



SAARC EPIDEMIOLOGICAL RESPONSE ON HIV/AIDS

2018



SAARC Tuberculosis and HIV/AIDS Centre

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FOREWORD

Globally there is consensus that activities for HIV prevention and care services need to be accelerated to reach the targets of ending AIDS by 2030. 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 political declaration on HIV and AIDS, the global community adopted new targets and made firm political commitments for 2020 and 2030. These targets aim to “fast track” the response, to accelerate scale up in the next five years.

The SAARC Member States have varied epidemiological patterns of HIV infection and AIDS. In reviewing the current epidemiology of HIV and AIDS within the SAARC region, the diversity needs to be fully addressed and defined. Despite of these diversities, Member States are committed to take necessary actions and contain HIV and AIDS epidemic.

In the year 2017, it is estimated that the number of people living with HIV globally was 36.9million [CI: 31.1 million-43.9 million] there were 1.8 million (CI 1.4 million-2.4 million) new HIV infections in 2017. In addition, there were 940 000[CI: 670 000 – 1.3 million] AIDS related deaths.

SAARC Region has an estimated 2.3 million People Living with HIV and India alone bears an estimated 2.1 million of that number in year 2017. In SAARC region 0.1 million new HIV infections and around 77 000 AIDS related deaths in the year 2017.HIV epidemic in the SAARC Region is a collection of different epidemics in the Member States with their own characteristics and dynamics.

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

This is the 16th report on HIV epidemiology. This report “SAARC Epidemiological Response on HIV and AIDS – 2018” has incorporates the updated information and brief analysis on HIV/AIDS as of December 2017. It includes statisticalinformation and brief analysis on HIV & AIDS and 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 in the region.STAC is grateful to SAARC Member States for their cooperation and support extended in providing timely relevant information to compile this report in time.

Dr. Rajendra Prasad Pant
Director
SAARC TB & HIV/AIDS Centre

ACKNOWLEDGEMENT

It is my immense pleasure to bring “SAARC EPIDEMIOLOGICAL RESPONSE ON HIV/AIDS, 2018”. This report will help us to advocate the success and look at the potential action to face the existing challenges of HIV/AIDS programme in the Member States. In addition this report also serves as an information bank for health workers at all levels and provides good reference of SAARC region.

I would like to extend my sincere appreciation and thank to all the HIV/AIDS Control Programme of member States for their cooperation and support.

My special thanks go to Mr. Sanjeeb Kumar Jha, Statistician for his hard work and dedication to produce this report timely. Thanks go to Dr. Rabeya sultana, Research officer and Dr. Ajith Weerakoon, Epidemiologist for their technical support and Ms. Srijana Dhakal, PA for communication support.

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Dr. Rajendra Prasad Pant
Director, STAC

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
BCSU	Blood component Separation Units
CHBC	community/home-based care
CSOs	Civil Society Organizations
DICs	Drop In Centers
DLBB	District Level Blood Banks
DUs	Drug users
EID	Early Infant Diagnosis
EPTCT	Elimination of parent to child transmission of syphilis
FGD	Focus Group Discussion
FSW	Female Sex Worker
H/TG	Hijra/Transgender People
HIV	Human Immunodeficiency Virus
HMIS	Health Information Management System
HTS	HIV testing services
IBBS	Integrated Biological Behavioral Surveillance Survey
IDU	Injecting Drug Users
IEC	Information, Education and Communication
IGMH	Indira Gandhi Memorial Hospital
KAPs	Key Affected Populations
LDT	Long Distance Truckers
MBB	Major Blood Banks
MDR-TB	Multi Drug Resistance-Tuberculosis
MSM	Men who have sex with men
MSW	Male Sex Worker

MTCT	Mother to Child Transmission
NACP	National AIDS Prevention and Control Program
NGOs	Non-Governmental Organizations
NSP	National Strategic Plan
NTPs	National Tuberculosis Control Programme
OST:	Opioid Substitution Therapy
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-To-Child Transmission
PWID	People Who Inject Drugs
SAARC	South Asian Association for Regional Cooperation
SDGs	Sustainable Development Goals
SMM	Single Male Migrants
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

1.1 Introduction of SAARC

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 cease to be major public health problems in the SAARC Region and the objective of the Centre is to work for prevention and control of TB HIV/AIDS in the Region by coordinating the efforts of the National TB Programmes and National HIV/AIDS Programmes of the SAARC Member Countries.

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 SITUATIONS OF HIV/AIDS

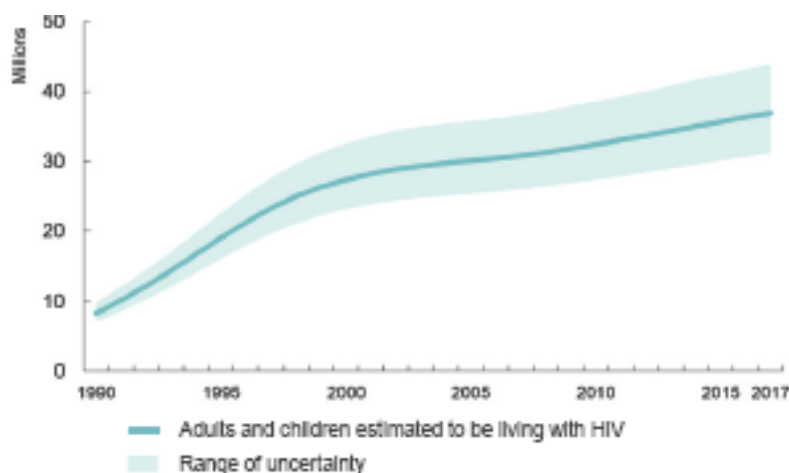
2.1 GLOBAL HIV STATISTICS

- ❖ 36.9 million [31.1 million–43.9 million] people globally were living with HIV in 2017.
- ❖ 21.7 million [19.1 million–22.6 million] million people were accessing antiretroviral therapy in 2017.
- ❖ 1.8 million [1.4 million–2.4 million] people became newly infected with HIV in 2017.
- ❖ 940 000 [670 000–1.3 million] people died from AIDS-related illnesses in 2017.
- ❖ 77.3 million [59.9 million–100 million] people have become infected with HIV since the start of the epidemic.
- ❖ 35.4 million [25.0 million–49.9 million] people have died from AIDS-related illnesses since the start of the epidemic.

People living with HIV

- ❖ In 2017, there were 36.9 million [31.1 million–43.9 million] people living with HIV.
 - 35.1 million [29.6 million–41.7 million] adults.
 - 1.8 million [1.3 million–2.4 million] children (<15 years).
- ❖ 75% [55–92%] of people living with HIV knew their HIV status in 2017.

Figure: 01 Adults and children estimated to be living with HIV (1990–2017)

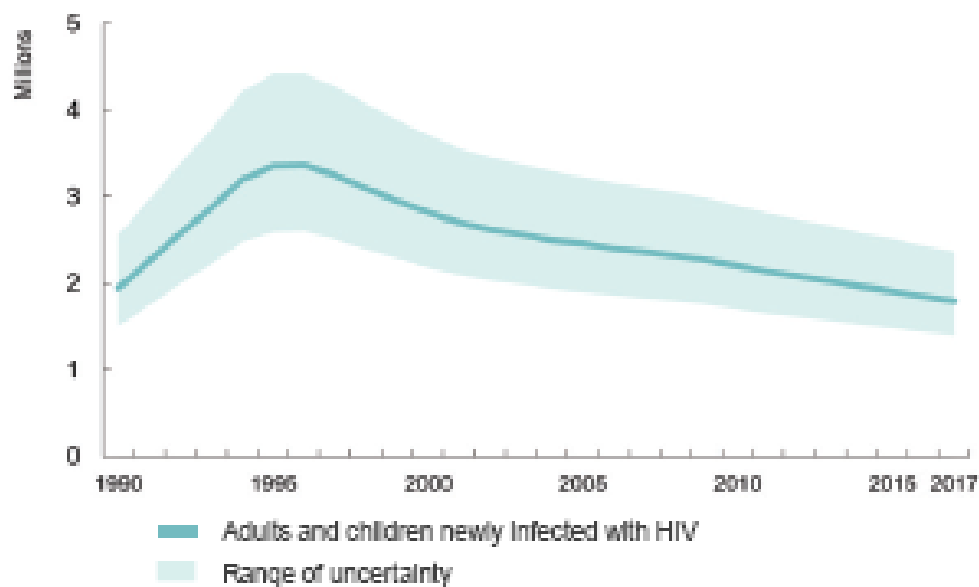


Source: UNAIDS DATA 2018

New HIV infections

- ❖ New HIV infections have been reduced by 47% since the peak in 1996.
 - In 2017, there were 1.8 million [1.4 million–2.4 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 [1.3 million–2.1 million] in 2017.
 - Since 2010, new HIV infections among children have declined by 35%, from 270 000 [170 000–400 000] in 2010 to 180 000 [110 000–260 000] in 2017.

Figure 02: Adults and children newly infected with HIV (1990–2017)

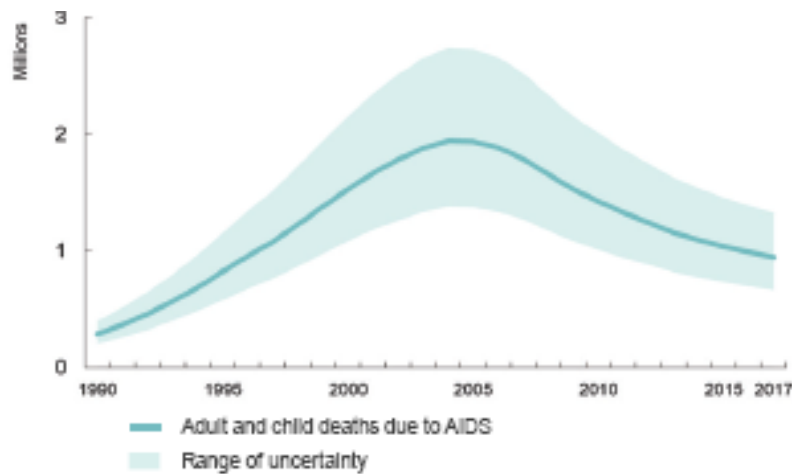


Source: UNAIDS DATA 2018

AIDS-related deaths

AIDS-related deaths have been reduced by more than 51% since the peak in 2004. In 2017, 940 000 [670 000–1.3 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 (1990–2017)



Source: UNAIDS DATA 2018

HIV/Tuberculosis

- ❖ Tuberculosis remains the leading cause of death among people living with HIV, accounting for around one in three AIDS-related deaths.
- ❖ In 2016, there were an estimated 10.4 million cases of tuberculosis disease globally, including 1.2 million 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%.

People living with HIV accessing antiretroviral therapy

- ❖ In 2017, 21.7 million [19.1 million–22.6 million] people living with HIV were accessing antiretroviral therapy, an increase of 2.3 million since 2016 and up from 8 million [7.1 million–8.3 million] in 2010.
- ❖ In 2017, 59% [44–73%] of all people living with HIV were accessing treatment. 59% [44–73%] of adults aged 15 years and older living with HIV had access to treatment, as did 52% [37–70%] of children aged 0–14 years.
- ❖ In 2017, 80% [61–>95%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies.

90-90-90

- ❖ In 2017, three out of four people living with HIV (75%) knew their status.
- ❖ Among people who knew their status, four out of five (79%) were accessing treatment.
- ❖ And among people accessing treatment, four out of five (81%) were virally suppressed.

Women

- ❖ Every week, around 7000 young women aged 15–24 years become infected with HIV.
- ❖ In sub-Saharan Africa, three in four new infections are among girls aged 15–19 years and young women aged 15–24 years are twice as likely to be living with HIV as men.
- ❖ More than one third (35%) of women around the world have experienced physical and/or sexual violence at some time in their lives.
 - In some regions, women who experience violence are one and a half times more likely to become infected with HIV.

Key populations

- ❖ Key populations and their sexual partners account for:
 - 47% of new HIV infections globally.
 - 95% of new HIV infections in Eastern Europe and central Asia and the Middle East and North Africa.
 - 16% of new HIV infections in eastern and southern Africa.
- ❖ The risk of acquiring HIV is 27 times higher among men who have sex with men; 23 times higher among people who inject drugs; 13 times higher for female sex workers; 12 times higher for transgender women.

Table 01:**Global Summary of HIV/AIDS, 2000 – 2017 (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
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 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

3 GOOD HEALTH AND WELL-BEING	4 QUALITY EDUCATION	5 GENDER EQUALITY	10 REDUCED INEQUALITIES	16 PEACE, JUSTICE AND STRONG INSTITUTIONS	17 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. HIV/AIDS SIUATION IN THE SAARC REGION

HIV epidemic in SAARC region is also a collection of diverse epidemics in countries, provinces & districts. HIV/AIDS continues to be a major public health problem in the SAARC Region. All eight Member States of the SAARC region are designated as low prevalence countries. On the basis of latest available information this region is home for an estimated number of 2.3 million HIV infected people and 0.07 million AIDS deaths in 2017. **Table 02** shows the estimated number of People Living with HIV (PLHIV) in eight Member States of the SAARC Region in the year 2017. 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 Deaths, Prevalence rate and incident rate in SAARC Region-2017

<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>
Afghanistan	36000	7500*	N/A	N/A	NA	188
Bangladesh	165000	13164	< 0.01	1700	0.02	1060
Bhutan	779	581	N/A	N/A	NA	NA
India	1339000	2.1 million	0.2	88000	0.15	69110
Maldives	402	N/A	N/A	N/A	NA	NA
Nepal	29000	31020	0.2	<1000	<0.01	1306
Pakistan	197000	150000*	0.1	20000	0.18	6200*
Sri- Lanka	21000	3500	< 0.1	< 200	0.02	<500
Regional	1788 million	2.3 million		0.1 million		0.07 million

Source: Data sent by SAARC Member States

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

** Population taken from WHO Global Tuberculosis Report-2018

The overall adult HIV prevalence in SAARC region remains below 1%. However, there are important variations existing between countries. Of the estimated number of 2.3 million PLHIV in SAARC region, 2.1 million were living in India in 2017 (Table 02).

Table 03: Progress towards 90-90-90 targets in SAARC Region 2017

<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>
Afghanistan	N/A	31	N/A
Bangladesh	35	53	N/A
Bhutan	N/A	N/A	N/A
India	79	71	N/A
Maldives	N/A	>95	N/A
Nepal	64	77	90
Pakistan	15	54	>95
Sri- Lanka	68	54	93
Regional	52	62	93

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

Progress towards 90-90-90 targets, in the SAARC Region there were 52 Percent of people living with HIV who know their status, 62 Percent of people who know their status who are on ART and 93 Percent of people on ART who achieve viral suppression in the year 2017. 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-2017

Country	Sex Worker	Men who have sex with men	People who inject drugs	Transgender	Prisoners
Afghanistan	13000	11000	41000	NA	28000
Bangladesh	140000	100000	33000	10000	73000
Bhutan	NA	NA	NA	NA	NA
India	660000	240000	130000	26000	190000
Maldives	NA	NA	NA	NA	NA
Nepal	67000	60000	31000	21000	NA
Pakistan	230000	830000	110000	53000	78000
Sri- Lanka	14000	7600	<500	NA	NA
Regional	1124000	1248600	345000	110000	369000

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

Country wise estimated size of populations in key populations has shown in table 04. India accounted for highest in size of populations among Sex Worker (SW), People who inject drugs and prisoners, however Pakistan accounted for highest in size of populations among Men who have sex with men (MSM) and Transgender.

Table 05: Elimination of Mother - to - Child Transmission in SAARC Region-2017

Country	Pregnant women needing ARV for PMTCT	Pregnant women who received ARV for PMTCT	ARV for PMTCT Coverage (%)
Afghanistan	NA	NA	NA
Bangladesh	<200	25	17
Bhutan	NA	NA	NA
India	23000	13716	60
Maldives	NA	NA	NA
Nepal	<500	191	63
Pakistan	3100	183	6
Sri- Lanka	NA	NA	NA
Regional	26100	14115	54

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

Elimination of Mother to child transmission, in the SAARC Region there were 26100 pregnant women needing ARV for PMTCT, 14115 pregnant women who received ARV for PMTCT and 54 Percent ARV for PMTCT Coverage shown in table 05. About 1.2 million people receiving ART in year 2017 and 84000 deaths averted due to ART in 2017 in SAARC Region (Table 06)

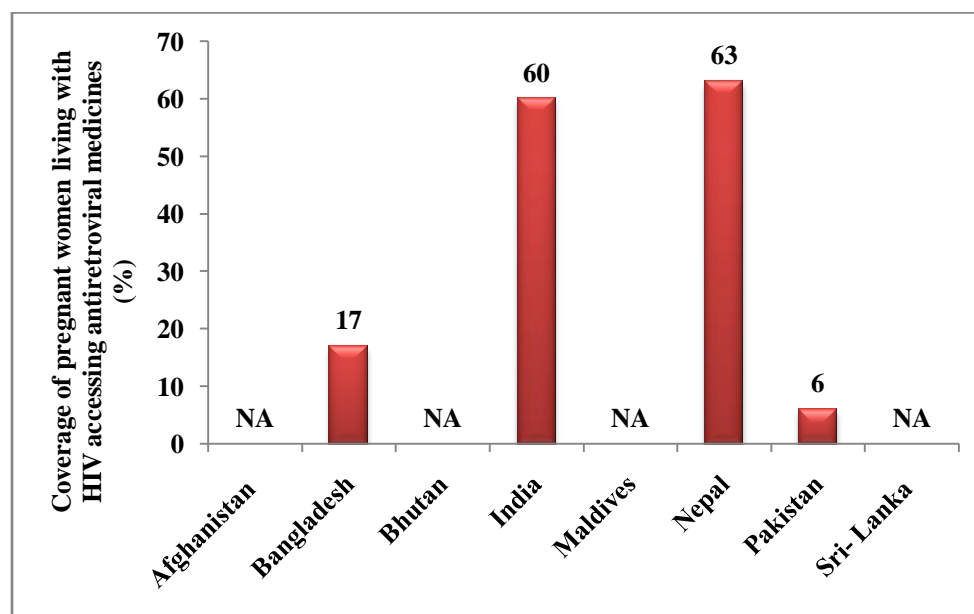
Table 06: Number of people living with HIV receiving ART and deaths averted due to ART in 2017

Country	No. of People receiving ART	Deaths averted due to ART
Afghanistan	791	NA
Bangladesh	2470	<500
Bhutan	394	NA
India	1200965	83000
Maldives	11	NA
Nepal	15260	1000
Pakistan	12046	<1000
Sri- Lanka	1299	<100
Regional	1.2 million	84000

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

The figure 05 shows the Coverage of pregnant women living with HIV accessing antiretroviral medicines in the SAARC Region. In the year 2017, there was 63 % coverage in Nepal, which is the highest among SAARC Member States.

