0.8-1.6)	13.2 (11.6-13.8)
2012	33.7 (28.4-40)	2.1 (1.6-2.7)	1.8 (1.4-2.4)	0.23 (0.15-0.34)	1.2 (0.8-1.7)	11.4 (10.1-11.9)
2010	32.4 (27.4-38.5)	2.2 (1.7-2.9)	1.9 (1.5-2.5)	0.27 (0.17-0.4)	1.4 (1-2)	8 (7.1-8.3)
2005	30.1 (25.4-35.8)	2.5 (1.9-3.2)	2.1 (1.6-2.7)	0.38 (0.24-0.56)	1.9 (1.4-2.7)	2.1 (1.8-2.1)
2000	27.4 (23.1-32.6)	2.8 (2.2-3.7)	2.4 (1.9-3.2)	0.42 (0.26-0.62)	1.5 (1.1-2.2)	0.61 (0.53-0.63)

*Source: UNAIDS DATA 2019 and SAARC Epidemiological response on HIV/AIDS-2018*

## **2.2HIV prevention and Sustainable Development Goals**

Efforts to scale up HIV prevention can build synergies with broader efforts to achieve the 2030 Agenda for Sustainable Development. Primary prevention of HIV contributes directly towards achieving six of the Sustainable Development Goals (SDGs), where ongoing HIV transmission currently holds back progress (Figure 04). For example, transformative AIDS responses can provide an important impetus to social protection schemes, using cash transfers to reduce HIV vulnerability and risk in ways that contribute to gender equality and the empowerment of all women and girls, support education and reduce poverty. Similarly, progress on other SDGs contributes to HIV prevention through policies that seek to leave no one behind. For example, improved opportunities for education, including comprehensive sexuality education, will empower young people and promote improved health outcomes. HIV-sensitive universal health coverage policies can play a vital role in ensuring access to key HIV prevention interventions.

Hence, HIV Prevention 2020 contributes to the Sustainable Development Goals. Efforts to achieve these goals will in turn support HIV prevention outcomes.

**Figure 04: HIV prevention and the Sustainable Development Goals**

<b>3</b> GOOD HEALTH AND WELL-BEING 	<b>4</b> QUALITY EDUCATION 	<b>5</b> GENDER EQUALITY 	<b>10</b> REDUCED INEQUALITIES 	<b>16</b> PEACE, JUSTICE AND STRONG INSTITUTIONS 	<b>17</b> PARTNERSHIPS FOR THE GOALS 
Healthy lives and well-being for all, at all ages	Inclusive and equitable quality education and promotion of lifelong learning opportunities for all	Gender equality and empowerment of all women and girls	Reduced inequality within and among countries	Reduced violence including against key populations and people living with HIV	Global partnership for sustainable development
Universal health coverage, including HIV prevention services	High-quality education, including on comprehensive sexual and reproductive health	Sexual and reproductive health and rights	Protection against discrimination alongside legal services	Promotion of the rule of law	Policy coherence
Universal access to sexual and reproductive health	Empowerment of young people and life skills for responsible and informed sexual and reproductive health decisions	Elimination of violence and harmful gender norms and practices	Rights literacy, access to justice and international protection	Effective, accountable and transparent institutions	International support for implementing effective capacity building
Universal access to drug dependence treatment and harm reduction			Empowerment of people to claim their rights and enhance access to HIV services	Inclusive, participatory and representative decision-making	

### 3. SENARIO IN THE SAARC REGION

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HIV/AIDS continues to be a major public health problem in the SAARC Region though all eight Member States of the SAARC region are designated as low prevalence countries. The scenario in SAARC region is diverse. On the basis of latest available information this region is home for an estimated number of 2.35 million HIV infected people and 0.07 million AIDS deaths in 2018. **Table 02** shows the estimated number of People Living with HIV (PLHIV) in eight Member States of the SAARC Region in the year 2018. 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: Estimated number of PLHIV, New HIV Infections, AIDS related Deaths, Prevalence and incident rate in SAARC Region-2018**

<i>Country</i>	<i>Population('000)**</i>	<i>Estimated No. of PLHA</i>	<i>HIV Prevalence Rate (%)</i>	<i>Estimated New HIV infection in (all ages)*</i>	<i>HIV Incidence per 1000 population*</i>	<i>AIDS-related Deaths</i>
<b>Afghanistan</b>	37000	7200	<0.1	840	0.02	<500
<b>Bangladesh</b>	161000	14000	< 0.01	1600	0.01	580
<b>Bhutan</b>	826	1300	0.3	<100	0.11	<100
<b>India*</b>	1353000	2140000	0.22	87580	0.07	69110
<b>Maldives</b>	402	N/A	N/A	N/A	NA	NA
<b>Nepal</b>	28000	30000	0.1	900	0.03	910
<b>Pakistan</b>	212000	160000	0.1	22000	0.11	6400
<b>Sri- Lanka</b>	21000	3500	< 0.1	< 200	0.01	<200
<b>Regional</b>	<b>1813 million</b>	<b>2.35 million</b>		<b>0.1 million</b>		<b>0.07 million</b>

Source: UNAIDS Data-2019

\*Data sent by NACO India-2019

\*\* Population taken from WHO Global Tuberculosis Report-2019



The overall adult HIV prevalence in SAARC region remains below 1%. However, there are important variations existing between countries. Of the estimated number of 2.35 million PLHIV in SAARC region, 2.14 million were living in India in 2018 (Table 02).

**Table 03: Progress towards 90-90-90 targets in SAARC Region 2018**

<i>Country</i>	<i>Percent of people living with HIV who know their status</i>	<i>Percent of people who know their status who are on ART</i>	<i>Percent of people on ART who achieve viral suppression</i>
<b>Afghanistan</b>	38	13	N/A
<b>Bangladesh</b>	37	22	96*
<b>Bhutan</b>	47	37	N/A
<b>India*</b>	79.4	82	68
<b>Maldives</b>	N/A	NA	N/A
<b>Nepal*</b>	72	57	49
<b>Pakistan</b>	14	10	NA
<b>Sri- Lanka**</b>	77	58	85
<b>Regional</b>	<b>54</b>	<b>40</b>	<b>75</b>

Source: UNAIDS Data-2019

\*Data sent by Member States-2019

\*\* National STD/AIDS Control Programme Sri Lanka, Annual report 2018

To mention the progress towards 90-90-90 targets, in the SAARC Region overall there were 54 Percent of people living with HIV who know their status, 40 Percent of people who know their status who are on ART and 75 Percent of people on ART who achieve viral suppression in the year 2018. However, country wise progress towards 90-90-90 targets has shown in table 03.

**Table 04: Estimated size of population in key populations in SAARC Region-2018**

Country	Sex Worker	Men who have sex with men	People who inject drugs	Transgender	Prisoners
<b>Afghanistan*</b>	12500	10700	40900	NA	28000
<b>Bangladesh</b>	132037	101695	33067	10199	NA
<b>Bhutan*</b>	1044	72	55	22	240
<b>India*</b>	868000	257000	177000	70000	433003
<b>Maldives</b>	NA	NA	NA	NA	NA
<b>Nepal</b>	67300	60333	30868	21460	22000
<b>Pakistan</b>	230000	830000	110000	53000	78000
<b>Sri- Lanka</b>	30000	74000	2700	2200	NA
<b>Regional</b>	<b>1340881</b>	<b>1333800</b>	<b>394590</b>	<b>156881</b>	<b>561243</b>

source: UNAIDS Data-2019, \*Data sent by Member States

Country wise estimated size of key populations has shown in table 04. In the SAARC region, an estimated 1.3 million Sex worker (SW), 1.3 million Men who have sex with men (MSM), 0.39 million people who inject drugs (PWID), 0.15 million transgender and 0.56 million prisoners in year 2018.

**Table 05: Elimination of Mother - to - Child Transmission in SAARC Region-2018**

Country	Pregnant women needing ARV for PMTCT	Pregnant women who received ARV for PMTCT	ARV for PMTCT Coverage (%)
<b>Afghanistan*</b>	17	17	100
<b>Bangladesh*</b>	41	32	78
<b>Bhutan*</b>	6	6	100
<b>India*</b>	22617	13195	58
<b>Maldives</b>	NA	NA	NA
<b>Nepal*</b>	218	146	67
<b>Pakistan</b>	3100	183	6
<b>Sri- Lanka</b>	NA	NA	NA
<b>Regional</b>	<b>25999</b>	<b>13579</b>	<b>52</b>

Source: UNAIDS Data-2019, \* data sent by member states-2019

Prevention of Mother to child transmission, in the SAARC Region there were 25,999 pregnant women needing ARV for PMTCT, 13,579 pregnant women who received ARV for PMTCT and 52 Percent ARV for PMTCT Coverage shown in table 05. About 1.3 million people receiving ART in year 2018 and 84000 deaths averted due to ART in 2018 in SAARC Region (Table 06)

**Table 06: Number of people living with HIV receiving ART and deaths averted due to ART in 2018**

Country	No. of People receiving ART	Deaths averted due to ART*
<b>Afghanistan *</b>	924	NA
<b>Bangladesh*</b>	3030	<500
<b>Bhutan*</b>	453	NA
<b>India*</b>	1273323	83000
<b>Maldives</b>	11	NA
<b>Nepal*</b>	16913	1000
<b>Pakistan</b>	12046	<1000
<b>Sri- Lanka</b>	1299	<100
<b>Regional</b>	<b>1.3 million</b>	<b>84000</b>

Source: UNAIDS Data-2019, \* data sent by member states-2019

## **4. COUNTRY PROFILES**

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**Afghanistan**

**Bangladesh**

**Bhutan**

**India**

**Maldives**

**Nepal**

**Pakistan**

**Sri-Lanka**

## AFGHANISTAN

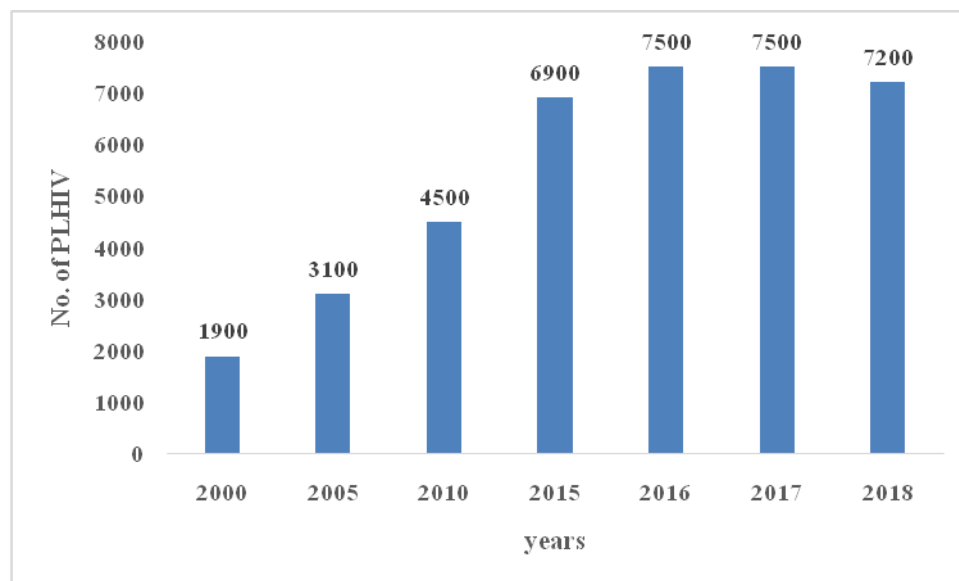
Islamic Republic of Afghanistan is one of the eight member countries of SAARC. It is a land-locked country, bordered by Pakistan in the south and east, Iran in the west, Turkmenistan, Uzbekistan and Tajikistan in the north, and China in the far northeast. The land area is 647,500 square kilometers and a population of 37 million (WHO Global Tuberculosis Report-2019). Afghanistan consists of 34 provinces and 398 districts.

### Overview of the HIV/AIDS epidemic

The HIV epidemic in Afghanistan is low and on the verge of being concentrated; this means that HIV positives are mainly among key affected populations. The Integrated Biological Behavioral Surveillance Survey (IBBS) in 2012 shows an overall 4.4% of HIV prevalence among (People Who Inject Drugs (PWIDs)). Prevalence of HIV among general population was 0.1%.

Figure 05 shows the trend of estimated adult HIV prevalence and number of PLHIV in Afghanistan from 2000 to 2018. A total 7200 estimated Number of People Living with HIV/AIDS (PLHIV) in the country in 2018. It is an estimated less than 500 number of deaths due to AIDS were in 2018.

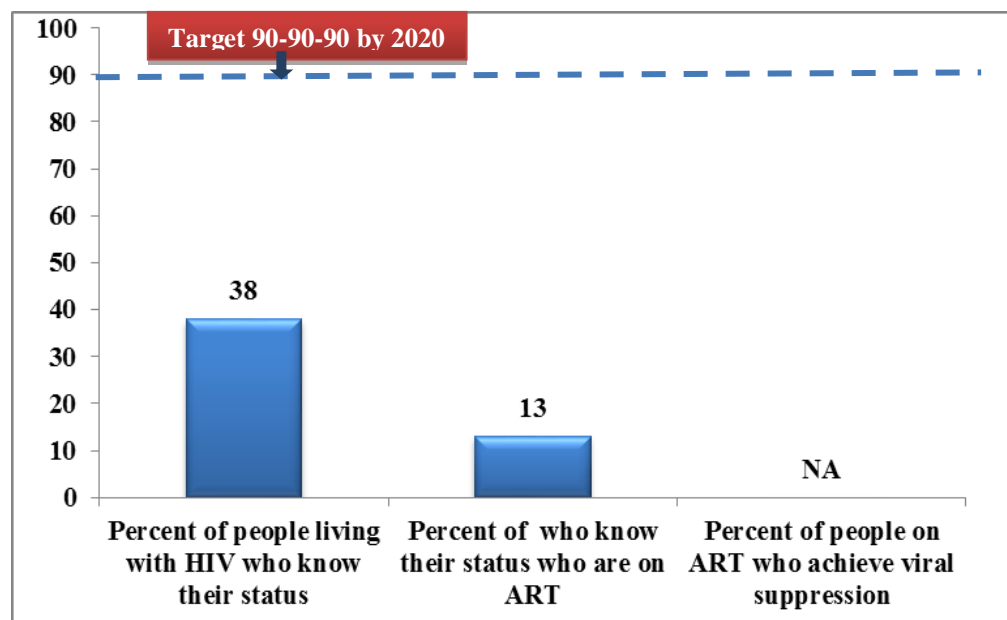
**Figure 05: Trend of an estimated Number of PLHIV, 2000-2018**



Source: UNAIDS data 2019, SAARC Epidemiological Response on HIV/AIDS-2018

Figure 06 shows treatment cascade (90-90-90) in Afghanistan. In year 2018, there were 38 Percent of people living with HIV who know their status, 13 Percent of people who know their status who are on ART and data for Percent of people on ART who achieve were not available.

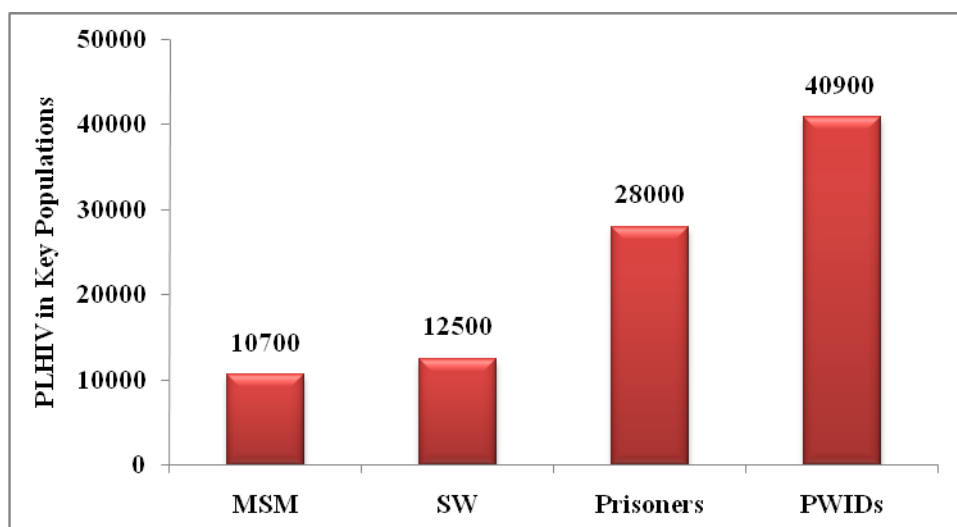
**Figure 06: Treatment Cascade (90-90-90)-2018**



Source: <http://aidsinfo.unaids.org/data sheet 2018>

Figure 07 shows the number of estimated People living with HIV/AIDS (PLHIV) in key populations in Afghanistan. In 2018, there were 12,500 Sex Worker (SW), 10,700 Men who have sex with men (MSM), 40,900 People who inject drugs (PWID) and 28,000 prisoners.

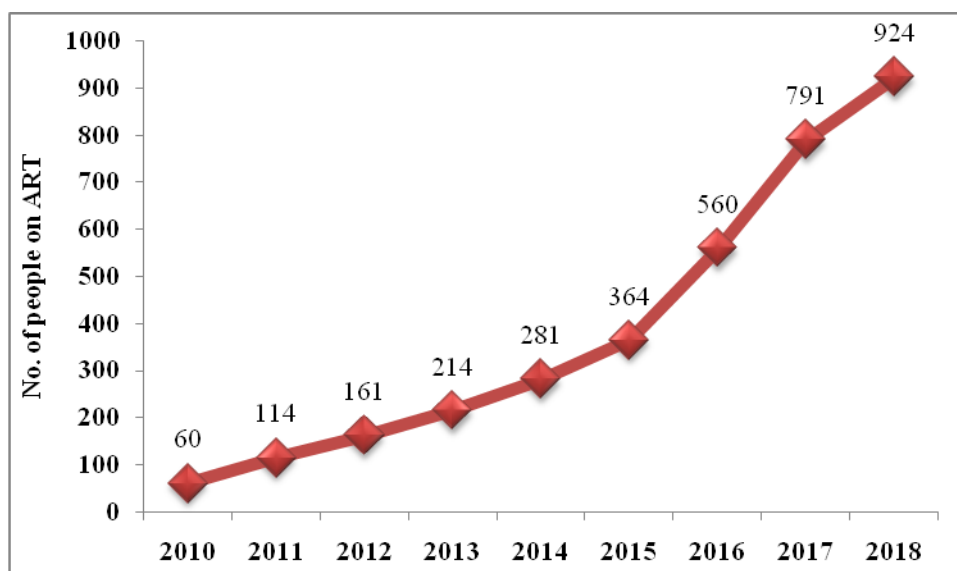
**Figure 07: Number of estimated PLHIV in Key Populations, 2018**



Source: Source: Data sent by NACP Afghanistan-2019

Figure 08 shows, ART scale up which has increased from 60 in year 2010 to 924 in year 2018.

