

HIV/AIDS in Asia: An Overview

July 2002

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Until the late 1980s, no Asian country had experienced a major AIDS epidemic, but by the late 1990s, the disease was well established across the entire region. UNAIDS reports that in 2001, 1 million people were newly infected with HIV in Asia and the Pacific, bringing the total number of people living with HIV/AIDS in the region to 6.6 million. Today, the prevalence of HIV in some countries remains relatively low, but with a population that is roughly 60% of the world total, even low prevalence translates into huge numbers infected.

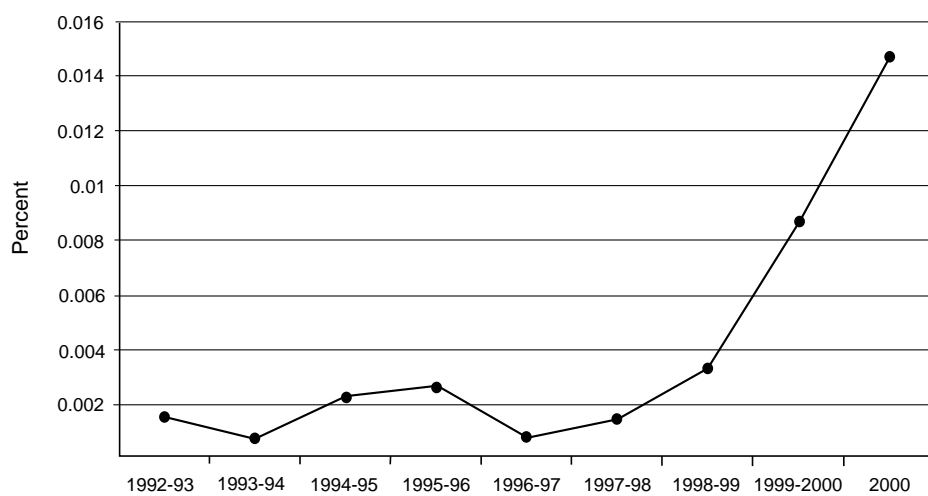
- INDIA**

At the end of 2001, almost four million Indians were living with HIV/AIDS, and the country will soon overtake South Africa as the nation with the largest HIV-infected population. There are strong indications that HIV has spread to India's general population; today in certain cities in southern India, particularly Mumbai (Bombay) and Chennai (Madras), 2 to 3% of women delivering babies are HIV-infected.
- CHINA**

In a significant departure from its traditional reticence on the subject of HIV/AIDS, the Chinese government reported in August 2001 that HIV infections rose 67.4% in the first six months of 2001 compared with the same period in the prior year. By the end of 2001, an estimated 850,000 Chinese were living with HIV/AIDS. Economic and social liberalization in China has been accompanied by an increase in sexually transmitted infections, including HIV. It is estimated that if current trends continue, China may have 10 million people living with HIV/AIDS by 2010.
- THAILAND**

In Thailand, where the AIDS epidemic started earliest and prevention efforts have achieved some success, HIV prevalence among adults is still near 2%, and AIDS has become the leading cause of death. There are an estimated 670,000 Thais living with HIV/AIDS today.
- INDONESIA**

Indonesia, the world's fourth most populous country, has seen a sudden explosion of HIV infection and serves as an example of how rapidly an HIV epidemic can develop. The country has seen sharp rises in infection rates among injection drug users and sex workers, along with an exponential rise among blood donors, which is an indication of HIV spread in the population at large.



HIV prevalence in blood donations in Indonesia, 1992 - 2000

Source: Monitoring the AIDS Pandemic, October 4, 2001

Of course, the prevalence of HIV varies widely between countries and within countries, and vulnerable segments of the population have disproportionately high HIV infection rates. UNAIDS reports that upwards of 50% of drug users have been infected in Myanmar, Nepal, Thailand, and Manipur, India.

