

Act now



Asia-Pacific leaders respond to HIV/AIDS

Leaders speak



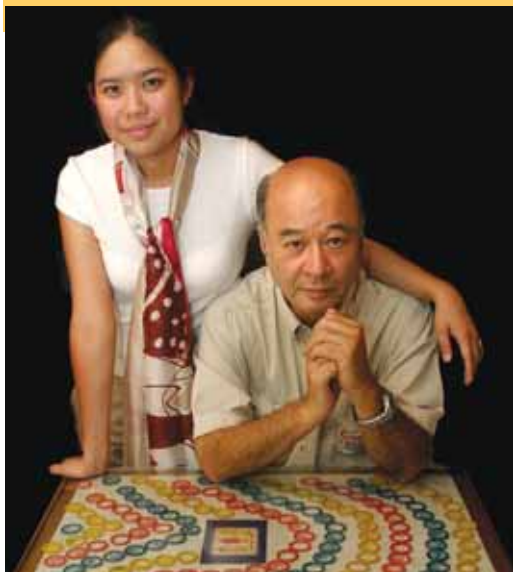
▲ **Madame Ha Thi Khiat**,
President, Women's Union, Viet Nam
"Early on the mention of condom made me feel very shy. But the reality forces changes in our awareness and behaviour. Leaders must be confident in that to guide the common people – believing that is how I got used to talking about it."



◀ **Paisan Tan-Ud**: Director, AIDS Treatment Action Group and co-founder of the Thai Drug Users' Network.
"I'm HIV-positive for 13 years and I (was) a drug user... All of my peers have already died. We didn't know how to start this but we knew we should come together to do something."



▲ **Maj. Gen. Suebpong Sangkharomya, M.D.**,
Director General, Armed Forces Research Institute of Medical Sciences, Thailand
"You have to have a consensus that this is a national security threat... Without that consensus you can't do anything."



▲ **Oscar Fernandes**, Minister of State, India, and Chairperson of the parliamentary forum on HIV/AIDS
"If we don't do something drastic the disease will spread all over our country."

◀ **Dr. Mechai Viravaidya**, Thai Senator, UNAIDS ambassador, social activist (pictured with his daughter, also an HIV activist)
"The problem will only grow. It's not going away. People will continue to have sex. The problem will continue to get bigger."



▲ **Huang Xio Ling**, High school teacher, Mianyang, Sichuan province, China
"With HIV/AIDS, there is no risk to help."



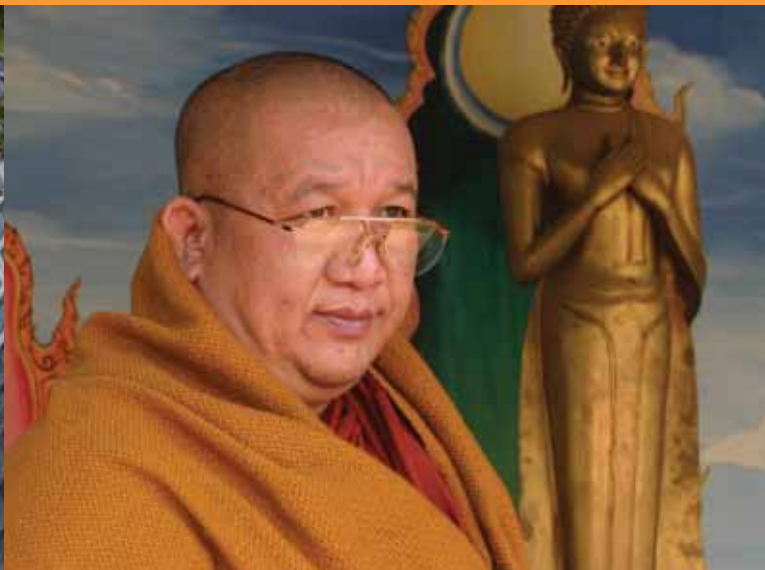
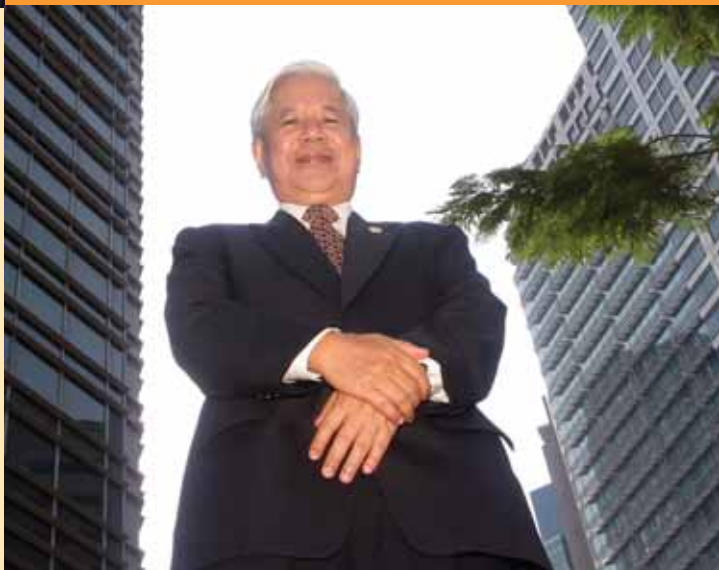
▲ **Major Angelita Larin**, Military doctor, Armed Forces of the Philippines
"...it might spread and be very, very big and we might not be able to handle it and it then becomes an emergency. ... I feel morally bound if nothing is done."



▲ **Marina Mahathir**, President, Malaysian AIDS Council
"What we need most in leaders is true courage that rises above political expediency, the courage to say what is needed and to do what is needed in HIV/AIDS, the willingness to go out on a limb and take political risks because ultimately you are going to save lives."

Oscar Reyes, retired Chairman, Shell Philippines
"National awareness hasn't been fully translated into concern for aggressive action." ▼

Du Longzhan, Head monk Jinghong, Yunnan, China
"I started talking about HIV because of the shock I felt, because as a monk we are here to help the public. ...HIV affects families, societies and individuals." ▼



Preface

Asia-Pacific countries have reached a critical point in their response to HIV/AIDS. Until now, levels of HIV infection in most countries have remained relatively low and the response of most governments has been similarly low-key. The region's HIV epidemics, however, are accelerating. A million Asian and Pacific people became infected with HIV last year and more than half a million people died of AIDS. The figures will be higher in 2004.

How much worse this appalling toll becomes will depend largely on what national leaders do now. At this stage, when epidemics are still concentrated in certain population groups and geographic areas, the opportunity still exists to avert a greater disaster. Thailand's experience shows targeted interventions can be highly effective in preventing the spread of HIV.

To undertake the necessary work on the scale required demands an enormous increase in spending on prevention, treatment and care by Asia-Pacific governments. But the argument for responding quickly is compelling: the longer governments wait to make such interventions, the higher the eventual cost in lives, productivity and national as well as household medical expenses.

The decision to make that investment can only come from leaders and policy makers at the highest levels of government. But effective action against HIV/AIDS isn't just a question of spending money. It demands sustained action by every level of government, civil society, business and the media.

To mobilize that response and to support those who make it work calls for personal engagement by those who lead government.

Anand Panyarachun
*Former Prime Minister of Thailand
Chairperson, Steering Committee
Asia Pacific Leadership Forum on HIV/AIDS and Development*



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Leadership is the key

Understanding of the HIV/AIDS threat has increased in the Asia-Pacific region yet vital action is still lacking

HIV/AIDS threatens every country in Asia and the Pacific. Some leaders are taking up the challenge, but few are doing enough to curb the spread of HIV/AIDS.

This inaction may seem surprising. Asia-Pacific governments are increasingly aware that HIV/AIDS will have an impact on their wider development agenda and are taking more action to address it. Across China, television audiences watched Prime Minister Wen Jiabao shake hands with an HIV-infected person last December and speak of the need for greater efforts to prevent the spread of the disease. Six months earlier, a special forum of Indian parliamentarians convened to discuss HIV/AIDS. They heard former Prime Minister Atal Behari Vajpayee declare it to be “the single most formidable challenge to public health, human rights and development in the new century.” Indonesia held two special cabinet meetings to address HIV/AIDS in 2002 and 2003 and this year issued a decree requiring companies to implement workplace prevention programmes.

This is progress, but not enough. For the most part, proven approaches to HIV/AIDS prevention and care remain unimplemented or at pilot stages in Asia and the Pacific as a result either of insufficient political will or inadequate resources. Many countries have developed national strategies but still need to put in place the institutional machinery to implement or sustain them on a large scale. And while the region prides itself on being the emerging powerhouse of the global economy, the financial resources that governments commit to the battle against HIV/AIDS trail far behind what they need to spend to succeed.

“The first condition for success is leadership at every level.”

Kofi Annan, Secretary-General of the United Nations

Clear leadership from the top can motivate leaders at other levels of government and society and mobilise effective prevention and care, particularly in Asia and the Pacific. “In this culture and environment, government machinery moves according to the direction set by strong national leadership,” says Oscar Reyes, a Filipino businessman leading corporate responses to the epidemic. Yet few Asia-Pacific leaders use their standing to play crucial roles in combating HIV/AIDS.





That is partly because few issues are as challenging to social conventions and established values as HIV/AIDS. The taboos and stigmas associated with the disease leave many people unwilling to talk about it or about the commercial sex, male-male sex and injection drug use that are key drivers of the region's epidemics. "In a society where there are religious, social, cost and other constraints, it's even more vital to have political leadership," says Anand Panyarachun, former Prime Minister of Thailand, who led its successful campaign to tackle HIV/AIDS in the early 1990s.

This is also a question of priorities. Amid competing claims on their time and resources, leaders and governments are still not according HIV/AIDS a priority commensurate with the threat that it poses to their societies. Leaders increasingly acknowledge that HIV/AIDS will affect their broad economic and social development but many then leave their health ministries to fight the epidemic without active support and resources from other government departments.

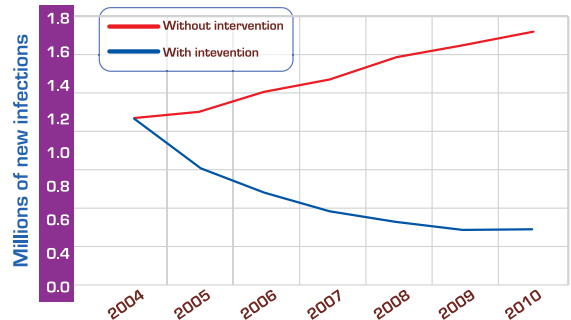
"In a society where there are religious, social, cost and other constraints, it's even more vital to have political leadership."

Anand Panyarachun, former Prime Minister of Thailand.



Chinese leaders now bring HIV/AIDS issues into the open. Premier Wen Jai Bao greets a member of the PWLHA community

Comprehensive, targeted intervention now can dramatically slow the spread of HIV in Asia and the Pacific



Source: Stover J et al Can We Reverse the HIV/AIDS Pandemic With an Expanded Response? Lancet, July 6, 2002 (estimates derived by the author)

"It would be nice to ask the question directly to leaders: what is holding you back?"

