HIV/AIDS HEALTH PROFILE

Southeast Asia Regional Program

Overall HIV Trends

The Southeast Asia regional office supports countries that are of increasing concern in the global HIV/AIDS pandemic. The combination of injecting drug use, mobility within and between countries, the sex industry, stigma and discrimination, and poverty makes the region a fertile ground for the spread of HIV/AIDS. As indicated on the adjacent map, USAID's Southeast Asia Regional Program supports HIV/AIDS programs in **Thailand**, the **Lao People's Democratic Republic (Lao PDR)**, **China**, **Burma**, and **Papua New Guinea**. In 2009, these countries accounted for 1.6 million people living with HIV/AIDS (PLWHA) and 73,500 deaths from the disease. At 1.3 percent, **Thailand** has one of the highest estimated adult HIV prevalence rates in Southeast Asia, and, with an estimated 740,000 HIV-infected people, **China** has the largest number of PLWHA.

The overall trends hide significant variation in the epidemics between and within countries. In most countries, the epidemics are stable. National epidemics may be concentrated in relatively few provinces. In **China**, for example, more than half of PLWHA live in just five provinces.

Paid sex is a major contributor to the region's epidemics. People who inject drugs are often also buying or selling sex. **Burma**, **China**, and **Thailand** have large numbers of people who inject drugs. HIV is also spreading more widely to the female partners of injecting drug users (IDUs) and clients of sex workers and their other sexual partners.

Men who have sex with men (MSM) are marginalized, but they are not marginal to the growth of the epidemic. High prevalence among MSM has been reported in several countries. For example, the epidemic among MSM in **Thailand** had largely been ignored until a study uncovered an estimated 17 percent prevalence in Bangkok in 2003 and 28 percent prevalence in 2005. A subsequent study in 2007 found infection levels had risen to 31 percent. Surveys also found rising HIV prevalence among MSM in **China**, especially in Shandong and Jiangsu provinces and in Beijing.

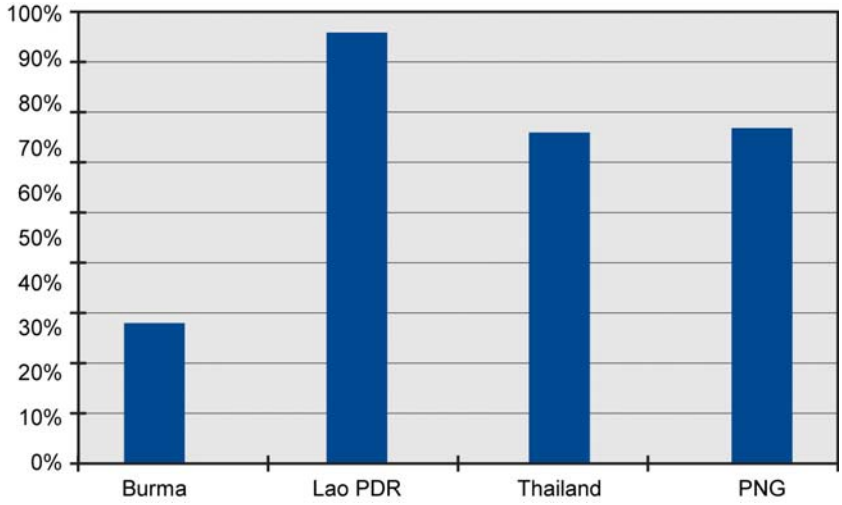
HIV-tuberculosis (TB) co-infections, which pose a challenge to providing treatment and care for both diseases, are of increasing concern in the Southeast Asia region. **China**, **Burma**, and **Thailand** are all high burden countries for TB, as designated by the World Health Organization (WHO). TB incidence varies across the region, according to WHO, ranging from 97 cases per 100,000 population in **China** to 400 cases per 100,000 population in **Burma**. Approximately 11 percent of new adult TB patients in **Burma** are HIV positive, and in **Thailand**, 17 percent of new TB patients are HIV positive.

Thailand has a generalized HIV/AIDS epidemic and the highest adult HIV prevalence rate in the region. After Thailand's first case of HIV/AIDS was reported in 1984, the incidence of infection increased steadily. In 1991, the Government adopted a strategy to combat the disease, and in recent years the number of new infections has declined. From 2003 to 2009, HIV prevalence remained relatively stable between 1.3 and 1.4 percent.