ECONOMIC AND SOCIAL FACTORS

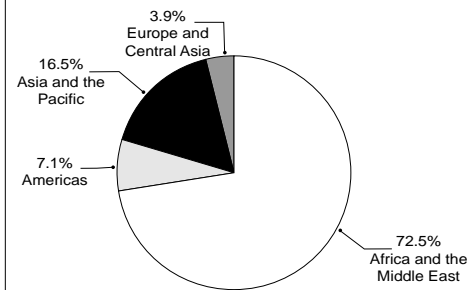
Male and female commercial sex workers (CSWs) and injection drug users (IDUs) were the first communities to be seriously affected by HIV/AIDS in most of Asia and the Pacific. The epidemic then spread rapidly to sex industry clients (including sex tourists) and to the sexual partners of both sex workers and IDUs. By the mid-1990s, for example, a quarter or more of sex workers in Indian cities such as New Delhi, Hyderabad, Madurai, Pune, Tirupati, and Vellore tested positive for HIV. In Mumbai (Bombay), which has the largest conglomeration of CSWs in the world, the prevalence of HIV infection among sex workers reached 70%. Thus heterosexual transmission is the driving force behind the burgeoning AIDS epidemic, with injection drug use playing an important secondary role in several areas of Asia and the Pacific.

In addition, the economic upheaval of the past two decades has fueled the spread of AIDS, causing both increased population mobility and environmental degradation that encourage people to move to cities in search of better opportunities. Sexual transmission of HIV is exacerbated by population mobility, with migrant workers spending long periods of time away from home and frequently visiting commercial sex worker—then returning home to infect their spouses, who in turn pass the virus to their newborns. Throughout the region, HIV is spreading along trucking routes, among traveling salesmen, sailors, soldiers, fishermen, and migrant workers, and within the sex industry, which is itself fueled by population shifts and increased economic disparity. Growing poverty among those who have not benefited from Asia's inclusion in the global economy is also driving increased injection drug use, and few countries have mounted an effective response to the drug-related HIV epidemic through either peer education or syringe exchange programs. There has been little political will to combat HIV among IDUs in the region as the epidemic has often been falsely perceived to be self-contained in this highly marginalized community. Another important factor to consider, in countries like Cambodia and Myanmar, is that war and prolonged civil unrest have destroyed much of the public health infrastructure and have encouraged both increased commercial sex and drug use.

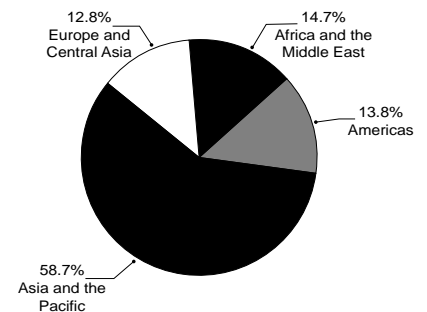
The Asian epidemic has seen especially rapid growth in the so-called “Golden Triangle,” which includes northern Thailand and Myanmar (Burma), northeast India, and portions of southern China, and is the source of 20% of the world’s heroin. A major trade and transportation hub, the spread of HIV/AIDS across this region has been fueled by a lethal combination of impoverished rural women and men driven to commercial sex work for survival, and a widespread and growing epidemic of injection drug use. Indeed, the interface between sex work and drug use is significant as IDUs often sell or buy sex, and conversely, sex workers often use drugs.

Domestic abuse, trafficking of women and children, and commercial sex work are widespread in Asia and the Pacific. And as elsewhere in the developing world, the spread of HIV/AIDS in Asia and the Pacific is fueled by illiteracy, poverty, and gender inequality. Gender-based socio-economic disparities facilitate the heterosexual transmission of HIV and are particularly salient in this region of the world. Ironically, the highest risk factor for HIV infection among

