



Summary report ICAPP 10: Plenary session 30 August 2011

Closing Ceremony

New agenda New global Institutions

- UNAIDS
- Debates at UN (Security Council; UNGASS)
- Global Fund to fight AIDS, TB and malaria
- Private foundations, e.g. Gates

Changing global environment

- Funding declining as needs increase
- G8 to G20- BRICSAM
- New donors with less interest in health-human right axiom
- Greater skepticism about aid effectiveness

Prevention imperative

- With fewer resources prevention even more vital
- Especially in countries with large populations and concentrated epidemics this cannot be primarily biomedical
- Lessons of empowerment & community involvement risk being lost

Questions for the AIDS community

- Has UNAIDS outlived its purpose
- Does concept of “prevention science” limit prevention that depends upon community engagement & empowerment?
- What is role of private funders and to whom are they accountable?
- Are AIDS conferences justified?

Growth of donor interest

- President Bush and PEPFAR
- Gleneagles summit (2005)
- Growing donor weariness and reversals?

And declining interest in HIV

- Worst predictions were inaccurate
- AIDS a major concern now largely in southern & eastern Africa
- False assumptions that it is no longer important and new issues demand attention: e.g. Climate change; food & water security

Prevention imperative

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What are the barriers?

- We know how to prevent transmission of HIV
- But denial in name of culture, religion & tradition impedes us
- Ultimately a political question

Real Challenge

- How do we link to broader concerns around global social justice and governance
- Failure will see declining support and resource for HIV
- Demands more self reflection and analysis

Is AIDS financing dying in Asia?

- Current level of Funding
- Extent of shortfall
- Trend of Investment
- Effective & Efficient use
- What is the Future

Funding Amount & shortfall

- Estimated resources available and resource gap in the Asia-Pacific region (Available 1.1 billions USD)
Need (3.1 billions USD)
- Cost of a Priority Response

Interventions

1. High-impact prevention \$1,338 (43%)
2. Treatment by ART \$761 (24%)
3. Impact mitigation \$321 (10%)
4. Programme Management \$ 363 (12%)
5. Creation of an Enabling Environment \$359 (11%)
6. Total \$ 3,143 (100%)

Average total cost per capita ranges from \$0.05 to \$1.70, depending on the stage of the epidemic.

- Shortfall 2/3rd core 5/6th of comprehensive Need
- Investment is Plateauing
- Trend of Investment
- Trend

- 1) Dramatic increase after UNGASS
- 2) Slowing after economic crisis
- 3) Less significant increase last 2 years
- 4) Domestic resources increasing, not enough

Are we Using Money Effectively & Efficiently?

- Type of Intervention and Financing..vulnerable prevention(86,1338) other prevention (247,321) ART (275,761)
- Where is the money gone? 8 to 20% of resources only to Most at Risk population. 82 to 3% resources to the community organizations.
- Where is all the Money gone? Three reasons why community don't see money.
- In the largest bilateral funding on harm reduction in Asia. 50% to 96% resources were consumed by UN, government and international NGOs Money left for service was 4 to 50%

Most of Asia is least Funded countries on Health (Health expenditure as % GDP) Overall International Fund 53% from 90% in 2002

Region	%		Country	%
SE Asia	3.8	164.1	India	4.2
Africa	8.0	160.3	China	4.3
America	12.0	155.6	Indonesia	2.3
Euro	8.8	152.8	Philippines	3.7

Summary: where we are

- Current HIV resources too low to create impact
- Early sign: donor fatigue, funding yet to reverse
- Increasing but insufficient domestic budget
- Neglected MARP priority
- Poor Cost sharing with health and Social section.
- "It's no longer our resources that limit our decisions; it's our decisions that limit our resource." – U Thant

For Countries of the region

Action now can save

- 5 million new infection
- Avert 2 million deaths
- Protect 80% of women and children from AIDS impact
- USD 2 billion by 2020-cost of economic burden to family

No substitute for activism. Meeting the HIV/AIDS Challenge in Asia and the Pacific: Ursula Schafer-Preuss Philippines. The changing political and financial environment and its implication for AIDS: where are we heading for?