Maire Bopp, HIV + campaigner on HIV/AIDS issues, South Pacific

Self-interest, both individual and national, provides compelling grounds for changing gear and drastically upgrading the responses to HIV/AIDS. There is still time to avoid millions of new infections and deaths. Effective prevention targeting HIV/AIDS protects decades of investment in human capital and nation building. Money spent now avoids huge costs later - a cost in lives, in suffering, in every area of production and, ultimately, in money. "It would be nice to ask the question directly to leaders," says Maire Bopp, a leading South Pacific campaigner on HIV/AIDS issues, "what is holding you back?"

False hopes versus harsh reality

Wishful thinking still clouds perceptions of an epidemic that infects two people in this region every minute

The scale of the epidemic in Asia and the Pacific calls for far greater urgency in national responses than is now evident. National prevalence statistics showing the percentage of the adult population infected with HIV look reassuringly low in Asia and the Pacific, yet more than 1 million people in the region became infected with HIV/AIDS in 2003— that is two people every minute. More than 7 million people in the region are now estimated to have the virus and in 2003, half a million Asia-Pacific people died of it. In other words, at least four jumbo jets would have to crash in this region every day of the year to kill as many people as the HIV/AIDS epidemic kills.

Many leaders in the region have treated HIV/AIDS as a distant—or even nonexistent—problem. Those warning otherwise have received little official attention and sometimes, official hostility. “People would say we’re exaggerating. ‘Oh, we’re not Africa, we’re not Thailand, we’re different,’” recalls Nafsiah Mboi, a former member of Indonesia’s parliament and a campaigner for action on HIV/AIDS. “It’s that denial thing. Even now.”

“People would say we’re exaggerating. ‘Oh, we’re not Africa, we’re not Thailand, we’re different’. It’s that denial thing. Even now.”

Nafsiah Mboi, ex-member of Parliament, HIV/AIDS activist, Indonesia

It’s easy to see how this wishful thinking developed. Look at the numbers: the world has 40 million people living with HIV/AIDS and the Asia-Pacific region, with 60% of

the world’s population, has less than 20% of them. Three million people worldwide are estimated to have died of AIDS in 2003, but almost three-quarters of those deaths occurred in Africa compared with one-tenth in Asia and the Pacific.

National HIV prevalence figures for the region seem low, especially when compared with Africa. In Asia and the Pacific, the



This couple in Papua New Guinea have already lost two children to AIDS and are among the more than seven million people currently living with HIV in Asia and the Pacific

country hit hardest by HIV/AIDS is Cambodia, where an estimated 2.6% of the adult population has the virus. The only other Asian countries with more than 1% national prevalence are Myanmar, where the epidemic is still growing, and Thailand, where the number of new infections has been dropping steadily. In most countries in the region the level of adult HIV prevalence is much lower. Compare these figures with Africa, where Botswana had 37% adult prevalence in 2003.

“ We always believed the prevalence was still low. We were not aware of the seriousness or the urgency of the epidemic.”

Wang Longde, Vice Minister of Health for HIV/AIDS, China

Most experts believe HIV/AIDS in Asia and the Pacific will never reach African epidemic levels. Some argue there may even be a natural ceiling to infection of approximately 2–3% of the adult population—although

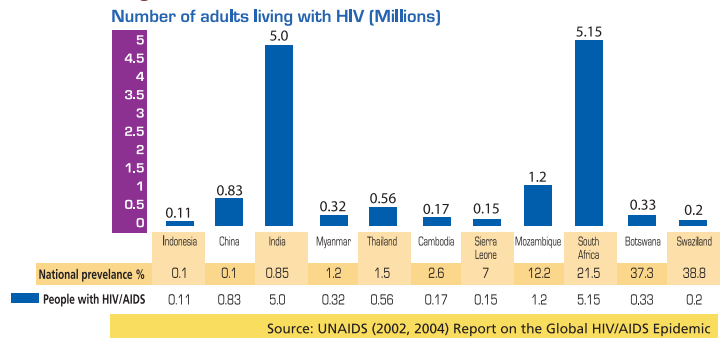
in Thailand and Cambodia it was emergency interventions, not the character of the epidemic, that prevented levels of infection from rising much higher.

It is increasingly apparent that relatively low national prevalence numbers like these have generated a false sense of security. “We always believed the prevalence was still low,” says Wang Longde, China’s Vice Minister of Health for HIV/AIDS. “We were not aware of the seriousness or urgency of the epidemic.”

While national leaders were focusing on priorities other than HIV/AIDS, the epidemic was taking hold in Asia and the Pacific. The disease is now well-established in some areas and spreading fast in others. At least 40 million people in the region are struggling in some way with the effects of the disease, including dependants of those who are infected and eventually die.



Low national percentages of HIV infection in Asia still mean large number of individuals



Even in countries that implement effective interventions, the impact of HIV/AIDS will not quickly disappear. They will still have to cope with the long-lasting burden of a disease for which there is no cure. In Thailand, among the most successful countries in bringing down the rate of new infections, 300,000 people have died of HIV/AIDS and close to 600,000 have the virus. “It’s the biggest non-military security threat to your country,” says Mechai Viravaidya, a driving force behind Thailand’s response to the epidemic in the 1990s. “More Thais have been condemned to death by HIV/AIDS than by all our wars with anybody.”

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Senator Mechai Viravaidya, Thailand.

The view from China

Leaders start to seize their oppo

Central government sees the threat, now leaders at different levels need to realise the importance of HIV/AIDS, says Wang Longde, Vice Minister of Health in charge of HIV/AIDS

"China is at a very critical stage for controlling HIV/AIDS," says Vice Minister Wang Longde. "If we take this opportunity and implement effective measures we can control the rapid increase of HIV/AIDS in China... If we lose the opportunity, this epidemic will build up to a much larger outbreak and by that time it will be too late to control it."

"Leaders of different levels need to realise the importance of HIV/AIDS, especially leaders of high-prevalence provinces."

What is the biggest challenge? "Leaders of different levels need to realise the importance of HIV/AIDS, especially leaders of high-prevalence provinces," says Wang.

His assessment of China's position acknowledges a relentless widening of the HIV/AIDS epidemic both in terms of numbers and geographic spread. The number of people infected with HIV/AIDS has jumped by more than 80% in the past two years. "If the epidemic increases at a rate of 20% to 30% [a year] and no measures are taken, we estimate that by 2010 there will be 10 million HIV infections," says Wang.

Wang is confident that will not happen. Spurred by China's experience with SARS, the central government is scaling up its response, politically and financially. Prime Minister Wen

Jiabao's heavily publicised December visit to a hospital tending people with HIV/AIDS was "a strong signal to Chinese people and the international community that senior leaders are paying particular importance to HIV/AIDS and will mobilise the whole society to fight it," says Wang. The government aims to keep the number of people with HIV/AIDS below 1.5 million people in 2010. "To achieve this target we need to do a lot of hard and difficult work."

Wang Longde, Vice Minister of Health, China

portunity



One difficulty is that leaders in some parts of the country have not wanted to admit a problem. They worried that news of HIV/AIDS infections in their area would scare off investors and hurt the local economy. "For this reason it was impossible for them to take effective measures," says Wang. To make matters worse, "leaders do not have sufficient knowledge about HIV," says Wang.

"It takes some time for people to be aware of this problem," Wang acknowledges. Before 2000 "we focused more on economic development and neglected social development. It is an important lesson we learned from last year's SARS outbreak."

There are many other, equally formidable challenges, Wang adds. Treatment and care of people with HIV/AIDS needs costly ARV drugs and skills, and that requires training on a large scale. China needs to do testing on a large scale—also costly. The reach of China's AIDS education and communication efforts is still very limited and needs to be expanded across China's vast rural hinterland.

Then there are major policy dilemmas and debates to settle. "According to law, drug use, drug trafficking and prostitution are all illegal," says Wang. "At the same time we need to admit these illegal activities will exist."

"The government alone cannot solve this problem."

"Many experiences and lessons that have proven successful internationally need to be known by the Chinese people," says Wang. China is testing some examples of best practice in pilot projects that range from promoting condom use to needle exchange and methadone treatments for injection drug users. However, "it takes time to implement them in many other areas," says Wang.

"The government alone cannot solve this problem. We must allow community organisations and mass organisations [to become engaged]," says Wang. Scaling up interventions and ensuring adequate coverage will be a major challenge. "Although the prevalence is low, the absolute numbers of HIV/AIDS infections are very high," adds Wang. "We very much welcome the support, assistance and collaboration of the international community."

Small percentages can mean big absolute numbers

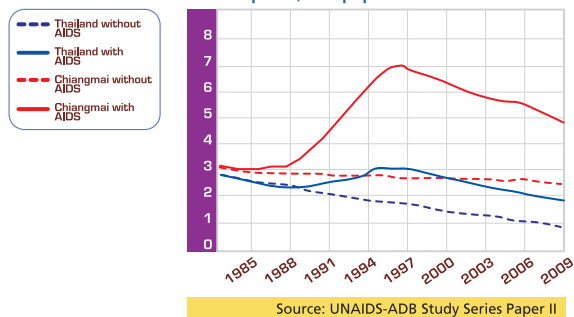
Low national prevalence figures can mask severe local epidemics

What explains the discrepancy between the harsh realities of HIV/AIDS in Asia and the Pacific and prevailing complacency? One answer is that people focus too closely on the data for overall national prevalence. Those percentages can look beguilingly small and insignificant. But in Asia and the Pacific, with three of the world's four most populous countries, even small percentages can represent huge numbers of people, enormous suffering and huge costs.

“We are complacent because we feel the epidemic is below the danger mark, [but] we have crossed the danger mark in at least six states. If we don't do something very drastic, the disease will spread all over our country.”

Oscar Fernandes, Member of Parliament, India

Adult (15-49 years) deaths in Thailand and Chiangmai: Deaths per 1,000 population



Consider India and China, which estimate their national adult HIV prevalence rates at 0.9% and less than 0.1% respectively. Together they have about one-third of the world's population. As a result, their low prevalence figures still represent more than 5 million people who are already infected with HIV. Both have intense epidemics concentrated among certain population groups and in certain areas, and the epidemic has started to reach outside them.

India now looks poised to overtake South Africa as the country with the highest number of HIV infections in the world. Both countries estimate they have approximately 5 million HIV-infected people, despite the disparity in their national adult prevalence estimates (20% for South Africa against 0.9% for India). But the HIV-infected population has risen by approximately 10% in India in the past two years, compared with 4% in South Africa.

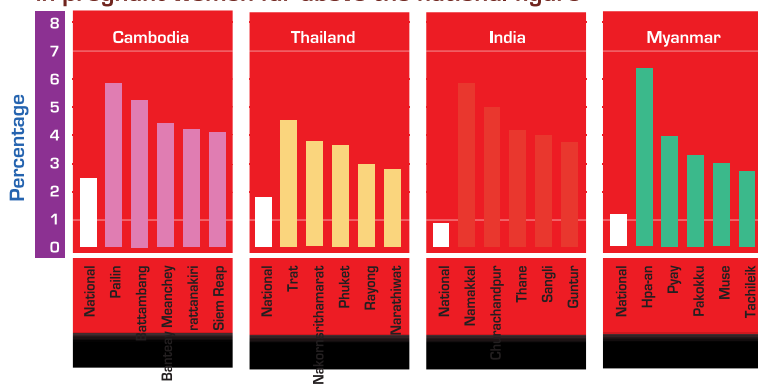
In India's state of Andhra Pradesh, whose population of 75 million people is bigger than that of all but 13 countries in the world, HIV prevalence among women attending antenatal clinics is estimated at 1.25%. “We are complacent because we feel the epidemic is below the danger mark, [but] we have crossed the danger mark in at least six states,” says Oscar Fernandes, a member of India's parliament and prominent campaigner on HIV/AIDS issues. “If we don't do something very drastic, the disease will spread all over our country.”