Several factors put Thailand at risk of a resurgence of HIV/AIDS cases. A 2006 study cited by the Joint United Nations Program on HIV/AIDS (UNAIDS) indicated 80 percent of HIV-positive MSM had never been tested or thought they were HIV negative. Risk behavior surveys of IDUs in Chiang Mai, Songkla, and Samut Prakan found a large percentage use nonsterile injecting equipment (26 to 53 percent) or allow someone else to use their

needle (18 to 34 percent) (United Nations General Assembly Special Session, 2010). Finally, premarital sex, once taboo, is increasingly common among young Thais. A survey conducted in 2007 in 11 provinces among youth aged 15 to 22 found 49 percent believe sex among unmarried adolescents is acceptable. Only 20 to 30 percent of youth use condoms consistently, according to the United Nations Development Program.

HIV-Infected People Receiving Treatment in Southeast Asia Regional Program Countries, 2009



Source: WHO/UNAIDS/UNICEF *Towards Universal Access* 2010
ART coverage is based on 2006 WHO guidelines. China data are not available.

With an estimated HIV prevalence of 0.6 percent among adults in 2009, **Burma** has seen a decrease in prevalence since the beginning of the millennium. The limited response to the AIDS epidemic in its early years allowed HIV to spread freely in at-risk groups and later to the general population, but a recent scale-up of HIV/AIDS activities seems to have slowed the spread of the disease. However, prevalence among most-at-risk populations (MARPs), particularly IDUs; female sex workers (FSWs); and MSM, remains high. In 2008, estimated HIV prevalence in these groups was 36.3, 18.1, and 28.8 percent, respectively, throughout the country, according to country data reported for the 2010 UNAIDS report. By the end of 2009, UNAIDS estimated 240,000 Burmese were HIV positive.

High rates of interaction between most-at-risk groups, particularly IDUs and sex workers, have led to a confluence of multiple concentrated epidemics in **China**, where an estimated 0.1 percent of adults are HIV positive. However, UNAIDS estimates 740,000 people in the country are HIV positive. HIV infections have been reported in all of China's provinces, with the majority of cases (53 percent) occurring in Guangdong, Guangxi, Henan, Xinjian, and Yunnan provinces. In Yunnan, HIV prevalence is as high as 50 percent among IDUs and an estimated 20 percent among FSWs. However, while the epidemic was previously driven primarily by transmission during injecting drug use, heterosexual transmission has now become the main mode of HIV transmission, and homosexual transmission is rapidly increasing. Infections acquired through heterosexual transmission tripled between 2005 and 2007, a sign the epidemic is changing and gradually spreading to the general population. Several key factors, including high-risk practices, a large migrant population, and stigma and discrimination, put China in danger of a broader epidemic.

Lao PDR is unique in its HIV situation and can be considered the only country in the Greater Mekong Subregion with a continuing low prevalence in the general population. The most recent estimate of HIV prevalence is 0.2 percent in the adult population, with approximately 8,500 PLWHA. Lao PDR's low HIV prevalence does not necessarily indicate low risk. HIV prevalence is increasing, and because of injecting drug use, unsafe sexual practices, and its geographical location in the heart of the Mekong River Subregion, Lao PDR is in danger of an expanded epidemic. During the last decade, the level of HIV prevalence has mirrored the rate of sexually transmitted infections (STIs), particularly among FSWs. The HIV prevalence among sex workers peaked in 2004 at 2 percent. The Government's rapid response to STIs and HIV decreased the prevalence to approximately 0.43 percent among FSWs in 2008. Most recently, MSM have joined the most affected target population, with an estimated 5.6 percent HIV prevalence in the capital city, with migrants potentially following. Low levels of awareness and limited access to prevention information and services, including condoms, heighten the risk of rising prevalence.

At an estimated 0.9 percent, **Papua New Guinea** has one of the highest adult HIV prevalence rates in the region. The main self-reported route of transmission is heterosexual (46.9 percent), followed by mother-to-child (1.6 percent) and homosexual (0.2 percent). It should be noted that in more than half the cases, no route of transmission has been reported, making interpretation of the above figures more difficult. In contrast to other countries in the Southeast Asia region, HIV transmission primarily occurs in rural rather than urban areas. There is no biological surveillance in place to monitor the epidemic among MARPs, such as FSWs and MSM, and other high-risk groups such as petroleum development workers. Nonetheless, project-based reports from service delivery providers suggest prevalence rates as high as approximately 7.4 percent among FSWs and an estimated 4.4 percent among MSM.