Challenges

- Trends indicate reduced international resources for HIV/AIDS
- Low health expenditures in most Asian countries
- Insufficient domestic resources
- Institutional bottlenecks in the health sector

Region's strengths and wealth

- Overall low HIV prevalence- an opportunity to avert new infections
- Prospering economics, high domestic savings, massive reserves
- Available and accessible data

ADB's regional strategic directions

Supports MDGs and universal access though

- mitigating HIV and AIDS risks and vulnerabilities along economic corridors
- promoting regional cooperation
- supporting HIV/AIDS – related impact studies and evidence-based policy dialogue
- Gender mainstreaming
- Community-based approaches

Next steps

- Translate the political declaration action of the UN in regional, national for focused activities
- Establish strategic partnerships
- Continued collaboration and commitment toward zero infections

A call for Courage in Philanthropic and Corporate Responses to AIDS : Daniel Jae-Won Lee USA

Closing Address 3: Geoff Manthey (Regional Programme Advisor, Asia and the Pacific, UNAIDS:

“Diverse Voices, United Action”

Community Forum 24-26 August 2011 ...3 days

ICAAP 10 26-30 August 2011 ...5 days

Total ...7 days

1,343 Presentations in 131 sessions

20 Presentations in 5 Plenary Sessions

10 Presentations in 11 Symposia

33 Presentations in 33 Satellite Meetings

21 Presentations in 27 Skill Building Workshops

259 Presentations in 52 Oral Sessions

1,000 Presentations in 3 days Poster Sessions

Registration by Category

Domestic	1,346
Overseas	1,652
Total	2,998
Delegate	1,766
Youth	92
Accompanying	34
Media	34
Community	937
Volunteer	136

Registration from 65 Countries

No.	Country	#
1	Afghanistan	8
2	Argentina	1
3	Australia	75
4	Bangladesh	29
5	Barbados	1
6	Belgium	2
7	Belize	7
8	Bhutan	1
9	Brunei Darussalam	1
10	Cambodia	74
11	Canada	8
12	China	185
13	Dook Islands	2
14	East Timor	6
15	Fiji	27
16	Finland	1
17	France	9
18	Germany	9
19	Greece	1
20	Hong Kong	17
21	Hungary	1
22	India	154
23	Indonesia	119
24	Iran	5
25	Iceland	3
26	Italy	2
27	Japan	97
28	Kenya	2
29	Kyrgyzstan	2
30	Lao people Democratic republic	25
31	Malaysia	27
32	Mauritius	1
33	Micronesia	4
34	Mongolia	16
35	Myanmar	41
36	Nepal	35
37	Netherlands	7
38	New Zealand	6
39	Pakistan	19
40	Papua New Guinea	27
41	Paru	1
42	Philippines	38
43	Poland	1
44	Republic of Korea	446
45	Reunion	1
46	Romania	6
47	Russian Federation	2

No.	Country	#
48	Sarin Helena	1
49	Singapore	14
50	South Africa	3
51	Spain	2
52	SriLanka	26
53	Sweden	3
54	Switzerland	12
55	Taiwan	9
56	Thailand	237
57	Tonga	1
58	Uganda	3
59	United Kingdom	13
60	United Republic of Tazaria	1
61	United States of America	59
62	Vietnam	157
63	Western Samoa	3
64	Zambia	1
65	Zimbewe	1

Exhibition & Asia-Pacific Village

- 46 Exhibition Booths
- 28 Asia-Pacific Village Booths
- 4 Screening Programs
- 5 Performance Programs

Diverse Voices-United Action, Declining and persistent epidemic

- High impact interventions
- Structural changes-Legal reforms
- Beyond Health – Social
- Raising domestic investments
- Keeping it center of the political debate
- Building capacities and engaging the communities

Visionary, Bold & Swift leadership

1. Community advocacy&leadership

- Old & new organizations, networks (e.g.Sonagachi project, APCOM)

2. Political leadership

- International (Nafis Sadik, Nafsian Mboi)
- National (Ratu Epeli Nailatikau, India NACO)
- Local (e.g. Bali Provinceial AIDS Commission)

3. Fait – Based leadership

- Thai Buddhist clergy (sangha)
- Compassionate Chistian churches (Indonesian Commusion of churches, Methodist Churches)

4. Scientific leadership

- New approaches, ways of thinking
- Realizing complexity and diversity, also in social phenomena (APCOM sessions)
- Rigorous research, academic or community-based
- Marrying science & policy

True, creative engagement between leader and led

- “Kebo nusu gudel” (Water buffalo calf feeding its mother; Javanese proverb)
- Youth can lead adult counterparts (youth plenary presentation) Youth is the future.
- Leaders can learn from community advocates.
- Scientitists can learn from members of study populations.

Track C: Meeting the Challenge of Universal Access (Kabir Singh)

Coverage-where are we now?