Protecting the future: some religious and community leaders play a key role providing education and information that enable people to protect themselves against HIV



National HIV prevalence figures often hide localized HIV epidemics: local HIV surveillance "hot spots" show prevalence in pregnant women far above the national figure



National prevalence compared to selected provinces (Cambodia and Thailand), districts (India), and townships (Myanmar)

Source: UNAIDS/WHO Epidemiological Fact Sheets 2004 update

Moreover, because HIV/AIDS epidemics are often particularly severe in specific parts of a country, national prevalence data can mask the devastating impact HIV/AIDS is having in certain regions and communities. In Thailand's northern Chiang Mai Province, 8 - 10% of the adult population were infected with HIV at the epidemic's peak in 1993, more than three times the national average. A new study finds that 15% of the province's working men aged between 18 and 50 have died of AIDS. The young-adult death rate owing to AIDS in Chiang Mai was more than double the national average and life expectancy at birth in the province has dropped five years, compared with a drop of two years nationally.

China's seemingly low national prevalence data also gives no hint of the dynamic character and geographic reach of its epidemic, which has spread to all 31 provinces and is still gaining momentum. New infections have increased 75% in two years and the 840,000 people now estimated to be living with HIV or AIDS is one-third higher than in 2001. "If the epidemic increases at a rate of 20% to 30% a year and no measures are taken, we estimate that by 2010 there will be ten million HIV infections," says Wang Longde, China's Vice Minister of Health in charge of HIV/AIDS.

But small countries, such as many of those in the Pacific, also must be vigilant. In big countries, large absolute numbers equate to small percentages of their populations. In the Pacific, small numbers of infections may represent a significant percentage of the population and can have a huge impact on communities, economies and cultures. Even with a small number of infections, a small country's need for swift and comprehensive interventions is therefore just as urgent.

National prevalence figures are unlikely to reveal emerging trends in the epidemic that are crucial to leaders and policymakers in developing timely and appropriate interventions. They give no hint of the epidemics that are taking off fast in such locations as the Indonesian capital of Jakarta, where HIV infection rates among injection drug users, undetected in 1997, reached



48% in 2001; or in the Vietnamese capital Hanoi, where infection rates among injection drug users climbed from 3% in 1998 to 36% in 2002. Focus too closely on national prevalence data and you are in danger of discovering a serious epidemic only when it has reached a level that might have been avoided by earlier intervention.

Unsafe blood practices continue to spread infection across both urban and rural communities in several countries, often hitting families such as this one

The view from the South Pacific

Leading from the community

Since her "death" from AIDS, Maire Bopp has taken a leading role in advocating action to tackle the epidemic among Pacific Island countries

"There's no bigger shock than when a doctor tells you that you have AIDS. Your whole life dies right there."

Maire Bopp relates her reaction on learning she had the disease. She was 23 years old and had just completed her second university bachelor's degree. It should have been a time of celebration and hope. Her doctor's diagnosis changed that. "I felt it was my death."

That "death", however, gave birth to a career of leadership. Ms. Bopp has won international recognition for her work through an organisation she founded to raise awareness of HIV/AIDS issues among Pacific Islanders and to galvanise their national leaders into action.

"It really was unfair to have so little information... We are at risk without even knowing it."

Ms. Bopp, originally from Tahiti, did not set out with aspirations to lead anyone. Her early activities arose from a sense of shock and indignation at the general silence on the threat of HIV/AIDS. "I had never seen anything on HIV, whether through the media, school or in a health department," she says. "It really was unfair to have so little information. I thought it was unfair on me and also on the new generations coming up. We are at risk without even knowing it."

She started modestly enough, telling her family and friends of her HIV infection. A year later she broke social taboos by going public on her status. "My story went everywhere," she says. "I put a Pacific Island face on HIV/AIDS. That led to the first and only Pacific region conference in March 1999 that finally addressed HIV/AIDS."

Maire Bopp, founder of Pacific Islands AIDS Forum, Cook Islands



From press interviews, Ms. Bopp moved on to talking to community gatherings, youth groups, women's groups, villagers and politicians. The denial, official inertia and even official disapproval she encountered only impelled her to further action.

"Most of our leaders are of a certain generation that never had any education on HIV/AIDS and has strong religious links—the side of religion where HIV is seen as a sin in itself. Therefore why do something for people who are 'sinful'? It's hard for anyone with that background to have vision or to accept that there are people living with HIV who are not sinful and deserve care," she says.

"HIV is seen as a sin in itself. Therefore why do something for people who are 'sinful'?"

In 2001, Ms. Bopp came to the conclusion that the Pacific needed its own regional organisation so that it did not depend wholly on the UN and the next year set up the Pacific Islands AIDS Foundation, based in the Cook Islands. The foundation focuses on improving the lives of those with HIV/AIDS and preventing its spread. People who have the virus are at the centre of its activities. "I believe that people infected with HIV have a role in raising awareness and educating those all

around them," Ms. Bopp says. "When people come across a story they become sensitised. It becomes a matter of translating that into action."

Fiji's Great Council of Chiefs is a case in point. "They didn't want to address HIV because of the link to condoms, which are linked to sex, which is a taboo subject," notes Ms. Bopp. "Once, a Fijian person living with the virus came to talk with the Great Council. They sat down and listened. It turned them around and changed their beliefs."

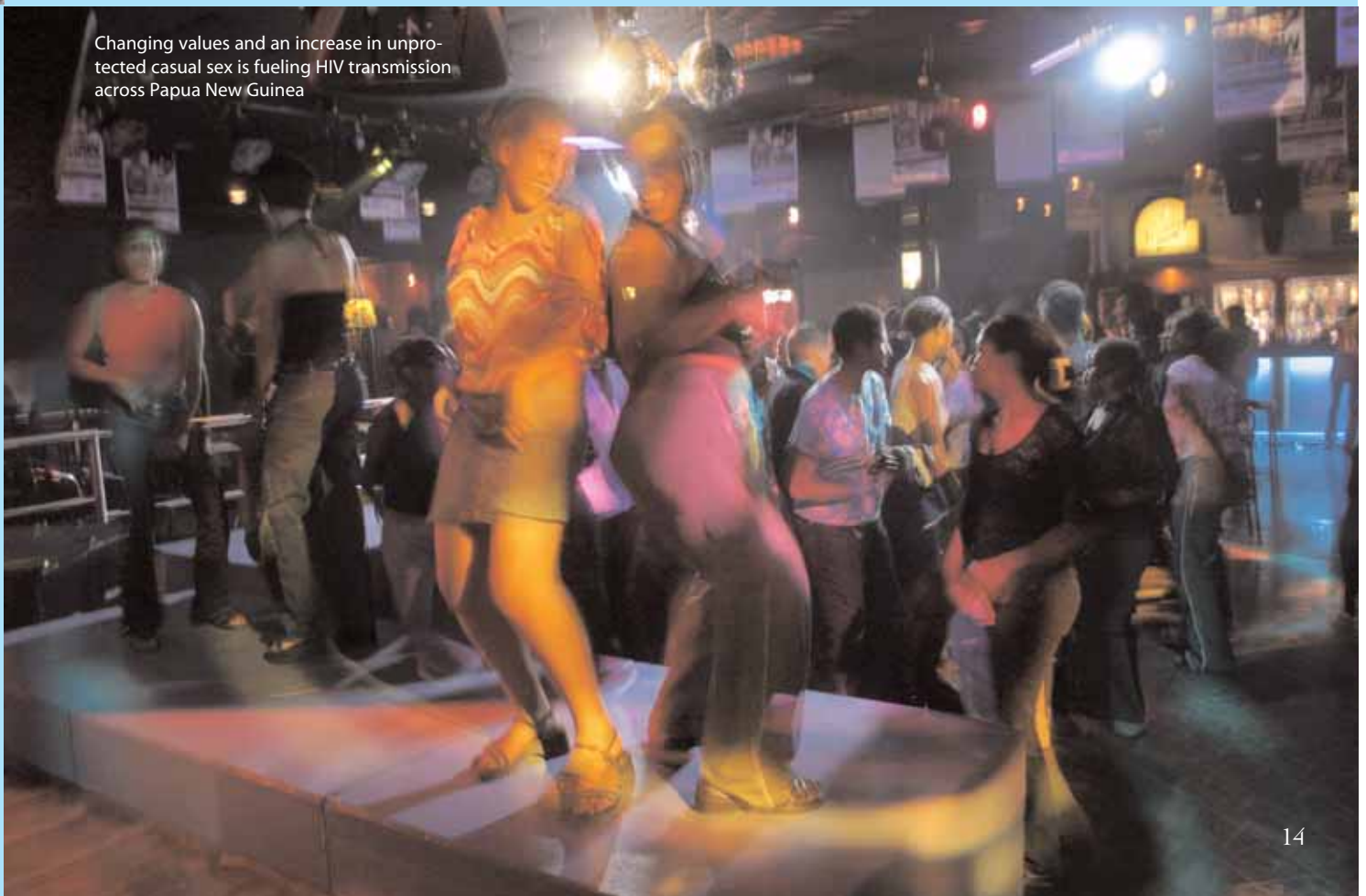
Ms. Bopp, however, wants more vigorous government action. "There is a need for national government to have more commitment, more personal and professional commitment. I don't see it

"There is a need for national government to have more commitment... No one is standing up at a high level."

happening," says Ms. Bopp. "Leadership is still very weak. No one is standing up at a high level. I don't see our prime ministers standing up to promote a preventive message or promote a supportive message for those with HIV. No prime minister says we care about people."

Meanwhile the foundation's main success, she believes, is that other HIV-infected people are going public. "That is the greatest gift," Ms. Bopp says. "Eventually there will be more than one person standing up to take the lead."

Changing values and an increase in unprotected casual sex is fueling HIV transmission across Papua New Guinea



Look beyond statistics, look at risk

Risk behaviour occurs on a significant scale in every Asian and Pacific country. Political will is required to deal with it

Leaders require statistics but should also look beyond them. To assess the threat of HIV/AIDS to their country or community, they should look realistically at the way people behave. The future course of the region's HIV/AIDS epidemic will be determined by the behaviours that put people at risk—and by the responses which government and civil society leaders put in place to try to make those behaviours safe.

“We must recognise that the fight against HIV/AIDS requires greater courage and commitment... It requires leadership that is ready even to go against the stream of public opinion.”

Atal Behari Vajpayee, former Prime Minister, India

The behaviours driving HIV epidemics in Asia and the Pacific are diverse. They include heterosexual, particularly commercial, sex, injection drug use, and sex between men. Such behaviours do not in themselves spread HIV but are risky when undertaken in unsafe circumstances—for example sex without condoms or drugs injected with shared needles. They occur in varying degrees in all Asian and Pacific countries, regardless of religion, ethnicity or level of socio-economic development. In some countries, limited screening of blood or reuse of transfusion equipment have contributed, and continue to contribute, to the epidemic.

Some leaders, like many people, may not like to acknowledge that these behaviours exist in their society. Sex work, injection drug use, and sex between men are illegal in many countries and heavily stigmatised. But to curb the epidemic, leaders must understand how HIV is transmitted. They must also motivate other leaders in government and the community to find pragmatic responses that reduce risk behaviour and address the situations placing people at risk.