Petroleum development workers are at risk of contracting HIV because they live far away from their families, have low levels of comprehensive HIV knowledge (43 percent), and are likely to participate in high-risk sex (43 percent in the last 12 months).

Antiretroviral therapy (ART) coverage is increasing across Southeast Asia Regional Program countries. ART coverage rates in **Lao PDR**, **Papua New Guinea**, and **Thailand** are high, at 95, 77, and 76 percent, respectively. However, coverage in **Burma** is estimated to be only 28 percent, and no data are available for **China**.

Economic and Social Impact of HIV/AIDS in Southeast Asia

Illness, disability, and death associated with the HIV/AIDS epidemic have harmful economic and social effects. The vast majority of people who have the disease are between the ages of 15 and 49, and often the under-30 age group is the most affected. This changes a population's demographic structure and poses a challenge to the systems supporting dependent populations such as children and the elderly.

The economic, psychological, and social effects of HIV/AIDS are felt from the family level, where people experience the death and incapacity of loved ones and providers and must cope with the burden of caring for the sick and dying, to businesses, schools, hospitals, and other institutions that suffer the loss of valuable personnel and declines in productivity. Food security is threatened by reduced agricultural production. School enrollments decline, and the payoffs of investments in education are undercut by high death rates among young adults. Furthermore, PLWHA suffer from adverse personal and economic well-being as well as widespread stigma and discrimination, which makes generating income to support themselves and their families challenging in many of these countries.

HIV Estimates in Southeast Asia Region

Burma	
Total Population	53.4 million
Estimated Number of Adults and Children Living with HIV/AIDS	240,000
Adult HIV Prevalence	0.6%
HIV in Most-at-Risk Populations	
FSWs (National) (2008)	18.1%
IDUs (National) (2008)	36.3%
MSM (National) (2008)	28.8%
China	
Total Population	1.3 billion
Estimated Number of Adults and Children Living with HIV/AIDS	740,000
Adult HIV Prevalence	0.1%
HIV in Most-at-Risk Populations	
FSWs (Yunnan Province) (2006)	20%
FSWs (National) (2009)	0.6%
IDUs (One Prefecture of Yunnan province) (2006)	50%
IDUs (National) (2009)	9.3%
MSM (National) (2009)	5.0%
Lao PDR	
Total Population	6.99 million
Estimated Number of Adults and Children Living with HIV/AIDS	8,500
Adult HIV Prevalence	0.2%
HIV in Most-at-Risk Populations	
FSWs (2008)	0.43%
MSM (Vientiane) (2007)	5.6%
Thailand	
Total Population	66.4 million
Estimated Number of Adults and Children Living with HIV/AIDS	530,000
Adult HIV Prevalence	1.3%
HIV in Most-at-Risk Populations	
FSWs (Bangkok) (2009)	2.8%
IDUs (Bangkok) (2009)	38.7%
MSM (Bangkok) (2009)	13.5%
Papua New Guinea	
Total Population	6.1 million
Estimated Number of Adults and Children Living with HIV/AIDS	34,000
Adult HIV Prevalence	0.9%
HIV in Most-at-Risk Populations	
FSWs (Project Data) (2009)	7.4%
MSM (Project Data) (2009)	4.4

Sources: U.S. Census Bureau, UNAIDS, UNGASS

Addressing HIV/AIDS and its effects diverts resources from other important needs and from investments critical to economic development. Moreover, in many cases where health services are limited, people seek care outside of the formal health care sector to seek prevention, care, and treatment services, sometimes turning instead to black market drug sellers who sell medicines that are overpriced, ineffective, or both.

Poor women in the Southeast Asia region are particularly vulnerable to HIV/AIDS. Poor economic circumstances can limit a woman's mobility and force her to stay in situations where her physical and emotional well-being is at risk. If women are dispossessed of land or other means of production at home and at the same time lack formal

skills to participate in economic activities, they may have to travel to urban areas in search of work. If they are unable to find a job, they may be forced into commercial sex work or other vulnerable situations that can increase their risk of contracting HIV. Human trafficking is increasing in all the Mekong Subregion countries. Women trafficked into sex work are particularly vulnerable to HIV. They tend to work in underground brothels, where they may be forced to service several clients each day. They often have no power to insist on condom use, even if they understand the risk of HIV/AIDS and other STIs.