Figure 05: Coverage of pregnant women living with HIV accessing antiretroviral medicines in the SAARC Region 2017



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

4. COUNTRY PROFILES

Afghanistan

Bangladesh

Bhutan

India

Maldives

Nepal

Pakistan

Sri-Lanka

AFGHANISTAN

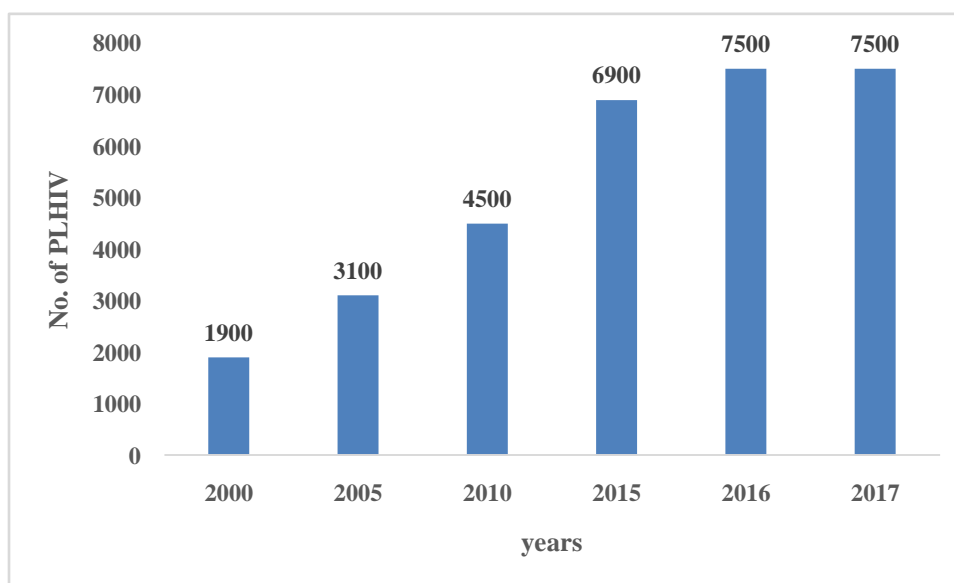
Islamic Republic of Afghanistan is one of the eight member countries of SAARC. It is a land-locked country, bordered by Pakistan in the south and east, Iran in the west, Turkmenistan, Uzbekistan and Tajikistan in the north, and China in the far northeast. The land area is 647,500 square kilometers and a population of 36 million (WHO Global Tuberculosis Report-2018). 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 recent 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 06 shows the trend of estimated adult HIV prevalence and number of PLHIV in Afghanistan from 2000 to 2017. A total 7500 estimated Number of People Living with HIV/AIDS (PLHIV) in the country in 2017. It is an estimated less than 500 number of deaths due to AIDS were in 2017.

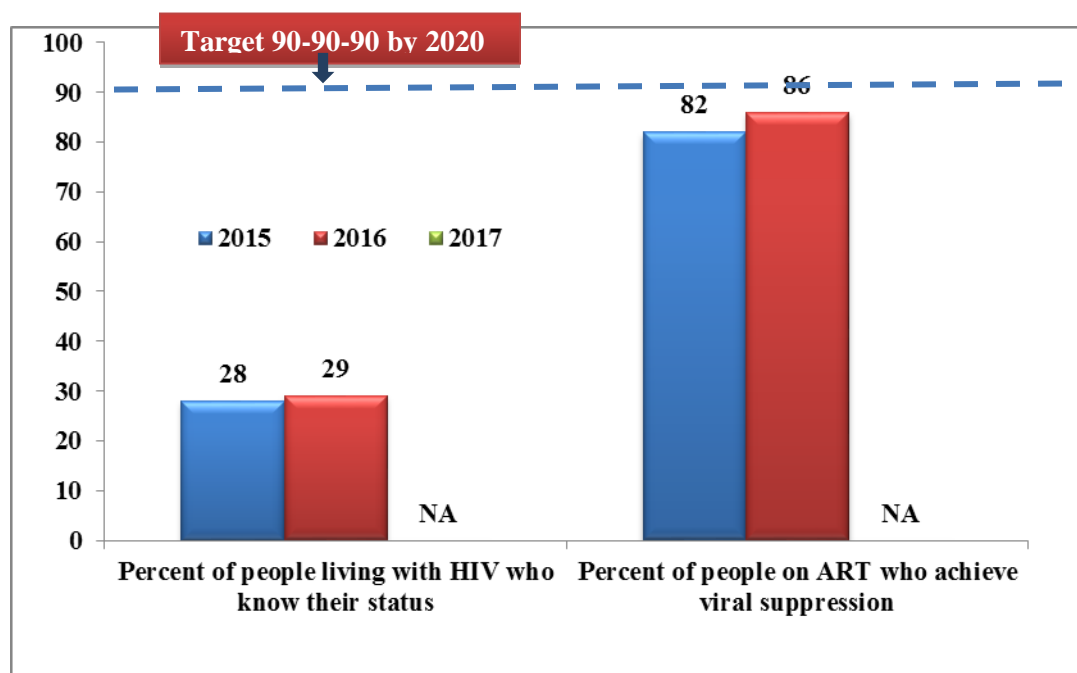
Figure 06: Trend of an estimated Number of PLHIV, 2000-2017



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

Figure 07 shows treatment cascade (90-90-90) in Afghanistan. In year 2016 there were 29 Percent of people living with HIV who know their status, 26 Percent of people who know their status who are on ART and 86 Percent of people on ART who achieve viral suppression in the year 2016.

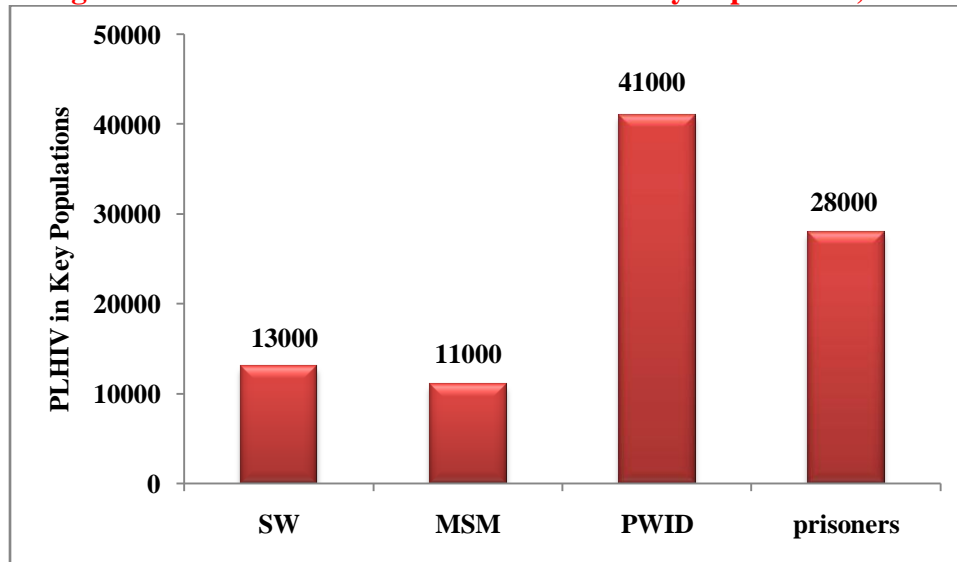
Figure 07: Treatment cascade (90-90-90), 2015-2017



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

Figure 08 shows the number of estimated People living with HIV/AIDS (PLHIV) in key populations in Afghanistan. In 2017, there were 13000 Sex Worker (SW), 11000 Men who have sex with men (MSM), 41000 People who inject drugs (PWID) and 28000 prisoners.

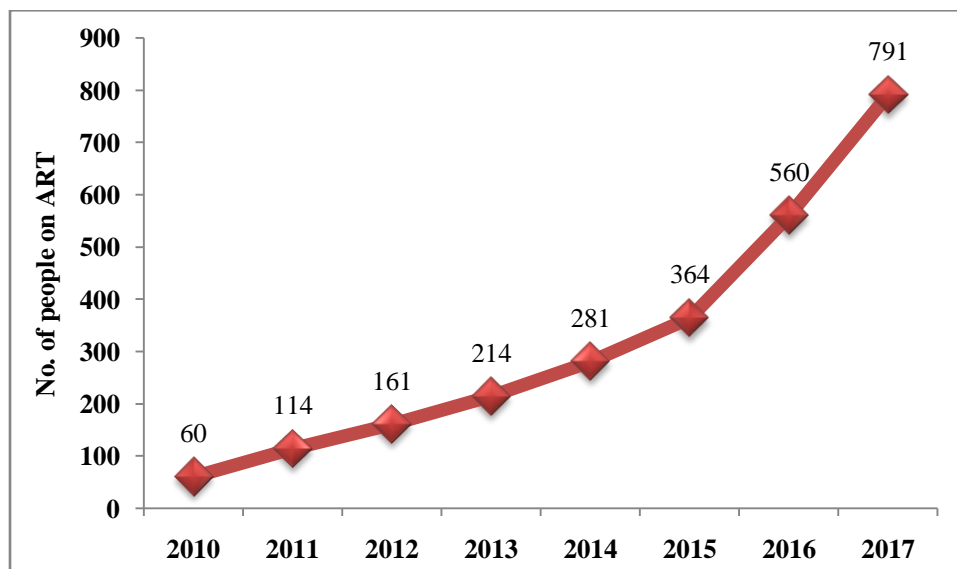
Figure 08: Number of estimated PLHIV in Key Populations, 2017



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

Figure 09 shows, ART scale up which has increased from 60 in year 2010 to 791 in year 2017.

Figure 09: ART scale up, 2010-2017



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

Priority Areas within NACP

- Increase coverage of prevention interventions for KAPs and their partners, vulnerable populations, as well as among general population.
- Increase coverage of comprehensive and integrated HIV treatment, care, and support for PLHIV and their families.
- Ensure availability and use of strategic information for decision-making.
- Create supportive and enabling environment for a sustained and effective national response to HIV and AIDS.
- Strengthening the governance and program management at national and provincial levels.

Challenges

- There are a number of challenges in terms of surveillance, to start with: data quality, not having national level data from all provinces and lack of standard software and data bases
- Low level of HIV awareness among general populations.
- Stigma and discrimination against PLHIV and PWIDs

Planned Activities

- Launching IBBS round 3.
- Extension of HIV prevention services to 3 provinces.
- Scaling up OST program to 3 other provinces.
- Launching treatment for Hepatitis C patients.

New initiatives/ Best practices:

- Conduction of 3rd round IBBS
- Start electronic database
- Sentinel sites in prisons
- Active surveillance in prison and PWIDs
- Completing data quality audits.

AFGHANISTAN

HIV & AIDS estimates-2017			36 millions
Populations(mid-year)			
THE HIV EPIDEMIC	2005	2010	2017
New HIV infections	<500 (<500-<1000)	<1000 (<500-1400)	NA
HIV Incidence per 1000 populations	0.02 (0.01-0.04)	0.02 (0.01-0.05)	NA
AIDS related deaths	<200 (<100-<500)	<500 (<200-<500)	188
People living with HIV	3100 (1900-5300)	4500 (2700-8900)	7500
90-90-90	2017		
People living with HIV who know their HIV Status	NA		
People living with HIV who are on Treatment	31		
People living with HIV who are virally suppressed	NA		
CHILDREN AND PREGNANT WOMEN	2010	2016	2017
New HIV infections—children	<100 (<100-<100)	<100 (<100-<200)	NA
Children living with HIV who are on treatment	1% (1%-2%)	17 % (10%-37%)	NA
Coverage of pregnant women living with HIV accessing antiretroviral medicines	2 % (1%-5%)	5% (3%-12%)	NA
HIV COMORBIDITIES	2016		2017
Estimated number of incident TB cases among people living with HIV (2015)	<500 (<500-<1000)		NA
Proportion of people living with HIV with active TB in HIV care	5.10%		NA
Cervical cancer screening of women living with HIV	-		NA
HIV PREVENTION	2016		
Knowledge of HIV prevention among young people (15-24)	12.40%		
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	99.90%		
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 (2016)	60.20%		
POLICIES AND REGULATIONS	2016		
Community delivery of treatment	No		
Laws requiring parental consent for adolescents to access sexual and reproductive health services	No		
TRIPS flexibilities incorporated in national legislation	No		
Laws or policies restricting entry, stay and residence of people living with HIV	No		
Criminalization of transmission of, nondisclosure of, or exposure to HIV	No		
Recommended CD4 level for treatment initiation	Treat all		
KEY POPULATIONS			

SEX WORKERS

Estimated size of population	13000
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	41000
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)	2.03%
Naloxone available (2016)	No
Safe injection rooms available (2016)	No
Avoidance of services due to stigma and discrimination	-

GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN

Estimated size of population	11000
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	28000
HIV prevalence	-

Antiretroviral therapy coverage	40%
HIV prevention programmes in prisons (2016)	
Condoms distributed	67925
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>

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 165 million (WHO Global Tuberculosis Report -2018), 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 1st HIV case in the country in 1989. The 1st 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.

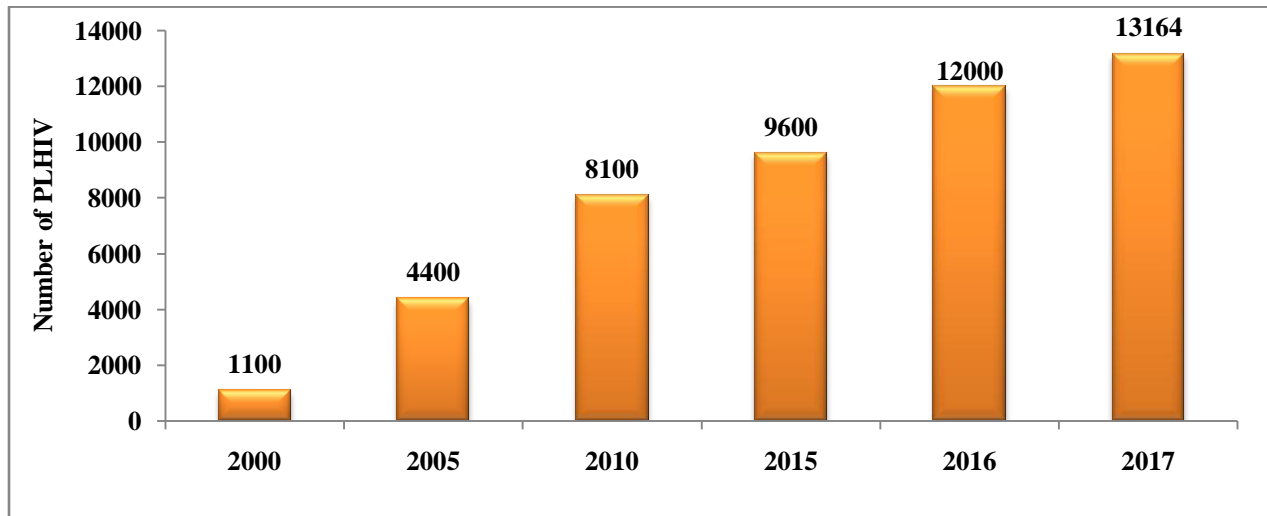
Reported HIV infected persons by age -group and sex in the year 2017

Age groups	Male	Female	Transgender	Total
Children (0-14 years)	21	12	-	33
Young (15-24 years)	44	36	2	82
Adults (15-49 years)	540	184	11	735
Adults 50+ years	79	17	1	97

Source: Data sent by NACP-Bangladesh, 2018

In 2017 as per UNAIDS estimates the Number of New HIV infected is 1700 and the Number of HIV/AIDS related Death was 1060. Bangladesh still a low prevalent country in the region with prevalence of less than 0.1% among the general population and less than 1% among Most at risk population except transgender. Figure 10 shows the trend of estimated PLHIV from 2000 to 2017.