Percent of World's HIV/AIDS Cases

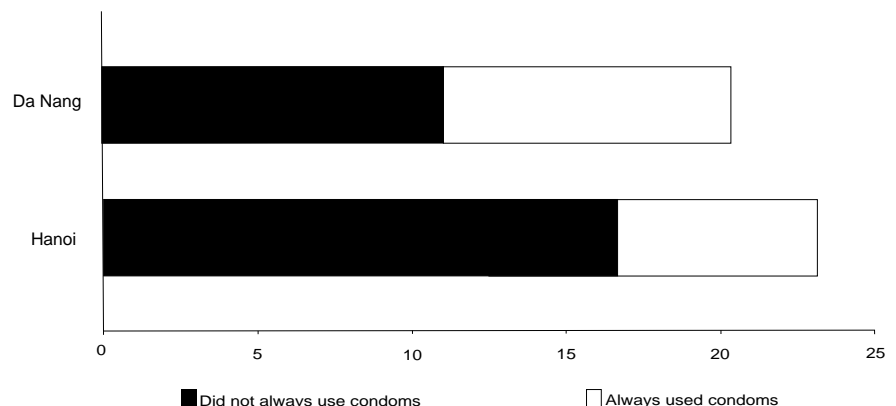


Percent of World Population



Though comprising less than 15% of the world's population, Africa has more than 70% of all cases of HIV. Conversely, nearly 60% of the world's population resides in Asia and the Pacific, providing the potential for a looming HIV/AIDS disaster. (Data from UNAIDS Global Report, June 2002)

Percentage of drug injectors who bought sex in the last year, by consistency of condom use, Vietnam 2000



Source: *Monitoring the AIDS Pandemic*, October 4, 2001

women is often marriage, as men are much more likely to engage in extramarital affairs or commercial sex while women have little power to insist on condom use (even when they know or suspect their husband is HIV-infected). Fear of violence often deters women from getting tested, revealing their HIV status, or seeking treatment.

OTHER MODES OF TRANSMISSION

There are several other important avenues of HIV transmission to consider:

- **Male-to-male sexual activity.** Male-to-male sexual activity is common in Asia, but it is a clandestine practice that is not publicly acknowledged or often discussed. Condom use is low among men who have sex with men (MSM) and many MSM have multiple partners, including women. In many cases, MSM are married and hard to reach with prevention messages, putting them at particularly high risk for HIV infection. Many of these men also transmit HIV to their wives. In Cambodia, 15% of MSM tested in 2000 were infected with HIV, and similar levels of HIV infection are recorded among male sex workers in Thailand.
- **Mother-to-child HIV transmission.** The increasing number of children infected with HIV in Asia and the Pacific is alarming. At the end of 2001, there were an estimated 21,000 children living with HIV/AIDS in Thailand and 170,000 children living with the disease in India. Given the enormous stigma surrounding HIV/AIDS, many HIV-infected women are understandably reluctant to seek antiretroviral treatment or to bottle-feed their infants for fear of arousing suspicion regarding their HIV status.
- **Exposure to HIV-contaminated blood and blood products.** This mode of transmission poses a particular problem in the rural provinces of Central China, where thousands of poor farmers have become HIV-infected through a thriving blood industry. So-called “blood-heads” obtain samples from these farmers, often using the same needle over and over. The donated blood is then pooled together and the plasma sold to hospitals and blood banks. Afterwards, many of the donors are injected with the pooled blood. Not surprisingly, some villages in Henan Province have been wiped out by AIDS. Additional factors contributing to the spread of HIV/AIDS include the limited availability of sterile injection equipment in health care settings; inconsistent use of hygienic practices for cleaning contaminated reusable medical supplies; and a lack of uniform standards for screening blood supplies.

MOUNTING AN EFFECTIVE RESPONSE

The above modes of transmission are central to understanding the spread of HIV/AIDS in the region and illustrate that HIV is no longer confined to specific at-risk populations. At the same time, evidence from successful interventions in the region show that prevention efforts targeting those at greatest risk of HIV—including IDUs, sex workers, MSM, and migrant populations—can stem the spread of HIV in the general population. Above all, to be effective in Asia, prevention messages will have to both acknowledge and challenge cultural mores which often prevent the frank discussion of issues surrounding sex and drug use, and will need to overcome the stigma that surrounds the disease and encourages its spread.

Mounting an effective response to the epidemic in Asia and the Pacific will require increasing the level of resources committed to HIV/AIDS programs, balancing the need for continued prevention efforts with the growing demand for HIV treatment. As the millions of HIV-infected Asians progress to symptomatic AIDS, the demand for treatment will inevitably increase, posing a significant challenge to both national health care budgets and existing health care infrastructures.