**Figure 08: ART scale up, 2010-2018**



Source: Data sent by NACP Afghanistan-2019 & SAARC Epidemiological response on HIV/AIDS-2018

## **Challenges**

- ❖ Long Contracts procurement and amendment process
- ❖ Low level of HIV awareness among general populations.
- ❖ Stigma and discrimination against PLHIV and PWIDs
- ❖ Disturbing of HIV prevention and harm reduction services by police and community
- ❖ Low awareness on HIV and AIDS at different level of community
- ❖ Low coverage of Key affected population due to inadequate funds.
- ❖ Comprehensive harm reduction package is not implemented in prison
- ❖ Low coordination between different sectors of the government related to HIV national response.
- ❖ Legal, appropriate, procedure and behavior barrier for effective response to HIV and AIDS.

## **Planned Activities**

- ❖ Provide HIV prevention services for key populations such as:
  - harm reduction services,
  - HTS Services to KAP and People living with HIV
  - Provide treatment and nutrition support to PHLIV as per the National Strategic Plan for PLHIV
  - Continue and expand the provision of basic services including the management of STIs; conducting behavior change communication (BCC) activities;
- ❖ Work with KP and PLHIV networks
- ❖ Expand PMTCT services in major cities of Afghanistan
- ❖ Organizing HACCA CCM and other HIV task force meetings
- ❖ Strengthening of monitoring and supervision of HIV prevention sites in Kabul as well as provinces
- ❖ Meeting with line ministries and parliament members
- ❖ Training for health care professional on reducing HIV-Related Stigma in Health Care Settings
- ❖ Continuation of HIV and AIDS awareness program in school, Universities and etc.



- ❖ HIV campaigns on World AIDS Day
- ❖ To Conduct the Population size estimation (PSE)

**New initiatives/ Best practices:**

- ❖ To conduct Community Consultation
- ❖ Conduction of 3<sup>rd</sup> round IBBS
- ❖ Start electronic database
- ❖ Sentinel sites in prisons
- ❖ Active surveillance in prison and PWIDs
- ❖ Completing data quality audits.

**Guidelines/Policy/Strategy on HIV/AIDS**

- ❖ National Strategic Plan III, 2016 – 2020
- ❖ National AIDS M&E Plan -2016-2020
- ❖ HIV Policy
- ❖ Policy document on the reduction of Stigma and Discrimination in health care setting
- ❖ Opioid Substitution Therapy (OST) policy
- ❖ Harm Reduction Strategy for Key Populations
- ❖ ART Guideline
- ❖ HIV Testing Services guideline
- ❖ TB/HIV guideline
- ❖ Hepatitis C and STI guideline (Draft)

## AFGHANISTAN

Populations(mid-year)

37 millions

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	560 (<500-850)	740 (<500-1200)	840 (<500-1600)
New HIV infections (0-14)	<100 (<100-<100)	<100 (<100-<200)	<100 (<100-<200)
New HIV infections (Women, 15+)	<200 (<100-<500)	<200 (<100-<500)	<500 (<100-<500)
New HIV infections (Men, 15+)	<500 (<500-560)	<500 (<500-810)	560 (<500-1000)
<b>HIV Incidence per 1000 populations</b>	<b>0.02 (0.01-0.03)</b>	<b>0.02 (0.01-0.04)</b>	<b>0.02 (0.01-0.04)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	<500 (<200-<500)	<500 (<200-<500)	<500 (<200-610)
AIDS related deaths (0-14)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
AIDS related deaths (Women, 15+)	<100 (<100-<100)	<100 (<100-<200)	<100 (<100-<200)
AIDS related deaths (Men, 15+)	<200 (<100-<500)	<200 (<100-<500)	<500 (<200-<500)
<b>People living with HIV</b>			
People living with HIV (All ages)	4200 (2500-6200)	6000 (3600-8900)	7200 (4100-11000)
People living with HIV (0-14)	<500 (<200-<500)	<500 (<200-<500)	<500 (<500-530)
People living with HIV (Women, 15+)	1200 (690-1700)	1600 (950-2400)	2000 (1100-3100)
People living with HIV (Men, 15+)	2800 (1700-4100)	4000 (2400-6100)	4900 (2700-7900)
<b>HIV Prevalence (15-49)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>
<b>HIV Testing and treatment cascade (90-90-90)</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
		13% (7-20%) 920	---
All ages	38% (21-60%)		
Children (0-14)	45% (26-67%)	17% (10-26%) 60	---
Women (15+)	32% (18-49%)	12% (7-19%) 250	---
Men (15+)	40% (22-65%)	13% (7-21%) 620	---
<b>Elimination of Mother to child transmission</b>		<b>2010</b>	<b>2018</b>
Percentage of pregnant women living with HIV accessing antiretroviral medicines		2% (1-3%)	11% (7-18%)
Early infant diagnosis		----	1.2% (<1-2.1%)
<b>HIV COMORBIDITIES</b>			
Estimated number of incident TB cases among people living with HIV (2017)		210 (140-300)	
People living with HIV who started TB Preventive therapy (2017)		4.20%	
Cervical cancer screening of women living with HIV		----	
People coinfectd with HIV and hepatitis B virus receiving combined treatment (2018)		2.17%	
People coinfectd with HIV and hepatitis C virus starting hepatitis C treatment)		----	
<b>HIV PREVENTION</b>			<b>2016</b>

Adults aged 15+ years with unsuppressed viral load	----
Knowledge of HIV prevention among young people aged 15-24 years (2015)	
Women	1%
Men	6.30%
Condom use at last sex with a non-marital, non-cohabiting partner	
Women	----
Men	----
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2015)	42%
Men aged 15-49 who are circumcised(2015)	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	----
<b>Harm reduction</b>	
- Use of sterile injecting equipment at last injection	----
-Needles and syringes distributed per person who injects (2018)	52
-Coverage of opioid substitution therapy (2018)	3.2%
-Naloxone available (2019)	Yes
- Safe injection rooms available (2019)	No
<b>Laws and policies</b>	
	<b>2018</b>
Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	No
Criminalization of sex work among consenting adults	Any criminalization or punitive regulations of sex work
Criminalization of same-sex sexual acts	Yes, Death penalty
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	The law allows the possession of a certain amount of drugs
Criminalization of transgender people	Neither criminalized nor prosecuted
Laws or policies restricting the entry, stay and residence of people living with HIV	No
Parental consent for adolescents to access HIV testing	No
Spousal consent for married women to access sexual and reproductive health services	----
Mandatory HIV testing for marriage, work or residence permits or for certain groups	No
<b>KEY POPULATIONS</b>	
<b>SEX WORKERS</b>	
Estimated size of population	
HIV prevalence	-
Know their HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-

## **PEOPLE WHO INJECT DRUGS**

Estimated size of population

HIV prevalence

-

Know their HIV status

-

Antiretroviral therapy coverage

-

Condom use

-

Coverage of HIV prevention programmes

-

Avoidance of services due to stigma and discrimination

-

## **GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN**

Estimated size of population

HIV prevalence

-

Know their HIV status

-

Antiretroviral therapy coverage

-

Condom use

-

Coverage of HIV prevention programmes

-

Avoidance of services due to stigma and discrimination

-

## **TRANSGENDER PEOPLE**

Estimated size of population

-

HIV prevalence

-

Know their HIV status

-

Antiretroviral therapy coverage

-

Condom use

-

Coverage of HIV prevention programmes

-

Avoidance of services due to stigma and discrimination

-

## **PRISONERS**

Estimated size of population

HIV prevalence

Know their HIV status

Antiretroviral therapy coverage

Condom use

Coverage of HIV prevention programmes

Avoidance of services due to stigma and discrimination

Source: UNAIDS Data 2019

## 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 161 million (WHO Global Tuberculosis Report -2019), 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

National AIDS Policy and National AIDS committee was formed in 1985 even before the detection of the 1<sup>st</sup> HIV case in the country in 1989. The 1<sup>st</sup> comprehensive HIV prevention program was started in the country in the mid 90 by NGOs. Government initiated prevention program in 2004 under health sector program. The Global Fund has been supporting in HIV/AIDS program since 2004.

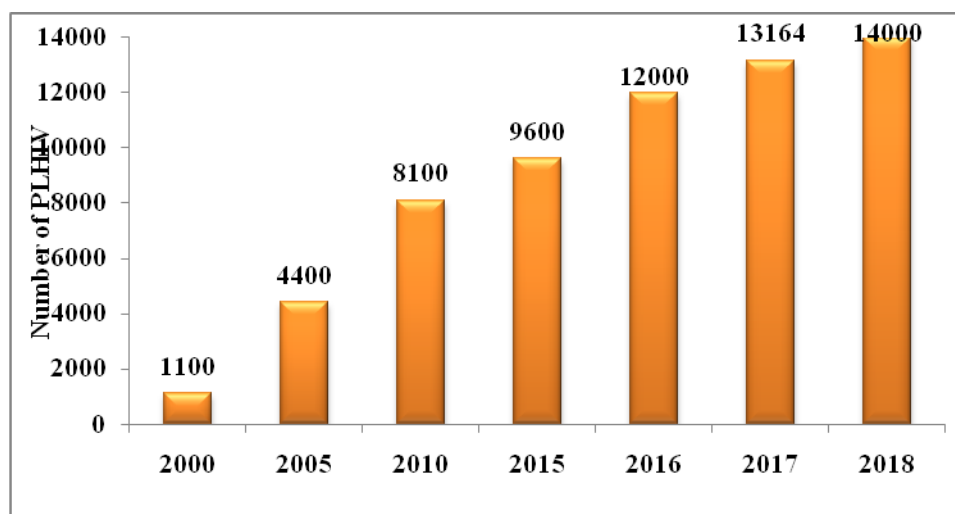
#### Reported People living with HIV- 2018

PLHIV	Total
All ages	5080
Children (0-14 years)	280
Women (15+)	1700
Men (15+)	3200

*Source: Data sent by NACP-Bangladesh, 2018*

In 2018 as per UNAIDS estimates the Number of New HIV infected were 1600 and the Number of HIV/AIDS related Death were 580. Bangladesh still a low prevalent country in the region with prevalence of less than 0.1% among the general population. Figure 09 shows the trend of estimated PLHIV from 2000 to 2018.

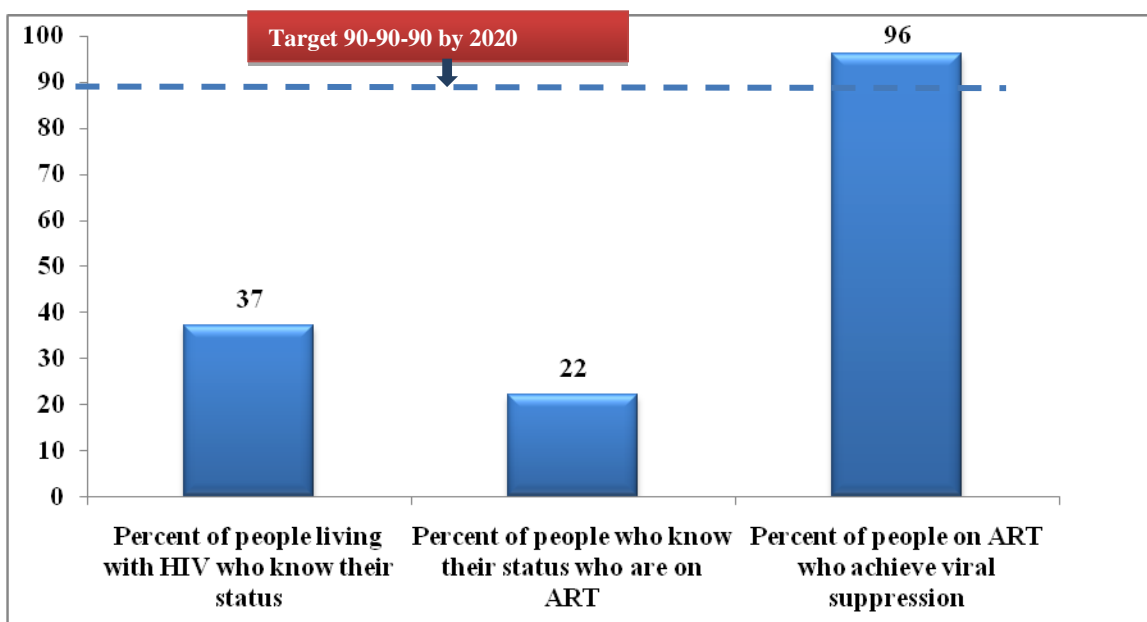
**Figure 09: Estimated Number of PLHIV, 2000-2018**



Source: UNAIDS data 2019, SAARC Epidemiological Response on HIV/AIDS-2018

Figure 10 shows treatment cascade (90-90-90) in Bangladesh. In year 2018 there were 37 Percent of people living with HIV who know their status and 22 Percent of people who know their status who are on ART. 96 Percent of people were on ART who achieve viral suppression in the year 2018.

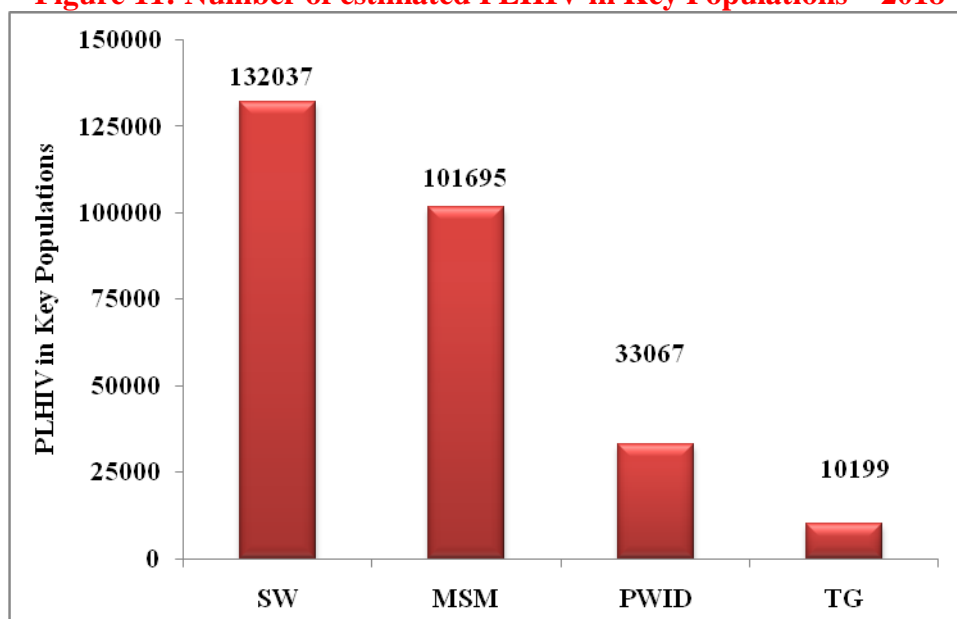
**Figure 10: Treatment cascade (90-90-90) in Bangladesh-2018**



Source: UNAIDS Data-2019

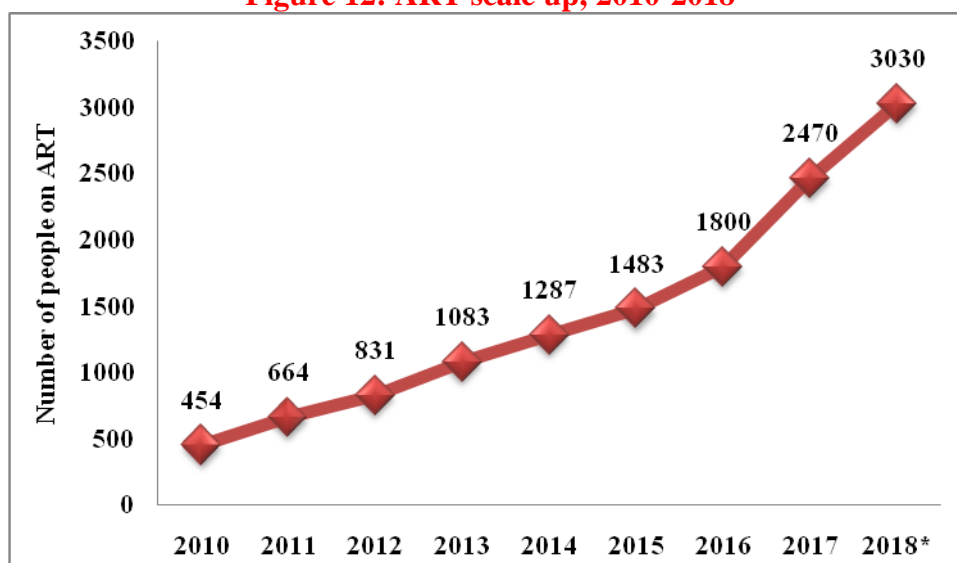
The estimated number of PLHIV in Key population in year 2018 were 0.13 million in SW, 0.1 million in MSM, 33067 in PWID and 10199 in transgender (Figure 11).

**Figure 11: Number of estimated PLHIV in Key Populations – 2018**



Source: UNAIDS Data-2019

**Figure 12: ART scale up, 2010-2018**



Source: Source: \*data sent by NACP, Bangladesh & SAARC Epidemiological response on HIV/AIDS-2018

Figure 12 shows the scaling up of number of people on ART from 454 in 2010 to 2470 in 2018.

### **Details of last surveillance activity/ies conducted**

- ❖ The last HIV surveillance among MSM, MSW and hijra was conducted in Dhaka and Hili in 2015 and the report was published in August 2017.
- ❖ The last HIV surveillance among PWID and FSW was conducted in Dhaka, Hili and 11 brothels of nine districts in Bangladesh in 2016. The report was published in November 2017.