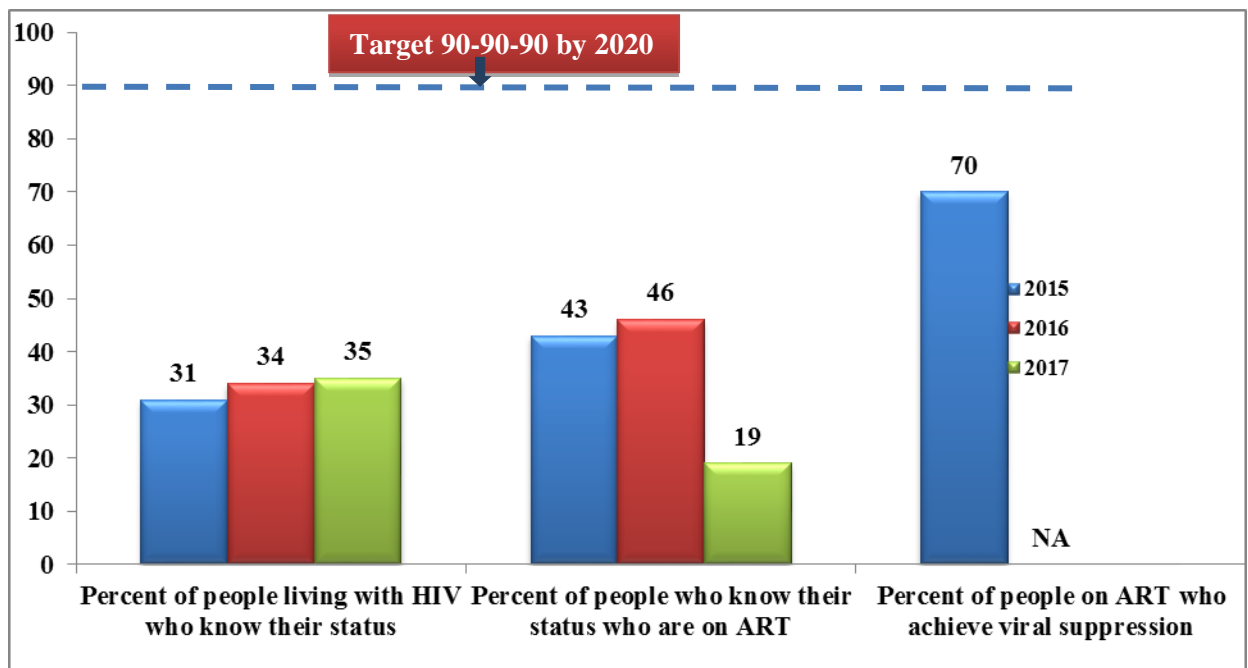
Figure 10: Estimated Number of PLHIV, 2000-2017



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

Figure 11 shows treatment cascade (90-90-90) in Bangladesh. In year 2017 there were average 35 Percent of people living with HIV who know their status and 19 Percent of people who know their status who are on ART. 70 Percent of people were on ART who achieve viral suppression in the year 2015.

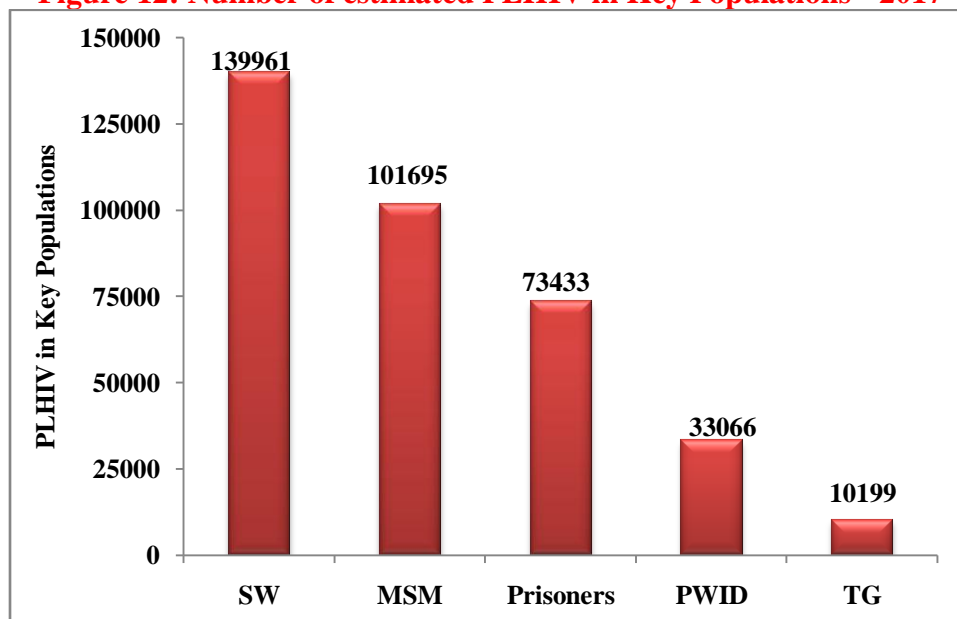
Figure 11: Treatment cascade (90-90-90), 2015-2017



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

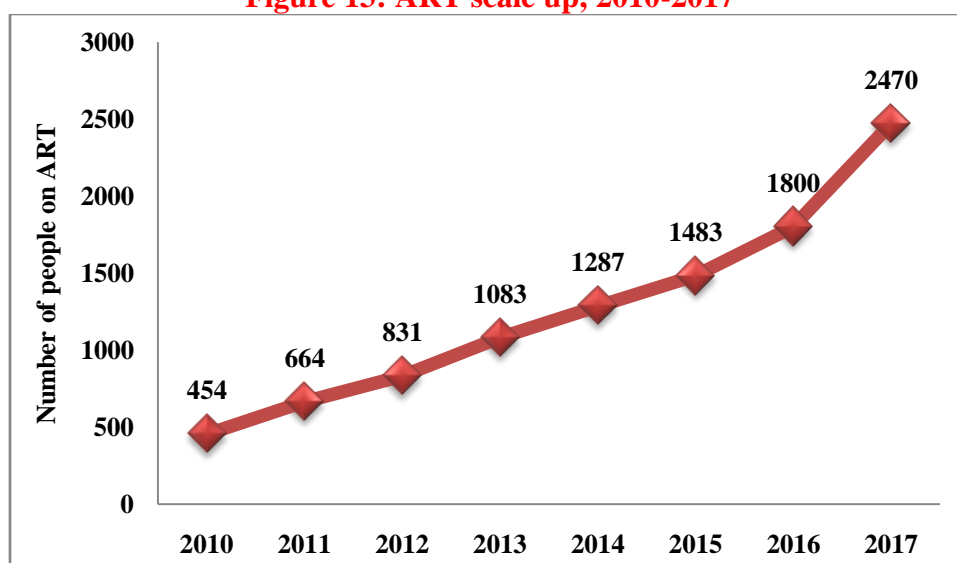
The number of estimated PLHIV in Key population in year 2017 were 139961 in SW, 101695 in MSM, 33066 in PWID, 13433 in Prisoners and 10199 in transgender (Figure 12).

Figure 12: Number of estimated PLHIV in Key Populations - 2017



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

Figure 13: ART scale up, 2010-2017



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

Figure 13 shows the scaling up of number of people on ART from 454 in 2010 to 2470 in 2017.

Details of latest surveillance activity/ies conducted 2017

- 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:

- Transition of the Global Fund phase and its sustainability is a concern for the country
- Existence of structural barriers such as punitive laws, stigma and discriminations, significant reduction of external funding
- Limited or inadequate understanding about human sexuality and gender diversities among the policy planners.

Major planned activities:

- Standard HIV prevention services for Males who have Sex with Males (MSM) and Transgender (Hijra)
- Advocacy for minimizing/removing legal barriers of key populations (KPs)
- HIV testing, care, treatment and support for KP PLHIV i.e. MSM and Hijra
- Opioid Substitution Therapy (OST) for People who Inject Drugs (PWID)
- Operation research such as for community based management of TB-HIV co-infection and health systems analysis for integrating HIV services in public health sector

New initiatives/ Best practices:

- Introduced community based HIV testing with the lay providers
- Converted three DICs into comprehensive DICs to provide HTS, ART, OST, TB-HIV management
- Case workers engaged to increase ARV adherence among HIV positive PWID

- Initiation of peer navigation to enhance care, treatment and support for KP PLHIV and achieve UN 90-90-90 targets
- Strengthening intervention for removing legal barriers related to HIV responses
- Stigma free HIV prevention services for key populations through Drop-in-Centers
- Scaling up Opioid Substitution Therapy (OST) for PWID

Research Studies Published/carried out in year 2017

1. Sarma H, Islam MA, Khan JR, Chowdhury KIA, Gazi R; Impact of teachers training on HIV/AIDS education program among secondary school students in Bangladesh: A cross-sectional survey; PLoS One 2017 Jul 24;12(7):e0181627.
2. Gourab, G., et al., Vulnerabilities to Sexual Health through the Lens of Poverty and Gender Subordination: Anthropological analysis of the indigenous populations in the northwestern belt of Bangladesh. International Journal for Population, Development and Reproductive Health, 2017. 1(1): p. 55-65.
3. Rahman M, Hossain ME , Afrad MH, Hasan R, Rahman M, Sarker MS and Azim T. 2017. Hepatitis C Virus infections among clients attending an HIV testing and counseling center in Dhaka, Bangladesh. Hepatitis C virus treatment among people who use opioid drugs in Dhaka are enrolled in the harm reduction program: a pilot study. J Med Virol (accepted in September 2017- in press).

BANGLADESH

HIV & AIDS estimates-2017

Populations(mid-year) 165 million

THE HIV EPIDEMIC

New HIV infections	2005	2010	2017
New HIV infections (all ages)	1700 (1500-1900)	1500 (1400-1700)	1700 (1500-1800)
New HIV infections (0-14)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
New HIV infections (women, 15+)	<500(<500-<500)	530 (<500-<600)	520 (<500-<590)
New HIV infections (men, 15+)	1200 (1100-1300)	930 (830-1100)	1100 (990-1200)
HIV Prevalence Rate (all ages)	NA	NA	0.01*
HIV Incidence per 1000 populations	0.01 (0.01-0.01)	0.01 (0.01-0.01)	0.01 (<0.01-0.01)
AIDS related deaths			
AIDS -related deaths (all ages)	<500 (<500-<500)	880 (720-1100)	1060 (930-1200)
AIDS -related deaths (0-14)	<100 (<100-<100)	<100 (<100-<100)	<100 (<100-<100)
AIDS -related deaths (women, 15+)	<100 (<100-<100)	<500 (<200-<500)	<500 (<500-<500)
AIDS -related deaths (men, 15+)	<500 (<200-<500)	630(<520-760)	690 (610-780)
People living with HIV			
People living with HIV (all ages)	6400 (5800-7100)	10000 (9100-12000)	13164(11000-15000)*
People living with HIV (0-14)	<100 (<100-<100)	<200 (<200-<500)	<500(<500-<500)
People living with HIV (women, 15+)	1500 (1300-1700)	3200 (2800-3600)	4400 (3800-5000)
People living with HIV (men, 15+)	4800 (4300-5400)	7000 (6100-8100)	8500 (7300-9900)

KEY POPULATIONS

	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	139961	101695	33066	10199	73433
HIV prevalence (%)	0.2	0.2	NA	1.4	NA
Know their HIV status (%)	31.2	NA	NA	35.1	NA
Antiretroviral therapy coverage (%)	78.3	53.9	30.9	66.7	NA
Condom use (%)	66.7	45.8	34.9	41.1	NA
Coverage of HIV prevention programmes (%)	15.2	4.4	27.8	15.2	NA
Avoidance of services due to stigma and discrimination	NA	NA	NA	NA	NA

HIV testing and treatment cascade	All ages	Children (0-14)	Women (15+)	Men (15+)
People living with HIV who know their HIV Status (%)	35 (31-41)	81 (71-94)	34 (30-39)	34 (30-40)
People living with HIV who are on Treatment	19 (16-22)	37 (32-42)	19 (16-21)	18 (16-21)
People living with HIV who are virally suppressed	NA	NA	NA	NA

HIV COMORBIDITIES

Estimated Number of Incidence Tuberculosis cases among People Living with HIV (2016)	500 (250-840)
Proportion of people living with HIV newly enroled HIV care with active TB (2016)	11.4%
Cervical cancer screening of women living with HIV	NA

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

HIV PREVENTION

Knowledge of HIV prevention among young people (15-24) Years (2014)	
Women	12.70%
Men	NA
Condom use at last higher-risk sex (with a non-marital, non cohabiting partner)	
Women	NA
Men	NA
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2014)	72.6%
Men aged 15-49 who are circumcised	NA
Male circumcisions performed according to national standards (2017)	NA
People on PrEP (2017)	NA
Harm Reduction	
Use sterile injecting equipment act. Last injection (2015)	83.9%
Needle and syringes distributed per person who injects (2017)	125.36
Coverage of opopod substitution therapy (2017)	2.60%

Elimination of Mother to Child transmission (at the end of 2017)

	2010	2017
Percentage of pregnant women living with HIV accessing antiretroviral medicines	14% (11-16)%	17% (15-21)
Early infant diagnosis	2% (2-3)%	14% (12-16)

ART Scale Up at the end of 2017

Number of people receiving ART	2470
Deaths averted due to ART	<500

Laws and Policies

Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission	No
Criminalization of Sex work	Partial criminalization of sex work
Criminalization of same sex sexual acts	Yes, imprisonment (14 years - life)
Drug use or possession for personal use is an offence	Possession of drugs for personal use is specified as a criminal offence
Criminalization of transgender people	Neither criminalized nor prosecuted
Laws or policy 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

STIGMA AND DISCRIMINATION

Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)	34.6**
Percentage of people living with HIV denied health services because of their HIV status in the last 12 months (2017)	5
Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent (2017)	5

* Data sent by country-2018

** Female respondents only

Source: UNAIDS Data-2018

BHUTAN

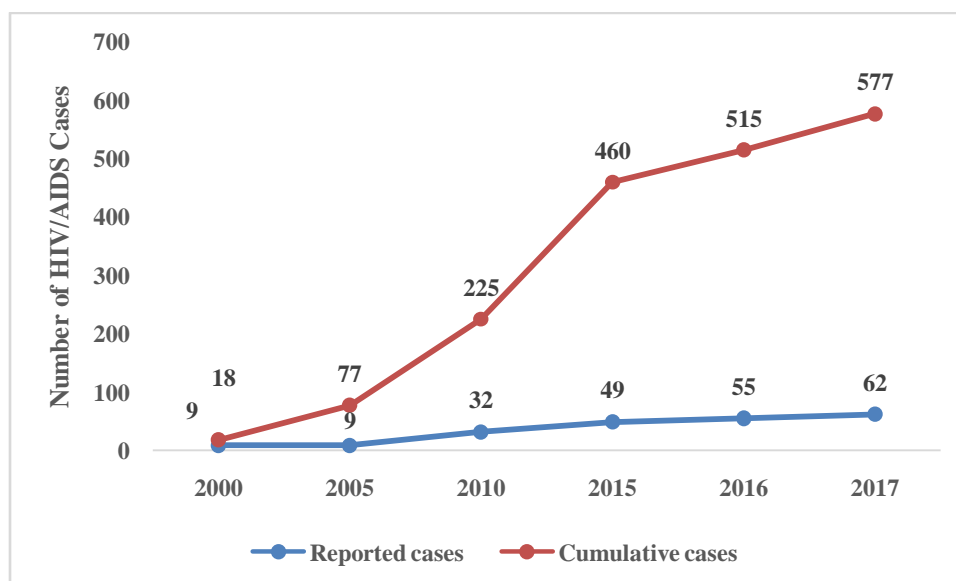
Bhutan is a land locked country situated in the Himalayas, it has border with China and India. Bhutan has an area of 38,394 sq km and the altitude varying from 180 m to 7,550 m above sea level. The total population of Bhutan is 779 000 (*Data sent by NTP-Bhutan-2018*). The country is divided into 20 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.

