

AIDS in Asia

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Regional Overview

The latest estimates [and ranges] for HIV in Asia, reported by the Joint United Nations Programme on AIDS (UNAIDS) and the World Health Organization, are presented in the table below.

Parameter	2006	2004
Adults & children living with HIV	8.6 million [6.0-13.0 million]	7.8 million [5.2-12 million]
Women living with HIV	2.4 million [1.4-3.9 million]	2.1 million [1.3-3.6 million]
Incident HIV infections	960 000 [640 000-2.5 million]	860 000 [530 000-2.3 million]
Deaths due to AIDS	630 000 [430 000-900 000]	540 000 [350 000-790 000]

Driving the epidemic in Asia is the relationship between injecting drug use and unprotected commercial sex. Very low condom use and/or sharing of non-sterile needles are widespread both among and between groups engaging in injecting drug use and paid sex. This ominous combination can spark the rapid spread of a heterosexual epidemic by building up a base number of infections in sexual networks that eventually spills across the general population. This process is already devastating many Asian countries, including Indonesia, Viet Nam, and parts of China.

Overall, much of Asia is facing a changing epidemic. Countries in which the spread (Cambodia, and Thailand) has been contained to date need to implement far bolder responses, while other countries require an urgent scale-up in responses to avoid serious epidemics (Viet Nam, Pakistan, and Indonesia), and countries with longstanding epidemics need to boost treatment and care for people who are infected (India and China).

Profile of the Epidemic

China's HIV epidemic among injecting drug users has reached alarming proportions. It is believed that 44% of people living with HIV in China have been infected while injecting drugs. To mitigate risky drug injecting behaviours, China has established 92 needle and syringe exchange sites and 128 methadone clinics. More needs to be done to address transmission through commercial sex, which accounts for a large part of both heterosexual transmission as well as transmission among men who have sex with men. Unprotected sex accounted for half of the new infections in 2005 and the number of HIV infections in women is growing. By 2004, women accounted for 39% of reported HIV cases (compared to 25% in 2002).

India is host to diverse and growing HIV epidemics. Six states have reported generalized epidemics (HIV prevalence levels of over 1% in pregnant women visiting antenatal clinics). In the North-East, injecting drug use represents the primary driver behind the spread of HIV. Overall, however, most HIV infections in India (more than 80%) are due to unprotected sex. Consequently, a growing proportion of people living with HIV are women (38% in 2005) of whom a large number acquired the virus from regular partners who were infected during paid sex. Establishing empowerment programs for sex workers is a vital prevention strategy and must receive greater investment. The well-documented success of such a strategy in Sonagachi shines in comparison to the situation in Mumbai (where sporadic condom promotion efforts have failed to yield results and HIV prevalence among sex workers has remained above 52% since 2000).

The legal and institutional environments may be facilitating the spread of HIV in Indonesia. The current epidemic in the archipelago is mainly rooted in injecting drug use, but sex work is also high and condom use infrequent to rare. Part of the problem is that many injectors and sex workers are reluctant to carry sterile needles or condoms for fear that police will view this as a sign of being a drug injector or a prostitute (both illegal). Overcrowded jails have also facilitated the spread of HIV. Legal and institutional changes may be required to successfully promote safer behaviours among injecting drug users and commercial sex workers.

Thailand has driven the momentum for HIV treatment provision. But despite global praise for its national response, Thailand's epidemic is far from over. Evidence suggests the impact of prevention efforts has waned. A large percentage of new HIV infections are occurring in people considered to be at low risk of infection: about one third of new infections in 2005 were in married women who were believed to have been infected by their spouses. A revitalized strategy that adapts to society's changing contexts is crucial to maintaining the relevance and success of prevention efforts within the country.

Bangladesh and the Philippines have thus far maintained low national adult prevalence rates. This has been attributed to focused prevention efforts; however, the responses need to be strengthened in order to resist the threateningly high prevalence of risky behaviours. In the Philippines in particular, rising rates of sexually transmitted infections and declining condom use rates indicate the current low HIV prevalence may soon worsen.

This information has been compiled from the *AIDS Epidemic Update: December 2005*, and updated from the *AIDS Epidemic Update: December 2006* and the *2006 Report on the Global AIDS Epidemic*. For more information, please visit the UNAIDS website: www.unaids.org.