### **Challenges:**

- ❖ Increasing the coverage of targeted interventions for sex workers, males who have sex with males (MSM), transgender women (*hijra*) and people who inject drugs, which currently range from 20% to 45%
- ❖ Sustaining the targeted interventions irrespective of donor support
- ❖ Increasing HIV testing to reach the '90-90-90' targets
- ❖ Addressing co-infections with TB, hepatitis and cancer of cervix
- ❖ Providing sexual and reproductive health (SRH) services for all key populations including the female partners of key populations
- ❖ Integration of HIV prevention, treatment, care and support with the operations under Maternal Health and Communicable Diseases Control programs
- ❖ Ensuring social safety nets and stronger legal support for PLHIV and key populations
- ❖ Planning interventions in the prison setting

### **Major planned activities:**

#### **Comprehensive HIV prevention program for key populations (KPs)**

- ❖ Provide HIV prevention services for key populations to help reach the 90-90-90 targets by increasing access to and utilization of testing, treatment and viral load monitoring and including the implementation of community led models
- ❖ Strengthen linkage to public and private referral sites to increase access to health services
- ❖ Continue prevention services and peer led approaches through sustainable and innovative approaches (eg. selling of condoms, engaging key populations in entrepreneur ventures, maximizing the benefits under the social safety nets, etc.)
- ❖ Continue and expand the provision of basic services including the management of STIs; addressing gender based violence; conducting behavior change communication (BCC)



activities; managing TB cases; ensuring adherence to medications for TB, HIV and STIs; implementing interventions with most at risk adolescents and female partners of key populations; needle-syringe exchange program; oral substitution therapy; etc.

**Treatment, care & support (TCS) for people living with HIV (PLHIV):**

- ❖ Strengthen and expand ART centers as per the National Strategic Plan for HIV
- ❖ Organize "uthanboithak" (courtyard meetings) at local level to create demand for HIV Testing Services (HTS) and ART and to sensitize the local community
- ❖ Provide HTS to family members of people living with HIV
- ❖ Facilitate linkage, enrolment & retention of people living with HIV in chronic HIV care
- ❖ Provide treatment and nutrition support to people living with HIV, home based care and burial support
- ❖ Organize caregiver and leadership training for PLHIV and their family members
- ❖ Assist hospital authorities to monitor ART re-fill centers
- ❖ Strengthen the capacity of the PLHIV Network

**Help CBOs of KPs and PLHIV sustain so they may help identify their needs:**

- ❖ Work with KP and PLHIV Networks and Forums to strengthen their governance systems
- ❖ Support innovations for sustainability beyond donor support
- ❖ Engage the Networks and Forums in various discussions and as members of Committees and Working Groups

**Continue and expand services for prevention of mother to child transmission (PMTCT):**

- ❖ Expand PMTCT in geographically prioritized sites and ensure quality and better monitoring
- ❖ Expand early infant diagnostic facilities

**Generate new evidence for better planning:**

- ❖ Conduct regular serological and behavioral surveillances
- ❖ Start STI surveillance at regular intervals
- ❖ Start TB-HIV surveillance
- ❖ Conduct the 3<sup>rd</sup> Stigma Index study
- ❖ Ensure national estimates and AIDS reporting are carried out timely

- ❖ Ensure the Investment Case is updates regularly
- ❖ Based on the evidence regularly update all national level strategic plans, guidelines, modules and manuals

#### **New initiatives/ Best practices:**

- ❖ Formation and operationalization of the Community Forum and the National Task Force (NTF) for addressing human rights and gender-based violence (related to HIV interventions)
- ❖ Applying ICT based approaches under interventions for MSM and Hijra to provide IEC/BCC to hidden and hard to reach key populations which include website and mobile apps, voice SMS to create awareness, online self-risk assessment for HIV and STI etc.
- ❖ Individual tracking by peers of FSW and PWID: Web and mobile apps based data collection
- ❖ Tab-based real-time data entry from service delivery points (SDPs) for HTS, OST, STIs and TB
- ❖ Viral load testing by using GeneXpert machine for PLHIV
- ❖ Enhanced outreach through engaging community (social mapping, spot analysis and contact mapping)
- ❖ Differentiated SBCC for FSWs and PWID
- ❖ Community based and community led HTS
- ❖ Linkage to ART and ART adherence: Comprehensive-Drop-in-Centers and engaging Case Workers
- ❖ Engaging elderly FSW in small business enterprises

#### **Research Studies Published/carried out in year 2017**

1. Understanding the culture of injecting drug use and analyzing harm reduction intervention operating for PWID in Dhaka city: An ethnographic study
2. A study to develop and test a community-based tuberculosis (TB) screening intervention to increase TB referral and case detection among sexual minority people in Dhaka city
3. Understanding concurrent use of psychoactive substance among the clients of Methadone Maintenance Treatment (MMT) clinics in Dhaka, Bangladesh

4. Prevalence of HIV, risk behaviours and vulnerabilities among spouse and other female sex partners of HIV positive male PWID in Dhaka city
5. End Line Survey (Behaviour) on Continuation of the Prioritized HIV Prevention Services among key Population in Bangladesh

## BANGLADESH

Populations(mid-year)

161 millions

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	1000 (900-1200)	1400 (1200-1500)	1600 (1400-1800)
New HIV infections (0-14)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
New HIV infections (Women, 15+)	<500 (<500-<500)	<500 (<500-<500)	<500 (<500-<500)
New HIV infections (Men, 15+)	580 (510-660)	870 (770-970)	1000 (930-1200)
<b>HIV Incidence per 1000 populations</b>	<b>0.01 (&lt;0.01-&lt;0.01)</b>	<b>0.01 (&lt;0.01-&lt;0.01)</b>	<b>0.01 (&lt;0.01-&lt;0.01)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	<500 (<500-<500)	<500 (<500-<540)	580 (<500-680)
AIDS related deaths (0-14)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
AIDS related deaths (Women, 15+)	<100 (<100-<100)	<200 (<200-<200)	<500 (<200-<500)
AIDS related deaths (Men, 15+)	<200 (<200-<500)	<500 (<500-<500)	<500 (<500-<500)
<b>People living with HIV</b>			
People living with HIV (All ages)	7700 (6600-8800)	11000 (9800-13000)	14000 (12000-16000)
People living with HIV (0-14)	<500 (<200-<500)	<500 (<500-<500)	<500 (<500-<500)
People living with HIV (Women, 15+)	2600 (2300-3000)	4000 (3500-4500)	4800 (4200-5400)
People living with HIV (Men, 15+)	4800 (4200-5600)	7000 (6000-8000)	8700 (7600-9900)
<b>HIV Prevalence (15-49)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>
<b>HIV Testing and treatment cascade (90-90-90)</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
		22% (19-25%) 3000	---
All ages	37%(32-42%)		
Children (0-14)	71% (61-81%)	33% (28-38%) 130	---
Women (15+)	35% (30-39%)	21% (18-23%) 990	---
Men (15+)	37% (32-42%)	22% (20-26%) 1900	---
<b>Elimination of Mother to child transmission</b>		<b>2010</b>	<b>2018</b>
Percentage of pregnant women living with HIV accessing antiretroviral medicines		18% (15-22%)	28% (24-33%)
Early infant diagnosis		2.9% (2.4-3.6%)	25.2% (21.3-29.9%)

### HIV COMORBIDITIES

Estimated number of incident TB cases among people living with HIV (2017)	540 (270-910)
People living with HIV who started TB Preventive therapy (2017)	----
Cervical cancer screening of women living with HIV	----
People coinfectd with HIV and hepatitis B virus receiving combined treatment (2018)	----

People coinfectd with HIV and hepatitis C virus starting hepatitis C treatment) ----

## HIV PREVENTION

Adults aged 15+ years with unsuppressed viral load	----
Knowledge of HIV prevention among young people aged 15-24 years (2014)	
Women	13%
Men	----
Condom use at last sex with a non-marital, non-cohabiting partner	
Women	----
Men	----
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2015)	73%
Men aged 15-49 who are circumcised(2015)	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	----

## Harm reduction

- Use of sterile injecting equipment at last injection (2015)	83.90%
-Needles and syringes distributed per person who injects (2018)	126
-Coverage of opioid substitution therapy (2018)	3.1%
-Naloxone available (2019)	No
- Safe injection rooms available (2019)	No

## Laws and policies

2018

Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	No
Criminalization of sex work among consenting adults	Any criminalization or punitive regulations of sex work
Criminalization of same-sex sexual acts	Yes, imprisonment (14 years life)
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	Possession of drugs for personal use or drug use and/or consumption are specified as criminal offences
Criminalization of transgender people	Neither criminalized nor prosecuted
Laws or policies restricting the entry, stay and residence of people living with HIV	No
Parental consent for adolescents to access HIV testing	Yes, for adolescents younger than 18 years
Spousal consent for married women to access sexual and reproductive health services	No
Mandatory HIV testing for marriage, work or residence permits or for certain groups	No

## KEY POPULATIONS

### SEX WORKERS

Estimated size of population

HIV prevalence	-
Know their HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-
<b>PEOPLE WHO INJECT DRUGS</b>	
Estimated size of population	
HIV prevalence	-
Know their HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-
<b>GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN</b>	
Estimated size of population	
HIV prevalence	-
Know their HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-
<b>TRANSGENDER PEOPLE</b>	
Estimated size of population	-
HIV prevalence	-
Know their HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-
<b>PRISONERS</b>	
Estimated size of population	
HIV prevalence	
Know their HIV status	
Antiretroviral therapy coverage	
Condom use	
Coverage of HIV prevention programmes	
Avoidance of services due to stigma and discrimination	

*Source: UNAIDS Data 2019*

## BHUTAN

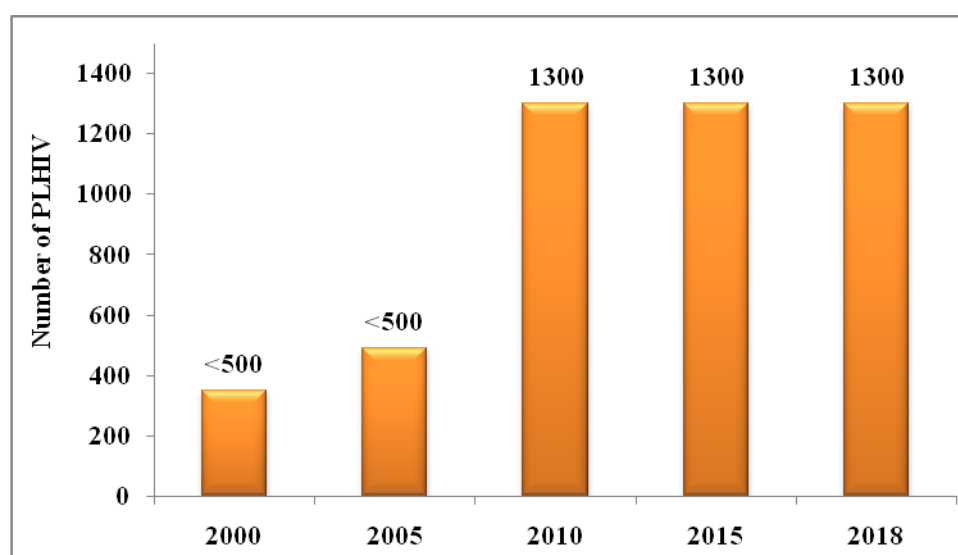
Bhutan is a land locked country situated in the Himalayas, it has border with China and India. Bhutan has an area of 38,394 sq km and the altitude varying from 180 m to 7,550 m above sea level. The total population of Bhutan is 826 000 (*Data sent by NTP-Bhutan-2019*). The country is divided into 20 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. In 2018, an estimates number of People living with HIV were 1300 and HIV/AIDS related Death were less than 100. Bhutan is still a low prevalent country in the region with prevalence of 0.3% among the general population. Figure 13 shows the trend of estimated PLHIV from 2000 to 2018.

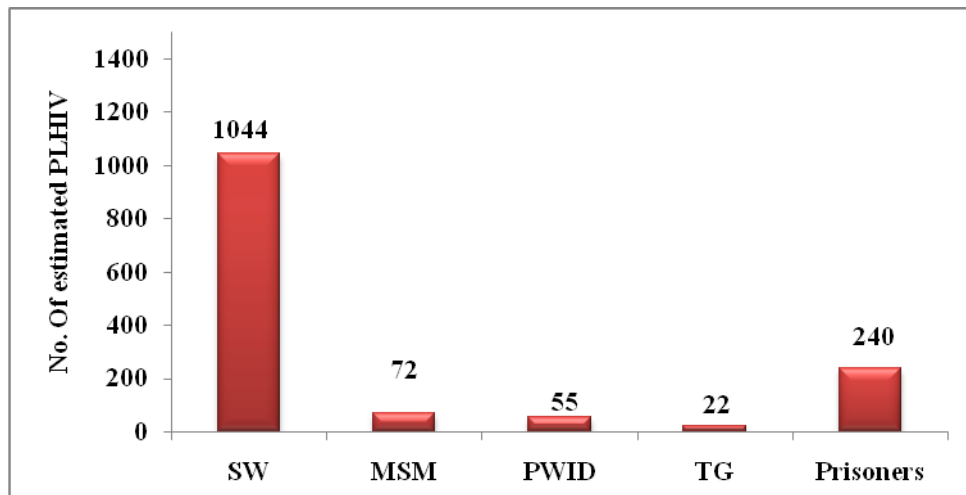
**Figure 13 Trend of estimated PLHIV from 2000 to 2018.**



Source: UNAIDS Data-2019

Figure 14 shows the number of estimated People living with HIV/AIDS (PLHIV) in key populations in Bhutan. In 2018, there were 1044 Sex Worker (SW), 72 Men who have sex with men (MSM), 55 People who inject drugs (PWID), 22 Transgender people and 240 prisoners.

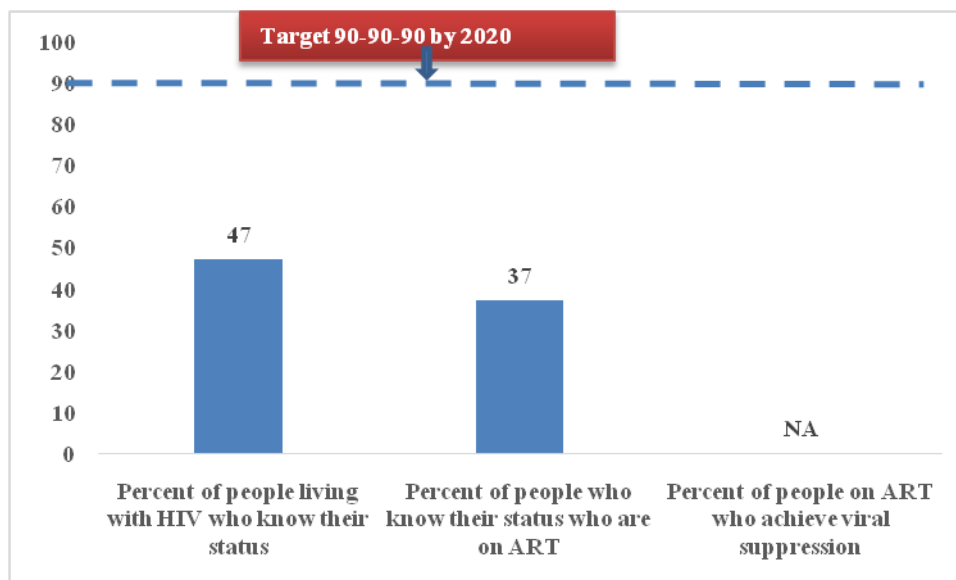
**Figure 14: Number of estimated PLHIV in Key Populations- 2018**



Source: data sent by NACP Bhutan-2019

Figure 15 shows treatment cascade (90-90-90) in Bhutan. In year 2018 there were 47 Percent of people living with HIV who know their status and 37 Percent of people who know their status who are on ART.

**Figure 15: Treatment cascade -2018**

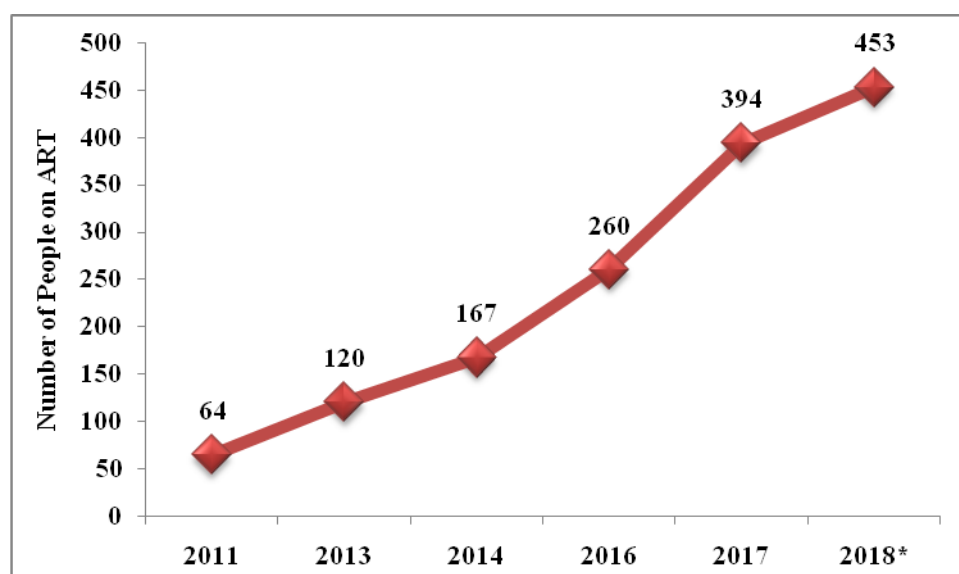


Source: UNAIDS Data-2019



ART scale up has been increased gradually in Bhutan. From figure 16, it has been observed that 453 number of ART in 2018 which is increased from 64 in 2011.