Many children orphaned by HIV/AIDS are forced by circumstances to leave school and become producers of income and food or caregivers for sick family members. Lack of education and limited occupational opportunities impede children's ability to prepare for the future and increase their vulnerability to malnutrition, exploitation, and illness. Orphans not only experience emotional distress over the loss of one or both parents, but also face stigma and discrimination and isolation from other community members.

National/Regional Response

The urgency of the issue and the ease with which HIV/AIDS crosses borders prompted the countries in the Southeast Asia region to coordinate their approaches. In 2002, the Asian Development Bank launched Regional Technical Assistance for Information Communication Technology and HIV/AIDS Preventative Education in Cross-Border Areas of the Greater Mekong Subregion. The project included radio soap operas on HIV/AIDS, a clearinghouse facility on HIV prevention education, and vulnerability mapping. In 2004, it was followed by the HIV/AIDS Vulnerability and Risk Reduction among Ethnic Minority Groups through Communication Strategies project, which was designed to enable minorities to reduce vulnerabilities and mitigate risks; support regional cooperation in prevention; and monitor and evaluate the effectiveness of communication strategies.

In 2006, the Global Coalition on Women and AIDS, Cambodia's Ministry of Women's Affairs, the Rockefeller Foundation, and the Asia-Pacific Leadership Forum hosted "The Women's Face of AIDS in the Greater Mekong Region" symposium. The symposium, attended by 75 participants from all six Mekong Subregion countries, brought together policymakers, networks of women living with HIV/AIDS, and women's organizations to share approaches to addressing increasing rates of HIV infection among women.

All five Southeast Asia Regional Program countries have approved national programs to address HIV/AIDS.

- **Thailand** reinvigorated its HIV/AIDS prevention and control efforts in 2006 through the formulation of the National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation for 2007–2011. A public education campaign, improved STI treatment, increased uptake of voluntary counseling and testing (VCT), and promotion of condom use are among Thailand's HIV/AIDS activities, as are discouraging men from visiting sex workers and requiring sex workers to receive monthly STI tests and carry records of the results.

- **Burma's** National Strategic Plan for HIV/AIDS for 2006–2010 aims to reduce transmission and vulnerability, particularly among at-risk populations; improve treatment, care, and support; and mitigate the epidemic's social, cultural, and economic effects. Target populations include sex workers and their clients, MSM, IDUs, partners and families of HIV-infected individuals, prisoners, mobile populations, uniformed services personnel, and youth. The National Strategic Plan for HIV/AIDS will be reviewed to inform the development of a 2011–2015 National Strategic Plan for HIV/AIDS.

- **China's** long-term plan for 1998–2010 focuses on reducing transmission in at-risk populations and preventing the spread of HIV in the general public. Between 2001 and 2005, the Government established centers for disease control and prevention; secured increased funding for HIV/AIDS education, prevention, treatment, surveillance, and pilot programs for high-risk populations; and issued updated regulations and recommendations on STI diagnosis and treatment. China introduced a National Plan of Action for 2006–2010 to provide the framework for its HIV/AIDS response over the short term. Between 2005 and 2007, China also increased the number of surveillance sites by about 20 percent. National financial outlays for HIV programs also increased more than threefold between 2003 and 2006.

- **Lao PDR's** National Action Plan on HIV/AIDS/STIs for 2006–2010 focuses on achieving universal access to treatment, care, and support. The National Socioeconomic Development Plan for 2006–2010 also addresses HIV/AIDS, indicating Lao PDR's commitment to expanding the national response. Since implementing the plan, national authorities have worked to reach those most likely to be exposed to HIV; scaled up prevention, treatment,

care, and support; and improved strategic information. As the National Action Plan on HIV/AIDS/STIs for 2006–2010 comes to a close, Lao PDR has been reassessing its needs and priority areas for the next five years.

- **Papua New Guinea's** national AIDS response has been overseen and coordinated by the National AIDS Council since 1997. The Government's Medium-Term Development Strategy for 2005–2010 includes HIV/AIDS as an expenditure priority. In the second half of 2009, the National AIDS Council Secretariat commenced work on the development of the National HIV Strategy for Papua New Guinea, which will cover the period from 2011 to 2015 and follow on from the current National Strategic Plan for HIV/AIDS (2006–2010).

Several international donors contribute to the Southeast Asia region's HIV/AIDS response, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. To date, the Global Fund has disbursed more than $482.5 million to **Burma**, **China**, **Lao PDR**, **Papua New Guinea**, and **Thailand**. The U.S. Government (USG) provides nearly 30 percent of the Fund's total contributions worldwide.