1. Prevention: needle and syinge programmes= 1,599,009 deficit
2. Treatment:

- Anti Retro Viral Therapy= 9 million deficit
- Prevention of Parent to Child Transmission=32%
- Opioid Substitution Therapy= 1,059,161 deficit
- Poor coverage of MSM, TG, OVC, Women that use drugs and male sex workers

Challenges

- Decline in funding; majority of ARV funding from international sources
- Human resources and training needs
- Access to new diagnostic technologies/ optimal treatment in low income countries
- Free Trade Agreement and Intellectual Protection
- HIV responses not always linked
- Health systems preparedness for scale up
- Need for early identification for prevention
- Concern of late initiation to treatment

Opportunities for Advocacy

1. Political Declaration on HIV and AIDS 2011
 - Consensus document
2. Refers to rights-based approaches
 - specific reference to key populations
 - harm reduction
 - prevention strategies for those at higher risk
 - expanding access to condoms & sterile injecting equipment
 - active involvement of PLHIV and pop's at higher risk

Opportunities for Advocacy

1. Strategic Investment framework' - 'SIF' is "A coherent, integrated, rights-based, costed framework to deliver universal access by 2015"
2. Complements the Political Declaration-published in Lancet in June
 - Set of analyses= epidemiological, allocative efficiency, costing of treatment& prevention
 - Provides an investment rationale for re-shaping the global HIV response
 - "From a commodity approach to an investment approach"

Scaling up prevention

1. Street outreach by peer educators to reach KP e.g. in Thailand, Myanmar, India
2. Village volunteers AIDS cadre in Bali to raise awareness and link to services
3. Community based mobile VCT with same day result& stress management in rural Thailand
4. Employing doctors from MSM community in Burma
5. Partnership between the health system and peer-community-based outreach in slum population in Bangkok

Scaling up Treatment Care and Support

1. 'Saturday' clinic for adolescents in Thailand to avoid school absence& discrimination
2. Supply chain partnership between Nation AIDS Programme and private logistics company in Nepal
3. Home visits by NGO staff to facilitate treatment adherence in Orissa, India
4. ART treatment in Prison in Myanmar
5. PLHIV peer educators to facilitate early treatment initiation in Vietnam
6. Unique identifier Code for sex workers in Vietnam

What next?

1. Scaling of up testing and counseling for early diagnosis
2. Scaling up youth-friendly services
3. Linking PLHIV and KP with care and treatment
4. Increasing awareness among PLHIV on uptake of services
5. Diagnosing children less than 18months
6. Adopt WHO guidelines – ART and PMTCT
7. Price reduction advocacy for 2 nd line and third line and third line
8. Develop and evaluate new point of care technology for CD4, viral load and resistance monitoring
9. Reduce costs through task shifting
10. Expanded role for communities in service delivery
11. Innovative ways to reach key populations, e.g. migrants
12. Hepatitis C guidance for people that use drugs
13. Best practices from Treatment 2.0 pilots

MSM

- MSM is still one of the drivers of the epidemic in our region
- More Data – Young MSM and boys; Violence against MSM is real; drugs
- Funding is still lacking but MSM activities are being strengthened in the region-ISEAN
- New organizations supporting MSM in the regional- APCOM, DAN and ISEAN.

Sex work is work too

- Criminalisation does not help
- Sex work migration is not trafficking
- Community support is being mobilized-Community friendly legal aid
- Community inclusion is key to success-Fiji and Oz research
- Sex work and drug use linkages came out in the research

Many names but one vision

- Transgenders must be acknowledged at all levels and supporting by adequate resources
- Transgender health needs are complex-hormones and specialist health care providers.
- Research and mapping of services will be led by APTN.

Harm Reduction Scale up

- “Global war” on has failed
- Legal frameworks must be changed
- Drug rehabilitation
- Women that use drugs
- Hep C

Young voices and HIV

- 90% of youth resources miss the most affected youth communities. However things are changing e.g. Thailand school interventions and in Philippines data collection now includes YKAPS.
- New monument are mobilizing:
 - o Youth LEAD
 - o Youth Voice Count
- New media is key is effective programming for youth.

Forgotten populations continue

- Migrants
 - o Migration facilitates the spread of HIV from Urban to rural areas& in India and Nepal male migrants are more likely to buy sex
 - o Travel restrictions impact on HIV-Singapore/ Malasia/ Brunei
- Prisoners and others
 - o Still need more focus to allow better access to prevention and ART.
 - o Support groups

Help us; the communities do it for ourselves.

- We saw community unity action make a difference this week here at ICAAP10
- We hope the amazingly brave Korean community continues to be supported once we leave.
- Together we can do it!

Human Rights

1. The importance of promoting, protecting and fulfilling the human rights of PLHIV, women and girls, sex workers of all genders, people using drugs, gay men, transgender people and other MSM, migrants and other key affected populations, the majority of whom is young.
2. Zero New Infections, Zero Discrimination, Zero AIDS-related Deaths

The reality: In addition to social, culture, religious and media stigma, we still see in countries of our region

Laws and practices that

- Criminalize transmission of HIV
- Criminalize
 - o Sex work (So. Korea sex worker satellite)
 - o Drug use (e.g. detention centers, death penalty)
 - o Homosexual acts and other consensual sexual acts
- FTAs
- Police harassment (all KAP)
- Vigiantism in the name of religion