



United Nations Regional Task Force on Injecting Drug use and HIV/AIDS for Asia and the Pacific

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# Estimating resource needs and gaps for harm reduction in Asia

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# Context

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- Crucial role of injecting drug use in kick starting major HIV epidemics in several countries in Asia
- Low coverage (2-3%) of harm reduction interventions (2006)\*
- Resource allocation does not match the drivers of the epidemics in this region
- Urgent need for information on resource needs and gaps for harm reduction for a scaled-up response

\* USAID, PEPFAR, UNAIDS, WHO, UNICEF (2006). Coverage of selected services for HIV/AIDS prevention, care and treatment in low- and middle-income countries in 2005



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# Background

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- Study commissioned by the United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS for Asia and the Pacific (UN RTF)
- Quality control and oversight by a working group consisting of UN RTF members (AusAID, GFATM, WHO, UNAIDS, UNODC, civil society, technical experts)
- Timeframe: January- April 2009



# Purpose of the study

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1. Track and analyse, by country and region, the financial resources available for harm reduction
3. Estimate, by country and region, the funding required to implement a comprehensive package of HIV prevention, treatment and care interventions for injecting drug users
5. Provide information on the resource gap and recommendations for strategic allocation of resources including prioritisation of countries for resource allocation



# Methodology (1)

1. Definition of the target countries based on presence of injecting drug use or opiate use



## South Asia

Afghanistan  
Bangladesh  
India  
Pakistan  
Nepal  
Maldives

## South East Asia

Cambodia  
China  
Indonesia  
Myanmar  
Malaysia  
Lao PDR  
Philippines  
Thailand  
Viet Nam



## Methodology (2)

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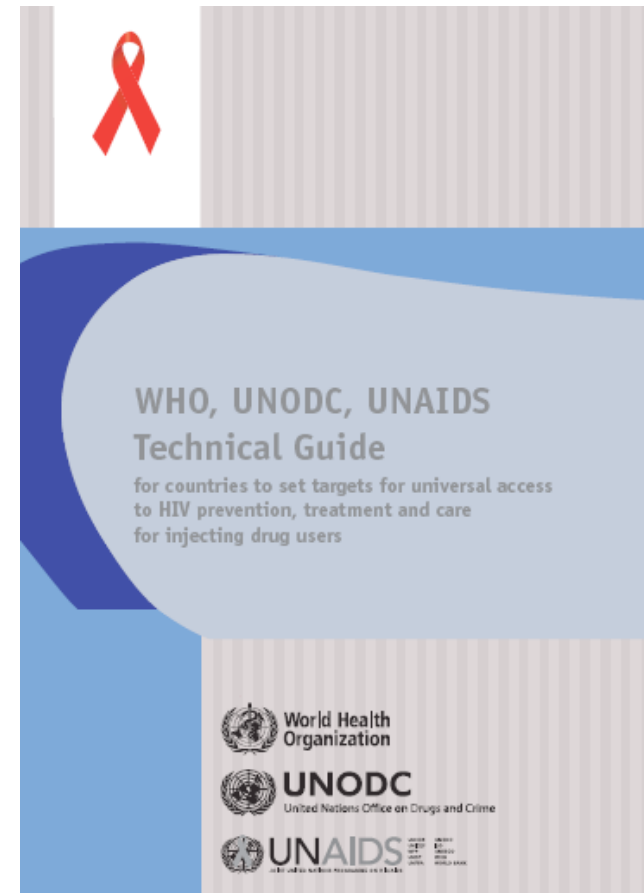
2. Review of size of the population and HIV prevalence
3. Assessment of the critical coverage targets and current level of coverage
4. Definition of the package of interventions and standard of services
5. Cost analysis of the interventions based on unit costs
6. Estimation of the total resource requirements  
= (population size) x (target coverage) x (unit cost)
7. Assessment of committed/available resources



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# Comprehensive package of interventions (WHO, UNODC, UNAIDS, 2009)

1. Needle and syringe programmes (NSPs)
2. Opioid substitution therapy (OST) and other drug dependence treatment
3. HIV testing and counselling (T & C)
4. Antiretroviral therapy (ART)
5. Prevention and treatment of sexually transmitted infections (STIs)
6. Condom programmes for IDUs and their sexual partners
7. Targeted information, education and communication (IEC) for IDUs and their sexual partners
8. Vaccination, diagnosis and treatment of viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis (TB).