**Figure 16: ART scale up, 2010-2018**



Source: \* Data sent by NACP-Bhutan-2019, SAARC Epidemiological response on HIV/AIDS-2018

### **Key strategic directions-National Strategic Plan 2017-2023**

- ❖ Prevention of HIV transmission through outreach and in reach to reach the key and vulnerable population.
- ❖ Universal access to HIV Testing and screening for all the populations.
- ❖ Comprehensive continuum of care, support and treatment for people living with HIV and people with STIs and TB/HIV co-infection.
- ❖ Strategic information for evidence based program planning.

### **Key challenges**

- ❖ Decreasing donor support in lieu of rising country's GDP.
- ❖ Enhancing case diagnosis among key and vulnerable population.
- ❖ High sexual promiscuity both in male and female as per the findings of several sexual and behavioral studies conducted by the NACP.

- ❖ Diffused pattern of HIV epidemic in Bhutan thus making the current interventions more complex and resource intensive and time consuming.
- ❖ The social and self-stigma keeps people from disclosing their status to family, friends and sexual partners as the nature of HIV infection dominated by one's sex and sexuality. This has discouraged many of them from coming forward for timely diagnosis and treatment.

#### **Major planned activities:**

- ❖ Mapping and size estimation exercises for MSM, TG and Female Sex Workers
- ❖ Establishment of sentinel surveillance system for MSM, TG and Female Sex Workers.
- ❖ Research titled “ Trends of opportunistic infection among the HIV/AIDS infected patients- A multi-country study, 2019” Funded by STAC is initiated and ongoing

#### **New initiatives/ Best practices (2017-2018):**

- ❖ Introduction of condom vending machines to promote the condoms for key and vulnerable population
- ❖ Introduction of viral load testing using the GeneXpert machines
- ❖ Introduction of fixed dose combination of ART for PLHIV to improve the treatment adherence and quality of life.
- ❖ Introduction of Mobile Van HIV testing and Counseling Services to reach the unreached population.
- ❖ Initiation of treat all policy.

#### **Guidelines/Policy/Strategy on HIV/AIDS**

- ❖ National Strategic Plan (NSP-III) 2018-2023 developed
- ❖ National ART treatment guidelines developed in 2017.

## BHUTAN

Populations(mid-year)

826000

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	<200 (<100-<500)	<100 (<100-<200)	<100 (<100-<500)
New HIV infections (0-14)	---	---	---
New HIV infections (Women, 15+)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
New HIV infections (Men, 15+)	<100 (<100-<200)	<100 (<100-<200)	<100 (<100-<200)
<b>HIV Incidence per 1000 populations</b>	<b>0.17 (0.08-0.38)</b>	<b>0.13 (0.05-0.28)</b>	<b>0.11 (0.04-0.3)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	<100 (<100-<500)	<100 (<100-<500)	<100 (<100-<200)
AIDS related deaths (0-14)	---	---	---
AIDS related deaths (Women, 15+)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
AIDS related deaths (Men, 15+)	<100 (<100-<200)	<100 (<100-<200)	<100 (<100-<200)
<b>People living with HIV</b>			
People living with HIV (All ages)	1300 (590-2700)	1300 (670-2700)	1300 (700-2700)
People living with HIV (0-14)	---	---	---
People living with HIV (Women, 15+)	<500 (<200-670)	<500 (<200-700)	<500 (<500-750)
People living with HIV (Men, 15+)	950 (<500-2000)	920 (<500-1900)	900 (<500-1900)
<b>HIV Prevalence (15-49)</b>	<b>0.3 (0.1-0.6)</b>	<b>0.3 (0.1-0.6)</b>	<b>0.3 (0.1-0.5)</b>
<b>HIV Testing and treatment cascade (90-90-90)</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
		37% (20-78%)	---
All ages	47% (25->95%)	480	
Children (0-14)	---	---	---
Women (15+)	73% (41->95%)	57% 32->95%)	---
		220	
Men (15+)	35% (18-75%)	26% (13-57%)	---
		230	
<b>Elimination of Mother to child transmission</b>	<b>2010</b>	<b>2018</b>	
Percentage of pregnant women living with HIV accessing antiretroviral medicines		----	
Early infant diagnosis		----	
<b>HIV COMORBIDITIES</b>			
Estimated number of incident TB cases among people living with HIV (2017)		6 (4-9)	
People living with HIV who started TB Preventive therapy (2017)		----	
Cervical cancer screening of women living with HIV		----	
People coinfectd with HIV and hepatitis B virus receiving combined treatment (2018)		----	
People coinfectd with HIV and hepatitis C virus starting hepatitis C treatment)		----	
<b>HIV PREVENTION</b>			

Adults aged 15+ years with unsuppressed viral load	----
Knowledge of HIV prevention among young people aged 15-24 years (2014)	
Women	----
Men	----
Condom use at last sex with a non-marital, non-cohabiting partner	
Women	----
Men	----
Women aged 15-49 who have their demand for family planning satisfied with modern methods	----
Men aged 15-49 who are circumcised	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	----
<b>Harm reduction</b>	
- Use of sterile injecting equipment at last injection	----
-Needles and syringes distributed per person who injects	----
-Coverage of opioid substitution therapy	----
-Naloxone available (2019)	----
- Safe injection rooms available (2019)	----
<b>Laws and policies</b>	<b>2018</b>
Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	----
Criminalization of sex work among consenting adults	----
Criminalization of same-sex sexual acts	Yes, imprisonment (14 years life)
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	----
Criminalization of transgender people	----
Laws or policies restricting the entry, stay and residence of people living with HIV	No
Parental consent for adolescents to access HIV testing	----
Spousal consent for married women to access sexual and reproductive health services	----
Mandatory HIV testing for marriage, work or residence permits or for certain groups	----
<b>KEY POPULATIONS*</b>	
<b>SEX WORKERS</b>	
Estimated size of population	1044
HIV prevalence	8
Know their HIV status	225
Antiretroviral therapy coverage	10
Condom use	10
Coverage of HIV prevention programmes	946
Avoidance of services due to stigma and discrimination	0
<b>PEOPLE WHO INJECT DRUGS</b>	
Estimated size of population	55
HIV prevalence	0

Know their HIV status	0
Antiretroviral therapy coverage	0
Condom use	1537
Coverage of HIV prevention programmes	94
Avoidance of services due to stigma and discrimination	0
<b>GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN</b>	
Estimated size of population	72
HIV prevalence	0
Know their HIV status	25
Antiretroviral therapy coverage	0
Condom use	447
Coverage of HIV prevention programmes	248
Avoidance of services due to stigma and discrimination	0
<b>TRANSGENDER PEOPLE</b>	
Estimated size of population	22
HIV prevalence	0
Know their HIV status	1
Antiretroviral therapy coverage	0
Condom use	200
Coverage of HIV prevention programmes	5
Avoidance of services due to stigma and discrimination	0
<b>PRISONERS</b>	
Estimated size of population	240
HIV prevalence	1
Know their HIV status	0%
Antiretroviral therapy coverage	0
Condom use	250
Coverage of HIV prevention programmes	96
Avoidance of services due to stigma and discrimination	0
<i>Source: * data sent by NACP Bhutan-2019, UNAIDS Data 2019</i>	

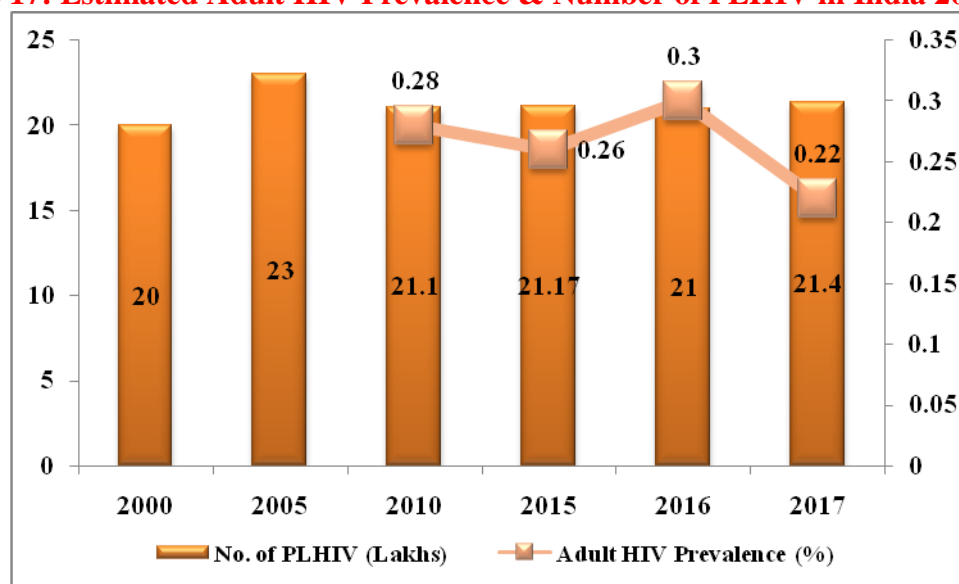
## INDIA

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 1353 million (WHO Global Tuberculosis Report-2019). 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

National adult (15–49 years) HIV prevalence in India is estimated at 0.22% in 2017.

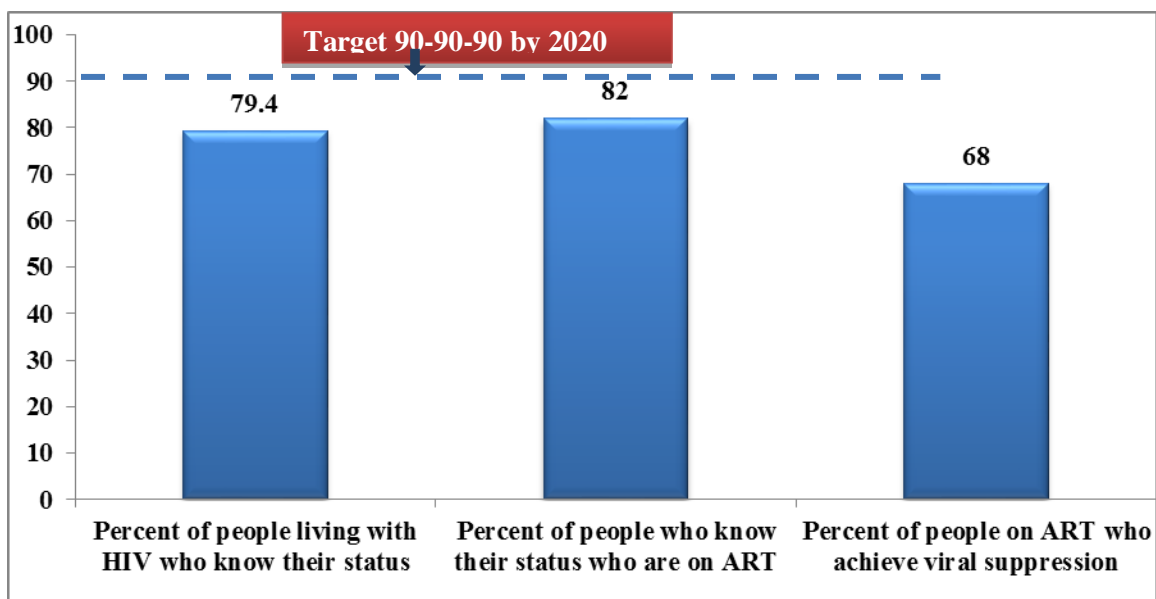
**Figure 17: Estimated Adult HIV Prevalence & Number of PLHIV in India 2000-2017**



Source: <http://aidsinfo.unaids.org/data sheet 2018>

The total number of People Living with HIV (PLHIV) in India is estimated at 21.4 lakhs (15 lakhs-29 lakhs) in 2017 compared with 20 lakhs in 2000(Figure 17).

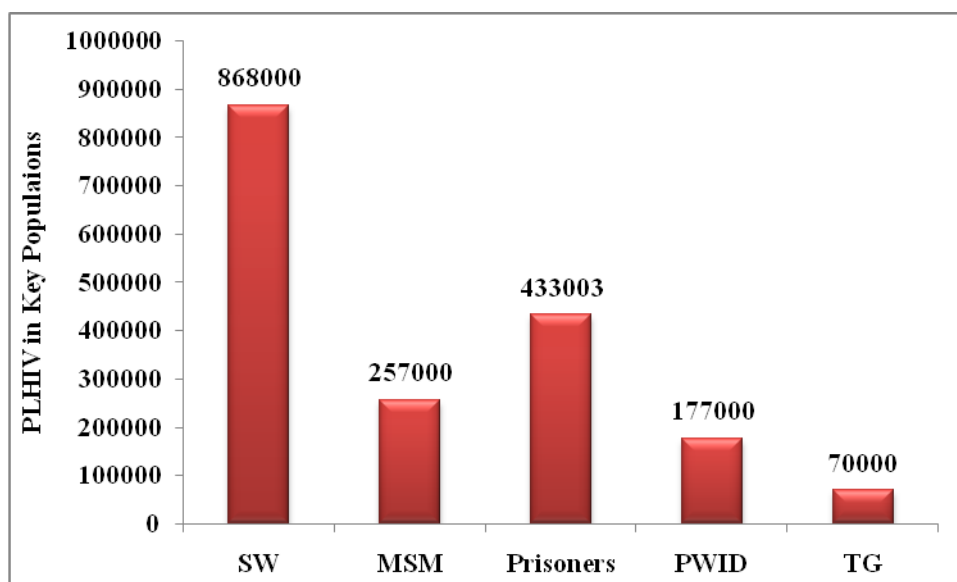
**Figure 18: Treatment cascade (90-90-90) in India, 2018**



*Source: Data sent by NACO, India-2019*

Figure 18 shows treatment cascade (90-90-90) in India. In year 2018 there were 79.4 Percent of people living with HIV who know their status, 82 Percent of people who know their status who are on ART and 68 percent of people on ART who achieve viral suppression.

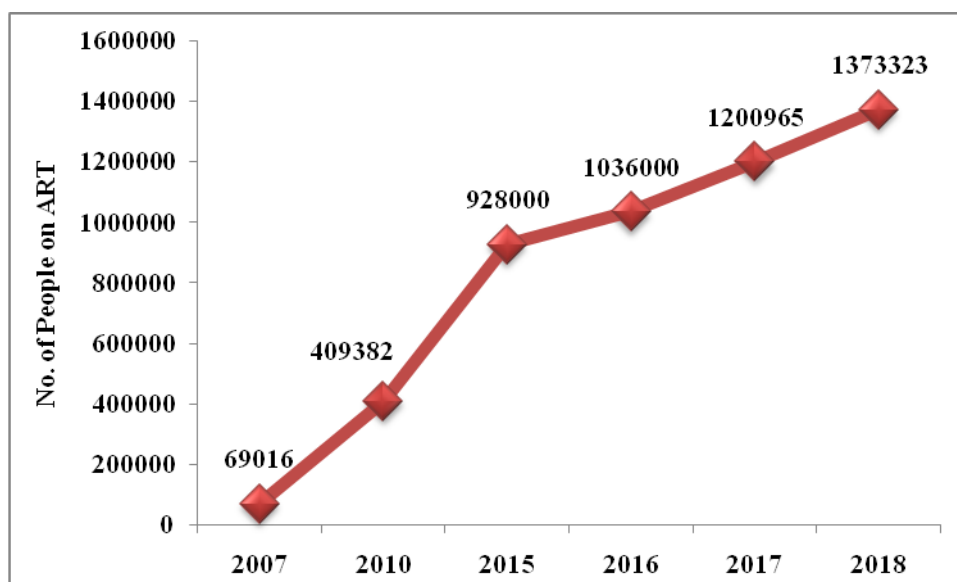
**Figure 19: Number of estimated PLHIV in Key Populations – 2018**



Source: Data sent by NACO, India-2019

The number of estimated PLHIV in Key population were 0.86 million in SW, 0.25 million in MSM, 0.17 million in PWID, 0.43 million in Prisoners and 70 000 in TG.

**Figure 20: ART scale up, 2007-2018**



Source: Data sent by NACO, India-2019 & SAARC Epidemiological response on HIV/AIDS

Figure 20 shows, the trend of ART scale up from 2007-2018. Till date there are 1.37 million people are on ART.

### **New initiatives/ Best practices:**



- ❖ THE HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME (PREVENTION AND CONTROL) ACT, 2017 towards protecting and securing the human rights of persons who are infected or affected by HIV/AIDS or are vulnerable to the disease. The Act prohibits discrimination or unfair treatment of HIV-infected people on any grounds.
- ❖ Test & Treat ensuring that all PLHIV are put on ART as soon as they are detected HIV Positive has been implemented across the country. In March 2014, the treatment was offered only when CD4 of a PLHIV reached as low as 350. This benchmark was upgraded to 500 in 2016 and finally with launch of 'Test and Treat' in 2017, every PLHIV are eligible to put on ART as soon as they detected HIV positive irrespective of the CD4 criteria.
- ❖ Viral Load testing for all PLHIV who are on ART has been launched. Viral load testing is of immense importance to monitor the effectiveness of treatment of patients taking lifelong Antiretroviral therapy. This will optimize the utilization of 1st line regimens, thus preventing drug resistance and ensuring the longevity of people living with HIV.
- ❖ Launch of Third Line ART: To benefit those who are not showing improvement after treatment with first and second line ART.
- ❖ Daily Anti-TB drugs through Single Window Services for TB-HIV co-infected patients at all ART centres.
- ❖ Isoniazid Preventive Therapy (IPT) is launched for prevention of TB among People living with HIV who are not having TB. IPT is part of a comprehensive package of HIV care.

#### **Research Studies Published/carried out (Please attach report) of 2018:**

Studies undertaken under National AIDS Control Programme are as follows:

- ❖ Implementing linked services between HIV (ICTC/ART/PPTCT)/STI and Family Planning at District level in Maharashtra to improve use of dual protection among HIV positive people
- ❖ Integrated Care Centre Model
- ❖ Utility of Prevention-of-Mother-to-Child HIV Transmission Programme Data for HIV Surveillance

- ❖ A case control study to understand determinants and biomarkers associated with Immuno-virologic discordance
- ❖ Early Infant Diagnosis (EID): Assessment of EID programme – Coverage, penetration, implementation process, quality of services including linkages with care support & treatment, loss to follow up (LFU) and clinical outcomes
- ❖ Evaluating the Acceptability and Feasibility of HIV Self-testing among Key Populations in India
- ❖ Identifying Changing Trends in Sex Work Dynamics among Female Sex Workers in India

### **Guidelines/Policy/Strategy on HIV/AIDS**

- ❖ Available on NACO website, link: <http://naco.gov.in/about-us/policies-guidelines>.