This demands strong, sustained leadership, and sometimes courage. Mobilising people and resources to fight HIV/AIDS and dealing openly and supportively with those who have the HIV virus, or are at risk of acquiring it, can attract public anger and criticism. “Why spend so much money on them, why talk about them so much? They are criminals,” is a reaction Vietnamese officials say they sometimes get to programmes for injection drug users. “We must recognise that the fight against HIV/AIDS requires greater courage and commitment,” India's former Prime Minister Atal Behari Vajpayee affirms. “It requires leadership that is ready even to go against the stream of public opinion.”

Denial is dangerous. Policy-makers who do not accept the extent of commercial sex, injection drug use or sex between men often do not frame the policies and programmes urgently needed to address prevention in these groups. Thailand has few interventions addressing injection drug users although levels of HIV infection among them remain over 50%. “We keep asking [officials] why they don't do something and they say, ‘Oh, it is difficult’,” says Paisan Tan-Ud, co-founder of the Thai Drug Users Network.



Large numbers of Asian men buy sex and spread HIV to both their own partners and to the sex workers

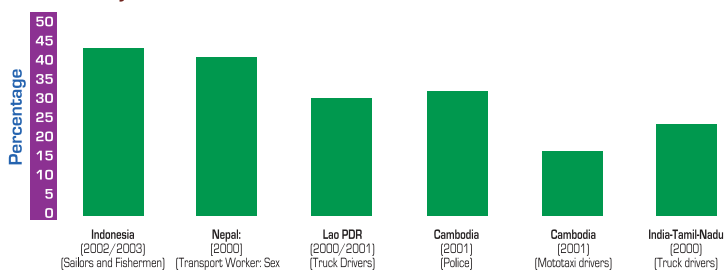
Part of the problem is a common and mistaken perception that risk behaviours occur only on the fringes of society. People with such behaviours are in fact very much a part of mainstream society. “The people who are dying of AIDS come from all strata—housewives, sex workers...government officials, army, police,” Indonesian activist Nafsiah Mboi points out. In some parts of Indonesia’s Papua province, she adds, HIV infection rates are lower among women engaged in sex work than among women who are not.

“The people who are dying of AIDS come from all strata—housewives, sex workers...government officials, army, police.”

Nafsiah Mboi, former member of Parliament, HIV/AIDS activist, Indonesia

Commercial sex forms the main connection between risk behaviour and “mainstream” society. The sex industry in Asia and the Pacific attracts large numbers of male clients from all classes and social groups and many of them have, or will have, wives or partners. China’s officials and businessmen are 10 to 22 times more likely to buy sex than physical labourers, according to a recent study. Indonesia’s government estimates that more than 10 million men visit sex workers every year, while only 10% use condoms. In Cambodia, studies show that a quarter of males between the ages of 20 and 25 have visited a sex worker. Elsewhere, the number of adult males visiting sex workers varies from approximately 5% in Hong Kong to about 10% in Thailand (down from 22% a decade ago) and 11% in Japan. The wives and partners of men who buy sex are at risk. In Thailand they make up an increasing share of new HIV infections.

Risk behaviours are present in every country: men in all countries and every walk of life visit commercial sex workers



Source: Ministry of Health and central Bureau of Statistics (2004) Behaviour Surveillance Survey in 13 provinces, Indonesia 2002-2003; New Era (2001) BSS in the highway route of Nepal; National Committee for the Control of AIDS (2001) BSS Lao PDR 2000-2001; NCHADS, BSSV: Sexual Behaviour among Urban Sentinel groups Cambodia; 2001; FHI (2001) What drives HIV in Asia?

Male-to-male sex is one of the most stigmatised behaviours but also occurs in every country of the region and provides another path for transmitting the virus among men and women. Where it has been measured, men who have sex with men have registered high levels of HIV infection. In a 2000 study in Cambodia, 14% of men who had sex with men were found to have HIV. But a substantial proportion of men who engage in male-to-male sex also have sex with women. According to a China study, some 59% of men surveyed who had sex with men had also had sex with a woman in the past year, and more than 40% of men who have sex with men surveyed in a Bangladesh study said they also buy sex from women. Yet many leaders do not admit the existence of male-male sex, much less acknowledge its role in the HIV epidemic. As a result, countries do not develop any interventions for these men.

Moreover, the various behaviour groups interact, creating links between different epidemics. People who inject

drugs, who have some of the highest rates of HIV infection, are also sexually active; many have sexual partners who are not drug users. Other injection drug users buy sex and some sell sex to non-drug injecting clients. Conversely, some sex workers also inject drugs as, for example, in Ho Chi Minh City, where one survey found 16% of sex workers injected drugs.

There is no boundary between people who engage in risk behaviours and the rest of society. Any HIV/AIDS epidemic in these groups therefore has channels to spread into the wider population, a point well illustrated by the steady rise in the proportion of infected women as the epidemic matures. Thailand is a clear example. Nearly half of new infections in Thailand are now among women. Many of these women are married or in monogamous relationships and become infected as a result of their male partner's high-risk activities. Among Thai women testing positive for HIV, 80% reported having only one partner.

HIV/AIDS is also very much a disease of the young. Half the population of Asia is under the age of 24 and more than half the people becoming infected each year are under the age of 29. This is not because most young people pursue risky lifestyles but because most of the people at the highest level of risk—those who inject drugs, sex workers and their clients—are young. Moreover, in Myanmar and Cambodia the rate of HIV infection is significantly higher among young sex workers. How many more people become infected and how much the economic and social costs escalate will therefore depend to a large degree on how political leaders and policymakers approach the younger generation. Interventions that



Vulnerable: migrant workers—who often are part of the informal economy—frequently lack HIV prevention information and access to services

target young people engaged in high-risk behaviour are therefore a priority in programmes to curb the immediate threat of new infections.

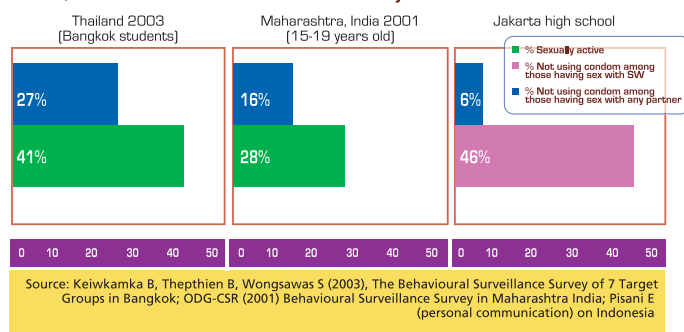
Leaders similarly need to have a realistic view of how the region's rapid economic and social change is altering values and behaviour in ways that may facilitate the spread of HIV/AIDS. New personal and social freedoms in many

countries of the region bring more experimentation in personal relationships. Sexually transmitted infections (STIs), which indicate unsafe sex practices and greatly increase the risk of HIV infection, are rising fast in several countries.

In China, where STIs reportedly doubled between 1997 and 2000, the Ministry of Health attributes the increase to rising “promiscuity” and more paid sex. Surveys in Thailand show young people experiencing sex at an earlier age, but condom use is low. In Japan, surveys show that 18-24 year olds have started having sex at an earlier age and have more casual and transactional sex partners.

In China alone, the number of migrants has been estimated at 120 million, most of a sexually active age. In India, 35 million workers migrate mostly from low-prevalence states, often to more industrialised states, such as Maharashtra and Andhra Pradesh, which have the country’s highest levels of HIV infection. A major concern is that migrant workers provide a channel for the epidemic not only where they work, but in their home provinces if and when they return.

Risk behaviours are high among the young: young men are sexually active, and often don't use condoms if they visit sex workers



In Mumbai, “there’s a doubling of infection in migrant labour, which means they are taking it back to the villages,” warns Ashok Rawi Kavi, Director of the Humsafar Trust. One survey of Nepalese workers returning from India has found 10% of those who had worked in Mumbai were infected with HIV. Around one-fifth of the people reported with HIV in the Philippines in 2000 were overseas workers. And Viet Nam has found that many sex workers from Ho Chi Minh City and nearby An Giang Province go to Cambodia and return infected with HIV.

Industrialisation, urbanisation and fluctuating economic conditions have led to huge internal and cross-border movements of workers, which is also helping to fuel the epidemic. Migrant workers away from home, family, community and traditions for prolonged periods of time face loneliness and boredom that can lead to high-risk behaviour. Many have an insecure official status that limits access to prevention services or do not speak the language of those who provide them. Lack of knowledge makes them vulnerable to infection.

“ HIV/AIDS cannot be fought by any single individual, political party or state. From the president and prime minister to the village secretary, everybody must work for its prevention and control.”

Chandrababu Naidu, former Chief Minister of Andhra Pradesh, India

The scale and complex interaction of social and economic forces that facilitate HIV transmission require that leaders at all levels of government and the community recognise what is driving the epidemic and participate in implementing



Men who have sex with men often also have sex with women. They exist in every country, yet there are few interventions anywhere that address their risks

strategies to curb it. “HIV/AIDS cannot be fought by any single individual, political party or state,” says Chandrababu Naidu, former Chief Minister of Andhra Pradesh. “From the president and prime minister to the village secretary, everybody must work for its prevention and control.”

The view from India

Break the silence on HIV/AIDS

In the face of an HIV/AIDS epidemic, good governance and responsible political leadership mean talking publicly about sex, says Chandrababu Naidu, former Chief Minister, Andhra Pradesh State, India

Much of India shuns even speaking about HIV/AIDS, not Chandrababu Naidu, Chief Minister of the Indian state of Andhra Pradesh from 1998 to 2004. "Indian sentiment is not to talk about sex, so people like me have to talk about it," he says.

"If the leaders talk, the community talks. Breaking the silence is the first step in the fight against the epidemic."

"When the predominant mode of transmission of HIV/AIDS happens to be unsafe sexual practices, there is silence on the whole issue. Unless this silence is broken and people talk about HIV/AIDS, it is not possible to stop the silent spread of this dreadful disease. Once I realised this, I made sure that silence is broken."

This is a job that must be led by political leaders to be effective, Naidu insists. "When a leader talks on these issues, thousands listen and understand its importance. When the leader speaks and calls for action, the cadre responds... This is essential. If the leaders talk, the community talks. Breaking the silence is the first step in the fight against the epidemic."

" People say to me, 'Sir, what about the sanctity of the family'? I say our job is to protect the sanctity of people's lives—human beings—and we have people dying."

Naidu's methods as Chief Minister were varied, energetic and sometimes unconventional. He erected a giant, inflated condom in front of the state assembly to break down public inhibitions about discussing matters related to sex. He made ministers of the state government include the issue of HIV/AIDS in all their speeches and public meetings. He also put it firmly on the agenda of the state assembly, ensuring that politicians devoted one day of every session to discussing the issue.

"People say to me, 'Sir, what about the sanctity of the family'? I say our job is to protect the sanctity of people's lives—human beings—and we have people dying."

He vigorously promoted life skills education, including reproductive health, in schools. And when one private school resisted, he ruled that none of its pupils would have their exam results recognised. He has also pushed for condoms to be distributed free wherever alcohol is sold—and at all official functions.

"Money alone is not going to change the course of the epidemic. It is the will, determination and commitment of the political leaders which is the key to success."