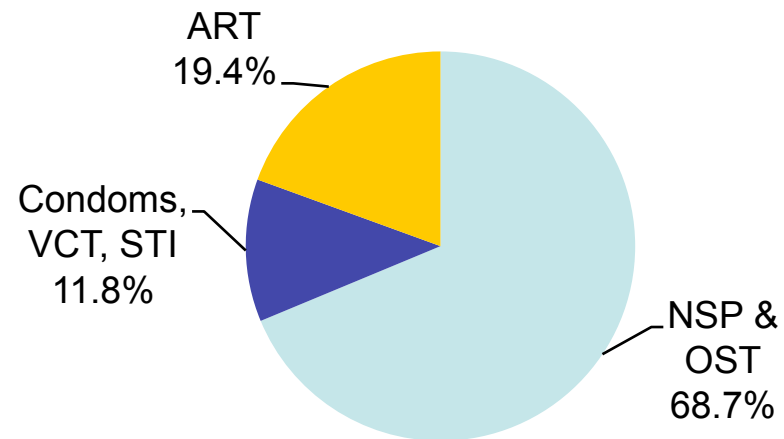




# Preliminary findings (1)

- IDU resource need = US\$0.5 billion per year in 2009
- <10% of total resource need for all interventions estimated by AIDS Commission in Asia

- NSP & OST = 69%
- ART = 20%
- Other = 12%



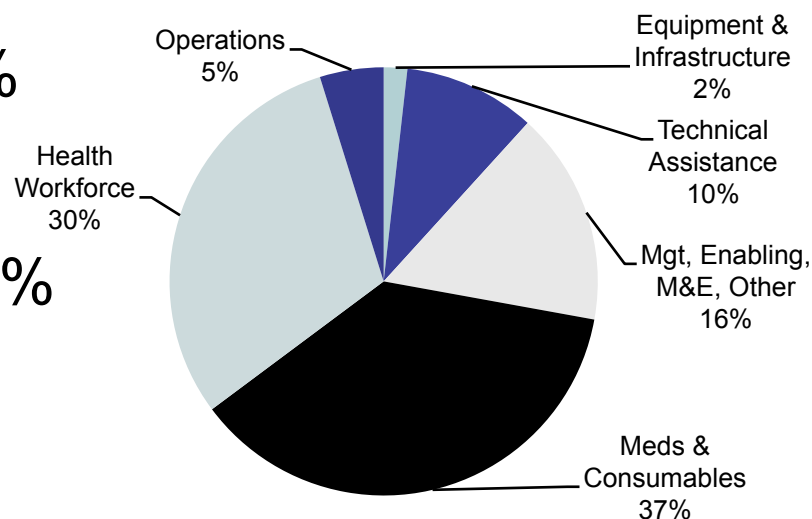
- China accounts for around 60% of resource need
- Currently, **resource gap for NSP & OST is ~90% of resource need**





## Preliminary findings (2)

- IDU resource need = US\$0.5 billion per year in 2009
  - Medicines, consumables = 37%
  - Workforce = 30%
  - Mgt, enabling environment = 16%
  - Technical assistance = 10%
- Hep C and TB prevention and treatment are not included in package of essential interventions. Inclusion would significantly increase cost.



