

Asia/Pacific Regional Report to the PCB- UNAIDS 2005

According to the latest estimates from UNAIDS, there are currently 8.2 million people living with HIV/AIDS in Asia as compared to 7.6 million last year, and 1.2 million people became newly infected in 2004. Although in many countries prevalence is still low (Bangladesh, Laos, Pakistan, the Philippines), the intensity of localized epidemics render these countries very vulnerable to serious outbreaks. Of the low prevalence countries, India and China are particularly worrisome, given their serious local epidemics and huge population base. Other countries, like Indonesia, Vietnam and Nepal are only now experiencing the epidemics already felt in Thailand, Cambodia and Myanmar and need to execute similarly aggressive responses immediately. Overall, the situation in Asia can be compared to a time bomb, and without immediate and aggressive efforts, Asia could soon have a situation to rival that in parts of Africa.

There are many factors specific to Asia that present special challenges to HIV/AIDS responses and that are contributing to the continued rise in prevalence despite increases in prevention and treatment efforts, political commitment and available funds.

In many countries in Asia/Pacific, there are gender inequalities and socio-cultural norms that disempower women, for example, discrimination in the home and community, forced early marriage, and lack of access to SRH and treatment services. These factors render women especially vulnerable to infection and decrease their likelihood of receiving treatment and care; there are 2.3 million women living with HIV/AIDS throughout the region and these numbers are quickly rising.

As always, youth are particularly vulnerable to HIV infection; the majority of new infections occur among young people aged 15-24, and the majority of these are among girls. More and more youth are engaging in risky sexual behavior in Asia without access to appropriate prevention information and SRH services. Reaching youth and providing them with relevant, culturally and gender-sensitive information and services presents a critical challenge in halting the spread of HIV/AIDS in the region.

Stigma and discrimination continue to be serious hindrances to HIV/AIDS efforts in prevention, testing, counseling, treatment, and obtaining reliable data, as well as a danger to those living with HIV/AIDS. In Bangladesh and Nepal, discrimination in 2004 led to arrests and beatings against MSM and transsexuals.

Inadequate prevention efforts threaten to allow the epidemic to move from localized epidemics among high-risk groups to the general population, allowing for a serious expansion of the epidemic. Harm reduction efforts have been effective in the region, especially in Cambodia and Thailand, but are falling short of what is needed. Critically, recent policy changes blocking support for harm reduction programs will have devastating implications in Asia, where most of the localized epidemics are among those for whom harm reduction approaches are most effective. It is essential that those concerned with HIV/AIDS and human rights work to block the implementation of these policies.

The 3x5 treatment scale-up has succeeded in treating 100 000 people in Asia by the end of 2004, double that reported 6 months earlier. But there are serious obstacles to a continued

ARV scale-up, one of which is the price of treatment, beyond the capacity of many poor communities in Asia. And distressingly, due to WTO regulations India has been forced to comply with foreign patent laws, which will halt the now substantial production of generic drugs and raise the price of ARV's to even more inaccessible heights.

The December 26th Indian Ocean tsunami has devastated communities in Indonesia, Thailand, India and Sri Lanka and left over 1 million people displaced. This presents a special challenge for continued HIV/AIDS prevention and care efforts in these areas. Also, the outbreaks of Avian bird flu in Asia threaten the health of those living with HIV/AIDS and divert limited funds away from HIV/AIDS related targets.

There have been many regional and global efforts to address these challenges and combat HIV/AIDS in Asia. UNAIDS has developed the 'Three ones' approach to a coordinated national response, which will strengthen relationships between the international and donor community, National AIDS Control Authorities and civil society and build the capacity of an often over-stretched civil society in Asia. The Asian Development Bank has signed a Memorandum of Understanding with UNAIDS to strengthen the response in Asia/Pacific, particularly to increase political commitment, build national capacity and generate additional funds. The ICAAP meeting will be held in Kobe in July 2005. The theme this year is "Bridging Science and Community" and participants will discuss ways to share scientific advancements with those in the community. Also, there have been increased commitments from some important players, for example the Government of China has increased funding for HIV/AIDS from \$1.8 to \$12 million.

The current situation in Asia is both a challenge and an opportunity. The nature of the diverse epidemics in Asia and the socio-cultural, religious and political realities here pose real challenges to preventing further infection and caring for those already infected or affected. At the same time, Asia is home to more people than any other region on earth, and effective action here will go a very long way in protecting future generations of the world from the HIV/AIDS epidemic.

This year, 2005, marks the 5 year review of the Millennium Development Goals (MDGs) as well as the UN Special Summit to review the Declaration of Commitment. It is essential that global leaders and the UN system use these opportunities to recognize the reality of AIDS in Asia and respond accordingly.

Needs and recommendations:

- Increased leadership and political commitment.
- Focus on empowerment of women and constructive involvement of men in all responses.
- Increased focus on youth and providing prevention and SRH services.
- Coordinated/integrated responses: 'Three ones' approach, integrated prevention and treatment scale-up, coordinated regional response, and integration of HIV/AIDS into all aspects of development.
- Increased resources, commitment and willingness to act to meet funding targets.
- Continued and intensified commitment to training and capacity building, within civil society especially.