Figure:14 Trend of Reported HIV/AIDS Cases 2000-2017

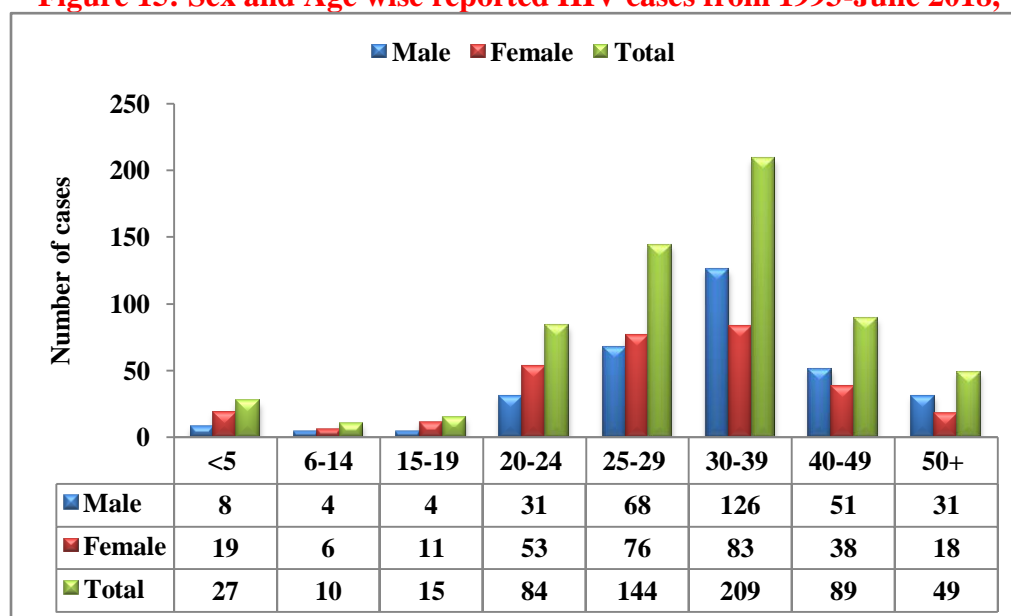


Source: NACP-Bhutan report 2016&2017

The case detection has improved with increasing uptake of HIV counseling and testing services. Since 2006 no less than 25 cases have been detected every year and in the last three years the average yearly detection was 56 cases. As it was well understood that Bhutan is one of the few

countries in South Asia that continue to experience a low adult (15-49years) HIV prevalence of below 0.2 percent (0.1-0.6%).

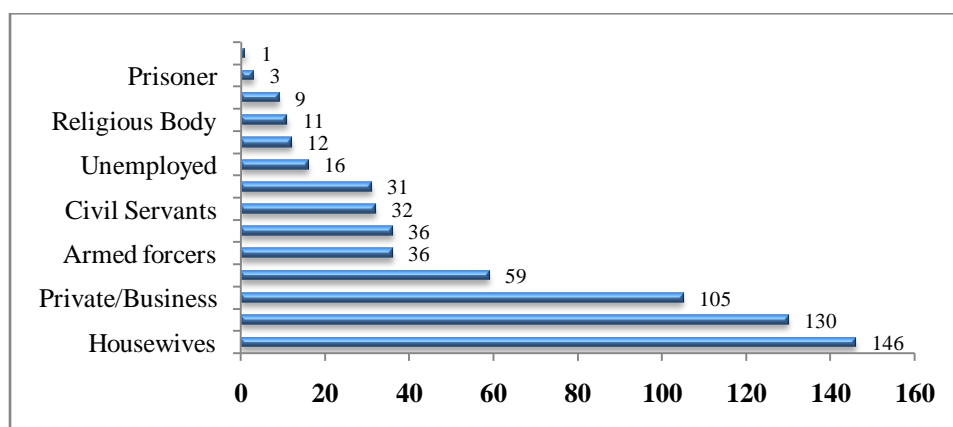
Figure 15: Sex and Age wise reported HIV cases from 1993-June 2018,



Source: NACP-Bhutan report 2017

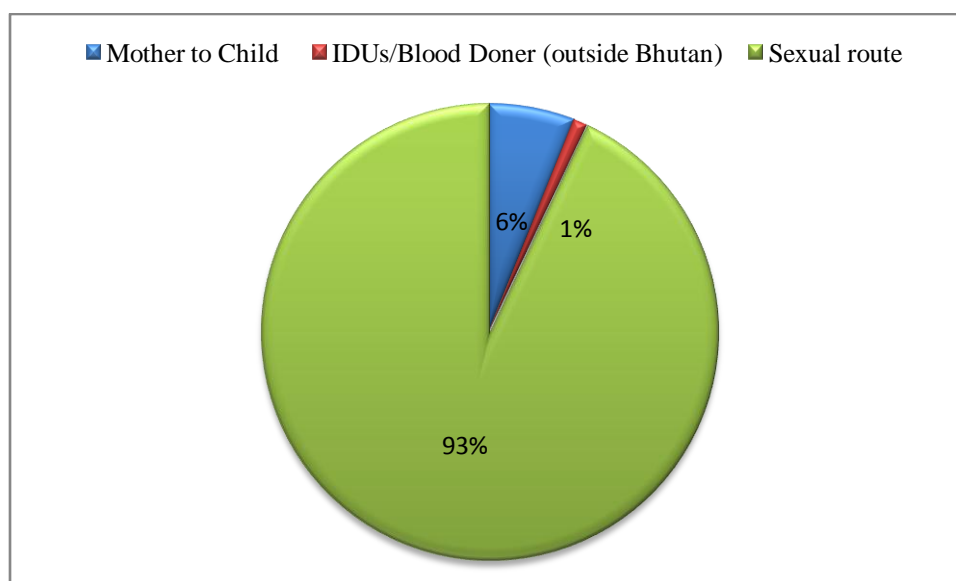
The reported cases are predominantly (91%) among the productive age group of 20-49 years and (17%) among the youth 15–24 years in Bhutan. Unlike in many of the countries where female are disproportionally affected by HIV but in Bhutan over the two decades there hasn't been any significant difference in terms of gender with equal proportion of male and female detected with HIV. However, the recent new HIV infection showed that among the males older males are more infected while among the females younger females are more infected. This shows that the likelihood of older men being sexually active with younger females is high however owing to inadequate data we cannot rule out the prevalence of intergenerational sex in Bhutan despite the high risk associated to such sexual practices.

Figure 16: Occupational background of reported HIV/AIDS Cases-2017



Above graph clearly shows that all sections of Bhutanese population such as (prisoners, students, religious body etc.) were infected which indicating the diffuse nature of HIV epidemic in Bhutan. The diffuse epidemiological pattern in Bhutan is one of the challenges that we are confronted with because in such epidemic we don't have defined risk population to focus our interventions rather the interventions remains vague. This is accounts to more resources and intensive planning approach to reach all the population.

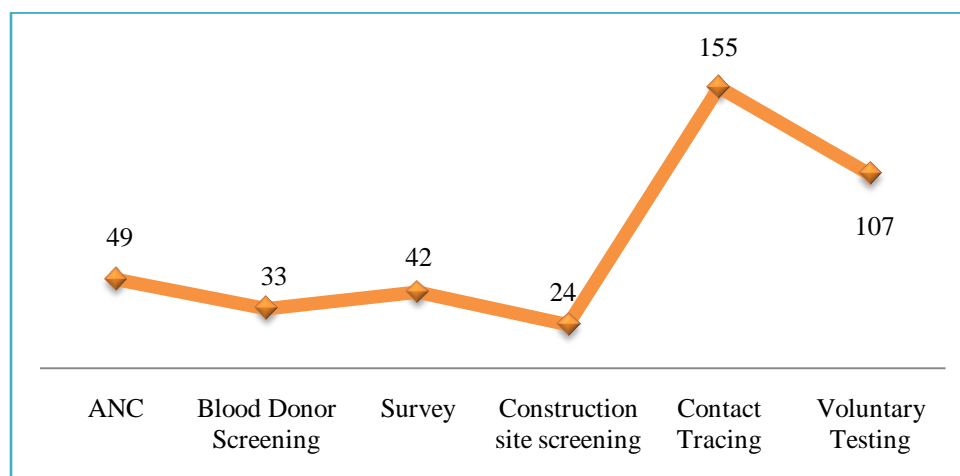
Figure 17: Mode of transmission of HIV-2017



About 93% of the reported cases have acquired the HIV infection through the sexual route followed by MTCT (6%) and rest through blood transfusion and IDUs. The several behavioral studies among the Bhutanese population also showed high multiples sexual practices and low

condom use including the emergence of transactional sex in the booming entertainment centers in urban areas.

Figure18: Mode of Diagnosis



In terms of case finding, majorities (155) of the reported cases were detected through contact tracing and VCT followed by ANC and onsite screenings.

Figure 19: Treatment cascade -2017

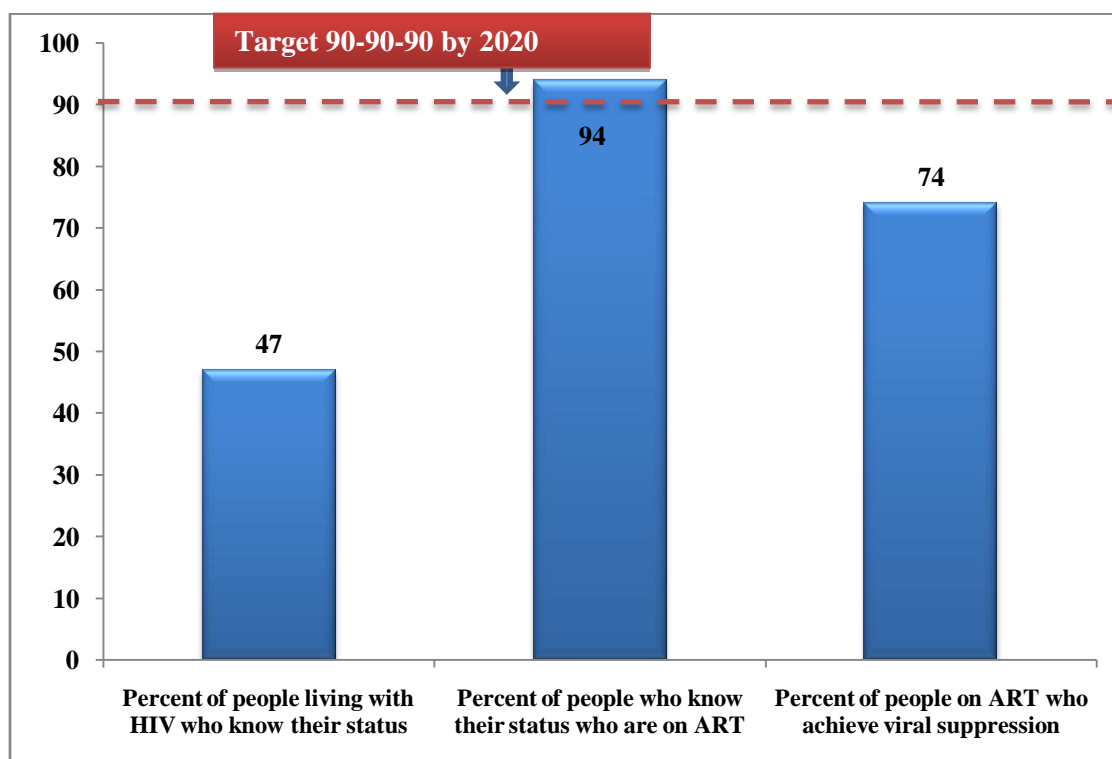
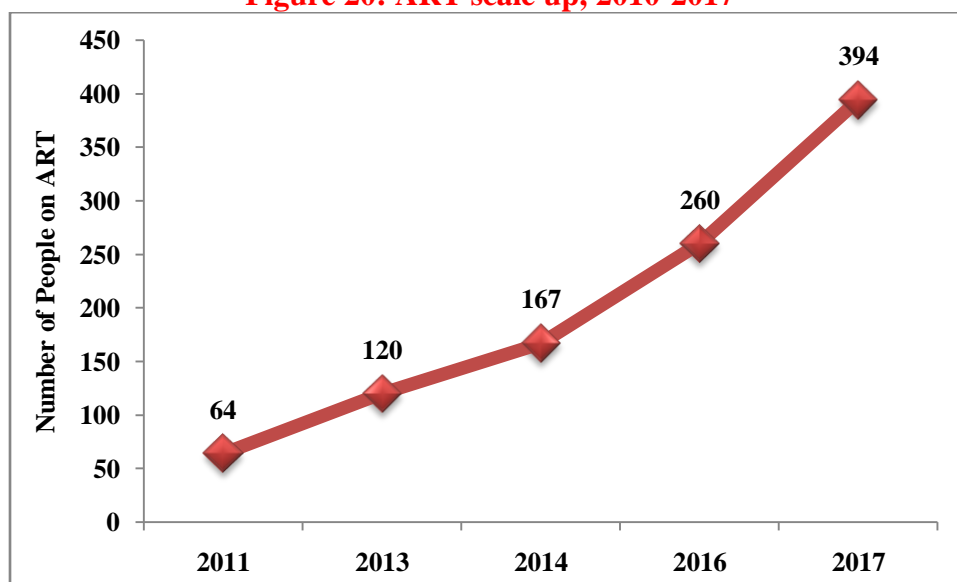


Figure 19 shows treatment cascade (90-90-90) in Bhutan. In year 2017 there were 47 Percent of people living with HIV who know their status and 94 Percent of people who know their status who are on ART. 74 Percent of people were on ART who achieve viral suppression.

Figure 20: ART scale up, 2010-2017



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

Figure 20 shows, the trend of ART scale up from 2010-2017. Till date there are 394 people on ART.

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

- Case detection gap of 50% as per the UNAIDS spectrum estimation of 1265 PLHIV in early 2018.
- Defaulter and non-compliant cases leading to further transmission of HIV and AIDS.

- Diffused pattern of HIV epidemic in Bhutan leading to unfocused prevention interventions.
- Sexual promiscuity both in male and female (40% male & 36% female) reported having multiple sexual partners: *Sexual Network study, 2010*).
- Social and self-stigma continuously deter timely diagnosis and treatment
- No size estimation of IDUs and DUs in Bhutan.

Way forward

- Mapping exercises of key population
- HIV sentinel surveillance
- Innovative HIV testing approaches
- Strengthening of case base surveillance
- Decentralization of ART centers
- Strengthening of care, support and treatment.

BHUTAN

HIV & AIDS estimates-2017

Populations(mid-year) 779000

THE HIV EPIDEMIC	2005	2010	2017
New HIV infections	-	-	-
HIV Incidence per 1000 populations	-	-	-
AIDS related deaths	-	-	-
People living with HIV	-	-	581*
90-90-90			2017
People living with HIV who know their HIV Status		-	47%
People living with HIV who are on Treatment		<500	94%
People living with HIV who are virally suppressed		-	74%
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)		<200 (<100-<200)	
Proportion of people living with HIV with active TB in HIV care		-	
Cervical cancer screening of women living with HIV		-	
HIV PREVENTION			2016
Knowledge of HIV prevention among young people (15-24)			23.20%
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: UNAIDS Data-2018, * Data sent by country-2018*

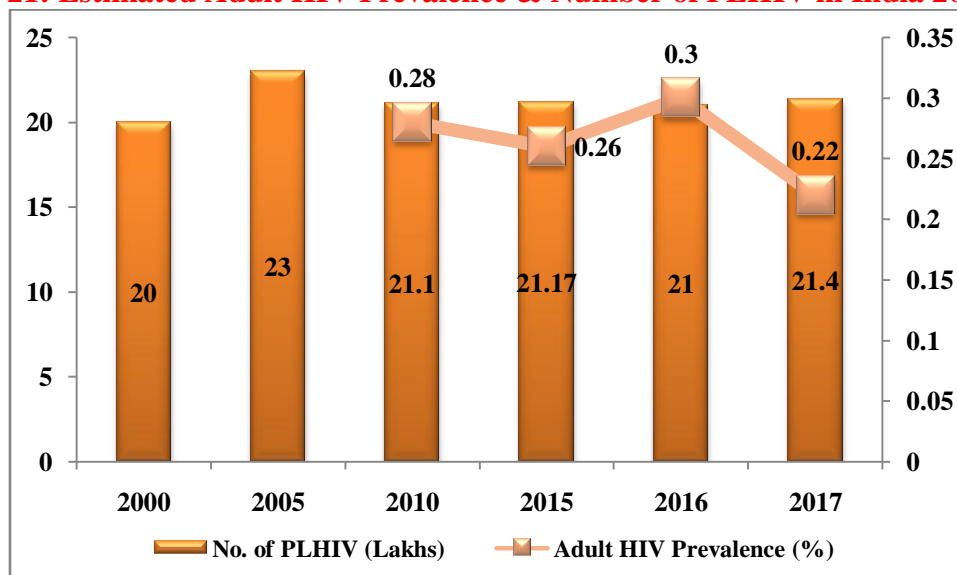
INDIA

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 1339 million (WHO Global Tuberculosis Report-2018). 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.