### **Major planned activities:**

- ❖ IT enabled Integrated Client Centric M&E system with embedded supply chain

### **Last surveillance activity/ies conducted 2017**

The 15th round of HIV Sentinel Surveillance was implemented during 2017 at 1323 sentinel sites - 829 sites among Antenatal Clinic (ANC) clinic attendees and 494 sites among high-risk groups & bridge populations: Female Sex Workers (FSW), Men having Sex with Men (MSM), Injecting Drug Users (IDU), Hijra/Transgender People (H/TG), Single Male Migrants (SMM) & Long Distance Truckers (LDT).

*Source: Data sent by NACO India-2019*

## INDIA

Populations(mid-year)	1353 million				
THE HIV EPIDEMIC					
New HIV infections	2005	2010	2017		
New HIV infections (all ages)	130 000 (66 000-230 000)	120 000 (60 000- 210 000)	88 000 (44 000- 160 000)		
New HIV infections (0-14)	13 000 (8100-20 000)	7700 (4800-12 000)	3700 (2300-2800)		
New HIV infections (women, 15+)	48 000 (23 000-87 000)	45 000 (22 000-81 000)	34 000 (16 000-60 000)		
New HIV infections (men, 15+)	71 000 (35 000-130 000)	67 000 (33 000-120 000)	50 000 (25 000- 92 000)		
HIV Prevalence Rate (all ages)		0.28	0.2		
HIV Incidence per 1000 populations	0.12 (0.06-0.22)	0.1 (0.05-0.18)	0.1 (0.03-0.12)		
AIDS related deaths					
AIDS -related deaths (all ages)	240 000 (110 000-440 000)	160 000 ( 76 000-290 000)	69 110 (29 940-140 840)		
AIDS -related deaths (0-14)	11 000 (5900-19 000)	6800 (3700-12 000)	2600 (1400-4600)		
AIDS -related deaths (women, 15+)	88 000 (38 000-180 000)	58 000 (25 000-120 000)	20 000 (8800- 42 000)		
AIDS -related deaths (men, 15+)	140 000 (68 000-250 000)	91 000 (45 000- 170 000)	46 000 (23 000-84 000)		
People living with HIV					
People living with HIV (all ages)	2 800 000 (2 000 000-3 900 000)	2 300 000 (1 700 000- 3 300 000)	2 140 000 (1 534 000-2 974 000)		
People living with HIV (0-14)	1 00 000 (71 000-150 000)	88 000 (61 000-130 000)	61 000 (43 000 -85 000)		
People living with HIV (women, 15+)	1 100 000 (760 000-15 000)	900 000 (650 000-1 300 000)	908 600 (684 400- 1 202 900)		
People living with HIV (men, 15+)	1 600 000 (11 000 000- 23 000 000)	1 300 000 (940 000- 1 900 000)	1 231 440 (908 280- 1 668 080)		
KEY POPULATIONS (2009)					
	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	868 000 (2009)	357 000 (2009)	177 000 (2009)	70 000 (2013)	433 003 (2016)
HIV prevalence (%) (2017)	1.56	2.69	6.26	3.1	NA
Know their HIV status (%) (NIBBS 2014-2015)	68.6	64.8	49.6	67.6	NA
Antiretroviral therapy coverage (%)	NA	NA	NA	NA	NA
Condom use (%) (GAM 2015& GAM 2016)	90.8	83.9	77.4	79.7	NA

Coverage of HIV prevention programmes (%) -2018	759 678	263 001	151 275	43 937	305351
Avoidance of services due to stigma and discrimination	NA	NA	NA	NA	NA
Condom distributed to key populations enroled in prevention programmes-2018	158 318 965	45 606 427	5 875 518	9 539 749	NA
<b>HIV testing and treatment cascade</b>	<b>All ages</b>	<b>Children (0-14)</b>	<b>Women (15+)</b>	<b>Men (15+)</b>	
People living with HIV who know their HIV Status (%)	79.4	NA	NA	NA	NA
People living with HIV who are on Treatment (%)	82	NA	NA	NA	NA
People living with HIV who are virally suppressed (%)	68	NA	NA	NA	NA
<b>HIV COMORBIDITIES</b>					
Estimated Number of Incidence Tuberculosis cases among People Living with HIV (2016)			87 000 (56 000- 125 000)		
Proportion of people living with HIV newly enroled HIV care with active TB (2016)			3.7%		
Cervical cancer screening of women living with HIV			35%		
Proportion of people co-infected with HIV and Hepatitis B virus receiving combined treatment (2017)			NA		
Proportion of people co-infected with HIV and Hepatitis C virus starting Hpatitis C treatment (2017)			NA		
<b>HIV PREVENTION</b>					
Knowledge of HIV prevention among young people (15-24 ) Years (2015-16)			26.17%		
Condom use at last higher-risk sex (with a non-marital, non cohabiting partner)-GAM 2018			40.30%		
Women			36.10%		
Men			40.80%		
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2015-16)			NA		
Men aged 15-49 who are circumcised			NA		
Male circumcisions performed according to national standards (2017)			NA		
People on PrEP (2017)			NA		
<b>Harm Reduction</b>					
Use sterile injecting equipment act. Last injection (2015)			86.4%		
Needle and syringes distributed per person who injects (2017)			424		
Coverage of opopod substitution therapy (2017)			19.00%		
<b>Elimination of Mother to Child transmission (at the end of 2017)</b>			<b>2010</b>		<b>2018</b>

Percentage of pregnant women living with HIV accessing antiretroviral medicines	0 (0-0)	58.20%
Pregnant women needing ARV for PMTCT (India- HIV estimation -2017)	NA	22 617
Pregnant women who received ARV for PMTCT	NA	13 195
Early infant diagnosis	6 (4-9)	31.90%
ART Scale Up at the end of 2018		
Number of people receiving ART	1 273 323	
Deaths averted due to ART	NA	
Laws and Policies		
Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission	No	
Criminalization of Sex work	Yes	
Criminalization of same sex sexual acts	No	
Drug use or possession for personal use is an offence	Yes, however the allows possession of a certain amount of drugs	
Criminalization of transgender people	No	
Laws or policy restricting the entry, stay and residence of people living with HIV	No	
Parental consent for adolescents to access HIV testing	Yes	
Spousal consent for married women to access sexual and reproductive health services	No	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	No	
STIGMA AND DISCRIMINATION	2016	
Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)	a. 29.4 b. 35.41	
Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV? (GAM 2018)	29.40%	
Do you think children living with HIV should be able to attend school with children who are HIV negative? (GAM 2018)	35.41%	
Percentage of people living with HIV denied health services because of their HIV status in the last 12 months	NA	
Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent	NA	

Note: HIV Epidemiological estimates were not available at the time of publication of SAARC Epidemiological Response on HIV/AIDS-2019

Source: Data sent by NACO India-2019 & SAARC Epidemiological response on HIV/AIDS-2018

## MALDIVES

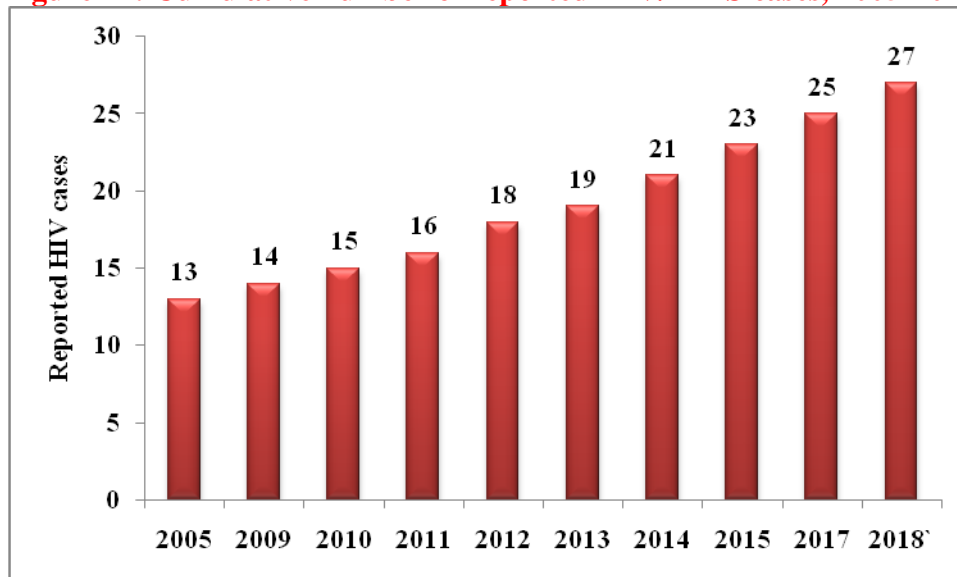
Republic of Maldives is a country formed by a number of natural atolls plus a few islands and isolated reefs which form a pattern from North to South. Maldives is situated in the Indian Ocean, close to India and Sri Lanka. It is located southwest of the Indian subcontinent stretching 860 km north to 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 402 000 in year 2018. 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

The first case of HIV in the Maldives was reported in 1991, as end of 2018, cumulative number of HIV cases in the Maldives is 27. More than 415 cases among expatriate/migrant population ( In 2017, the number of reported cases among expatriates are high compare to the previous years because revised regulation of immigration on renewable of work permit)

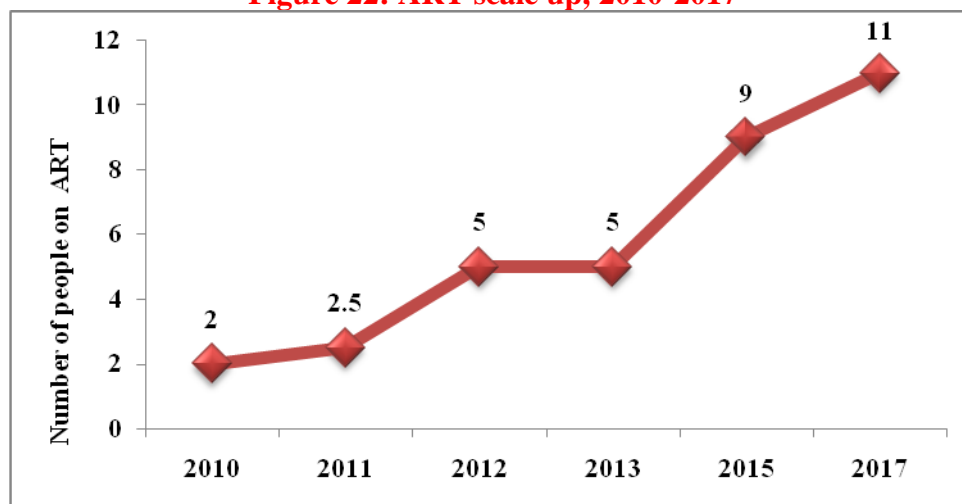
**Figure 21: Cumulative number of reported HIV/AIDS cases, 2005-2018**



Source: UNAIDS data-2019

Antiretroviral services are being delivered from one center, Indira Gandhi Memorial Hospital in Male'. People testing positive for HIV are immediately enrolled in the national treatment programme, and a treating physician assigned to every client, who will look after the client, ensuring regular checkups, dispensing the ARV drugs and follow-up. The 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 ongoing and functional ever since the ARV programme was established, and reported in previous reporting cycles. The NSP 2014-2018 notes a commitment to focus on taboo, denial and stigma of risk behaviors and people living with HIV in the next wave of advocacy, information and education activities. Figure 22 shows the ART scale up from 2010-2017.

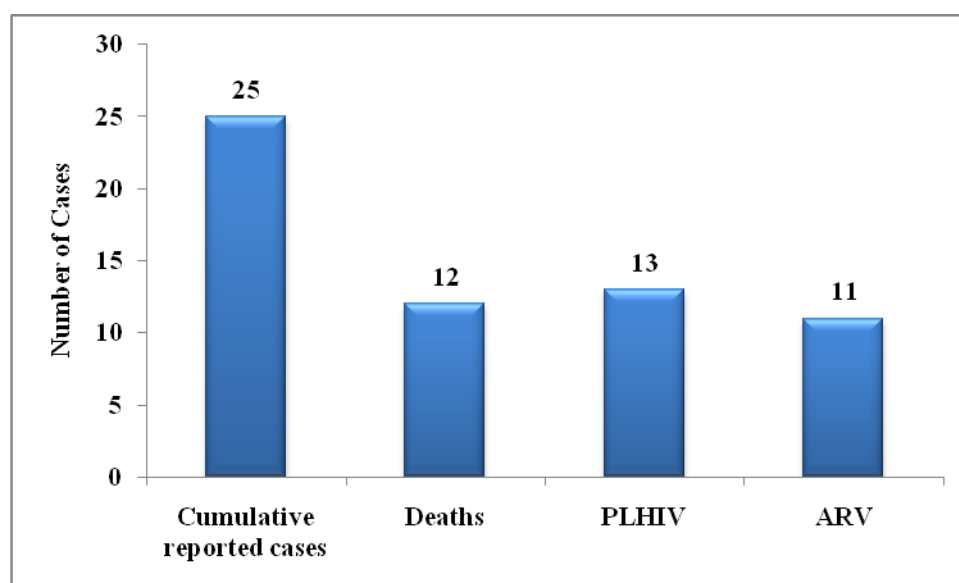
**Figure 22: ART scale up, 2010-2017**



Source: <http://aidsinfo.unaids.org/data sheet 2018>

As per data shown in figure 23, there were 25 cumulative PLHIV reported cases. Out of which 12 were died and 13 were the cases of people living with HIV. However, 11 cases has on ARV in the year 2017.

**Figure 23: Number of PLHIV, on ARV and deaths-2017**



*Source: Maldives, HIV surveillance report 2017*

### **Major achievements – 2015-2017**

- ❖ 2015 - Maldives Initiated Test and Treat policy, the very first country in the region to initiate the WHO recommended test and treat policy, to initiate treatment irrespective of CD4 count
- ❖ 2016 - Introduced combined drugs, single pill ARV
- ❖ 2016- Policy decision, to Introduced provision of Pre exposure prophylaxis for Sero-discordant couples
- ❖ 2016 – Viral load testing through Gene expert technology initiated at IGMH
- ❖ 2<sup>nd</sup> Integrated Biological and Behavioral Survey – data collection completed in 3 atolls; on halt due to funding shortage

### **Challenges**

- ❖ Limited data on KAPS
- ❖ Lack of civil society organizations working with KAPs
- ❖ Knowledge and behavior gap, especially among young people
- ❖ Stigma related to HIV is high
- ❖ Lack of mechanism to support CSOs working with KAPs



**Best practices**

Two achievements are notable as best practices. First is the engagement of two NGOs in providing VCT services, which ensures availability of such services independent of the health sector. Secondly, the Guidelines for the Prevention of Mother to Child Transmission (PMTCT) of HIV integrate PMTCT into the mainstream health system via Reproductive Health Services. Establishing these guidelines and training health personnel has contributed to the Maldives being on the road to achieving elimination of Mother-to-Child syphilis and HIV transmission.

## MALDIVES

### HIV & AIDS estimates-2017

Populations(mid-year) 402 000

THE HIV EPIDEMIC	2005	2010	2017
New HIV infections	-	-	-
HIV Incidence per 1000 populations	-	-	-
AIDS related deaths	-	-	-
People living with HIV	-	-	-

90-90-90	2016
People living with HIV who know their HIV Status	-
People living with HIV who are on Treatment	<100
Adults living with HIV who are on treatment	-
People living with HIV who are virally suppressed	-

CHILDREN AND PREGNANT WOMEN	2010	2016
New HIV infections—children	-	-
Children living with HIV who are on treatment	-	-
Coverage of pregnant women living with HIV accessing antiretroviral medicines	-	-

HIV COMORBIDITIES	
Estimated number of incident TB cases among people living with HIV (2015)	<100 (<100- <100)
Proportion of people living with HIV with active TB in HIV care	-
Cervical cancer screening of women living with HIV	-

HIV PREVENTION	
Knowledge of HIV prevention among young people (15-24)	35.50%
Condom use at last higher-risk sex (with a non-marital, non cohabiting partner)	-
Males	-
Females	-
Women aged 15-49 who have their demand for family planning satisfied with modern methods	-
Men aged 15-49 who are circumcised	Not applicable
Male circumcisions performed according to national standards (2016)	Not applicable
People on PrEP (2016)	-

STIGMA AND DISCRIMINATION	
People who report they would not buy vegetables from a shopkeeper living with HIV	-

POLICIES AND REGULATIONS	2016
Community delivery of treatment	-
Laws requiring parental consent for adolescents to access sexual and reproductive health services	-
TRIPS flexibilities incorporated in national legislation	-
Laws or policies restricting entry, stay and residence of people living with HIV	-
Criminalization of transmission of, nondisclosure of, or exposure to HIV	-
Recommended CD4 level for treatment initiation	Treat all

## KEY POPULATIONS

### SEX WORKERS

Estimated size of population	-
HIV prevalence	-
Know HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Condoms distributed to sex workers enrolled in prevention programmes (2016)	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-

### PEOPLE WHO INJECT DRUGS

Estimated size of population	-
HIV prevalence	-
Know HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Clean needle use at last injection	-
Needles and syringes distributed per person who injects (2016)	-
Coverage of HIV prevention programmes	-
Coverage of opioid substitution therapy (2016)	-
Naloxone available (2016)	-
Safe injection rooms available (2016)	-
Avoidance of services due to stigma and discrimination	-

### GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Estimated size of population	-
HIV prevalence	-
Know HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Condoms distributed to men who have sex with men in prevention programmes (2016)	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-

### TRANSGENDER PEOPLE

Estimated size of population	-
HIV prevalence	-
Know HIV status	-
Antiretroviral therapy coverage	-
Condom use	-
Coverage of HIV prevention programmes	-
Avoidance of services due to stigma and discrimination	-

### PRISONERS

Estimated size of population	-
HIV prevalence	-
Antiretroviral therapy coverage	-
HIV prevention programmes in prisons (2016)	-
Condoms distributed	-
Clean needles distributed	-
Prisoners on opioid substitution therapy	-

Unless indicated otherwise, data are from the most recent survey available between 2011 and 2015.