USAID Regional Support

The U.S. Agency for International Development (USAID) implements its HIV/AIDS programs in Southeast Asia as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Launched in 2003, PEPFAR is the USG initiative to support partner nations around the world in responding to HIV/AIDS. Through PEPFAR, the USG has committed approximately $32 billion to bilateral HIV/AIDS programs and the Global Fund through fiscal year (FY) 2010. PEPFAR is the cornerstone of the President's Global Health Initiative (GHI), which supports partner countries in improving and expanding access to health services. Building on the successes of PEPFAR, GHI supports partner countries in improving health outcomes through strengthened health systems, with a particular focus on improving the health of women, newborns, and children.

The strategic approach to HIV/AIDS of USAID's Regional Development Mission for Asia (RDMA) is to act as a regional catalyst for technical leadership, ultimately increasing the impact of investments in HIV/AIDS and other infectious diseases within the region. The goals of RDMA's HIV/AIDS strategy in the region are to reduce the incidence and prevalence of HIV/AIDS and to mitigate its impact on PLWHA and their families. This entails reducing HIV transmission among MARPs. The primary target MARPs are IDUs, MSM, sex workers and their clients, and PLWHA.

Through the Southeast Asia Regional Program, PEPFAR supports programs in **Burma**, **China**, **Lao PDR**, **Papua New Guinea**, and **Thailand**. The overall objective is to increase the use of effective responses to HIV/AIDS, focusing primarily on prevention, but also including care, support, and treatment. To achieve the goals and objectives of the program, the strategy focuses on four major components: making strategic information more available and useful; increasing access to comprehensive prevention interventions for MARPs; increasing access to care, support, and treatment for PLWHA and their families; and strengthening the enabling environment, focusing on increasing participation of civil society, including regional networks, and developing and implementing supportive policies and regulations. Capacity development and scale-up of successful innovative models are themes that cut across all four components.

In 2009, the USAID/RDMA Mission's activities focused on building capacity of regional networks and institutions, creating linkages and partnerships between civil society organizations and governments, and mobilizing and involving marginalized groups such as PLWHA. In FY 2009, the Mission's implementing partners organized several critical regional meetings to share experiences and lessons with the Asia Pacific Network of People Living with HIV/AIDS. The Mission also developed a working group to explore issues related to MSM who are living with HIV in the region. Moreover, the Asia Regional Consultation on MSM HIV/AIDS Care and Support was held in FY 2009 and served as a platform for framing the MSM care and support components for this region.

To increase evidence for decision making, USAID/RDMA collaborated with the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention and WHO to organize in Bangkok the first Regional Workshop on Strengthening Antiretroviral Therapy Data Use in Asia and the Pacific: Examples from USG, National, and Multilateral Partners. With 75 participants from countries across Asia and the Pacific, the workshop provided a platform for participants to share experiences and lessons learned in monitoring and evaluating outcomes of ART programs through presentations from expert and experienced country, regional, and global resource persons. The joint USG-WHO meeting report highlighting key challenges and recommendations for improving ART programming has been finalized and shared with key stakeholders. Additionally, in order to respond to the high HIV prevalence among MSM in this region, the Men Who Have Sex with Men and Transgender Populations Multi-City HIV

Initiative Meeting was held in FY 2010 to bring together civil society and governments from six megacities in the region to develop action plans to address this alarming situation and strengthen their prevention programs.

In **Burma**, USAID/RDMA works to scale up prevention, care, support, and treatment programs for MARPs; enhance program quality; build the capacity of community-based organizations; and strengthen the strategic information base and enabling environments necessary for effective programs. In the area of prevention, USAID/RDMA supports peer outreach activities; drop-in centers for FSWs and MSM; social marketing of condoms, lubricants, and STI treatment kits; and information, education, and communication through targeted media. In the areas of care and treatment, USAID/RDMA supports VCT at the drop-in centers, home-based care and psychosocial support, and access to treatment through referrals and linkages. A new initiative was developed through USAID/RDMA in 2008 to support the personal and economic well-being of PLWHA. The program provided an integrated income generation and psychosocial support program for PLWHA that incorporated both microfinance and microenterprise.