The vigour of his approach to HIV/AIDS reflects the extent of the epidemic in Andhra Pradesh and his fear of what it may inflict on the whole of India. "I felt it is one of the grave threats to India's development. I don't want the situation of some African countries to be repeated in AP or in India," Naidu says. "Other countries in the region have ageing populations. India's biggest advantage is its youth workforce. HIV threatens our advantage."

Naidu regrets the state's drive against HIV/AIDS did not start earlier. If it had, Andhra Pradesh might have been able to avoid the generalised epidemic it has now. But "HIV/AIDS was perceived initially only as a problem of those people who

are practicing high-risk behaviours like commercial sex workers, men who have sex with men, long-distance truckers, et cetera. People failed to realise that it could spread to the general population," he recalls.

Experience also quickly revealed the need for a broad-based approach in which every department of government included HIV/AIDS in its agenda. "No government can control HIV/AIDS as a stand-alone health issue," Naidu says. "If you carefully study the dynamics of HIV transmission, it is evident that it has social causes, economic causes, cultural causes, and we have addressed all these issues to prevent the spread of HIV."

"Money alone is not going to change the course of the epidemic," adds Naidu. "It is the will, determination and commitment of the political leaders which is the key to success."

Chandrababu Naidu,
former Chief Minister
of Andhra Pradesh



The big unknown: when an epidemic will hit

An epidemic may take shape in a matter of years-or decades

It is tempting to assume that if an epidemic has not happened already, it probably never will. But low national prevalence is no guarantee that a serious epidemic will not set in. Leaders and policymakers in many countries still have the opportunity to invest in the comprehensive programmes that are essential to keeping it low.

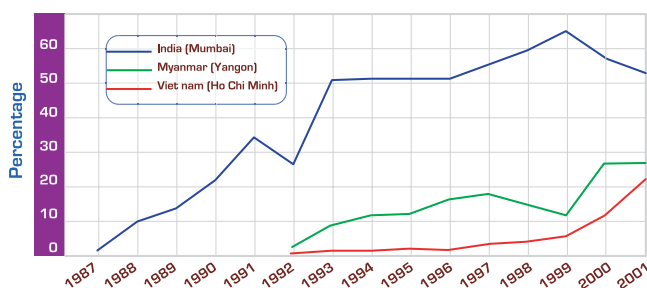
The speed with which Asia-Pacific epidemics develop varies widely within countries and across the region. Thailand identified heterosexual transmission of HIV in 1985, but widespread transmission of infection did not erupt until four years later. Even in June 1989, a survey of female sex workers in Bangkok and 10 provinces revealed infection rates of 1% to 5%. Then suddenly, HIV transmission accelerated. Within six months, a second survey found infection rates of 3% to 13% in most provinces and 43% among northern Chiang Mai Province's brothel-based sex workers.

Other countries did not see substantial epidemics in the 1990s, helping to foster denial and complacency towards the risks present elsewhere in the region. But Nepal, Indonesia, Viet Nam and some provinces of China are now experiencing epidemics that are starting to gather momentum.

A wide range of variables influence the timing of epidemics but key factors are the extent of heterosexual risk, reflected in the number of men who are clients of sex workers and the extent of condom use and the extent of injection drug use.

Although the lead time for an epidemic may vary, it is clear that once HIV takes hold in a population, infection rates can increase rapidly. Myanmar first identified HIV among injection drug users in mid-1988 and in a matter of months, levels of infection among them had reached 70%. By contrast, HIV infections were identified among injection drug users in China's Guangxi Province in 1990 but infections stayed low until 1996. Studies now estimate prevalence in parts of the province at over 43%.

HIV infection in sex workers can double in a year



Source: UNAIDS/WHO/UNICEF (2003) Epidemiology Fact Sheets by Country

Past epidemics can provide guidance, but they do not show with any precision exactly when a new epidemic will start, how long it will take to reach the general population, or how far it will spread. Yet experience of past epidemics shows that the lead time can last for decades.

A long period of low prevalence in a particular population group followed by a sudden upswing should also set alarm bells ringing. In Indonesia, injection drug use was not

visible at the national level than they are in provinces, communities and households. Keenly watched national macroeconomic growth rates have not visibly suffered.

New research, however, provides both a powerful humanitarian case and a compelling economic argument for sharply increased government spending. Effective responses can avert more than 5 million new HIV infections by 2010 and avoid the deaths of 100,000 people in that year, the research finds. It also shows that Asia-Pacific countries lost some \$7.4 billion a year to HIV/AIDS in 2001, mostly through loss of income and expenditure incurred by households affected by HIV/AIDS. If governments do not invest in effective measures to address HIV/AIDS, these losses could rise to \$17.5 billion a year by 2010.

Recent studies also show that the impact of HIV/AIDS on households and at the community level can be severe and as a result, can seriously impede national efforts to reduce poverty. Although the epidemic reaches all social groups, surveys in Cambodia and Viet Nam suggest that poor people are at higher risk of becoming infected with HIV and are hit hardest by the economic costs.

Most people becoming infected with HIV are of working age and the loss of income caused by the illness and death of a family member from AIDS is a heavy blow to the family's livelihood and what it can spend. The poor are least able to cope with such loss of income or to afford the cost of care and treatment for HIV and resulting opportunistic infections.

Surveys have found that the most common coping strategies among HIV/AIDS-affected households are depleting household savings, borrowing money and selling land. Moreover, families squeezed by rising health care costs and loss of income are forced to cut back what they spend on food and general consumption, all the more so when they have to pay for anti-retroviral drugs. These short-term coping strategies only increase households' vulnerability to poverty.

The conservative estimate from a study on Cambodia, India, Thailand and Viet Nam suggests that HIV/AIDS has the potential to increase the percentage of poor people in each country except Viet Nam by one percentage point annually between 2003 and 2015. This does not look dramatic, but in these four countries alone that increase would drive more than 5.5 million people into poverty or deeper into poverty every year between 2003 and 2015. Assistance in the form of publicly financed care and support that is directed at poor and nearly-poor households, which include a person with HIV/AIDS, will be critical in order to avoid these impoverishing effects.

The choice for leaders and policymakers is clear. If governments do not invest national resources in effective and comprehensive interventions to fight HIV/AIDS, the scale of the epidemic will rise and so will the long-term toll in lives, sickness, suffering and ultimately, financial costs. A government that does not take on more of the costs for care and treatment of the HIV/AIDS-affected poor will also diminish that country's chances of reducing poverty overall.

Spending lags far behind needs

To successfully control HIV, countries will have to commit far more of their own resources

Leaders now face urgent policy choices about how to deal with the social and economic effects of HIV/AIDS. Many governments of the region identify poverty reduction as a priority. To achieve this objective, safeguard the productive potential of their work force and continue to improve the quality of life, governments need to invest far more national resources in curbing the epidemic. Governments also need to shift a significant part of the burden of cost of care and treatment from individuals and their families to the public sector.

A large gap exists between actual levels of spending and estimates of what the region needs for an effective response. Furthermore, increased spending on comprehensive responses to HIV/AIDS is not only essential in order to tackle the epidemic, but can also yield substantial development benefits by curbing a significant contributor to poverty. Conversely, failure to mount a comprehensive response to HIV/AIDS will only create an additional barrier to development.

“If you don’t have political commitment, forget it. You will do nothing that has a long-term effect. You need political commitment and then financial commitment.”

Senator Mechai Viravaidya, Thailand

How the gap is closed will challenge existing government spending priorities and calls for decisions that can only come from national leaders. This is as much a test of political commitment as of government spending power. “If you don’t have political commitment, forget it. You will do nothing that has a long-term

effect,” says Thailand’s Senator Mechai Viravaidya, a driving force behind Thailand’s response. “You need political commitment and then financial commitment.”



Partner reduction and providing access to condoms can avert millions of HIV infections in Asia and the Pacific

Leaders in most of Asia and the Pacific have yet to demonstrate a commitment that matches the threat from HIV/AIDS. The region boasts some of the world’s fastest growing economies, yet governments’ spending on HIV/AIDS is a fraction of the amount that specialists from around the region calculate is needed to curb the epidemic. A recent study estimates the region’s total spending on HIV/AIDS in 2003 was only about \$200 million out of the \$1.6 billion that was needed for effective prevention, care and treatment.

Some governments are already increasing spending on HIV/AIDS substantially. In China, central government spending on the epidemic between 1985 and 1993 totalled less than \$2 million, but by 2002, annual spending had reached about \$15 million. This is clearly a fraction of what

will be needed in coming years, says Vice Minister Wang Longde, who expects China's annual HIV/AIDS budget will rise in the next few years from around \$65 million to \$95 million.

Even the higher spending recently seen in the region, however, looks modest compared with projected needs. Data indicates the region's total private and public spending on HIV/AIDS will need to rise to \$5.1 billion by 2007. That would require a rise of 40% in spending on HIV/AIDS each year.

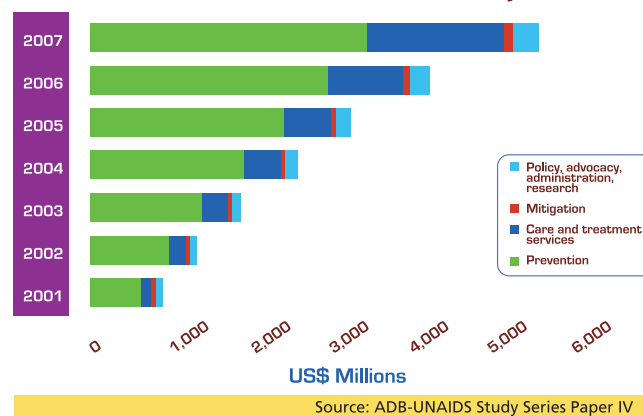


Fortunately, although the rise in needed funding looks steep, the expense is eminently affordable. Even the \$5.1 billion resource required in 2007 represents less than 4% of the Asia-Pacific region's likely total health spending in that year, and less than 0.2% of its projected total income.

But government leaders face some other hard realities. First, they should be under no illusion that they can depend on multilateral and bilateral monies to cover the major share of the costs their countries will face. Although more financial assistance is becoming available

from donors and from the Global Fund to Fight AIDS, Tuberculosis and Malaria, estimates suggest that even the Global Fund will be able to provide only one-tenth of resources needed. Countries will have to finance most of the spending requirements from their own resources, public and private.

The resources required to fight HIV/AIDS in Asia and the Pacific will more than double by 2007



Governments also will face growing pressure to see that public spending on HIV/AIDS is raised sufficiently to cover a major shift in the burden of cost. At present, around three-quarters of health services in the region are privately financed and delivered. However, HIV infections are concentrated among the poor, who are least able to bear the costs of what is needed to ease pain and extend life. Governments will have to shoulder far more of the spending than they have to date.

For most Asia-Pacific countries, spending on HIV/AIDS has hardly seemed a national priority. At the relatively low levels of prevalence found in most of the region, the economic costs of the epidemic have hitherto been less immediately

visible at the national level than they are in provinces, communities and households. Keenly watched national macroeconomic growth rates have not visibly suffered.