*Source:* <http://aidsinfo.unaids.org/data sheet 2018>

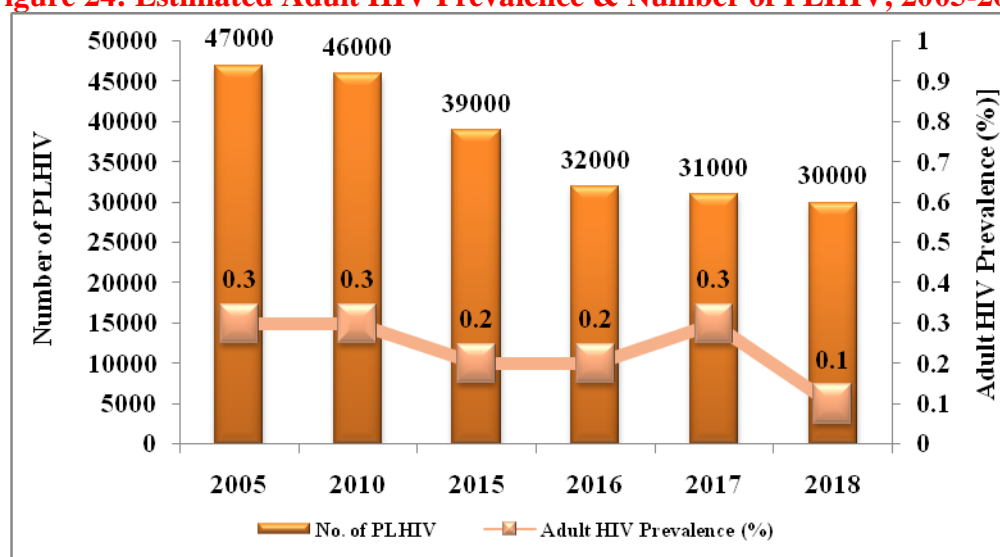
## NEPAL

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. Nepal is divided into 7 states and 77 districts. It has an area of 147,181 square kilometers and a population of approximately 28 million (WHO Global Tuberculosis Report-2019). The urban population is largely concentrated in the Kathmandu valley.

### Overview of the HIV/AIDS epidemic:

The first HIV infection has detected in 1988 in Nepal. Since then HIV epidemic has evolve from low to concentrated among key affected populations (people who inject drugs, female sex worker, clients of female sex worker, Men who have sex with men, Male labor migrants). However heterosexual transmission is dominant. Nepal's HIV prevalence has not changed much over the last eight years, it has remained within 0.3 - 0.1 percent. It is estimated that there were around 30,000 people living with HIV in 2018, decreasing from 47000 in 2005 (Figure 24). An estimated number of 910 deaths were due to AIDS in 2018 declining from 2300 deaths in 2015. The estimated number of new cases in 2018 is 900 as compared to 1300 in 2015.

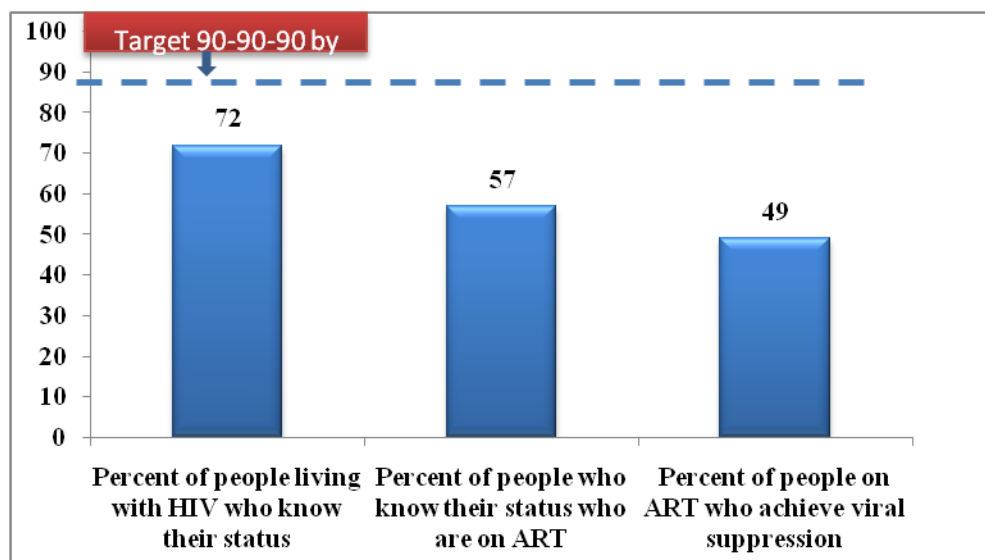
**Figure 24: Estimated Adult HIV Prevalence & Number of PLHIV, 2005-2018**



Source: UNAIDS data 2019 & SAARC Epidemiological report on HIV/AIDS-2018

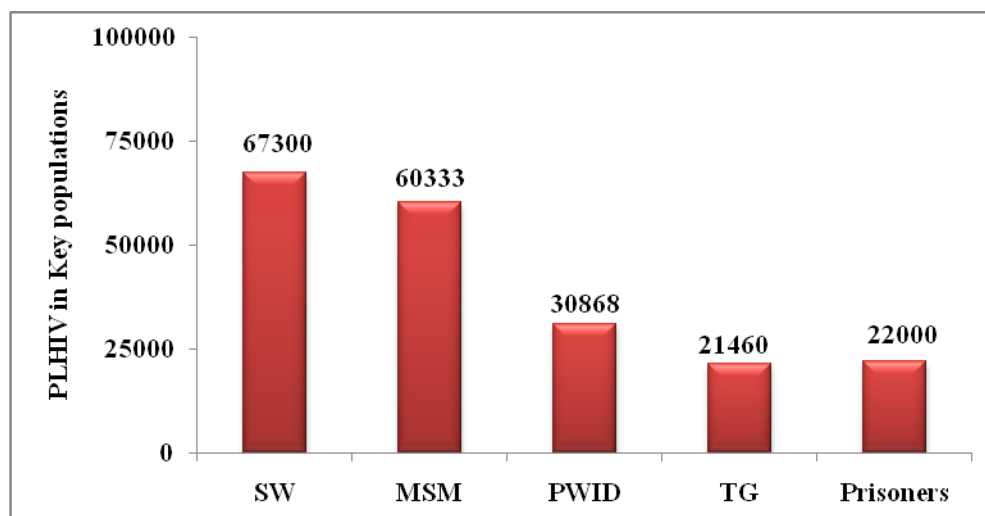
Figure 25 shows treatment cascade (90-90-90) in Nepal. In year 2018 there were 72 Percent of people living with HIV who know their status, 57 Percent of people who know their status who are on ART and 49 percent of people on ART who achieve viral suppression.

**Figure 25: Treatment cascade (90-90-90) in Nepal-2018**



Source: Data sent by NCASC Nepal-2019

**Figure 26: Number of estimated PLHIV in Key Populations -2018**

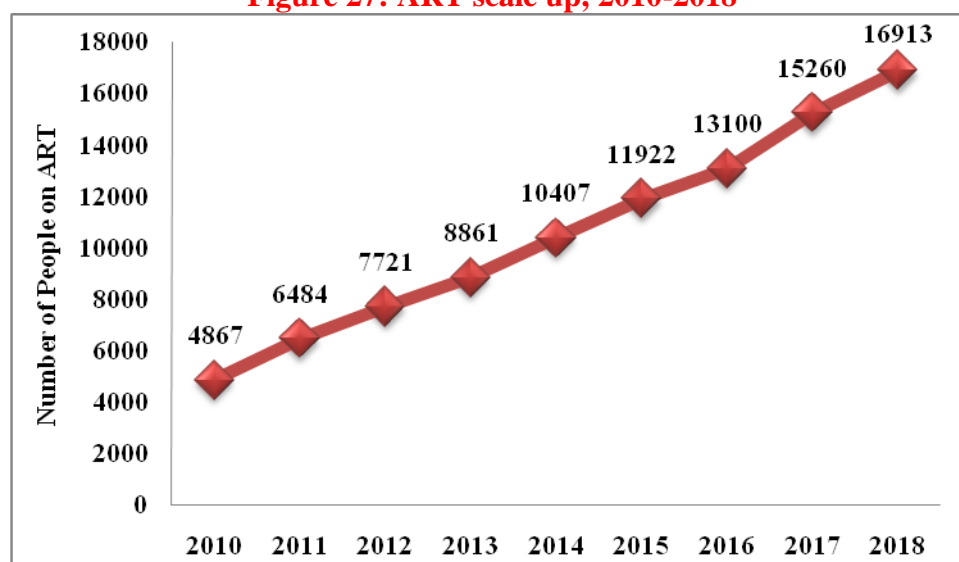


Source: source: Data sent by NCASC Nepal-2019

The HIV epidemic in Nepal remains concentrated among the key affected population notably; sex workers (SW), men who have sex with men (MSM), people who inject drugs (PWID),

transgender people (TG) as well as their spouses. Figure 26 shows the number of estimated PLHIV in key populations (SW, MSM, PWID, TG) in Nepal 2018.

**Figure 27: ART scale up, 2010-2018**



*source: Data sent by NCASC-2019 & SAARC Epidemiological response on HIV/AIDS-2018*

Figure 27 shows the scaling up of number of people on ART from 4867 in 2010 to 16913 in 2018.

### **Achievements**

- ❖ Quality improvement and Capacity Enhancement of Viral Load Testing
- ❖ Expansion of Early Infant Diagnosis (EID) Service Sites
- ❖ Piloting of Unique Identification Code for tracking patients

### **Surveillance activities conducted 2017**

- ❖ Integrated Biological and Behaviour Surveillance Survey among Female Sex Workers in Terai Highway districts of Nepal, 2018
- ❖ Integrated Biological and Behaviour Surveillance Survey among Men having Sex with Men and Transgenders in Terai Highway districts of Nepal, 2018

### **Challenges:**

- ❖ Irregular targeted intervention program through pool fund.
- ❖ Improve HIV case identification to minimize the gap of “first 90”
- ❖ Initiation of viral load testing service in scaled up sites to minimize the gap of “third 90”

- ❖ Frequent turnover of trained health workers (Counsellors) at the service sites especially ART sites.
- ❖ Late presentation of HIV clients for care.
- ❖ Unknown status of lost to follow up clients in HIV care services.
- ❖ The gap in the regular submission of bimonthly logistic consumption report from the service sites which affects the regular and timely supply of logistic (HIV test kits, OI medicines). It leads to frequent emergency logistic supply.
- ❖ Integration of all HIV program specially targeted intervention in National Health Information Management System (HMIS).
- ❖ Timely submission of routine reports through HMIS system
- ❖ Establishment and expansion of system throughout the country to track each HIV cases in the treatment care.
- ❖ Ensure data quality at district and service site level.
- ❖ Timely supply of HMIS tools for recording and reporting at service sites.
- ❖ Lack of robust tracking system of HIV pregnant women and the HIV exposed baby.

**Major planned activities:**

- ❖ National Integrated Biological and Behavioural surveillance survey among male labour migrants and People who inject drugs.

**New initiatives/ Best practices:**

- ❖ Strengthening strategic information system through implementation of DHIS-2 tracker system in all ART sites with the integration of biometric system and mHealth to track client and improve their retention.
- ❖ Allocation of budget to procure ARVs in government fund



## NEPAL

Populations(mid-year)

28 millions

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	2100 (1900-2300)	1200 (1100-1300)	900 (800-980)
New HIV infections (0-14)	<500 (<200-<500)	<200 (<200-<200)	<100 (<100-<200)
New HIV infections (Women, 15+)	850 (740-940)	<500 (<500-<500)	<500 (<500-<500)
New HIV infections (Men, 15+)	1000 (910-1100)	680 (600-740)	530 (<500-580)
<b>HIV Incidence per 1000 populations</b>	<b>0.08 (0.07-0.09)</b>	<b>0.04 (0.04-0.05)</b>	<b>0.03 (0.03-0.03)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	1400 (1200-1700)	1100 (920-1400)	910 (700-1200)
AIDS related deaths (0-14)	<200 (<200-200)	<100 (<100-<200)	<100 (<100-<100)
AIDS related deaths (Women, 15+)	<500 (<500-<500)	<500 (<200-<500)	<200 (<200-<500)
AIDS related deaths (Men, 15+)	1000 (840-1200)	850 (680-1100)	680 (540-910)
<b>People living with HIV</b>			
People living with HIV (All ages)	31000 (27000-36000)	31000 (27000-36000)	30000 (26000-34000)
People living with HIV (0-14)	1400 (1300-1700)	1500 (1400-1800)	1400 (1200-1600)
People living with HIV (Women, 15+)	9800 (8700-11000)	11000 (9900-13000)	12000 (10000-13000)
People living with HIV (Men, 15+)	20000 (17000-24000)	18000 (16000-21000)	17000 (15000-20000)
<b>HIV Prevalence (15-49)</b>	<b>0.2 (0.02-0.2)</b>	<b>0.2 (0.1-0.2)</b>	<b>0.1 (0.1-0.2)</b>
<b>HIV Testing and treatment cascade (90-90-90)*</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
All ages	72%	57%	49%
Children (0-14)	98%	98%	54%
Women (15+)	71%	47%	49%
Men (15+)	70%	66%	49%
<b>Elimination of Mother to child transmission</b>		<b>2010</b>	<b>2018*</b>
Percentage of pregnant women living with HIV accessing antiretroviral medicines		14% (11-16%)	67%
Early infant diagnosis		3.3% (2.7-4.1%)	70.8% (59-83.3%)
<b>HIV COMORBIDITIES</b>			
Estimated number of incident TB cases among people living with HIV (2017)		870 (480-1400)	
People living with HIV who started TB Preventive therapy (2017)		----	
Cervical cancer screening of women living with HIV		----	
People coinfectd with HIV and hepatitis B virus receiving combined treatment (2018)		----	
People coinfectd with HIV and hepatitis C virus starting hepatitis C treatment)		----	
<b>HIV PREVENTION</b>			

Adults aged 15+ years with unsuppressed viral load	----
Knowledge of HIV prevention among young people aged 15-24 years (2016)	
Women	20.70%
Men	27.10%
Condom use at last sex with a non-marital, non-cohabiting partner (2016)	
Women	----
Men	67.60%
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2016)	56%
Men aged 15-49 who are circumcised(2015)	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	----
<b>Harm reduction</b>	
- Use of sterile injecting equipment at last injection (2017)	97.60%
-Needles and syringes distributed per person who injects (2018)	85
-Coverage of opioid substitution therapy (2018)	2.8%
-Naloxone available (2019)	No
- Safe injection rooms available (2019)	No
<b>Laws and policies</b>	
	<b>2018</b>
Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	Yes
Criminalization of sex work among consenting adults	Human Trafficking and Transportation (Control) Act, 2064 BS
Criminalization of same-sex sexual acts	----
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	Narcotic Drugs (Control) Act, 2033 B.S
Criminalization of transgender people	----
Laws or policies restricting the entry, stay and residence of people living with HIV	----
Parental consent for adolescents to access HIV testing	----
Spousal consent for married women to access sexual and reproductive health services	----
Mandatory HIV testing for marriage, work or residence permits or for certain groups	----
<b>KEY POPULATIONS</b>	
<b>SEX WORKERS</b>	
Estimated size of population	67300
HIV prevalence	4.20%
Know their HIV status	95.20%
Antiretroviral therapy coverage	----
Condom use	88.20%
Coverage of HIV prevention programmes	34.80%
Avoidance of services due to stigma and discrimination	----

**PEOPLE WHO INJECT DRUGS**

Estimated size of population	30868
HIV prevalence	8.80%
Know their HIV status	98.30%
Antiretroviral therapy coverage	----
Condom use	48.90%
Coverage of HIV prevention programmes	67.80%
Avoidance of services due to stigma and discrimination	----

**GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN**

Estimated size of population	60333
HIV prevalence	5%
Know their HIV status	89.60%
Antiretroviral therapy coverage	----
Condom use	94.60%
Coverage of HIV prevention programmes	79.70%
Avoidance of services due to stigma and discrimination	----

**TRANSGENDER PEOPLE**

Estimated size of population	21460
HIV prevalence	8.50%
Know their HIV status	89.40%
Antiretroviral therapy coverage	----
Condom use	91.50%
Coverage of HIV prevention programmes	29.80%
Avoidance of services due to stigma and discrimination	----

**PRISONERS**

Estimated size of population	22000
HIV prevalence	----
Know their HIV status	----
Antiretroviral therapy coverage	----
Condom use	----
Coverage of HIV prevention programmes	----
Avoidance of services due to stigma and discrimination	----

*Source: \* Data sent by NCASC Nepal-2019 & UNAIDS Data 2019*

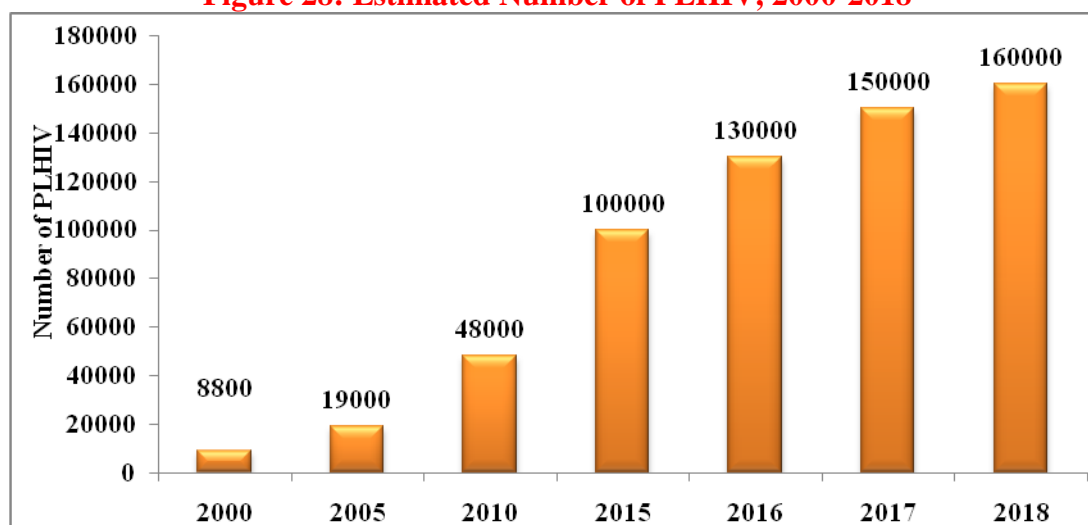
## PAKISTAN

Islamic Republic of Pakistan is the second largest country in the South Asia. It is bordered by India to the east, China in the far northeast, Afghanistan to the west and north, Iran to the southwest and Arabian Sea in the south. The land area of the country is 796,095 square kilometers. Population of Pakistan was approximately 212 million (WHO Global Tuberculosis Report-2019) at the end of 2019.