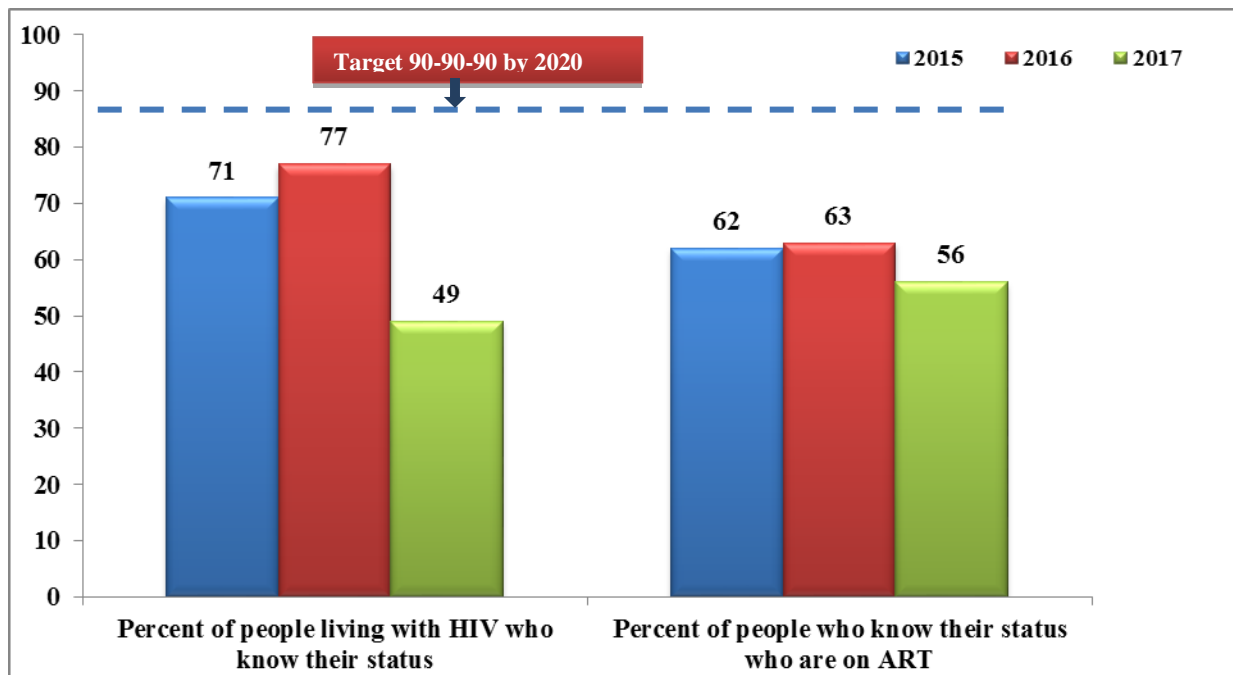
Figure 21: Estimated Adult HIV Prevalence & Number of PLHIV in India 2000-2017



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 21).

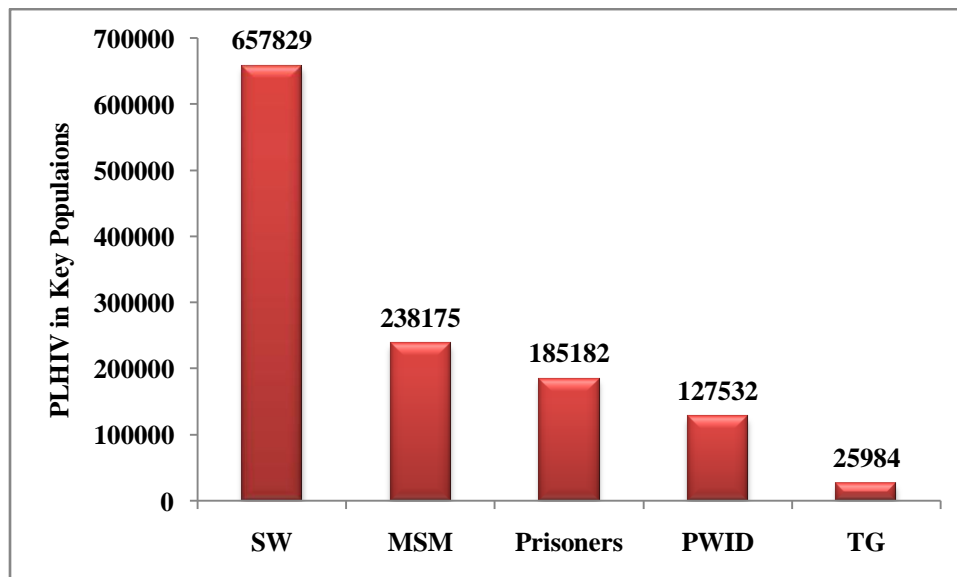
Figure 22: Treatment cascade (90-90-90) in India, 2015-2017



Source: UNAIDS Data-20187

Figure 22 shows treatment cascade (90-90-90) in India. In year 2017 there were 49 Percent of people living with HIV who know their status and 56 Percent of people who know their status who are on ART.

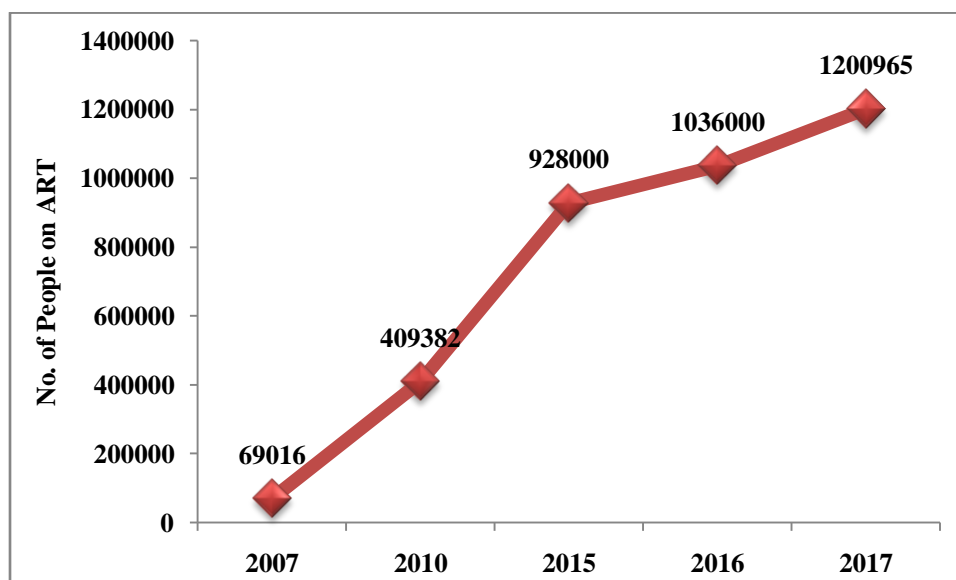
Figure 23: Number of estimated PLHIV in Key Populations - 2016



Source: <http://aidsinfo.unaids.org/data sheet 2017>

The number of estimated PLHIV in Key population were 657829 in SW, 238175 in MSM, 127532 in PWID, 185182 in Prisoners and 25984 in transgender (Figure 23).

Figure 24: ART scale up, 2007-2017



Source: <http://aidsinfo.unaids.org/data sheet 20187>

Figure 24 shows, the trend of ART scale up from 2007-2017. Till date there are 1200965 people are on ART.

New initiatives under Targeted Interventions

1. The HIV/AIDS (Prevention & Control) Bill 2014 has been passed by both the Houses of Parliament. The President has accorded his consent on the bill on 20th April 2017. The HIV/AIDS (Prevention & Control) Act 2017 has also been notified on e-Gazette of India. NACO is in process of formulating necessary Rules and Guidelines as mentioned in the HIV/AIDS Act, 2017.
2. 'Test and Treat' policy has been launched on 28th April, 2017 for covering all patients diagnosed positive for HIV with ART cover irrespective of their CD count or clinical stage.
3. Community based screening has been implemented to boost the progress on first 90 of 90:90:90 target i.e. 90% people living with HIV know their HIV status.
4. NACO has rolled out and scaled up the HIV/AIDS related services at prisons and other correctional institutions.

5. Viral Load testing has been launched on 26th February 2018 for all People living with HIV/AIDS (PLHIV) who are on treatment in the Country to monitor the progress treatment response.

New Initiative

New Initiative under STI /RIT programme

1. Elimination of parent to child transmission of syphilis (EPTCT)
2. Mid Term Appraisal of STI Programme

Source: NACO Annual Report 2016-2017

New Initiatives under Blood Transfusion Services

1. Baseline Assessment of Licensed Blood Banks
2. Review of DGHS Technical Manual on Transfusion Medicine
3. National Review Meeting
4. Scheme for Modernization
5. Model Blood Banks
6. Blood component Separation Units (BCSU)
7. Major Blood Banks (MBB) and District Level Blood Banks (DLBB)
8. Blood Transportation Vans
9. Metro Blood Banks
10. Plasma Fractionation Centre

Source: NACO Annual Report 2016-2017

New Initiatives under IEC

1. Mobile App.
2. Postal Stamp-Special Campaign
3. Second Phase of Helpline 1097
4. India International Trade-Fair-Digital India
5. Update of Website

Source: NACO Annual Report 2016-2017

Latest 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-2018

INDIA

HIV & AIDS estimates-2017

Populations(mid-year)

1339 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

	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	NA	NA	NA	NA	NA
HIV prevalence (%)	1.6	2.7	6.3	3.1	NA
Know their HIV status (%)	68.6	64.8	49.6	67.6	NA
Antiretroviral therapy coverage (%)	NA	NA	NA	NA	NA
Condom use (%)	90.8	83.9	77.4	79.7	NA
Coverage of HIV prevention programmes (%)	NA	NA	NA	NA	NA
Avoidance of services due to stigma and discrimination	NA	NA	NA	NA	NA
HIV testing and treatment cascade	All ages	Children (0-14)	Women (15+)	Men (15+)	
People living with HIV who know their HIV Status (%)	49 (56->95)	NA	87 (62->95)	68(48->95)	

People living with HIV who are on Treatment	56 (40-79)	NA	63 (45-88)	50(35-71)
People living with HIV who are virally suppressed	NA	NA	NA	NA
HIV COMORBIDITIES				
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)				12.1%
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
HIV PREVENTION				
Knowledge of HIV prevention among young people (15-24) Years (2014)				
Women				21.70%
Men				31.5%
Condom use at last higher-risk sex (with a non-marital, non cohabiting partner)				
Women				NA
Men				40.80%
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2014)				72.8%
Men aged 15-49 who are circumcised				NA
Male circumcisions performed according to national standards (2017)				NA
People on PrEP (2017)				NA
Harm Reduction				
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%
Elimination of Mother to Child transmission (at the end of 2017)	2010		2017	
Percentage of pregnant women living with HIV accessing antiretroviral medicines	0 (0-0)		60 (41-89)	
Early infant diagnosis	6 (4-9)		23 (16-33)	
ART Scale Up at the end of 2017				
Number of people receiving ART				1 200 965
Deaths averted due to ART				83 000
Laws and Policies				
Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission				No
Criminalization of Sex work				NA
Criminalization of same sex sexual acts				Yes, imprisonment (up to 14 years)
Drug use or possession for personal use is an offence				There is compulsory detention for drug offences
Criminalization of transgender people				Neither criminalized nor prosecuted

Laws or policy 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

STIGMA AND DISCRIMINATION	2016
Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)	27.6
Percentage of people living with HIV denied health services because of their HIV status in the last 12 months (2017)	NA
Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent (2017)	NA

* Data sent by country-2018

** Female respondents only

Source: UNAIDS Data-2018

<http://aidsinfo.unaids.org/datasheet2017>

MALDIVES

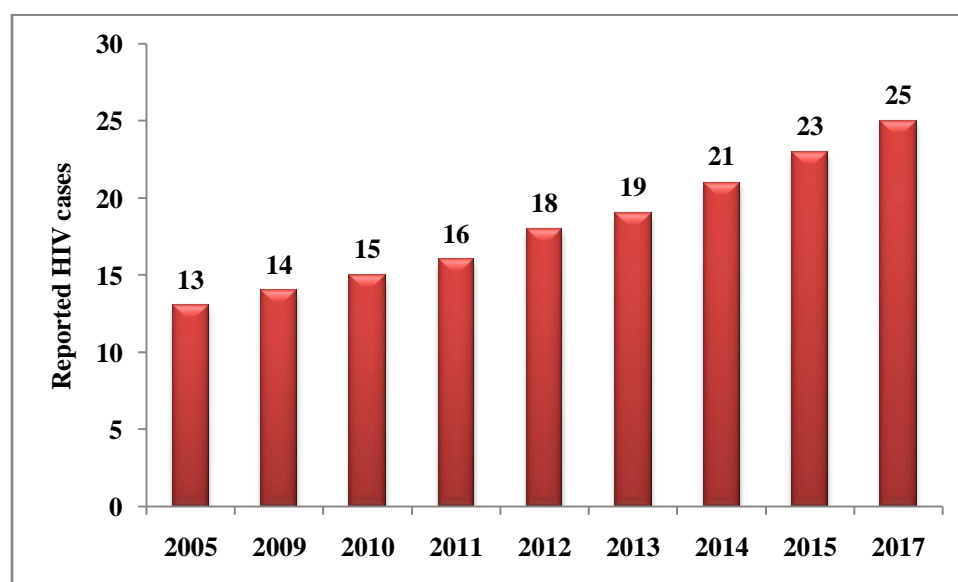
Republic of Maldives is a country formed by a number of natural atolls plus a few islands and isolated reefs which form a pattern from North to South. Maldives is situated in the Indian Ocean, close to India and Sri Lanka. It is located southwest of the Indian subcontinent stretching 860 km north to 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 2017. 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 2017, cumulative number of HIV cases in the Maldives is 25. 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)

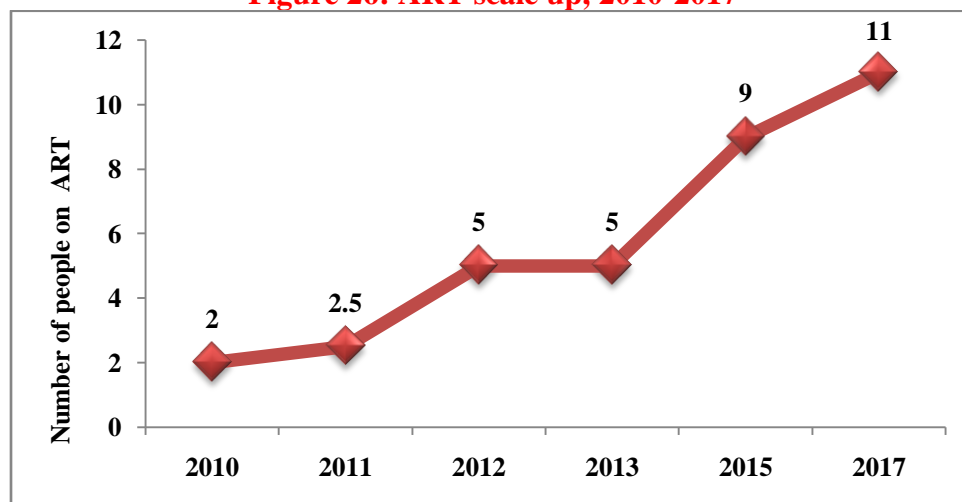
Figure 25: Cumulative number of reported HIV/AIDS cases, 2005-2017



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

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 26 shows the ART scale up from 2010-2017.

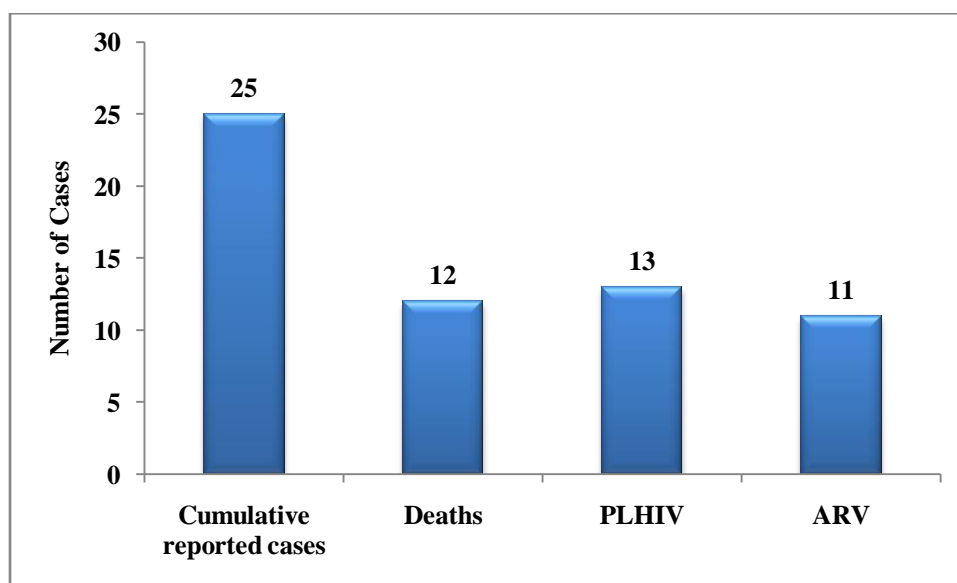
Figure 26: ART scale up, 2010-2017



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

As per data shown in figure 27, there were 25 cumulative PLHIV reported cases. Out of which 12 died and 13 cases of people living with HIV. However, 11 cases has on ARV in the year 2017.

