



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

# Estimating resource needs and gaps for harm reduction in Asia

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Donor Conference on Harm Reduction  
28-30 January  
Amsterdam



# Context

- Crucial role of people who inject drugs in kick starting major AIDS epidemic in several countries in Asia
- Urgent need for information on resource needs and gaps for harm reduction for a scaled-up response
- Low coverage (2-3%) of harm reduction interventions
- Resource allocation does not match the drivers of the epidemic in this region – unsafe injecting drug behaviours
- Lack of consistency on intervention standards and definitions of harm reduction service standards



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# Background

- 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- March 2009



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# Purpose of the study

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 with a justification based on specific criteria.



# Methodology (1)

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



## South East Asia

Cambodia

China

Indonesia

Myanmar

Malaysia

Lao PDR

Philippines

Thailand

Viet Nam

## South Asia

Afghanistan

Bangladesh

India

Pakistan

Nepal

Maldives



## Methodology (2)

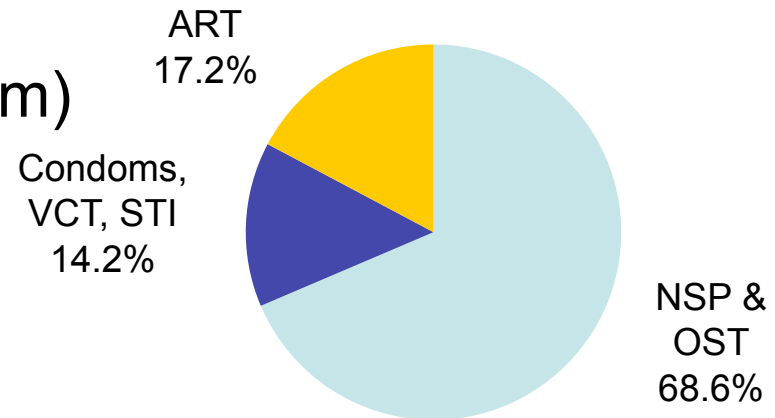
2. Review of size of the population and HIV prevalence
3. Assessment of the critical coverage targets and current level of coverage
4. Definition of the package of interventions and standard of services
5. Cost analysis of the interventions based on unit costs
6. Estimation of the total resource requirements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



# 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% (\$340.9m)
- ART = 17% (\$83.9m)
- Other = 14% (\$69.2m)

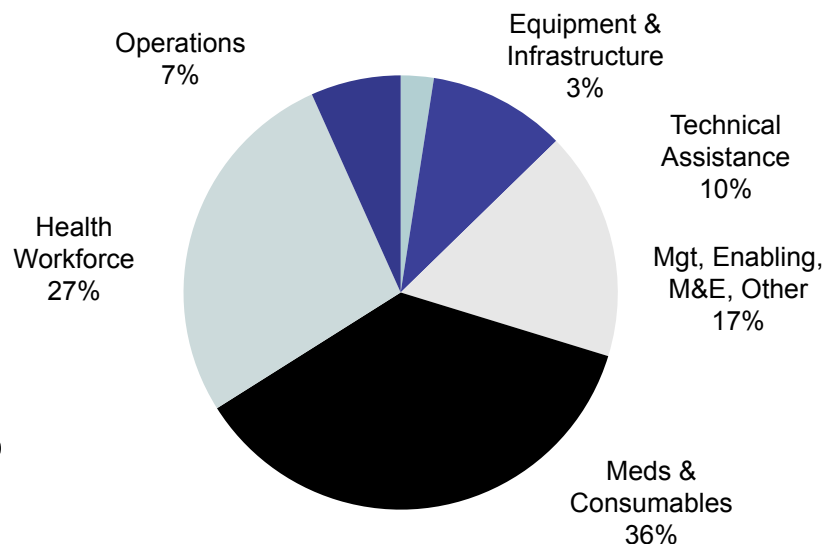


- China accounts for more than 60% of resource need
- Currently, resource *gap* for NSP & OST is ~90% of resource *need*