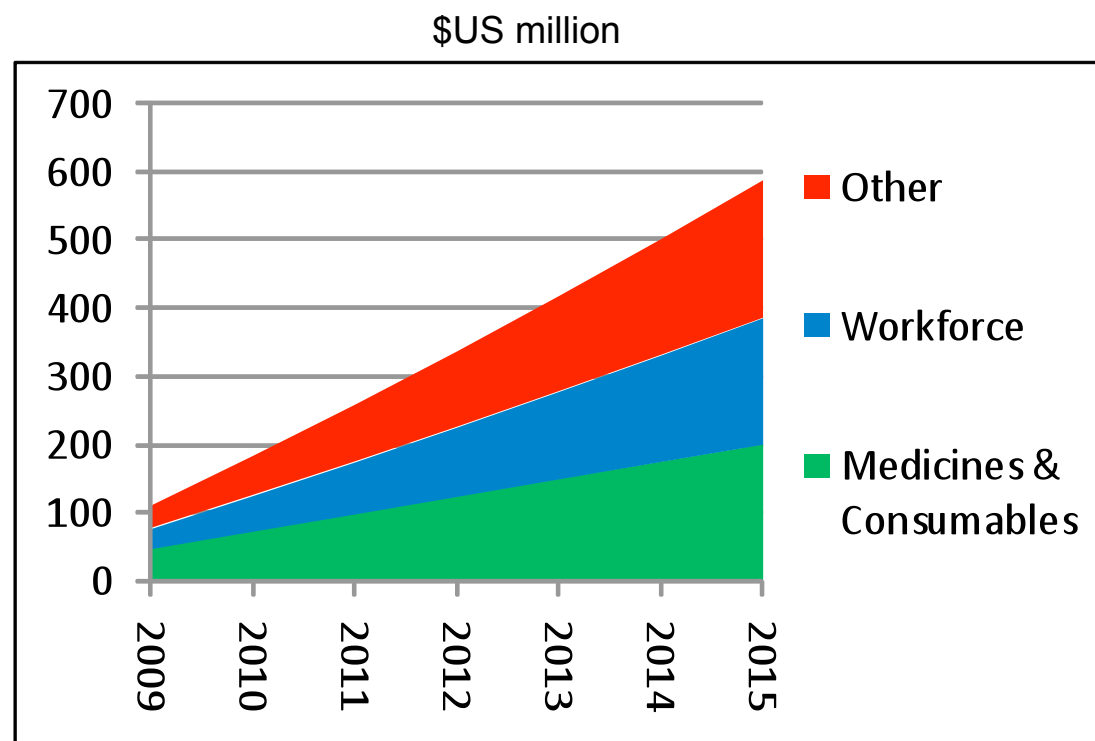


## Preliminary findings (3)

- Scaling up NSP, OST, other prevention & ART to universal coverage by 2015

– Total 7-year costs = >\$2 billion

– Benefits from reduced demand for ART and other services not evident until after 2015 (lag between infection and AIDS)





## Limitations of the study

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- Quality of data on IDU population size and current levels of intervention coverage
- Limited availability of information and data on unit costs
- Lack of disaggregated data on current resource flows for IDU interventions as a proportion of the overall HIV prevention



# Conclusions

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- Annual cost of ~\$100 per IDU for prevention
- Regional resource need \$0.5 billion per year
- 70% of resource need in 2009 associated with NSP & OST
- China accounts approx 60% of need in 2009
- Significant resource gap of ~90% of need in 2009



# Recommendations

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- Additional resources required to scale up IDU interventions
- Advocacy should focus on essential package of interventions
- Importance of low cost commodities procurement
- Improved health sector planning for IDU activities
- Use of the findings to guide the development of harm reduction components of the country proposal submissions to the GFATM and other proposal submissions
- Use of the study findings to inform resource allocation for harm reduction by donor partners in Asia



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# Acknowledgements

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**Study working group:**

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**UNODC**

United Nations Office on Drugs and Crime



**UNAIDS**

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# Special thanks

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