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More state funding is needed for care and treatment

The view from Indonesia

Battling inertia, stigma and denial

Leadership must come from the top, says Nafsiah Mboi, a former parliamentarian and campaigner on HIV/AIDS issues. Her own career shows it doesn't always start there

Even though Indonesia's latest national prevalence figure is only around 0.1%, government officials estimate that between 17 and 20 million people are at direct risk of HIV infection

Dr. Nafsiah Mboi, former member of Indonesia's Parliament



First she got angry, then Nafsiah Mboi got busy. Returning to Indonesia in 1991 after studying public health and epidemiology overseas, Dr. Mboi soon encountered the warning signs of an HIV/AIDS epidemic in Indonesia—and found no official interest. "Everyone from the government was too busy or didn't believe AIDS was such a threat because we're such good people" she recalls.

"We had the research, we had the data, but we needed leaders to say, 'Hey'."

"There may be a lot of churches and mosques around, but sexual behaviour doesn't have anything to do with whether people are in churches or mosques," Dr. Mboi says. "We had the research, we had the data, but we needed leaders to say, 'Hey'."

Instead of action, she found prejudice. She recalls a paper written by a woman doctor condemning female sex workers as women of loose morals who did not merit any intervention. "I became so angry I started writing my own paper on why Indonesian women are at risk and saying, 'yes, we can do something'."

In 1993 Dr. Mboi, then a member of Parliament, worked with others drawing up Indonesia's first national strategy on HIV/AIDS. This, too, attracted little interest. At one meeting to discuss the strategy, a senior health ministry official said the government had other, more pressing priorities, among them rabies, she recalls. "The denial, even among health workers, was incredible."

A decade later, Indonesian authorities are paying more attention to HIV/AIDS. Dr. Mboi, though, continues to push for more action and more leadership. Backing from the top is essential to mobilise the broad-based programmes needed to tackle HIV/AIDS. Much of the work on HIV/AIDS in Indonesia now is spearheaded by NGOs and focuses mainly on populations prone to high-risk behaviours. The HIV/AIDS situation calls for a more comprehensive response, one with the government fully behind it. "Unless you work with and have government behind it, you can't have a comprehensive response," she says. "It really needs government taking the lead and it's their responsibility."

National strategies, however, are worthless if they do not work on the ground, Dr. Mboi says, and that requires another strand of leadership. "We know what to do and how to do it but to translate it into action needs local leadership. That's why it's so important to support local leadership," she says.

"To motivate local government in this era of local autonomy needs senior people to convince [provincial] governors that they should not only commit themselves on paper but spell out concrete actions to be taken," Dr. Mboi insists. "Commitments are so easily made, but unless you have people to influence local leadership, you don't get very far."

"If I talk about condoms, it's not because I want multiple sex partners."

Those messages may be getting through, but the discrimination against people who become infected with HIV or engage in high-risk behaviour remains fierce. As an MP, Dr. Mboi used to tell people "There is no difference between a sex worker and me. She is earning her living with one type of work and I'm doing my living talking as a member of Parliament. She's a woman, I'm a woman. She needs protection, I need protection. She has a right to health as much as I do."

Many people expressed outrage over her views. "Even to use the word 'sex worker', to acknowledge their rights as workers wasn't acceptable," Dr. Mboi says. "Unfortunately a lot of people in our government still subscribe to that notion."

Social taboos about openly discussing issues related to sex still deter many people from even talking about condoms. Dr. Mboi's response is typically robust. "I'm an old married woman with grandchildren. If I talk about condoms, it's not because I want multiple sex partners." But having the courage to tackle issues that people must address regardless of social taboos is for Dr. Mboi all part of the job. "That's what leadership means," she says.

Intervention works - leaders make it happen

The early stage of the epidemics in most Asia-Pacific countries provides an opportunity to apply interventions already proven in the region

Asia-Pacific leaders still have an opportunity to prevent an escalation of HIV/AIDS in the region. Its epidemics are still concentrated among specific population groups or in specific geographic areas. At this stage, targeted interventions that have been proven to work in Asia can be highly effective in curbing the epidemic before it spreads more widely.

If leaders act now they can stop another 5 million people from becoming infected with HIV by 2010.

	2010	
	Early response *	Delayed response **
Number of people living with HIV in 2010	6.2 million	11.6 million
New infections between 2004 - 2010	4.2 million	9.9 million

* Comprehensive response started in 2004
 ** Comprehensive response not implemented

Source: Stover J et al (2002) Can We Reverse the HIV/AIDS Pandemic With An Expanded Response? (estimates derived by the author)

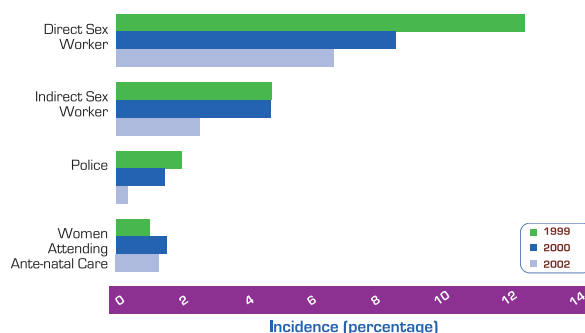
Political leaders are the catalyst for engaging and gaining the support of all levels of government and to reaching the public. "To stop the spread of HIV... is only possible when there is committed political leadership and good governance," says Chandrababu Naidu, who was Chief Minister of India's Andhra Pradesh State from 1998 to 2004.

Swift action by the Thai government in the early 1990s proved that interventions work. HIV was spreading fast when Prime Minister Anand Panyarachun launched an offensive against the epidemic. Despite opposition from the tourism industry and the indifference of most politicians, the government embarked on a campaign to inform the general public of the dangers of HIV/AIDS

and to persuade sex workers and their clients to use condoms. The government also used the mass media to blitz the public with HIV/AIDS messages and mobilised support from civil society, including the private sector. Thailand's HIV/AIDS budget of \$180,000 in 1988 jumped to \$81 million by 1996.

The results were dramatic. HIV prevalence among Thailand's brothel-based sex workers fell from 33.5% in December 1994 to 12.9% in 2002. The number of men visiting sex workers halved between 1990 and 1993—and stayed down. Without those interventions, adult HIV prevalence in Thailand would have climbed to between 10% and 20% and claimed some 6 million more lives.

Evidence of success from Cambodia: declining incidence of HIV 1999-2002



Source: Saphonn V et al (2004) HIV Incidence Among HIV Sentinel Surveillance Groups in Cambodia

A multisectoral and multiministerial campaign in Cambodia targeting groups ranging from sex workers and their clients to the military and police seems to have achieved spectacular



Leadership comes from people of all ages. This 17-year old Indian takes a stand against local discrimination by helping a villager with AIDS

“Prevention and control of HIV/AIDS should be considered as a central, urgent and long-term task that requires multisectoral responses and the mobilisation of the whole society.”

Order issued by Prime Minister Phan Van Khai, Viet Nam

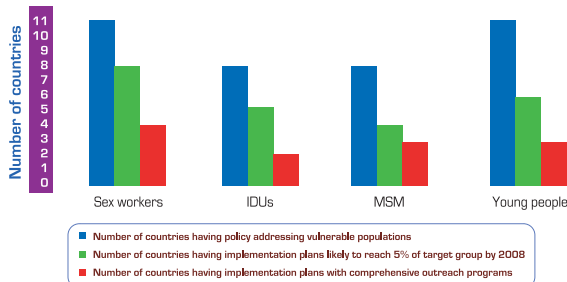
success. HIV infection rates among direct sex workers almost halved between 1999 and 2001.

Elsewhere in Asia and the Pacific, some governments are starting to address the epidemic with increasing urgency. In January 2004, governors of Indonesia’s six worst affected provinces signed a commitment to promote condom use, support harm reduction, and provide treatment for people with HIV. In February, China formed a new HIV/AIDS

prevention committee under the State Council of Ministers and led by Vice Premier and Minister of Health Wu Yi. The committee includes vice ministers or the equivalent of 22 key ministries and mass organisations and the vice governors of the seven worst affected provinces. HIV/AIDS “will threaten the country’s social stability and economy without timely action,” Wu Yi warned.

Viet Nam unveiled a pragmatic new national strategy on HIV/AIDS prevention in March 2004. Significantly, it

Many countries plan to address high risk behaviours, but few have the comprehensive, nationwide outreach programs needed to be effective



Source: ADB-UNAIDS (2004) Study Series paper VI (unpublished)

endorses harm-reduction strategies for reducing HIV infections among injection drug users who, officials say, account for about 80% of the country’s HIV infections. “Prevention and control of HIV/AIDS should be considered as a central, urgent and long-term task that requires multisectoral responses and the mobilisation of the whole society,” Prime Minister Phan Van Khai affirmed in his order approving the strategy.

The acid test for any national plan, however, is implementation. Many Asia-Pacific countries now report multisectoral responses consistent with commitments made at the UN General Assembly Special Session, but national

HIV/AIDS committees often involve too few government agencies. Many countries have yet to grasp the importance of involving not only multiple ministries but also important segments of the wider community such as civil society and business. An Asian Development Bank/UNAIDS survey finds that few Asia-Pacific countries actively involve, for instance, people infected with HIV/AIDS or members of the business community in their national AIDS authority.

“I think it’s necessary to organise a training course for leaders to raise their understanding of HIV issues.”

Dao Duy Quat, Vice Chairman of Viet Nam’s Communist Party Central Commission on Ideology and Culture

In addition, leaders must be mindful of conspicuous gaps in some national strategies. Injection drug use and male-to-male sex are major factors in the epidemics in many Asia-Pacific countries and, in some countries, the incidence of such activity is clearly increasing. Over half the countries surveyed had plans that addressed these behaviours to some extent, but very few had implemented programmes directed at these populations.

In China, Vice Premier and Health Minister Wu Yi has spelled out to local officials the need to strengthen public education, fight illegal blood sales, stop in-hospital infections through unsafe blood transfusions, make condoms and clean needles available to high-risk populations and to step up surveillance. “We can completely contain the momentum [of the epidemic] if we take it seriously,” she said, “otherwise we will lose this best, fleeting opportunity.”

Involvement of top-level leaders is vital to defusing stigma and discrimination—within government as well as society. About half the Asia-Pacific countries report laws and regula-



Getting the message: without effective interventions experts warn China could have 10 million HIV+ people by 2010

tions protecting people with HIV/AIDS against discrimination, but far fewer have any institutional system of monitoring human rights abuses. “Even to use the word ‘sex worker’ and to acknowledge their rights as workers, even to this minute, isn’t acceptable,” says Indonesian activist and former parliamentarian Nafsiah Mboi, “unfortunately a lot of people in our government subscribe to that notion.”

Asian and Pacific leaders—not just in government but also in business, the media and the community—can strengthen the response to HIV/AIDS by ensuring they are well-informed about the epidemic’s characteristics and progress. Without that background, leaders will have difficulty framing or implementing appropriate and effective interventions. Yet officials and community workers tackling HIV/AIDS within the region

often observe that political leaders lack a sufficient understanding of the issues. “I think ignorance still plays a big role,” says Maire Bopp, who leads the Pacific Island AIDS Foundation. “There is more ignorance of the issue than a problem with the issue itself.”

Viet Nam acknowledges the problem. “A great portion of Vietnamese leaders at different levels lack an understanding of HIV/AIDS,” says Dao Duy Quat, a high-level Vietnamese Communist Party official. “I think it’s necessary to organise a training course for leaders to raise their understanding of HIV issues.” His commission proposes to integrate HIV/AIDS issues into a leadership training course that the Communist Party runs for vice ministers.