Figure 27: 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
- 2nd 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	-
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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](http://aidsinfo.unaids.org/data-sheet-2018)

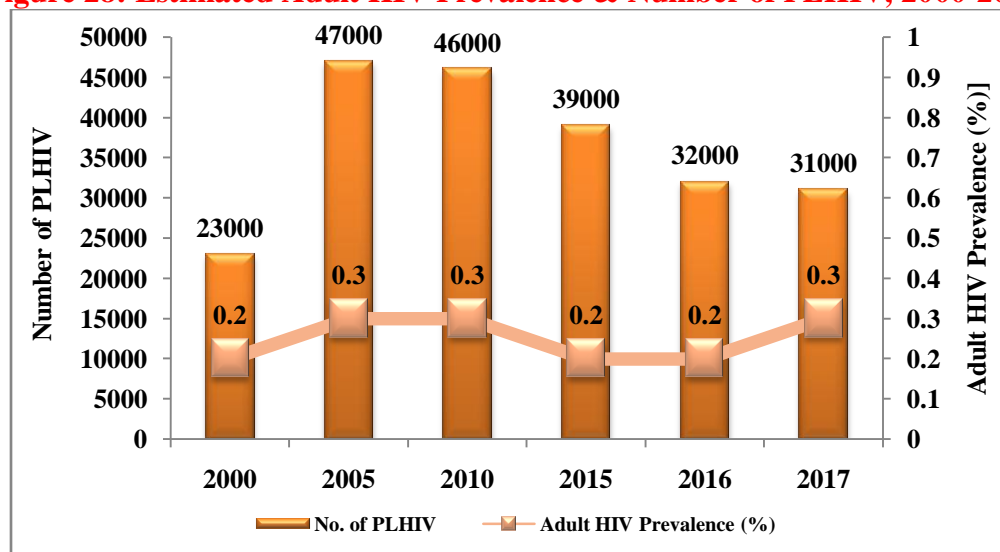
NEPAL

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 29 million (WHO Global Tuberculosis Report-2018). 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 five years, it has remained within 0.3 - 0.2 percent. It is estimated that there were around 31,000 people living with HIV in 2017, decreasing from 47000 in 2005 (Figure 28). An estimated number of 1306 deaths were due to AIDS in 2017 declining from 2300 deaths in 2015. The number of estimated deaths is projected to decline to 1,266 in 2020, due to an expected increase in the numbers of people on Antiretroviral Therapy (ART). The estimated number of new cases in 2017 is less than 1000 as compared to 1300 in 2015.

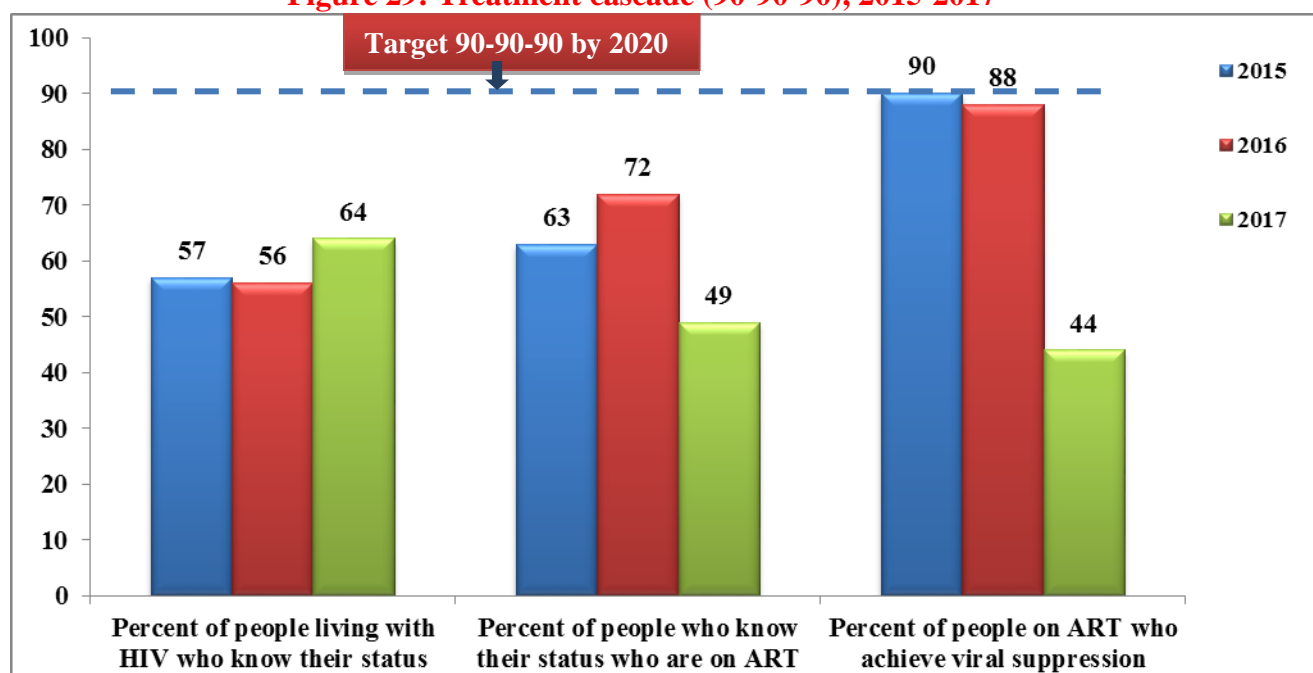
Figure 28: Estimated Adult HIV Prevalence & Number of PLHIV, 2000-2017



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

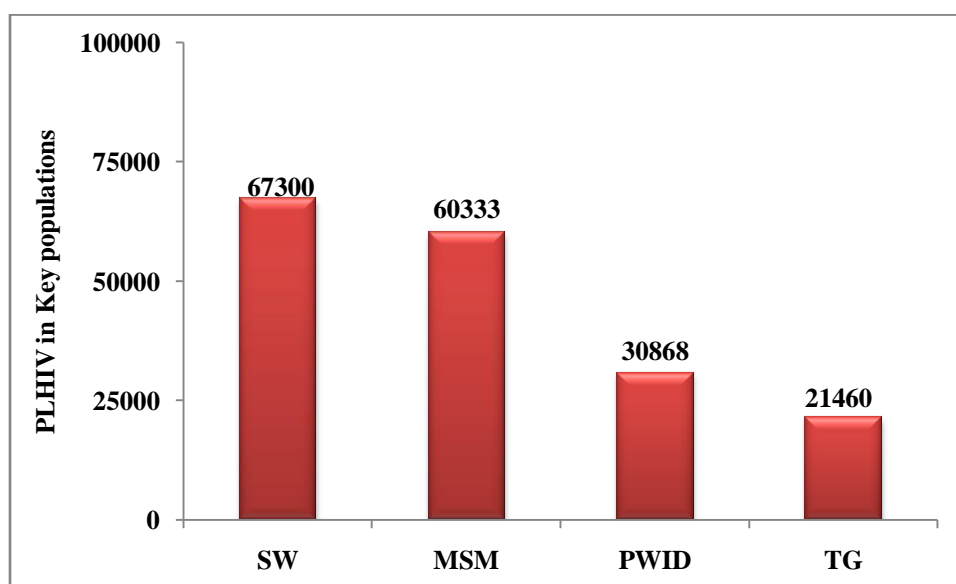
Figure 29 shows treatment cascade (90-90-90) in Nepal. In year 2017 there were 64 Percent of people living with HIV who know their status, 49 Percent of people who know their status who are on ART and 44 percent of people on ART who achieve viral suppression.

Figure 29: Treatment cascade (90-90-90), 2015-2017



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

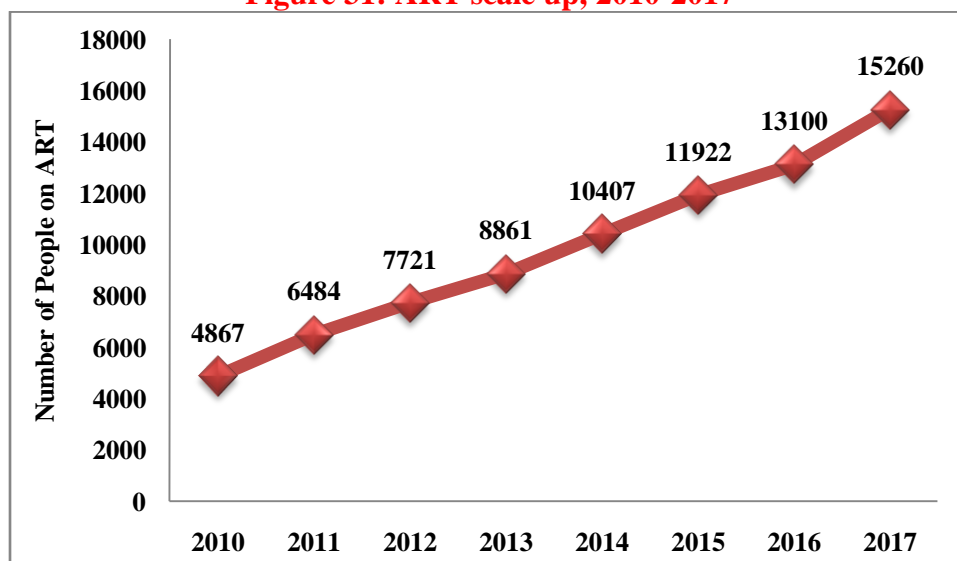
Figure 30: Number of estimated PLHIV in Key Populations -2017



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

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 30 shows the number of estimated PLHIV in key populations (SW, MSM, PWID, TG) in Nepal 2017.

Figure 31: ART scale up, 2010-2017



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

Figure 31 shows the scaling up of number of people on ART from 4867 in 2010 to 15260 in 2017.

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

- A. Finalization and Dissemination of the finding of Mapping and Size estimation of Key Population
- B. Nine Integrated Biological and Behaviour Surveillance Surveys were conducted among key population in different survey areas. The list of the surveys are as follows:
 - a. IBBS Survey among Female Sex Workers (FSW)-Kathmandu Valley
 - b. IBBS Survey among People Who Inject Drugs-Male-Kathmandu Valley
 - c. IBBS Survey among People Who Inject Drugs-Male-Pokhara Valley
 - d. IBBS Survey among People Who Inject Drugs-Male-Eastern Terai Districts

- e. IBBS Survey among People Who Inject Drugs-Male-West to Far West Terai Districts
 - f. IBBS Survey among People Who Inject Drugs-Female-Pokhara Valley
 - g. IBBS Survey among Male who have Sex with Men (MSM) and Transgender (TG)-Kathmandu Valley
 - h. IBBS Survey among Male who have Sex with Men (MSM) and Transgender (TG)-Pokhara Valley
 - i. IBBS Survey among Male Labor Migrants-Western to Mid & Far Western Districts
- B. National Consolidated Guidelines on Strategic Information of HIV Response in Nepal
- C. Piloting of DHIS-2 Tracker system in 3 major hospitals (Teku Hospital, Teaching Hospital and Bir Hospital) to track each PLHIV cases enrolled in the treatment care which is linked with the biometric system.

Challenges:

- Frequent turnover of trained health workers (Counsellors) at the service sites especially ART sites.
- 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 reports through HMIS system especially from Sub-regional, regional, Zonal and other central hospitals which are also the major sites for HIV service delivery. This leads to huge data gap in national system (HMIS database).
- Establishment and expansion of system throughout the country to track each HIV cases in the care.
- Ensure data quality at district and service site level.
- Timely supply of HMIS tools for recording and reporting at service sites.
- Late presentation of HIV clients for care.
- Unknown status of lost to follow up clients in HIV care services.
- Lack of robust tracking system of HIV pregnant women and the HIV exposed baby.

Major planned activities:

- IBBS survey among different key population in different survey areas (MLM-Eastern Hilly districts, FSW-22 Terai Highway districts, MSM/TG- 22 Terai Highway Districts, Wives of Migrants- Far Western).
- 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.
- Study to evaluate WHO's recommendations on managing advanced HIV disease and rapid initiation of ART among people living with HIV (PLHIV) in Nepal

New initiatives/ Best practices:

Developed and implemented DHIS 2 tacker, mHealth and Biometric at ART sites to track each client's treatment status at the real time and to improve their retention on treatment.

NEPAL

HIV & AIDS estimates-2017

Populations(mid-year)

29 million

THE HIV EPIDEMIC

New HIV infections	2005	2010	2017
New HIV infections (all ages)	3900 (3500-4300)	2100 (1900-2300)	840 (750-910)
New HIV infections (0-14)	<500 (<500-<500)	<200 (<200-<500)	<100 (<100-<100)
New HIV infections (women, 15+)	1100 (980-1300)	620 (530-690)	<500 (<500-<500)
New HIV infections (men, 15+)	2500 (2300-2800)	1300 (1200-1400)	520 (<500-580)
HIV Prevalence Rate (all ages)	0.3	0.3	0.3
HIV Incidence per 1000 populations	0.16 (0.14-0.17)	0.08 (0.07-0.09)	0.03 (0.03-0.03)
AIDS related deaths			
AIDS -related deaths (all ages)	1500 (1200-1800)	1700 (1400-1900)	1300 (1000-1700)
AIDS -related deaths (0-14)	<200 (<200-<200)	<200 (<100-<200)	<100 (<100-<100)
AIDS -related deaths (women, 15+)	<500 (<500-<500)	<500 (<500-<500)	<500 (<200-<500)
AIDS -related deaths (men, 15+)	950 (740-1200)	1200 (980-1300)	1000 (800-1200)
People living with HIV			
People living with HIV (all ages)	33 000 (29 000-37 000)	34 000 (30 000-41 000)	31 000 (27 000 -36 000)
People living with HIV (0-14)	940 (810-1100)	1300 (1100-1500)	1200 (1000-1400)
People living with HIV (women, 15+)	9900 (8700-11 000)	11 000 (9700-13 000)	11 000 (10 000- 13 000)
People living with HIV (men, 15+)	22 000 (19 000- 25 000)	22 000 (19 000- 26 000)	18 000 (16 000- 22 000)

KEY POPULATIONS

	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	67 300	60 330	30 868	21 460	..
HIV prevalence (%)	..	5%	8.8	8.5	..
Know their HIV status (%)	..	89.6	54	89.4	..
Antiretroviral therapy coverage (%)	..	..	..	..	..
Condom use (%)	..	94.6	48.9	91.5	..
Coverage of HIV prevention programmes (%)	..	..	..	..	..
Avoidance of services due to stigma and discrimination	..	..	..	..	..
HIV testing and treatment cascade	All ages	Children (0-14)	Women (15+)		Men (15+)

People living with HIV who know their HIV Status (%)	64 (56-74)	83 (71->95)	63 (56-74)	62 (54-74)
People living with HIV who are on Treatment	49 (43-58)	>95 (94->95)	60 (53-70)	39 (33-46)
People living with HIV who are virally suppressed	44 (39-52)	60 (52-71)	57 (50-66)	36 (31-43)

HIV COMORBIDITIES

Estimated Number of Incidence Tuberculosis cases among People Living with HIV (2016)	950 (520-1500)
Proportion of people living with HIV newly enrolled HIV care with active TB (2016)	27.3%
Cervical cancer screening of women living with HIV	..
Proportion of people co-infected with HIV and Hepatitis B virus receiving combined treatment (2017)	..
Proportion of people co-infected with HIV and Hepatitis C virus starting Hepatitis C treatment (2017)	..

HIV PREVENTION

Knowledge of HIV prevention among young people (15-24) Years (2016)	
Women	20.70%
Men	27.1
Condom use at last higher-risk sex (with a non-marital, non cohabiting partner)	
Women	..
Men	66.60%
Women aged 15-49 who have their demand for family planning satisfied with modern methods (2016)	56.3%
Men aged 15-49 who are circumcised	Not applicable
Male circumcisions performed according to national standards (2017)	Not applicable
People on PrEP (2017)	..

Harm Reduction

Use sterile injecting equipment act. Last injection (2017)	97.6%
Needle and syringes distributed per person who injects (2017)	60.64
Coverage of opiod substitution therapy (2017)	3.00%

Elimination of Mother to Child transmission (at the end of 2017)

Percentage of pregnant women living with HIV accessing antiretroviral medicines	13 (11-16)	63 (53-75)
Early infant diagnosis (%)	3 (3-4)	45 (38-53)

ART Scale Up at the end of 2017

Number of people receiving ART	15 260
Deaths averted due to ART	1000

Laws and Policies

Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission	No
Criminalization of Sex work	Selling and buying sexual services is criminalized
Criminalization of same sex sexual acts	No penalty specified
Drug use or possession for personal use is an offence	Possession of drugs for personal use is specified as a criminal offence
Criminalization of transgender people	Neither criminalized nor prosecuted

Laws or policy 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 16 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	
STIGMA AND DISCRIMINATION	2006	2016
Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)	26.5	32.5
Percentage of people living with HIV denied health services because of their HIV status in the last 12 months (2017)	..	..
Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent (2017)	..	..