### Overview of the HIV/AIDS epidemic

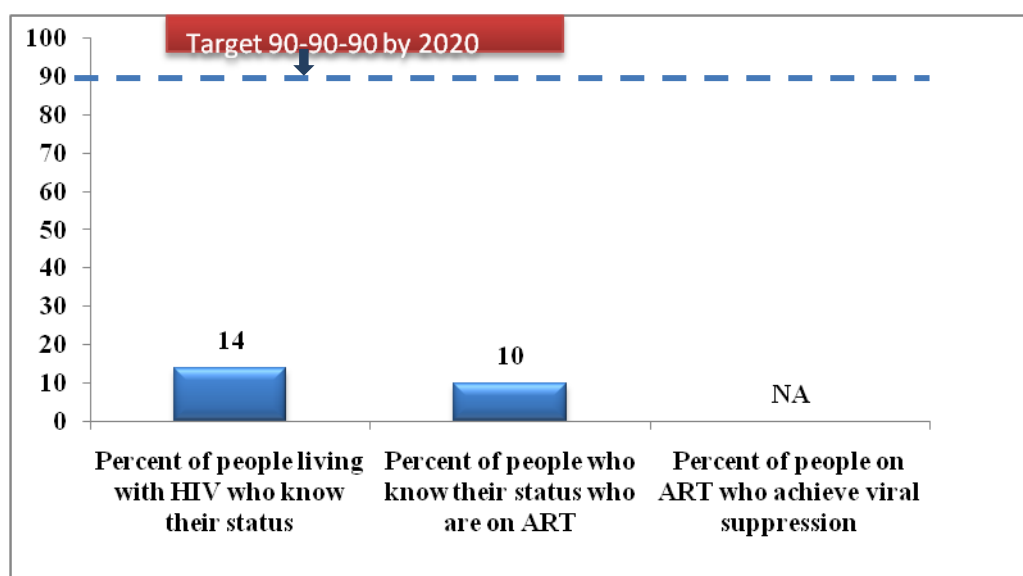
Pakistan's Federal Ministry of Health initiated a National AIDS Prevention and Control Program (NACP) in 1987. Pakistan had an estimated 160 000 people living with HIV by the end of 2018, with 22,000 estimated new HIV infection and 6400 deaths due to AIDS. Adult HIV Prevalence was 0.1 in year 2018.

**Figure 28: Estimated Number of PLHIV, 2000-2018**



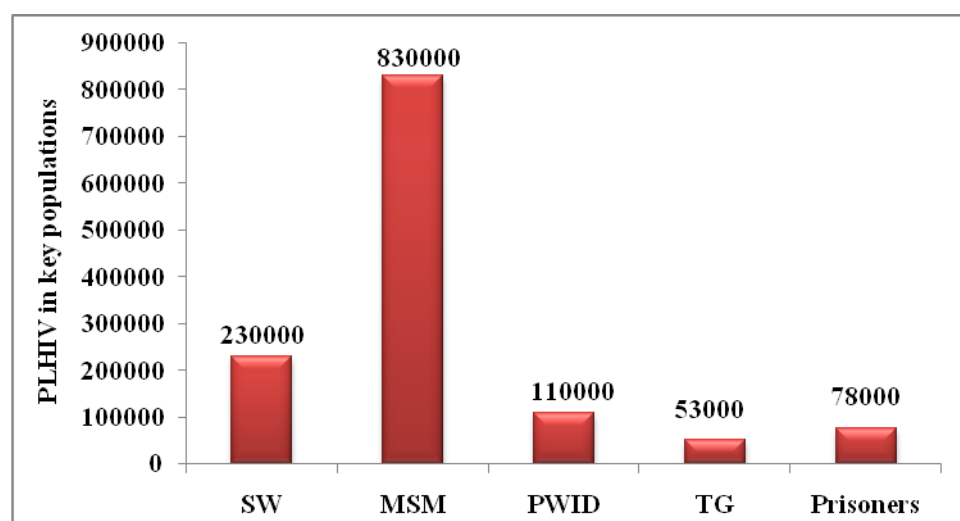
Source: UNAIDS Data-2019, SAARC Epidemiological response on HIV/AIDS-2018

**Figure 29: Treatment cascade (90-90-90) in Pakistan-2018**



Source: UNAIDS Data-2019

**Figure 30: Number of estimated PLHIV in Key Populations-2018**

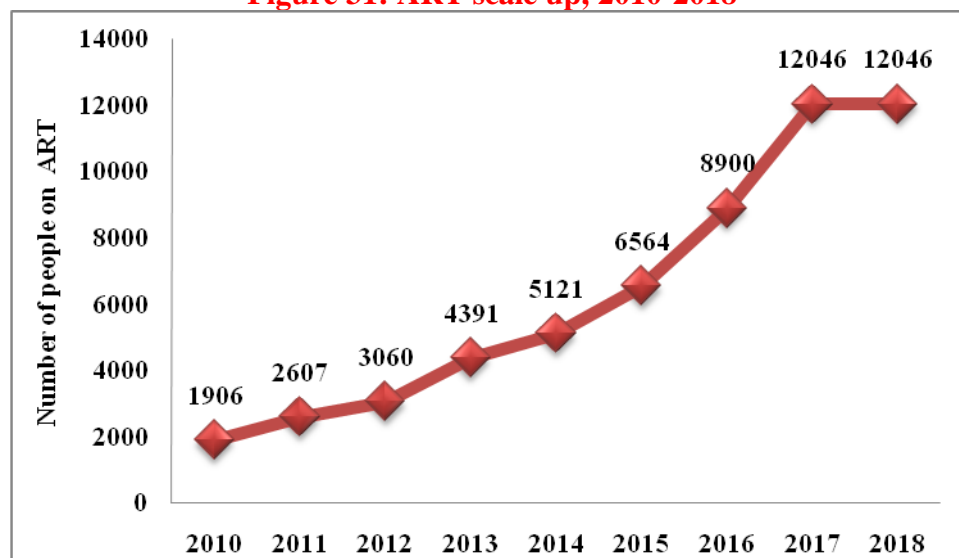


Source: UNAIDS Data-2019

Pakistan is concentrated HIV epidemic among Key Affected Population. The size of PLHIV in MSM was highest (830 000) among key affected population in year 2018 (Figure 30). Other than the Key Affected Population, evidence also exists of either HIV-related risk factors or infection among certain vulnerable population, such as the spouses of key affected population, imprisoned

population, at-risk adolescents and in certain occupational settings. Figure 31 shows the scaling up of number of people on ART from 1906 in 2010 to 12046 in 2018.

**Figure 31: ART scale up, 2010-2018**



Source: UNAIDS Data-2019

### Best practice

- ❖ Expansion of CD4 and Viral load facilities in Punjab:
- ❖ HIV viral load testing facility was also made available to nearly all HIV treatment centers in the country
- ❖ The community based monitoring is being provided through:
  - a. The provincial Coordinators, who visit all the treatment centers and the CHBC sites in their respective provinces in every quarter (each site is visited every months).
  - b. Assessment tools are used to perform the monitoring by the Provincial Coordinators.
  - c. Feedback from both the services providers and the clients is received which helps to identify the gaps and suggest measures to address these gaps.
  - d. In each province one FGD with clients is held in every quarter on various service delivery points on rotational bases.
  - e. Provincial Coordinators are also tasked to make contacts and establish links between the private sector and public sectors; visits of influential are also part of this aspect which is mainly conducted by the Federal Secretariat.

- f. In addition the Association of People living with HIV (APLHIV) is acting as a holding point for complaints, suggestions and feedbacks.
- g. The APLHIV is also committed to provide leadership in engaging community participation at National level.
- h. The APLHIV is also providing the services of Toll Free Helpline at National level.

## **Major Challenges**

- ❖ Poverty:
- ❖ Low level of education
- ❖ Gender inequalities and stigma:
- ❖ Devolution: The negative impacts of Devolution could be countered with increasing coordination at the federal level not only within the three disease areas but also with the provinces. Moreover an ambitious capacity building plan should be prepared and implemented so that the capacities of the provinces could be strengthened.
- ❖ Non availability of OST
- ❖ Funding Gap:

# PAKISTAN

Populations(mid-year)

212 millions

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	14000 (12000-15000)	18000 (17000-20000)	22000 (20000-24000)
New HIV infections (0-14)	760 (640-900)	1200 (990-1300)	1400 (1200-1600)
New HIV infections (Women, 15+)	3800 (3200-4300)	4900 (4400-5400)	5900 (5200-6500)
New HIV infections (Men, 15+)	9400 (8300-10000)	12000 (11000-14000)	15000 (13000-16000)
<b>HIV Incidence per 1000 populations</b>	<b>0.08 (0.07-0.09)</b>	<b>0.1 (0.09-0.11)</b>	<b>0.11 (0.1-0.12)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	1400 (870-1900)	4700 (3700-5800)	6400 (5200-7600)
AIDS related deaths (0-14)	<500 (<500-<500)	660 (560-760)	800 (690-920)
AIDS related deaths (Women, 15+)	<500 (<200-<500)	1200 (930-1500)	1800 (1500-2200)
AIDS related deaths (Men, 15+)	700 (<500-1000)	2800 (2200-3500)	3800 (3100-4600)
<b>People living with HIV</b>			
People living with HIV (All ages)	67000 (57000-76000)	120000 (110000-140000)	160000 (140000-190000)
People living with HIV (0-14)	1800 (1500-2000)	4000 (3400-4500)	5500 (4700-6300)
People living with HIV (Women, 15+)	19000 (17000-22000)	37000 (32000-42000)	48000 (42000-54000)
People living with HIV (Men, 15+)	46000 (39000-52000)	84000 (73000-96000)	110000 (97000-120000)
<b>HIV Prevalence (15-49)</b>	<b>&lt;0.1 (&lt;0.1-&lt;0.1)</b>	<b>0.1 (&lt;0.1-0.1)</b>	<b>0.1 (0.1-0.2)</b>
<b>HIV Testing and treatment cascade (90-90-90)</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
		10% (9-11%)	----
		15800	
All ages	14% (13-16%)		
Children (0-14)	18% (15-21%)	11% (10-13%)	----
		610	
Women (15+)	8% (7-9%)	7% (6-8%)	----
		3300	
Men (15+)	16% (15-19%)	11% (10-12%)	----
		11900	
<b>Elimination of Mother to child transmission</b>		<b>2010</b>	<b>2018</b>
Percentage of pregnant women living with HIV accessing antiretroviral medicines		1% (1-2%)	10% (8-12%)
Early infant diagnosis		1.3% (1.0-1.6%)	1.9% (1.6-2.2%)
<b>HIV COMORBIDITIES</b>			
Estimated number of incident TB cases among people living with HIV (2017)		7200 (3600-12000)	
People living with HIV who started TB Preventive therapy (2017)			----
Cervical cancer screening of women living with HIV			----
People coinfected with HIV and hepatitis B virus receiving combined treatment (2018)			----



People coinfected with HIV and hepatitis C virus starting hepatitis C treatment) ----

## HIV PREVENTION

Adults aged 15+ years with unsuppressed viral load	----
Knowledge of HIV prevention among young people aged 15-24 years (2014)	
Women	1.8%
Men	5.90%
Condom use at last sex with a non-marital, non-cohabiting partner	
Women	-----
Men	-----
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2015)	73%
Men aged 15-49 who are circumcised(2015)	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	-----

## Harm reduction

- Use of sterile injecting equipment at last injection (2015)	72.50%
-Needles and syringes distributed per person who injects (2018)	46
-Coverage of opioid substitution therapy (2018)	----
-Naloxone available (2019)	No
- Safe injection rooms available (2019)	No

## Laws and policies

2018

Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	No
Criminalization of sex work among consenting adults	Any criminalization or punitive regulations of sex work
Criminalization of same-sex sexual acts	Yes, death Penalty
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	No
Criminalization of transgender people	----
Laws or policies restricting the entry, stay and residence of people living with HIV	No
Parental consent for adolescents to access HIV testing	Yes, for adolescents younger than 18 years
Spousal consent for married women to access sexual and reproductive health services	----
Mandatory HIV testing for marriage, work or residence permits or for certain groups	No

## KEY POPULATIONS

### SEX WORKERS

Estimated size of population (2017)	23000
HIV prevalence	3.80%
Know their HIV status	45%
Antiretroviral therapy coverage	----
Condom use	35.10%

Coverage of HIV prevention programmes	0.7
Avoidance of services due to stigma and discrimination	----
<b>PEOPLE WHO INJECT DRUGS</b>	
Estimated size of population (2017)	110000
HIV prevalence	21%
Know their HIV status	39.30%
Antiretroviral therapy coverage	----
Condom use	15.30%
Coverage of HIV prevention programmes	1.60%
Avoidance of services due to stigma and discrimination	----
<b>GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN</b>	
Estimated size of population (2017)	83000
HIV prevalence	3.7%
Know their HIV status	44.7%
Antiretroviral therapy coverage	----
Condom use	22.4%
Coverage of HIV prevention programmes	1.2%
Avoidance of services due to stigma and discrimination	----
<b>TRANSGENDER PEOPLE</b>	
Estimated size of population	53000
HIV prevalence	5.50%
Know their HIV status	69.10%
Antiretroviral therapy coverage	----
Condom use	24.40%
Coverage of HIV prevention programmes	1.10%
Avoidance of services due to stigma and discrimination	----
<b>PRISONERS</b>	
Estimated size of population	78000
HIV prevalence	----
Know their HIV status	----
Antiretroviral therapy coverage	----
Condom use	----
Coverage of HIV prevention programmes	----
Avoidance of services due to stigma and discrimination	----

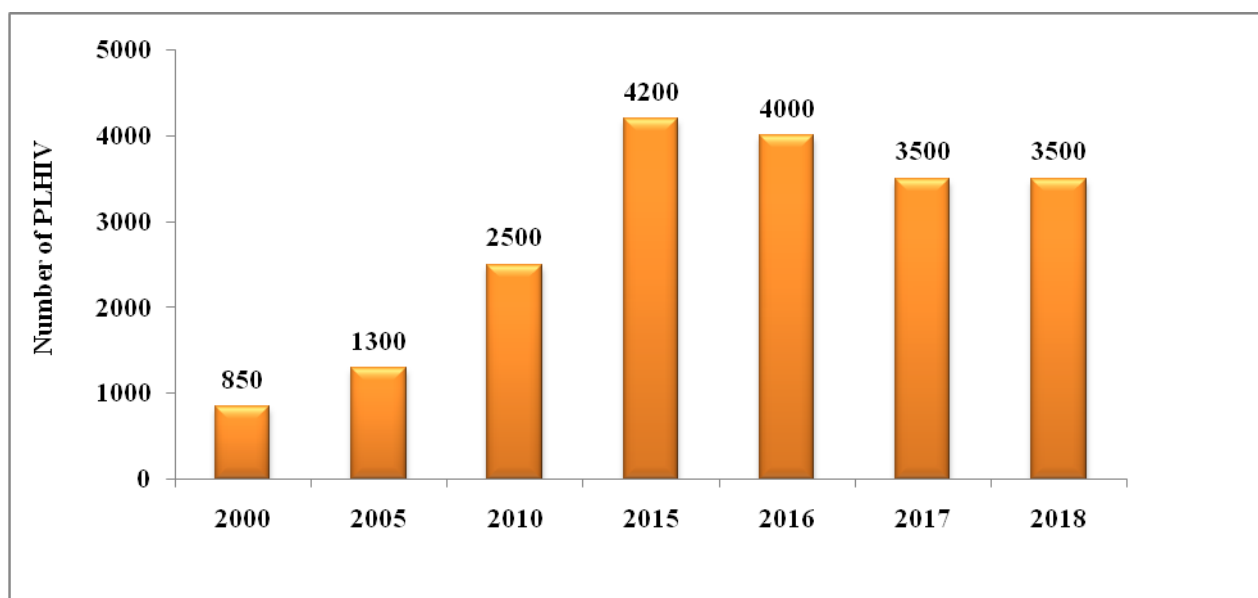
*Source: UNAIDS Data 2019*

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 2018 (WHO Global Tuberculosis Report-2019).