The view from Papua New Guinea

Struggling to make up for lost time

Papua New Guinea's responses to HIV/AIDS have been too little, too late. The epidemic is gaining momentum

The reaction of Papua New Guinea's leaders to the appearance of HIV in 1987, and for about a decade after, was denial. "Politicians thought it wasn't a problem for Papua New Guinea," says Lady Carol Kidu, Minister of Community Development.

"Concerned people in Papua New Guinea realise that it could be going the way of Africa."

The error of that judgement is now painfully clear. The number of reported cases has risen sharply since the mid 1990s. A 1998 study of sex workers in the capital Port Moresby found 17% of them infected with HIV. "Concerned people in Papua New Guinea realise that it could be going the way of Africa," Lady Kidu says. "Intervention as early as possible is essential. Unfortunately we were slow off the mark."

Conditions are ripe for the epidemic to intensify. Traditional cultures and social controls are breaking down. The growth of a cash economy and urbanisation have fostered widespread high-risk behaviour. Sexual activity starts at the age of 15 to 16 for both men and women and an increasing number of both have multiple sex partners, whether inside or outside marriage. The use of sex to obtain cash, goods or services is also widespread outside the sex industry. High levels of sexually transmitted infections show condom use is low. "The scene is set for an epidemic of potentially devastating proportions which will, in turn, lead to further depression of the economy and further deepening of poverty," one recent study says.

A severe economic recession since the 1990s has only made the problems worse. Soaring poverty has caused thousands of rural inhabitants to migrate to urban areas where prostitution and sexual violence have increased. The breakdown of traditional protective customs for women combined with a reluctance to discuss sexual matters complicate prevention and awareness strategies.

"I see people are going to be dying unnecessarily because they don't know how to protect themselves and are held back by the shackles of cultural attitudes," Lady Kidu says.

Without rapid interventions, the impact of the epidemic will be severe. Papua New Guinea's National Health Plan points out that "if the epidemic is left to run at the present rate of increase, 70% of the hospital beds in the country could be occupied by AIDS patients in 2010." It also notes that "at a 10% HIV prevalence rate, tuberculosis will rise 50% to [affect] 30% of the population."

Formulating a national response, however, is challenging in a country whose 5.1 million people speak more than 800 languages between them and are scattered across an area of rugged terrain larger than Japan. "In terms of HIV/AIDS awareness, the government has become irrelevant to many communities because [the communities are] so isolated," Lady Kidu says.

Papua New Guinea has formulated a number of multisectoral plans to tackle HIV/AIDS. In 1998 the government set up a National AIDS Council, but the demands of both creating an institutional structure and implementing the strategy appears to have over-stretched available human and financial resources. Much of the response has focused on Port Moresby, while most HIV infections are in rural areas. A review of Papua New Guinea's National HIV/AIDS Medium

time

Term Plan (1998-2002) found "many problems and little evidence of effectiveness in prevention or care, suggesting considerable wastage of money and loss of valuable time."

Political commitment is as much a problem as resources. Government leaders and members of parliament now see HIV/AIDS as a critical issue, but turning that concern into action is another matter. "We haven't managed that effectively yet," Lady Kidu acknowledges. "In terms of the government budget, it's not a priority yet."

Most HIV/AIDS cases in Papua New Guinea are in rural areas, but resources for fighting the disease are heavily concentrated in the capital. Getting prevention messages to remote tribes and communities is one of Papua New Guinea's greatest challenges



Lady Carol Kidu, Member of Parliament and Minister of the Department of Community Development, of Community Development, Papua New Guinea

There are some positive signs. The increased focus on HIV/AIDS in Papua New Guinea's draft medium term development strategy may lead to increased budget allocations for HIV/AIDS interventions at all levels of government. A parliamentary advocacy group established with technical advice from UNAIDS aims to ensure that members of parliament are well-informed and feel competent to address the challenge in their electorates.

"It will need proactive political commitment and a strong community-based response to contain and manage the epidemic in Papua New Guinea," says Lady Kidu. "The window of opportunity is closing rapidly and we must respond now."

Five steps leaders can take

Action on five core issues can make a decisive contribution towards curbing HIV/AIDS

Political leaders cannot overestimate the symbolic and practical value of taking an active personal role in tackling HIV/AIDS. Political leaders at the highest level must make or support decisions that enable all sectors engaged in tackling HIV/AIDS to implement effective strategies, even in the face of resistance from powerful voices in the community. By doing so, leaders can ensure that national responses address five core issues that can make a decisive difference in curbing the epidemic:

“ All the countries that have succeeded in reversing the trend of the epidemic have been open about their epidemic.”

Atal Behari Vajpayee, former Prime Minister, India

1) *Provide information*

Ignorance creates risk. It denies individuals, communities and governments the opportunity to make responsible choices. Yet ignorance about HIV/AIDS—what it is, how it spreads, and how it can be stopped—remains pervasive in Asia and the Pacific. More than half the women questioned in a survey in Indonesia believed HIV was passed on by supernatural means. At the same time, social conventions on issues relating to sex create resistance to some of the strategies that are most effective in combating HIV/AIDS.

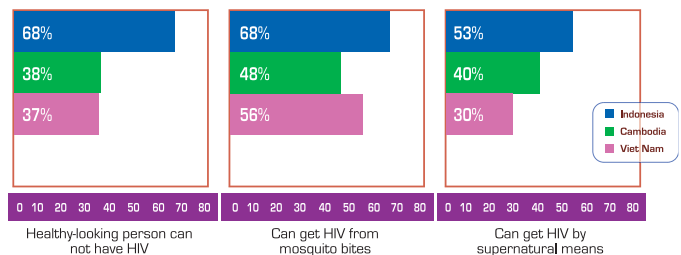
Leaders can make a vital contribution towards protecting their societies against HIV/AIDS by ensuring that governments are open about the epidemic and that the

public receives clear, accurate information about the disease and how to prevent its spread. “All the countries that have succeeded in reversing the trend of the epidemic have been open about their epidemic,” notes former Indian Prime Minister Atal Behari Vajpayee.

Experience shows that it takes specific, relevant information to change behaviour. India’s National University Talk AIDS campaign launched in 1992 reached 325 mil-

Critical knowledge is still low: for instance, many people believe that HIV can be caught by supernatural means

Popular misconceptions about HIV/AIDS among young women (age 15-24)



lion students in 90% of all colleges with explicit information about condom use. Subsequent surveys found students’ knowledge greatly enhanced, reduced frequency of casual sex, and increased use of condoms.

Effective information campaigns also mobilise multiple channels to deliver the message. Thailand launched a massive media campaign, including one-minute education messages aired every hour on more than 500 radio and television stations throughout the country, that detailed the risks of becoming infected with HIV and STIs and gave advice on prevention.



Educating youth saves future generations

Governments, however, cannot by themselves reach target audiences, particularly socially marginalised populations and those with high-risk behaviours such as injection drug use and unprotected male-to-male sex. Thailand also mobilised commercial enterprises—for instance cosmetics firms, insurance companies, gas stations—to deliver HIV prevention messages to their customers as well as to their workers. And it actively engaged NGOs and community-based organisations

providing support and peer education to sex workers. In 1991, only one support group existed for people infected with HIV/AIDS, a decade later there were 400.

2) Promote access to condoms and partner reduction

Condoms remain a cornerstone of interventions to curb the transmission of HIV. Leaders' support is essential to ensure the availability and accessibility of quality condoms and to help overcome inhibitions about promoting and using them.

A combination of government and NGO programmes to promote condom use has led to a significant reduction in HIV prevalence among sex workers. The infection rate among Cambodia's sex workers had reached 42.6% in 1998. Just four years later, with condom use at almost 90%, the rate had dropped to 28.8%.

The contrasting experiences of Dhaka and Mumbai reinforce the point. The CARE-Shakti programme in the Bangladeshi capital, Dhaka, promoted condom use among sex workers, backed up by peer outreach, non-judgemental sex worker counselling, and treatment of sexually transmitted infections. Consistent condom use quickly reached high levels and HIV prevalence among both sex workers and the general population has stayed below 1%. In Mumbai, where sex workers' use of condoms is low, an estimated 60% of sex workers are infected with HIV, along with about 1.3% (and in some specific areas more than 2%) of the general population.

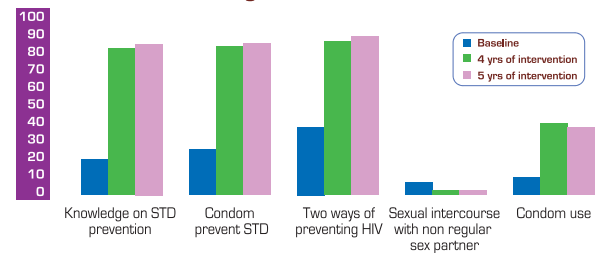
Although condom use greatly reduces risk of infection, other strategies such as decreasing the number of partners or delay of first sex by young people can also contribute significantly to reducing HIV infection.

3) Institute harm-reduction programmes for injection drug users

Decisions to adopt harm-reduction strategies for injection drug users such as providing clean needles and a range of drug treatment strategies, including methadone, raise issues that can only be settled at the highest levels of government. Many Asia-

Pacific countries impose severe penalties, sometimes death, for possession or trafficking of certain drugs. Yet there is no evidence that punitive treatment of drug users changes their behaviour or reduces the risk of HIV transmission. Conversely, clear evidence exists that HIV transmission can be reduced by harm-reduction strategies.