Source: UNAIDS Data-2018

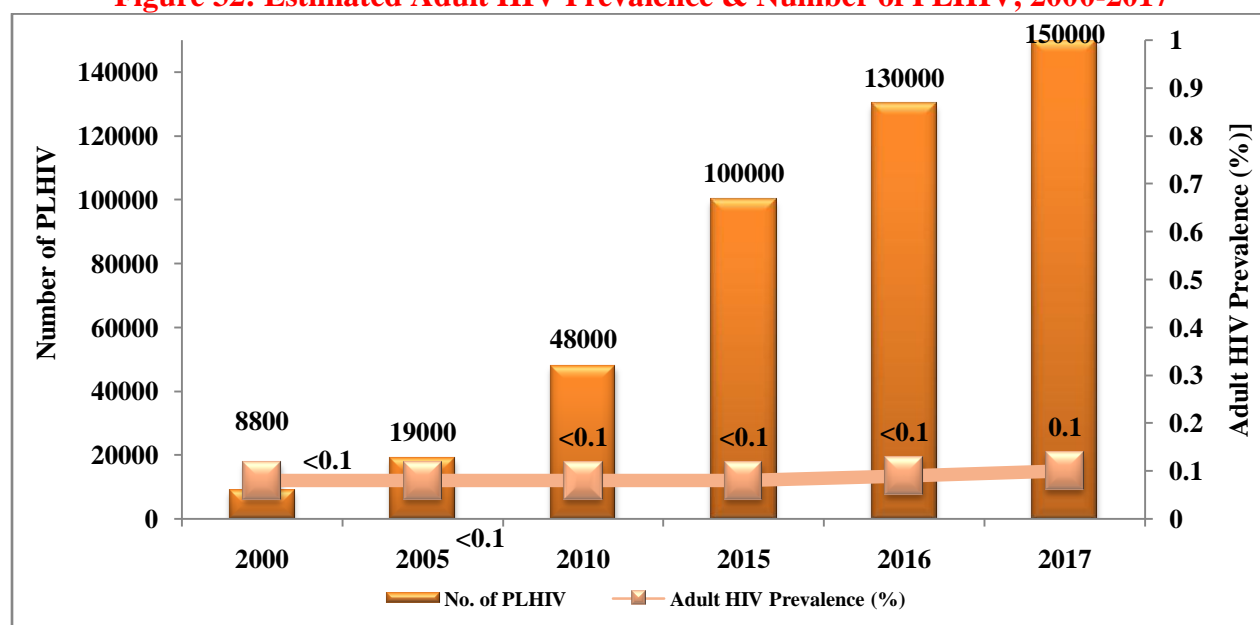
PAKISTAN

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 197 million (WHO Global Tuberculosis Report-2018) at the end of 2017.

Overview of the HIV/AIDS epidemic

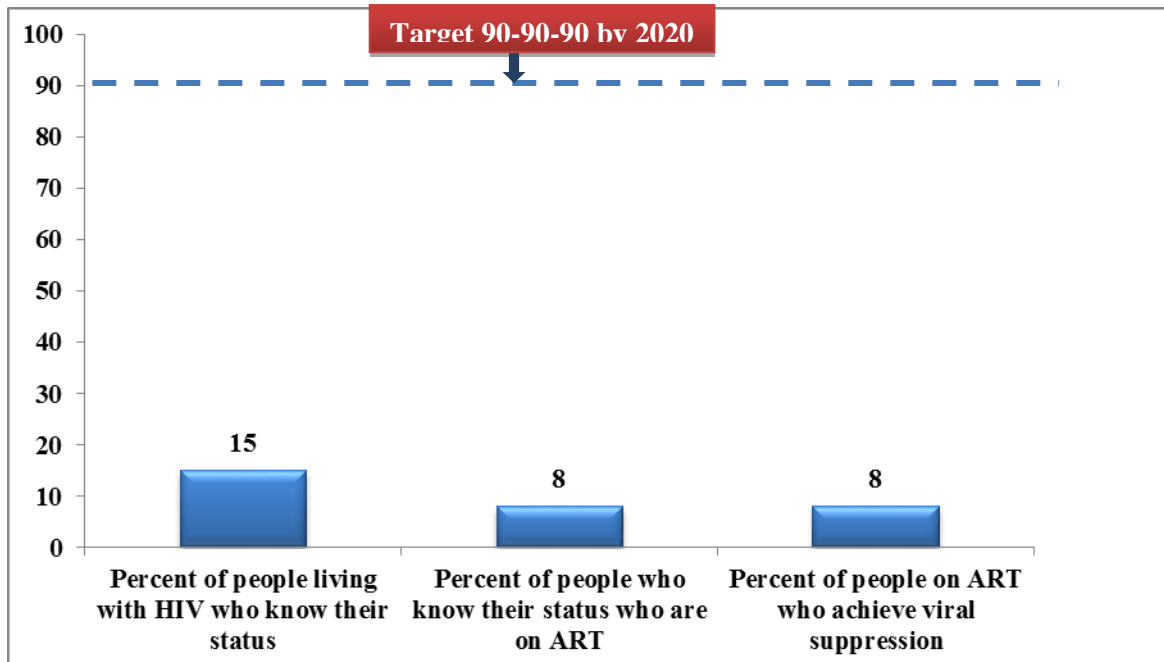
Pakistan's Federal Ministry of Health initiated a National AIDS Prevention and Control Program (NACP) in 1987. Pakistan had an estimated 150 000 people living with HIV by the end of 2017, with 20,000 estimated new HIV infection and 6200 deaths due to AIDS. Adult HIV Prevalence was less than 0.1 in year 2017(Figure 32).

Figure 32: Estimated Adult HIV Prevalence & Number of PLHIV, 2000-2017



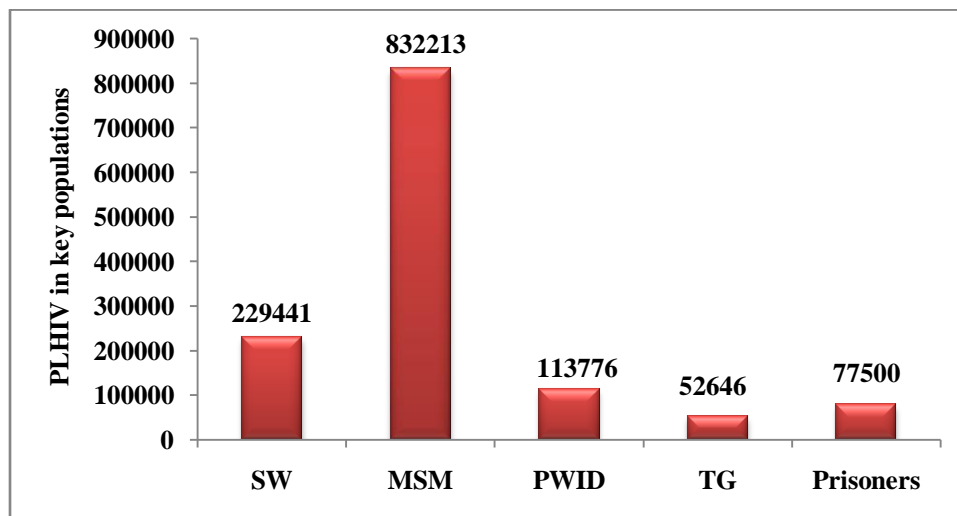
Source: <http://aidsinfo.unaids.org/datasheet2018>

Figure 33: Treatment cascade (90-90-90)-2017



Source: <http://aidsinfo.unaids.org/datasheet2018>

Figure 34: Number of estimated PLHIV in Key Populations-2017

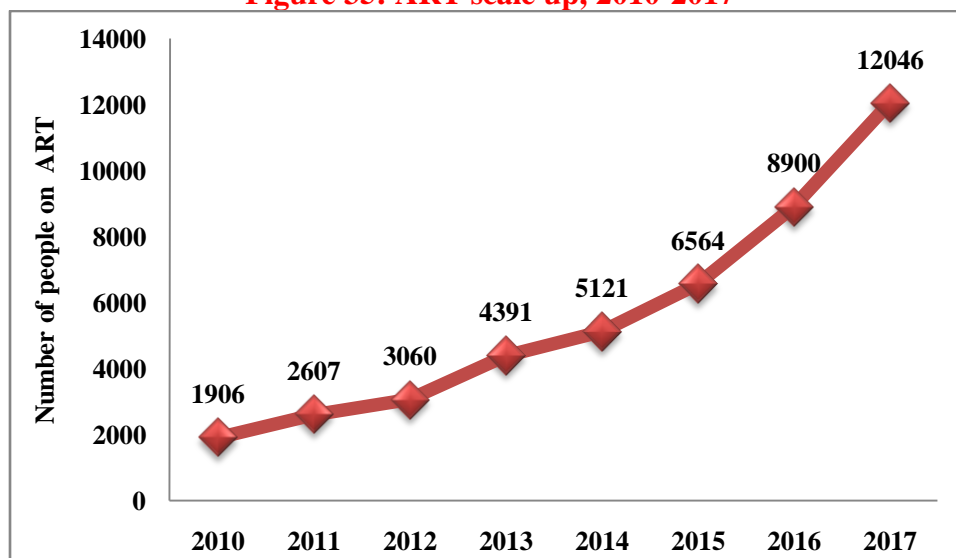


Source: <http://aidsinfo.unaids.org/datasheet-2018>

Pakistan is concentrated HIV epidemic among Key Affected Population. The size of PLHIV in MSM was highest (832213) among key affected population in year 2017 (Figure 34). 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 35 shows the scaling up of number of people on ART from 1906 in 2010 to 12046 in 2017.

Figure 35: ART scale up, 2010-2017



Source: <http://aidsinfo.unaids.org/datasheet2018>

Best practice

- Expansion of CD4 count and Viral load count laboratory 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.

- The APLHIV is also providing the services of Toll Free Helpline at National level.

Major Challenges

1. Poverty:
2. Low level of education
3. Gender inequalities:
4. 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.
5. Non availability of OST
6. Funding Gap:

PAKISTAN

HIV & AIDS estimates-2017

Populations(mid-year)

197 million

THE HIV EPIDEMIC

New HIV infections	2005	2010	2017
New HIV infections (all ages)	9400 (8400-10 000)	14 000 (12 000- 15 000)	20 000 (18 000-21 000)
New HIV infections (0-14)	<100 (<100-<200)	510 (<500-600)	950 (800-1100)
New HIV infections (women, 15+)	2600 (2300-3000)	3800 (3200-4200)	5400 (4700-6000)
New HIV infections (men, 15+)	6700 (6000-7300)	9400 (8400-10 000)	13 000 (12 000-15 000)
HIV Prevalence Rate (all ages)	<0.1	<0.1	0.1
HIV Incidence per 1000 populations	0.06 (0.06-0.07)	0.08 (0.07-0.09)	0.1 (0.09-0.11)
AIDS related deaths			
AIDS -related deaths (all ages)	<100 (<100-<100)	1300 (840-1800)	6200 (5000-7300)
AIDS -related deaths (0-14)	<100 (<100-<100)	<500 (<200-<500)	530 (<500-630)
AIDS -related deaths (women, 15+)	<100 (<100-<100)	<500 (<200-<500)	1700 (1400-2100)
AIDS -related deaths (men, 15+)	<100 (<100-<100)	780 (<500-1100)	3900 (3200-4700)
People living with HIV			
People living with HIV (all ages)	12 000 (11 000-13 000)	66 000 (59 000-73 000)	150 000 (130 000-170 000)
People living with HIV (0-14)	<200 (<100-<200)	1100 (920-1200)	3500 (3000-4000)
People living with HIV (women, 15+)	3400 (3000-3700)	19 000 (17 000- 21 000)	43 000 (38 000-39 000)
People living with HIV (men, 15+)	8400 (7500-9200)	46 000 (41 000-50 000)	99 000 (87 000-110 000)

KEY POPULATIONS

	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	228 787	832 213	113 422	52 646	77 500
HIV prevalence (%)	3.8	4%	21	5.5	..
Know their HIV status (%)	30.6	22.3	39.3	29	..
Antiretroviral therapy coverage (%)	4.3	0.1	10.3	3.2	..
Condom use (%)	35.1	22.4	15.3	24.4	..
Coverage of HIV prevention programmes (%)	0.7	1.2	1.6	0.7	..
Avoidance of services due to stigma and discrimination	..	..	..	..	..
HIV testing and treatment cascade					
	All ages	Children (0-14)	Women (15+)	Men (15+)	
People living with HIV who know their HIV Status (%)	15 (13-17)	20 (18-24)	14 (12-16)	16 (14-18)	

People living with HIV who are on Treatment (%)	8 (7-9)	13 (11-15)	6 (5-6)	9 (8-11)
People living with HIV who are virally suppressed	8 (7-9)	13 (11-15)	..	9 (8-10)
HIV COMORBIDITIES				
Estimated Number of Incidence Tuberculosis cases among People Living with HIV (2016)				6900 (3200-12 000)
Proportion of people living with HIV newly enroled HIV care with active TB (2016)				..
Cervical cancer screening of women living with HIV				..
Proportion of people co-infected with HIV and Hepatitis B virus receiving combined treatment (2017)				..
Proportion of people co-infected with HIV and Hepatitis C virus starting Hpatitis C treatment (2017)				..
HIV PREVENTION				
Knowledge of HIV prevention among young people (15-24) Years (2016)				
Women				..
Men				..
Condom use at last higher-risk 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 (2013)				47.0%
Men aged 15-49 who are circumcised				NA
Male circumcisions performed according to national standards (2017)				NA
People on PrEP (2017)				..
Harm Reduction				
Use sterile injecting equipment act. Last injection (2016)				72.5%
Needle and syringes distributed per person who injects (2017)				241.92
Coverage of opopod substitution therapy (2017)				
Elimination of Mother to Child transmission (at the end of 2017)			2010	2017
Percentage of pregnant women living with HIV accessing antiretroviral medicines		1% (1-2)%		6% (5-7)%
Early infant diagnosis (%)		1% (1-2)%		1% (1-1)%
ART Scale Up at the end of 2017				
Number of people receiving ART				12046
Deaths averted due to ART				<1000
Laws and Policies				
Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission				No
Criminalization of Sex work				Selling and buying sexual services is criminalized
Criminalization of same sex sexual acts				Yes, death Penalty
Drug use or possession for personal use is an offence				Drug use or consumption is a specific offence in law
Criminalization of transgender people				Neither criminalized nor prosecuted
Laws or policy 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

Yes

Mandatory HIV testing for marriage, work or residence permits or for certain groups

Yes

STIGMA AND DISCRIMINATION

2013

Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)

49%

Percentage of people living with HIV denied health services because of their HIV status in the last 12 months (2017)

..

Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent (2017)

..

Source: UNAIDS Data-2018

SRI-LANKA

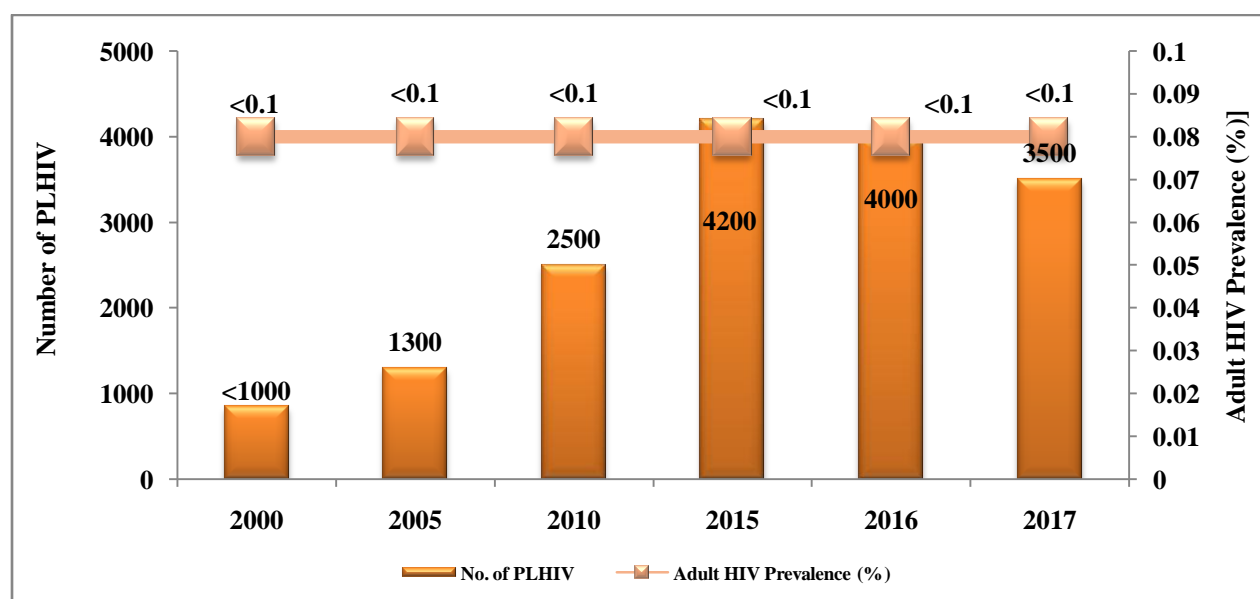
Sri-Lanka is an island country in the Indian Ocean, separated from the south- eastern coast of peninsular India. Its estimated population is 21 million in 2017 (WHO Global Tuberculosis Report-2018).

Overview of the HIV/AIDS epidemic

The estimated number of people living with HIV (PLHIV) as of end 2017 is 3500 (3000-4200). This is a light reduction from the 2016 estimation figure of 4000. Total PLHIV diagnosed and alive are 2391. This figure was calculated by subtracting the total number of reported AIDS deaths (451) from the cumulative number of people reported with HIV (2842) up to end of 2017. However, it should be noted that these are cumulative figures since 1987 and there can be deaths that are not reported as AIDS deaths. Out of the total 1355 PLHIV who are currently linked with HIV treatment and care services, 1299 have been started on antiretroviral treatment (ART).