## Preliminary findings (2)

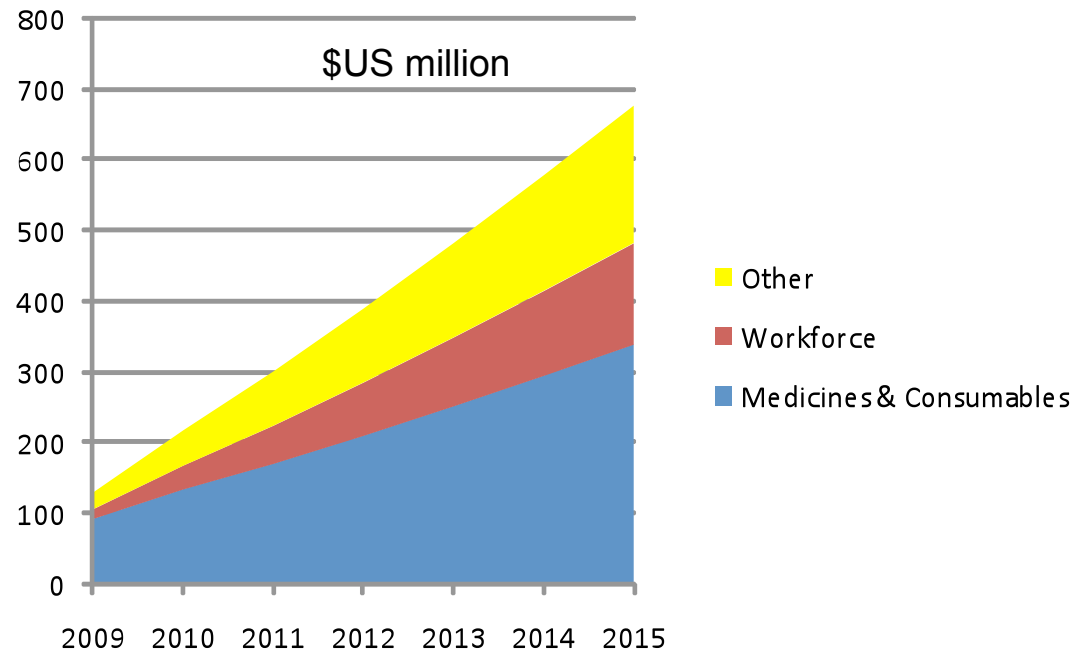
- IDU resource need = US\$0.5 billion per year in 2009
  - Medicines = 36%
  - Workforce = 27%
  - Mgt, enabling env. = 17%
  - Technical assistance = 10%
- Hep C and TB prevention and treatment are not included in package of essential interventions. Inclusion would significantly increase cost.





## Preliminary findings (3)

- Scale up NSP, OST, other prevention & ART to universal coverage by 2015
- Total 6-year costs = >\$2 billion
- Benefits from reduced demand for ART and other services not evident until after 2015 (lag between infection and AIDS)





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## Limitations of the study

- Limited time available for data collection and analysis
- Resource gap calculated for NSP and OST using current coverage data and units costs
- Should be seen as preliminary, as country specific prevention budgets will be collated in February



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## Conclusions and follow-up

- Annual cost of ~\$100 per IDU for prevention
- Regional resource need \$0.5 billion per year
- 70% of need in 2009 associated with NSP & OST
- China accounts for >60% of need in 2009
- Significant resource gap of ~90% of need in 2009
- Study commenced in January and preliminary data presented
- Country level validation in February and technical document outlining key assumptions circulated following validation



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# Acknowledgements

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- Anne Bergenstrom, Coordinator, UN RTF, UNODC Regional Centre for East Asia and the Pacific

**Special thanks to:**

- Government staff
- INGO and NGO staff
- Christian Kroll, Global Coordinator HIV/AIDS and Gray Sattler, Regional HIV/AIDS Advisor, UNODC
- UNODC HIV Advisors and UNAIDS Country Coordinators



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# Special thanks

The UN RTF operations, including this activity, is kindly supported by Swedish International Development Cooperation Agency (Sida) through the HR3 Project