Interventions work: when knowledge rises, at least some behaviour changes



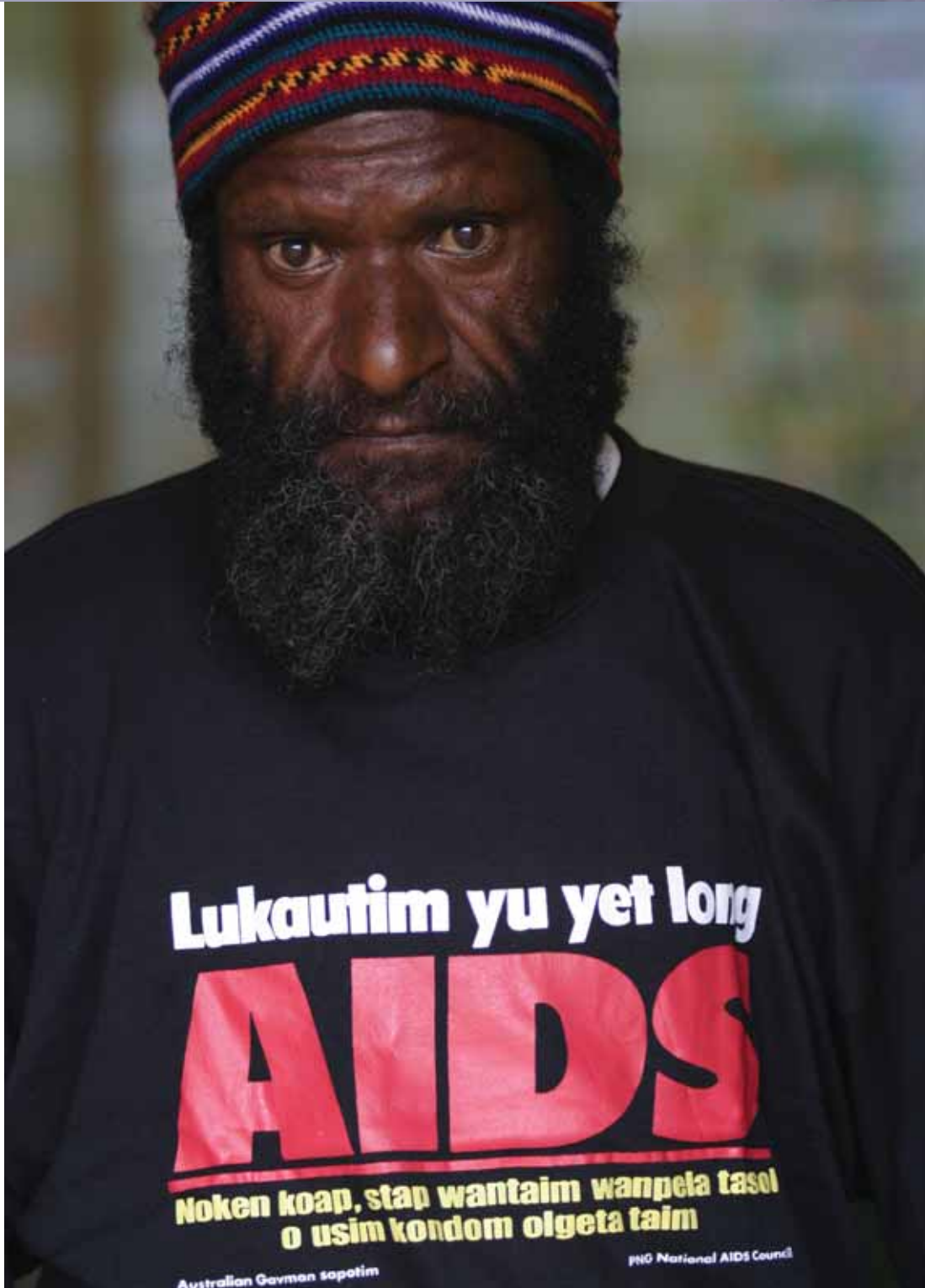
Source: University Talk AIDS (1991) Baseline Report for Tamil Nadu, APAC-VHS (2002) HIV Risk Behaviour Surveillance in Tamil Nadu: Report on Second Wave

China's official policy is that drug users are sent to compulsory drug rehabilitation centres, yet over 90% of supposedly rehabilitated users revert to drug use within five years. The number of injection drug users continues to rise sharply and needle sharing among drug users is also rising. Provincial HIV epidemics among drug users have spread, so much so that injection drug users are estimated to account for over half of HIV infections in China.

Harm-reduction strategies applied by a group of NGOs in Kolkata from 1993 with the cooperation of city police produced a more positive experience. The programme, comprising peer education on needle sharing and the provision of buprenorphine oral substitute, has helped to keep HIV prevalence among injection drug users below 2%.



Everyone can deliver HIV prevention messages



“Decriminalising drug addicts helps a lot in preventing HIV.”

Dao Duy Quat, Communist Party, Viet Nam

Countries which once took a tough approach towards drug users are beginning to recognise the value of harm-reduction strategies. China has pilot projects under way in several provinces, although on a scale dwarfed by the size of the problem; Myanmar is cooperating with international NGOs on implementing needle distribution and methadone programmes.

“Decriminalising drug addicts helps a lot in preventing HIV,” says high-ranking Vietnamese Communist Party official Dao Duy Quat. “If the drug addicts are looked at as patients rather than criminals they will be more willing to join harm-reduction programmes run by the Ministry of Health.”

4) Provide care support and treatment for those affected

Leaders should ensure sufficient resources are available for care and support of people with HIV/AIDS. At the UN General Assembly Special Session on HIV/AIDS in June 2001, the world’s governments recognised treatment and care, including access to anti-retroviral (ARV) drugs, as essential in the response to HIV/AIDS.

Providing ARV drugs and the systems to deliver them to people with HIV/AIDS can pose a challenge to the budgets and health care infrastructure of developing

countries. However, ARV drug costs are falling sharply and economic analysis shows the drugs represent good value for money. In Brazil, the first developing country to attempt ARV therapy on a large scale, the treatment has even proved a financial saving. ARV treatments sharply reduce morbidity and the costs of treating illness averted as a result of ARV therapy are greater than the cost of the drugs.

Moreover, ARV therapy delivers further benefits. Treatment has the potential to reduce HIV transmission by reducing the viral load of those who take the drugs. In addition, the knowledge that ARV therapy is available induces people with HIV/AIDS to undergo voluntary counselling and testing and makes them more likely to take advantage of HIV/AIDS prevention services.

A conspicuous need exists in Asia and the Pacific for a major upgrade of now patchy voluntary counselling and testing to help erase the fear, stigma and discrimination surrounding HIV. Effective voluntary counselling and testing are vital for identifying individuals who can benefit from early treatment and to bolster prevention.

Objective, empathetic counselling is badly needed for vulnerable youth, among whom the epidemic is growing fastest, and for women, who are particularly vulnerable to discrimination. Rising HIV infections among women of reproductive age increases the importance of providing ARV treatments for women during pregnancy, which can cut mother-to-child transmission of HIV by 50%.

5) Tackle stigma and discrimination

Stigma and discrimination cripple efforts to promote pre-



Art is just one of many ways to help fight stigma and discrimination

vention, care and treatment, and ultimately undermine efforts to curb the epidemic. Abuses faced by those infected with HIV range from job loss to denial of schooling, denial of medical or other services, and even physical assault. Such abuses make it harder for those most at risk of becoming infected to adopt safer behaviour. Laws penalising discrimination are essential to protect rights and create an environment in which programmes designed to combat the epidemic can operate. But on their own they are not enough. Progressive anti-discrimination laws in the Philippines do not, by themselves, deter a high incidence of discrimination in the work place and medical facilities.

Laws need to be supported by enforcement and rights-monitoring institutions. And for such institutions to be effective, they require the active engagement and support of top-level political leaders.

Leaders greatly influence the issues of stigma and discrimination by means of their personal behaviour. When leaders are seen to be forthright and unafraid, when they appear in public with members of affected communities, and when they openly voice their support for HIV/AIDS work, they send the message that fully accepting and supporting affected individuals is the only appropriate course of action.

The views of Business

A big resource waiting to be tapped

Business should be a partner in tackling HIV/AIDS; governments can do more to enlist corporate support

Experience shows governments need the support of business to deal with HIV/AIDS. "If business gets in on the act, much of your population can be served," says Thailand's Senator Mechai Viravaidya. "If every business participates and says, 'I will educate all my staff and all my customers', that leaves a much smaller area of responsibility for government."

Many companies agree they should be involved. From a condom factory in south-western China, Liu Yushi, Chairman of Qingdao Shuangdie Co. Ltd., gives one of the key reasons that motivates businesses to take part in the fight against HIV/AIDS. "Once I realised the impact of the AIDS epidemic spreading, I felt I have a strong responsibility to prevent it," he says. To prove this, Liu Yushi sells nearly half the company's output to the government at the cost of production—and criticises the state for allowing him to promote only the company name, not its product.

"It's very dangerous not to do something."

Fatchudin, Managing Director, Bank Tabungan Negara, Indonesia

In the Jakarta headquarters of Bank Tabungan Negara, Managing Director Fatchudin gives another reason for business taking action. "It's very dangerous not to do something," he says. "The income of companies comes from customers. If we're thinking long term how to sustain profits, we need a community free from drug use and HIV."

Even companies that don't see a direct threat to their customer base can recognise good reasons for educating their workers about the epidemic: preventing HIV is cheaper than the cure.

"The cost of recruitment...if a person has to leave the organisation because he's no longer fit for work, the exit costs, medical retirement—all this adds up to a fairly significant sum compared to the cost of implementing a [worker education] programme," says Oscar Reyes, former Chairman of Shell Philippines and director of a leading business association, Philippines Business for Social Progress.

Social responsibility and financial self-interest make a powerful business case for any company to support the fight against HIV/AIDS, yet many business bosses agree that the corporate sector in Asia and the Pacific could do much more to help tackle the AIDS epidemic.

"We know we're raising awareness, we know we're provoking thought and generating responsiveness to the issues."

Frank Brown, President, MTV Networks Asia Pacific, Singapore

One problem is apathy and complacency in the business community, business leaders say. Another problem is the role, or lack of it, of governments. They are "not making enough noise" about the AIDS epidemic, says Frank Brown, President of MTV Networks Asia Pacific. "It's the role of government to put pressure on people. They're pushing things on environment, why not on AIDS?" asks Stewart Hall, Chief Executive of Standard Chartered Bank in Indonesia.

The imaginative and highly effective corporate campaigns mobilised by the Thai government in the 1990s showed what

pped



"Once I realized the impact of the AIDS epidemic I felt I have a strong responsibility to help the government promote awareness. We cannot avoid talking about condoms for AIDS prevention." Liu Yushi, condom manufacturer

business can achieve. Cosmetics companies included advice on HIV/AIDS with tips on beauty. Across the business spectrum, from life insurance to the electricity utility, companies distributed prevention messages with sales brochures and customer invoices.

Business can provide help through many other channels. "To provide education on HIV/AIDS and reproductive education to the grassroots, funding is needed and tools are needed. This is where business can get involved. It can fund organisations already involved," says Martin Pun, founder of the Myanmar Business Coalition against AIDS.

"It's hard to know what effect your efforts have," says MTV Asia's Frank Brown, "but we know we're raising awareness, we know we're provoking thought and generating responsiveness to the issues."

The spotlight is on leaders

The level of leaders' commitment to tackling HIV/AIDS will largely determine whether the region succeeds in curbing the epidemic

HIV/AIDS cannot yet be cured, but it can be avoided, contained, and reversed. Whether that happens in Asia and the Pacific will depend on the region's political leaders. "The undisputable message from 20 years of efforts to combat AIDS around the world is that success is possible, but only in the presence of leadership," observes Peter Piot, UNAIDS Executive Director.

"The undisputable message from 20 years of efforts to combat AIDS around the world is that success is possible, but only in the presence of leadership."

Peter Piot, Executive Director, UNAIDS

Effective action to combat the spread of HIV/AIDS requires leadership at many levels and in many forms—from government, business, the uniformed services, and the media, from religious leaders and men who have sex with men, from sex workers, drug users and from people living with HIV/AIDS. A national response will be weakened if it lacks the involvement of any of these groups. But in Asia and the Pacific, the critical ingredient needed to mobilise and sustain the engagement of all these forces is the leadership that comes from the top.

The actions and words of national leaders determine the tone and vigour of national responses. A head of government's speech or public engagement on HIV/AIDS issues delivers a message to other leaders and the community as a whole of the significance and priority attached to fighting HIV/AIDS. The involvement of a head of government in leading the national agency tackling HIV/AIDS enhances its authority and the cooperation it will receive from other national agencies and the public.

Tackling HIV/AIDS is a task that demands vision and courage. Leaders must confront and talk about realities that many across the spectrum of society prefer to deny or find offensive or shun as distasteful. The task calls for bold decisions that may be politically controversial and may defy established notions of propriety. Yet leaders who take on this role provide an environment that enables and motivates all other political, business and community groups to take the actions needed to defeat the spread of HIV/AIDS.

If national leaders don't take the lead on HIV/AIDS, who will? "You are the leader of the country," sums up Thailand's Senator Mechai Viravaidya, a forceful advocate of HIV/AIDS action, "you must act or you will be judged."

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