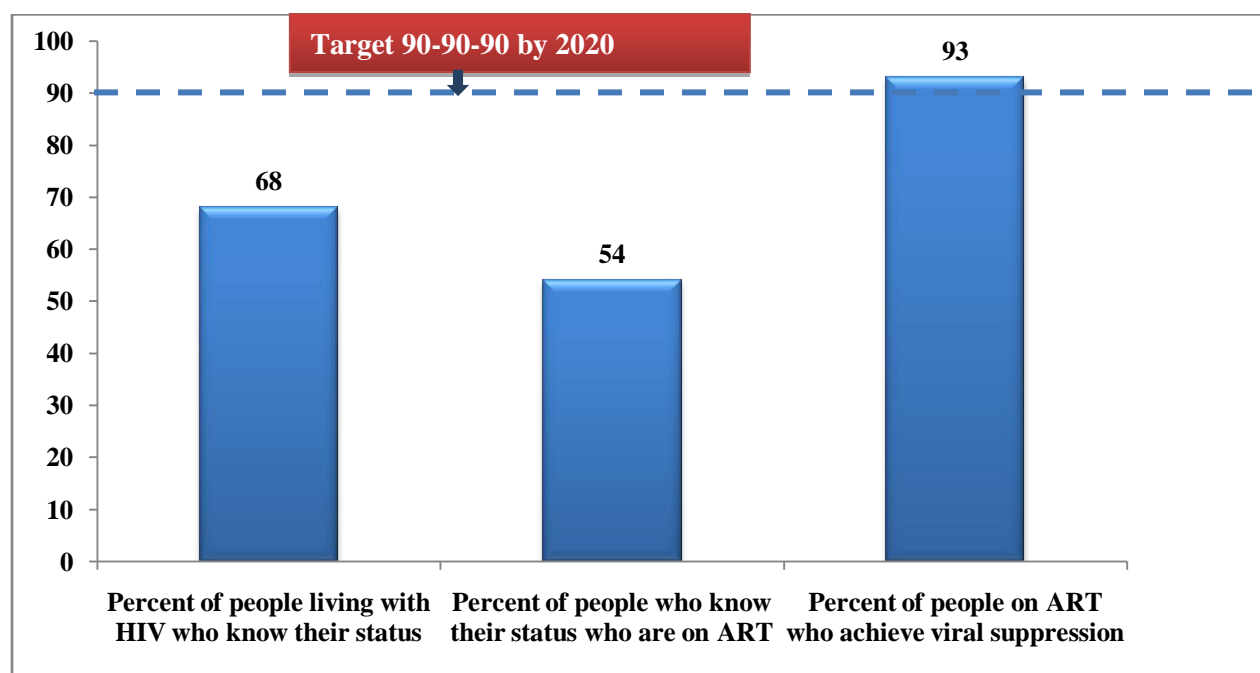
Sri-Lanka had an estimated 3500 people living with HIV by the end of 2017, with less than 200 estimated new HIV infection and less than 500 deaths due to AIDS. Adult HIV Prevalence remain same (<0.1) since 2000 to 2017. (Figure 36)

Figure 36: Estimated Adult HIV Prevalence & Number of PLHIV, 2000-2017



Source: http://aidsinfo.unaids.org/data_sheet/2018

Figure 37: Treatment cascade (90-90-90) -2017

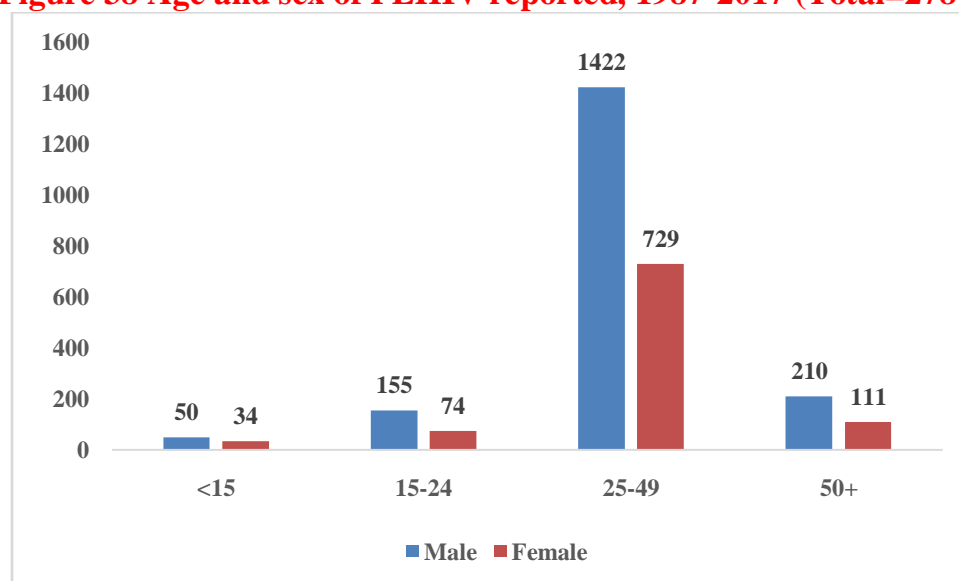


Source: National STD/AIDS Control Programme Sri Lanka, Annual report-2017

Figure 37 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.

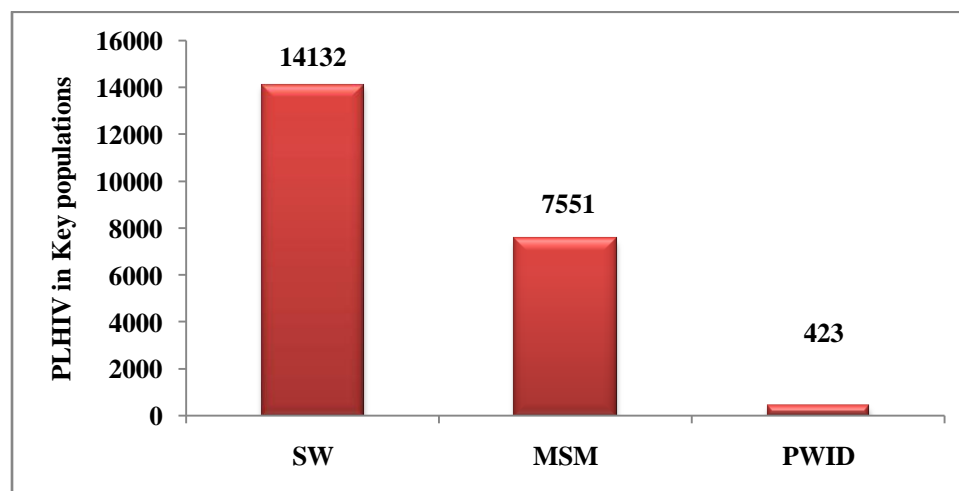
Figure 38 shows more men with HIV are seen in all age categories including pediatric age group. However, vast majority of HIV positives are in 25-49 age group.

Figure 38 Age and sex of PLHIV reported, 1987-2017 (Total=2784)



Source: National STD/AIDS Control Programme Sri Lanka, Annual report-2017

Figure 39: Number of estimated PLHIV in Key Populations- 2017

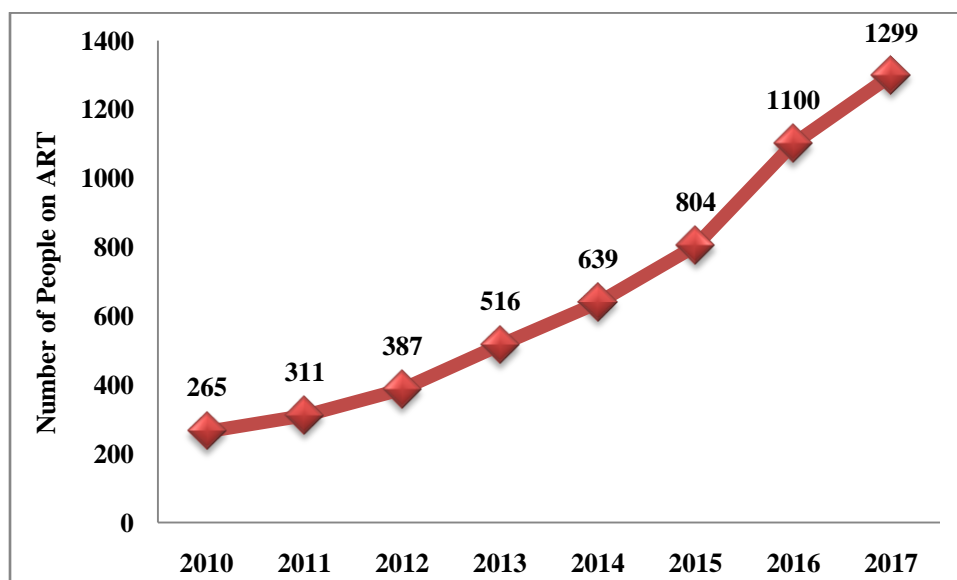


Source: <http://aidsinfo.unaids.org/data sheet 2018>

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 39 shows the number of estimated PLHIV in key populations (SW, MSM, PWID) in Sri Lanka 2017.

Figure 40: ART scale up, 2010-2017



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

Figure 40 shows the trend of ART Scale up from 265 in 2010 to 1299 in 2017.

Surveillance activities conducted 2017

- IBBS and population size estimation completed in 2017. Report is awaiting
- Rapid situational assessment of Transgenders in Sri Lanka 2017
- Stigma assessment of People living with HIV in Sri Lanka 2017

Challenges:

During the year 2017 NSACP has taken steps to scale up HIV care services further. Contact tracing is an area which needs further strengthening. As the numbers of PLHIV are increasing gradually STD clinics need to be prepared to provide long term care services which requires more resources. Lack of space and lack of human resources are areas which needs attention of authorities. Estimating the ARV drug need is a challenge and the long procurement process further affects continuous supply of ARV drugs. However, it is encouraging to note that since 2016, under the treat all policy over 90% of diagnosed PLHIV are on treatment and of them over 90% have achieved viral suppression.

- Possibility of lowering funding support from Global Fund
- High cost involved in engaging NGOs in peer-led outreach HIV prevention programmes

Major planned activities:

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

New initiatives/ Best practices:

Trying two new type of HIV prevention models for accessing key population in addition to standard peer led HIV intervention. Public STD clinics will take more responsibilities in outreach HIV prevention activities by cutting costs involved in NGO involvement.

Research Studies Published/carried outof 2017

- A guide for maternal and child health care staff
- Annual Report 2016
- External review report of the National Health sector response to HIV and STD in Sri Lanka 2017
- Handbook on prevention of HIV/AIDS for lectures in the Sri Lanka Institute of Tourism and Hotel
- National HIV Communication Strategy 2017
- National HIV/STI strategic plan Sri Lanka 2018 - 2022
- National M&E Plan - 2017- 2022
- Rapid situational assessment of Transgenders in Sri Lanka 2017
- Stigma assessment of People living with HIV in Sri Lanka 2017

SRI LANKA

HIV & AIDS estimates-2017

Populations(mid-year)

21 million

THE HIV EPIDEMIC

New HIV infections	2005	2010	2017
New HIV infections (all ages)	<500 (<500-<500)	<500 (<500-<500)	<200 (<200-<200)
New HIV infections (0-14)	..	..	..
New HIV infections (women, 15+)	<200 (<200-<200)	<100 (<100-<100)	<100 (<100-<100)
New HIV infections (men, 15+)	<500 (<500-<500)	<200 (<200-<200)	<200 (<200-<200)
HIV Prevalence Rate (all ages)	<0.1	<0.1	<0.1
HIV Incidence per 1000 populations	0.02 (0.02-0.02)	0.01 (0.01-0.01)	<0.01 (<0.01-<0.01)
AIDS related deaths			
AIDS -related deaths (all ages)	<500 (<200-<500)	<500 (<500-<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-<500)	<200 (<200-<500)
People living with HIV			
People living with HIV (all ages)	4200 (3700-4900)	4200 (3600-5100)	3500 (3000-4200)
People living with HIV (0-14)	..	..	..
People living with HIV (women, 15+)	1300 (1100-1500)	1300 (1100-1600)	1200 (1000-1400)
People living with HIV (men, 15+)	2900 (2500-3400)	2800 (2400-3500)	2300 (2000-2800)

KEY POPULATIONS

	Sex worker	Gay men and other men who have sex with men	People who injects drugs	Transgender People	Prisoners
Estimated size of population	..	..	..	..	..
HIV prevalence (%)	0	1.5%	0	..	0.036
Know their HIV status (%)	..	..	..	..	..
Antiretroviral therapy coverage (%)	..	..	..	..	100%
Condom use (%)	93.10%	47.10%	25.90%	..	..
Coverage of HIV prevention programmes (%)	..	..	..	..	..
Avoidance of services due to stigma and discrimination	..	..	..	..	..

HIV testing and treatment cascade	All ages	Children (0-14)	Women (15+)	Men (15+)
People living with HIV who know their HIV Status (%)	68 (59-81)	..	71 (61-83)	66 (57-80)
People living with HIV who are on Treatment (%)	37 (32-44)	..	35 (30-41)	37 (31-45)
People living with HIV who are virally suppressed	34 (30-40)	..	33 (28-38)	34 (29-42)

HIV COMORBIDITIES

Estimated Number of Incidence Tuberculosis cases among People Living with HIV (2016)	20 (15-27)
Proportion of people living with HIV newly enrolled HIV care with active TB (2016)	5.8%
Cervical cancer screening of women living with HIV	..
Proportion of people co-infected with HIV and Hepatitis B virus receiving combined treatment (2017)	100%
Proportion of people co-infected with HIV and Hepatitis C virus starting Hpatitis C treatment	..

HIV PREVENTION

Knowledge of HIV prevention among young people (15-24) Years (2016)	
Women	..
Men	..
Condom use at last higher-risk 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 (2013)	74.2%
Men aged 15-49 who are circumcised	NA
Male circumcisions performed according to national standards (2017)	NA
People on PrEP (2017)	..

Harm Reduction

Use sterile injecting equipment act. Last injection (2014)	46.3%
Needle and syringes distributed per person who injects (2016)	0

Coverage of opopod substitution therapy

..

Elimination of Mother to Child transmission (at the end of 2017)

2010

2017

Percentage of pregnant women living with HIV accessing antiretroviral medicines	..	..
Early infant diagnosis (%)	..	..

ART Scale Up at the end of 2017

Number of people receiving ART	1299
Deaths averted due to ART	<100

Laws and Policies

Laws Criminalizing the transmission of, nondisclosure of, or exposure to HIV transmission	No
Criminalization of Sex work	Other punitive regulation of sex work
Criminalization of same sex sexual acts	Yes, imprisonment (up to 14 years)
Drug use or possession for personal use is an offence	Drug use or consumption is a specific offence in law
Criminalization of transgender people	Neither criminalized nor prosecuted
Laws or policy 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	No

Mandatory HIV testing for marriage, work or residence permits or for certain groups

No

STIGMA AND DISCRIMINATION

2013

Percentage of women and men aged 15–49 years who report discriminatory attitudes towards people living with HIV (2013)

..

Percentage of people living with HIV denied health services because of their HIV status in the last 12 months (2017)

..

Percentage of people living with HIV who reported a health-care professional told others about their HIV status without their consent (2017)

..

Source: UNAIDS Data-2018

5. TB/HIV CO-INFECTION

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

In 2017, there were an estimated 1.3 million TB deaths among HIV-negative people (down from 1.7 million in 2000) and there were an additional 300 000 deaths from TB among HIV-positive People. Globally, the absolute number of deaths from TB among HIV-negative people has been estimated to have fallen by 29% since 2000, from 1.8 million in 2000 to 1.3 million in 2017, and by 5% since 2015 (the baseline year for targets set in the End TB Strategy). The number of TB deaths among HIV-positive people has fallen by 44% since 2000, from 534 000 in 2000 to 300 000 in 2017, and by 20% since 2015.

There were 464 633 reported cases of TB among people living with HIV in 2017 (51% of the estimated 920 000 new cases in the same year), of whom 84% were on antiretroviral therapy. The number of people living with HIV reported to have been started on preventive treatment was 958 559 in 2017.

Improvements in the coverage and quality of data for this indicator are necessary to track the impact of HIV care, especially antiretroviral therapy (ART), on the burden of TB in people living with HIV.

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, 2017

Country	Patients with known HIV status who are HIV positive		patients on Antiretroviral Therapy (ART)	
	Number	%	Number	%
Afghanistan	7	<1	3	43
Bangladesh	89	2	84	94
Bhutan	5	<1	5	100
India	32932	3	28651	87
Maldives	NA	NA	NA	NA
Nepal	221	1	206	93
Pakistan	121	<1	97	80
Sri Lanka	29	<1	28	97
Regional	33404		29074	87

Source: WHO Global TB Report- 2018

In 2017, a total 33404 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 29074 patients are on ART in the region which is around 87 % of total TB patients with known HIV status who are HIV positive in SAARC region.

A total of 464 633 TB cases among HIV-positive people were reported; of these, 84% were on antiretroviral therapy (ART) globally, and 87% in India. However Bhutan have 100 % patients on Antiretroviral Therapy (ART) in 2017.

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- ❖ *SAARC Epidemiological Response on HIV/AIDS – 2017*
- ❖ *UNAIDS DATA- 2018*
- ❖ *WHO Global Tuberculosis Report, 2018*