### Overview of the HIV/AIDS epidemic

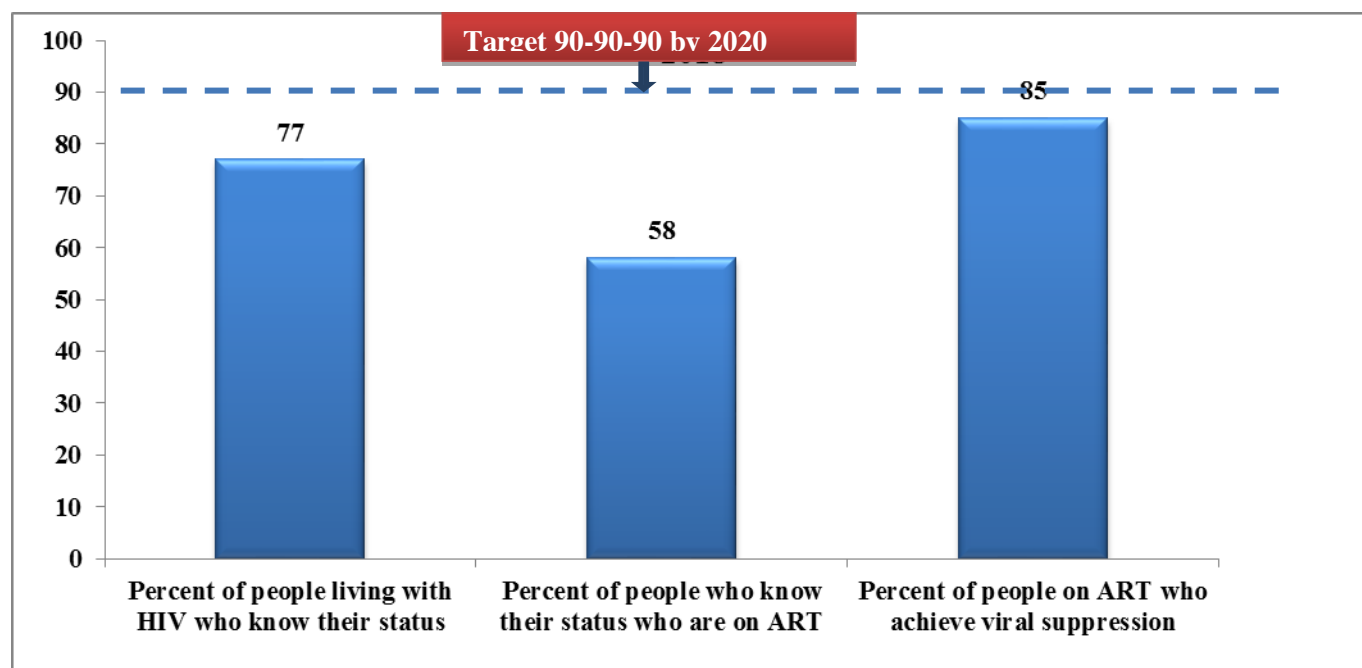
The estimated number of people living with HIV (PLHIV) as of end 2018 is 3500 (3100-4000), with less than 200 estimated new HIV infection and less than 200 deaths due to AIDS. Adult HIV Prevalence remain same (<0.1) since 2000 to 2018. (Figure 32). Total PLHIV diagnosed and alive are 2709. Out of the total 1656 PLHIV who are currently linked with HIV treatment and care services, 1574 have been started on antiretrovirals (ART), and 1338 were having viral suppression

**Figure 32: Estimated Number of PLHIV, 2000-2018**



Source: UNAIDS Data 2019 & SAARC Epidemiological response on HIV/AIDS-2018

**Figure 33: Treatment cascade (90-90-90) -2018**

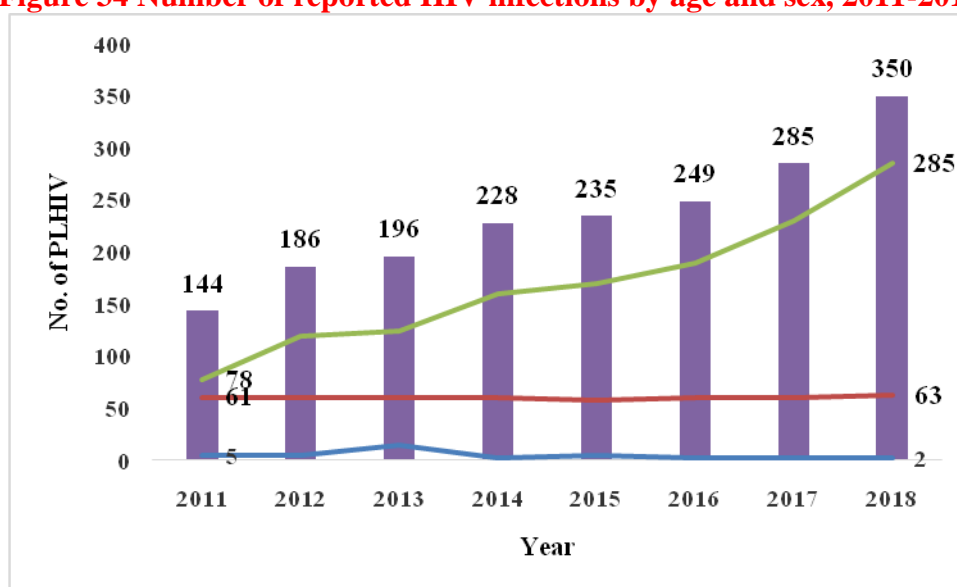


*Source: National STD/AIDS Control Programme Sri Lanka, Annual report-2018*

Figure 33 shows treatment cascade (90-90-90) in Sri Lanka. Sri Lanka has shown above average performance on viral suppression of PLHIV who have initiated ART. First and second 90 targets need to be improved. First 90 treatment target can be improved by scaling up of HIV testing. Low percentage of second 90 is most probably due to underreporting of deaths in the cumulative diagnosed PLHIV. AIDS deaths could be deliberately unreported as ‘AIDS deaths’ due to stigma and insurance claiming related issues affecting surviving family members. It should be noted that all diagnosed PLHIV are offered free treatment and care services. Sri Lanka is one of the few countries in the entire world which provide HIV testing, ART and lab monitoring free of charge from the government health budget.

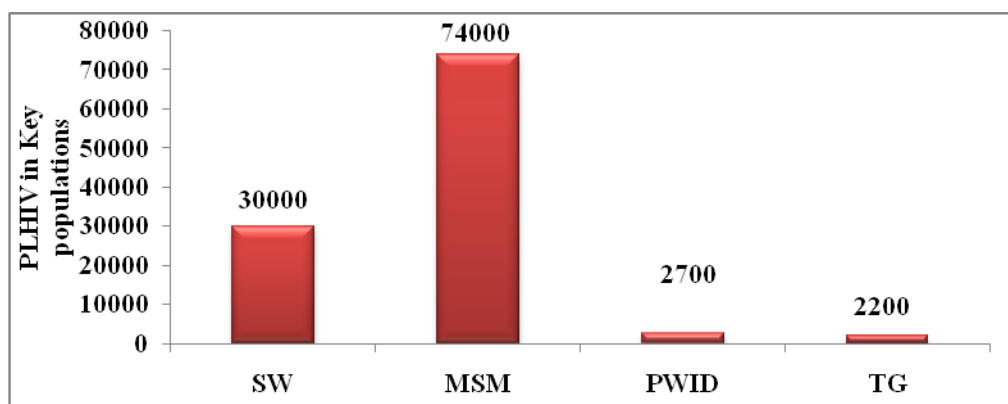
Figure 34 shows the trends of reported HIV infections by age and sex during the 7-year period since 2011. Children below 15 shows a reduction in numbers. During 2018, two pediatric HIV infections were detected who got infected 3 to 4 years ago due to mother-to-child transmission. During this time period, the trend of adult female HIV infections is seen to be stable around 60 cases per year. However, during the same period, the trend of adult males has been increasing exponentially from 78 cases to 285 cases, which is a 265% increase. Rising reported numbers are entirely due to increasing numbers in adult males.

**Figure 34 Number of reported HIV infections by age and sex, 2011-2018**



Source: National STD/AIDS Control Programme Sri Lanka, Annual report-2018

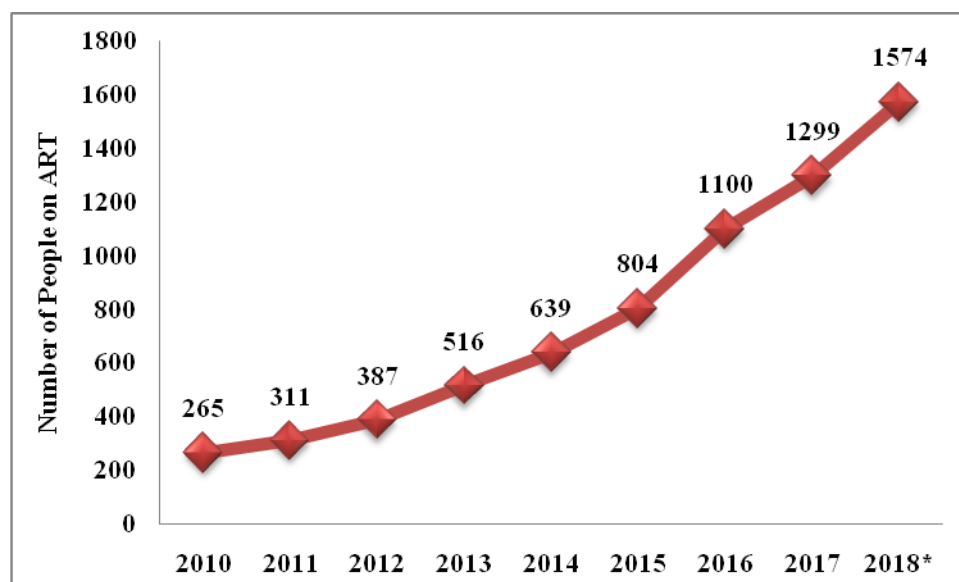
**Figure 35: Number of estimated PLHIV in Key Populations- 2018**



Source: UNAIDS Data-2019

The HIV epidemic in Sri Lanka remains concentrated among the key affected population notably; sex workers (SW), men who have sex with men (MSM) and people who inject drugs (PWID). Figure 35 shows the number of estimated PLHIV in key populations (SW, MSM, PWID, TG) in Sri Lanka 2018.

**Figure 36: ART scale up, 2010-2018**



Source: UNAIDS Data-2019 & \*SAARC Epidemiological response on HIV/AIDS-2018

### Surveillance activities conducted 2018

- ❖ Integrated Biological and Behavioural Surveillance (IBBS) Survey among Key Populations at Higher Risk of HIV in Sri Lanka

### Challenges:

During the year 2018, NSACP strengthened the links with NPTCCD with the provision of TB screening and isoniazid prophylaxis at the main HIV clinic. Defaulter tracing covered all defaulters since 1987 and steps were taken to improve contact tracing. As the numbers of PLHIV are increasing gradually, STD clinics need to be prepared to provide long term care services which require more resources. Lack of space and lack of human resources are areas which need urgent attention of authorities. Estimating the ARV drug need is a challenge, and the long procurement process further affects the continuous supply of ARV drugs. However, it is

encouraging to note that the services for PLHIV have increased in quality through specialist services and accessibility has increased through island-wide network of STD clinics.

**Major planned activities:**

- ❖ Development of an electronic information system for STD and HIV patient management

**New initiatives/ Best practices:**

- ❖ Best practices in Strategic Information Management.

**Existing Best Practices**

- a. STI Surveillance and Programme Monitoring under NSACP - An Indigenously evolved
- b. Best practice in Strategic Information HIV case tracking and management system under NSACP - Gearing up for Ending AIDS targets
- c. Data archiving and dissemination practices under NSACP - A model for South East Asia
- d. Cohort tracking of PLHIV on ART in Sri Lanka

**Emerging Best Practices**

- a. Electronic Information Management System (EIMS). An effective case and programme management tool for HIV/AIDS
  - b. Comprehensive dashboard for effective programmatic decision making
  - c. Social media outreach for NSACP
- ❖ National HIV/STI strategic plan Sri Lanka 2018 - 2022
  - ❖ National Monitoring and Evaluation Plan - 2017- 2022

## SRI LANKA

Populations(mid-year)

21 millions

EPIDEMIC ESTIMATES	2010	2015	2018
<b>New HIV infections</b>			
New HIV infections (all ages)	<500 (<500-<500)	<200 (<200-<500)	<200 (<200-<200)
New HIV infections (0-14)	----	----	----
New HIV infections (Women, 15+)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
New HIV infections (Men, 15+)	<200 (<200-<200)	<200 (<200-<200)	<200 (<100-<200)
<b>HIV Incidence per 1000 populations</b>	<b>0.01 (0.01-0.01)</b>	<b>0.01 (&lt;0.01-0.01)</b>	<b>0.01 (&lt;0.01-&lt;0.01)</b>
<b>AIDS related deaths</b>			
AIDS related deaths (All ages)	<500 (<200-<500)	<500 (<200-<500)	<500 (<200-<500)
AIDS related deaths (0-14)	----	----	----
AIDS related deaths (Women, 15+)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
AIDS related deaths (Men, 15+)	<200 (<200-<200)	<200 (<200-<200)	<200 (<100-<200)
<b>People living with HIV</b>			
People living with HIV (All ages)	4000 (3400-4700)	3700 (3200-4400)	3500 (3100-4000)
People living with HIV (0-14)	----	----	----
People living with HIV (Women, 15+)	1200 (1000-1400)	1100 (980-1300)	1000 (890-1200)
People living with HIV (Men, 15+)	2700 (2300-3300)	2500 (2200-3000)	2400 (2100-2800)
<b>HIV Prevalence (15-49)</b>	<0.1 (<0.1-<0.1)	<0.1 (<0.1-<0.1)	<0.1 (<0.1-<0.1)
<b>HIV Testing and treatment cascade (90-90-90)</b>	<b>People living with HIV who know their HIV Status</b>	<b>People living with HIV who are on Treatment</b>	<b>People living with HIV who are virally suppressed</b>
	----	45% (40-52%) 1600	38% (34-44%)
All ages			
Children (0-14)	----	----	----
Women (15+)	----	45% (40-53%) 470	39% (34-46%)
Men (15+)	----	44% (39-52%) 1100	37% (32-43%)
<b>Elimination of Mother to child transmission</b>		<b>2010</b>	<b>2018</b>
Percentage of pregnant women living with HIV accessing antiretroviral medicines		----	----
Early infant diagnosis		----	----
<b>HIV COMORBIDITIES</b>			
Estimated number of incident TB cases among people living with HIV (2017)			49 (35-64)
People living with HIV who started TB Preventive therapy (2017)			20.40%
Cervical cancer screening of women living with HIV			----
People coinfectd with HIV and hepatitis B virus receiving combined treatment (2017)			100%
People coinfectd with HIV and hepatitis C virus starting hepatitis C treatment)			----
<b>HIV PREVENTION</b>			



Adults aged 15+ years with unsuppressed viral load	<0.1%
Knowledge of HIV prevention among young people aged 15-24 years (2014)	
Women	----
Men	----
Condom use at last sex with a non-marital, non-cohabiting partner	
Women	----
Men	----
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2015)	74%
Men aged 15-49 who are circumcised(2015)	Not applicable
Male circumcisions performed according to national standards	Not applicable
People who received PrEP at least once during the reporting period	----
<b>Harm reduction</b>	
- Use of sterile injecting equipment at last injection (2015)	80.50%
-Needles and syringes distributed per person who injects (2018)	----
-Coverage of opioid substitution therapy (2018)	----
-Naloxone available (2019)	----
- Safe injection rooms available (2019)	----
<b>Laws and policies</b>	
	<b>2018</b>
Laws criminalizing the transmission of, nondisclosure of or exposure to HIV transmission	----
Criminalization of sex work among consenting adults	----
Criminalization of same-sex sexual acts	Yes, imprisonment (upto 14 years)
Testing	
Spousal consent for married women to access sexual and reproductive health services	
Mandatory HIV testing for marriage, work or residence permits or for certain groups	
Drug use or possession for personal use is an Offence	----
Criminalization of transgender people	----
Laws or policies restricting the entry, stay and residence of people living with HIV	No
Parental consent for adolescents to access HIV testing	----
Spousal consent for married women to access sexual and reproductive health services	----
Mandatory HIV testing for marriage, work or residence permits or for certain groups	----
<b>KEY POPULATIONS</b>	
<b>SEX WORKERS</b>	
Estimated size of population	30000
HIV prevalence	0.30%
Know their HIV status	29.90%
Antiretroviral therapy coverage	----
Condom use	83.60%
Coverage of HIV prevention programmes	12.70%
Avoidance of services due to stigma and discrimination	6.80%
<b>PEOPLE WHO INJECT DRUGS</b>	
Estimated size of population	2700
HIV prevalence	----

Know their HIV status	7.70%
Antiretroviral therapy coverage	----
Condom use	25.50%
Coverage of HIV prevention programmes	2.70%
Avoidance of services due to stigma and discrimination	7.70%
<b>GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN</b>	
Estimated size of population	74000
HIV prevalence	0.20%
Know their HIV status	40.30%
Antiretroviral therapy coverage	----
Condom use	82.80%
Coverage of HIV prevention programmes	27%
Avoidance of services due to stigma and discrimination	5.20%
<b>TRANSGENDER PEOPLE</b>	
Estimated size of population	2200
HIV prevalence	0.50%
Know their HIV status	36.90%
Antiretroviral therapy coverage	----
Condom use	76.30%
Coverage of HIV prevention programmes	38.50%
Avoidance of services due to stigma and discrimination	5.50%
<b>PRISONERS</b>	
Estimated size of population	----
HIV prevalence	0
Know their HIV status	----
Antiretroviral therapy coverage	----
Condom use	----
Coverage of HIV prevention programmes	----
Avoidance of services due to stigma and discrimination	----

*Source: UNAIDS Data 2019*

## 5. TB/HIV CO-INFECTION

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TB HIV Co-infection poses a critical challenge for the health-sector and for people living with HIV and TB. Starting in the 1980s, the HIV epidemic led to a major upsurge in TB cases and TB mortality in many countries.

Globally, in 2018, there were an estimated 1.2 million TB deaths among HIV-negative people and there were an additional 251 000 deaths from TB among HIV-positive People.

TB affects people of both sexes in all age groups but the highest burden is in adult men, who accounted for 57% of all TB cases in 2018. By comparison, adult women accounted for 32% and children for 11%. Among all TB cases, 8.6% were people living with HIV.

Globally, the average rate of decline in the TB incidence rate was 1.6% per year in the period 2000–2018, and 2.0% between 2017 and 2018. The cumulative reduction between 2015 and 2018 was only 6.3%. The global reduction in the number of TB deaths between 2015 and 2018 was 11%.

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 07: Estimates of TB/HIV care in new and relapse TB patients, 2018**

Country	Patients with known HIV status who are HIV positive		patients on Antiretroviral Therapy (ART)	
	Number	%	Number	%
Afghanistan	7	<1	3	43
Bangladesh	67	2	63	94
Bhutan	2	<1	2	100
India	49047	3	44080	90
Maldives	1	<1	1	100
Nepal	200	<1	190	95
Pakistan	636	<1	417	66
Sri Lanka	34	<1	34	100
Regional	49994		44790	90

Source: WHO Global TB Report, 2019

In 2018, a total 49994 TB patients with known HIV status has tested in which India accounts highest number of TB patients with known HIV status who are HIV positive. Total 44790 patients are on ART in the region which is around 90 % of total TB patients with known HIV status who are HIV positive in SAARC region.

### **References:**

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- ❖ *NACO Annual Report 2017-2018*
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