In **China**, USAID/RDMA supports innovative prevention activities in the two high-HIV burden provinces of Yunnan and Guangxi for the development of replicable local implementation models. The focus of more intense efforts in these provinces is on establishing high-quality comprehensive prevention package models that may then be taken to scale in other provinces across China through the Global Fund or by the Government of China. Prevention activities are also focused on methadone maintenance and treatment centers and sentinel surveillance sites. MARPs were specifically targeted through the establishment of nearly 800 condom outlets to increase condom availability. USAID/RDMA also continues to support the Government of China and Global Fund scale-up of the comprehensive prevention package model, which provides quality care and support services to HIV-positive individuals. The package includes ART drug adherence, home-based care and support, prophylaxis against opportunistic infections, follow-up support to ensure regular ART, clinical monitoring, and condom promotion.

USAID/RDMA in **China** also provides targeted assistance to policymakers in applying strategic information in planning and advocating for HIV/AIDS resources at the subnational/local level and in strengthening the enabling environment through policy formulation and implementation. The Mission helped the Government strengthen the three-tier health network services using home- and community-based care and support, such as income generation activities for PLWHA. USAID also conducts advocacy training at the local level to improve the understanding of the role of advocacy in data collection, data analysis, and the policy development process, and to build practical skills in advocating for key issues.

USAID/RDMA is building technical and program capacity in **Lao PDR**. The Mission continued to serve as the principal technical assistance provider to the Laos Centre for HIV/AIDS/STI for Global Fund programs. In this capacity, USAID/RDMA is providing key technical assistance to the Global Fund Principal Recipient and Sub-Recipient for management and oversight of prevention, care, and treatment activities to improve overall program effectiveness for interventions for MSM. As the primary provider of technical assistance for surveillance, RDMA assisted the Laos Centre for HIV/AIDS/STI with the design, implementation, and analysis of Global Fund-supported behavioral surveys of FSWs and their clients and the Integrated Biological & Behavioral Surveillance of MSM in Luang Prabang.

In **Papua New Guinea**, USAID/RDMA's HIV/AIDS program assisted the host government in building capacity to scale up public and community-based HIV prevention, care, and treatment models. Specifically, the program supported activities under a comprehensive prevention package focused on reducing HIV prevalence in most-at-risk groups and preventing the further spread of HIV in the general population. Most other donors support activities that are targeted more at the general population. During 2009, the USG refocused the care component of the RDMA HIV/AIDS program to implement a model of continuum of prevention-to-care-to-treatment (CoPCT) in specific geographic areas in two strategic locations: the National Capital District and Madang. The CoPCT model was designed during site assessments in the latter half of November 2007, with all major implementing stakeholders participating in its design. USAID/RDMA continues to leverage Australian Agency for International Development funding to provide technical assistance to develop the CoPCT model in Goroka. Additionally, the program began to address heterosexual concurrent partnerships as a gateway to targeting those most at risk.

In **Thailand**, USAID/RDMA is working to develop innovative public health interventions. With funding from USAID/RDMA, the Population and Community Development Association has developed two new adaptations to Positive Partnership Project clubs and Village Development Banks. The main objective of the Project is to increase the economic status of PLWHA and reduce stigma and discrimination associated with HIV/AIDS. The Positive Partnership Project clubs and Village Development Banks are mechanisms for sustaining the program and promoting the local community's ownership. The Population and Community Development Association is working with

PLWHA and their HIV-negative advisors and mentors in pairs in communities in Bangkok, Chonburi, Chiang Mai, Chiang Rai, Khon Kaen, and Nakonrachasima.

Results to Date

- USAID supported a comprehensive package of HIV/AIDS interventions and services for FSWs and MSM in five cities in **Burma**, reaching 80 to 90 percent of the target population.

- In **China**, 143,400 individuals received counseling and testing, and 12,900 HIV-positive individuals received care and support.

- In **Lao PDR**, USAID is providing services specializing in sexual health care targeted to transgender people and their partners, and 3,200 male-to-female transgender individuals and their partners participated in various aspects of USAID's targeted outreach program in Vientiane, Savannakhet, and Luang Prabang. With USG and Global Fund support, three service centers were opened, thus significantly expanding access for MSM, transgender people, and their partners to convenient high-quality HIV/STI prevention information and services.

- In **Thailand**, USAID supported a comprehensive prevention package model for MSM in Bangkok, Chiang Mai, and Phuket, reaching nearly 14,400 MSM at USG-supported clinics.

Important Links

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USAID's HIV/AIDS Web site for Southeast Asia:
http://www.usaid.gov/our_work/global_health/aids/Countries/asia/aneregion.html.

For more information, see USAID's HIV/AIDS Web site: *http://www.usaid.gov/our_work/global_health/aids/.*

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