

Prognosis mixed

Asia is slowly winning the battle against HIV/Aids and most people are receiving the proper help, but some high-risk groups are still falling through the cracks. By Pattamon Wattanawanitchakorn

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Asia has been on the front lines of the struggle against the Human Immunodeficiency Virus (HIV) ever since it first emerged in 1983. As of 2012, there were 4.9 million people living with HIV, a total of 260,000 deaths and 350,000 new HIV infections in Asia and the Pacific, according to UNAIDS.

The future prospects for prevention and treatment are becoming more promising, with Southeast Asian countries among the leaders. Nonetheless, certain segments of the populations remain at risk of becoming infected and transmitting the disease because they are not diagnosed and receiving proper treatment.

Many countries in Asia have good track records when it comes to effectively combatting HIV. India, Thailand, Vietnam and Cambodia have all experienced a decreasing trend in infections due to the scaled-up coverage of antiretroviral therapy (ART). These are medications that treat HIV; the drugs are also referred to as ARV which are used in combination with three or more drugs to prevent drug resistance, called combination therapy.

According to the HIV 2014 report by the World Health Organisation, about 1.2 million people are receiving ART globally, including 1 million in Southeast Asia. Consequently, the number of deaths decreased by 25% from 2009 to 2013.

Cambodia has been particularly successful; at 84%, it is the only country in the region accounting for more than 80% ART coverage. Dr Mean Chhi Vun, director of Cambodia's National Center for HIV/Aids, said its prevention strategy stressed links across different services and communities instead of a top-down approach, which allowed it to maximise access to the high-risk population most in need of help.

HIV IN THAILAND

Likewise, Thailand has been witnessing successes. The Bureau of Epidemiology reports that the number of people with HIV currently stands at 376,690, with 98,721 deaths out of 522,522 infected people since 2008.

Dr Somsak Akksilp, the deputy director-general of the Department of Disease Control, says Thailand is the first country in Asia that provides free medical treatment to citizens who are HIV patients with fewer than 350 CD4 cells. Starting from this month, any patient assessed by a hospital as ready to receive medication may be entitled to free medical treatment regardless of CD4 cell count.

Partial financing comes from the Global Fund to Fight Aids, Tuberculosis and Malaria, which has disbursed \$286.8 million through grants in Thailand to date. India is one of the biggest recipients in Asia with \$941.2 million to date.

Dr Somsak is optimistic about the decreasing rate of infections in Thailand and hopes that in 20 years, the number of victims will be fewer than 1,000 a year.

However, some new challenges have arisen. For example, it is estimated that 3,000 to 4,000 immigrants with Aids will be residing in Thailand as a result of increased migration once the Asean Economic Community (AEC) takes effect. Despite the termination of the Global Fund, Dr Somsak says that Thailand's health insurance system allows it to be a leader in providing treatment even to foreign workers.

Thailand's HIV/Aids programme is considered extraordinary, considering that the country spends only about 4% of GDP on healthcare, compared with a global average of 10%.

RISING THREAT TO THE YOUNG

Although the number of people with HIV has been declining overall, there has been a disturbing rise in sexually transmitted infections (STI) among young people, according to the United Nations Children's Fund (Unicef).

Unicef reports a 300% increase in HIV infections among adolescents, mainly between the ages of 10 and 19, in the past 10 years. These include men who have sex with men (MSM), transgenders, migrant workers and injectable drug users.

"A lack of life skills to control risky situations, together with the use of alcohol and drugs, often puts young people at higher risk of getting HIV and other STIs," said Robert Gass, chief of HIV for Unicef Thailand.

The organisation encourages sexuality education in schools, focused programmes for people who are at higher risk, and care, support and treatment for people living with HIV. For example, of the 31,116 basic schools in Thailand, only 5.6% provide comprehensive sexuality education and HIV education life skills in accordance with national standards.

The challenge is widespread across the region. Wing Sie Cheng, the chief of HIV/Aids of Unicef East Asia and the Pacific Regional Office, says the region badly needs policies to support children living with HIV to continue their schooling without discrimination.

"Education to cultivate compassion and care will have a major bearing on stigma reduction — whether for HIV/Aids, other diseases or even teen pregnancy — to help children accept 'deviations' or 'differences' as part of life," said Wing.

About 95% of HIV transmission in children is from mother to child. However, the majority of pregnant women in Asia are not tested for HIV. Only 43% of pregnant women who have HIV in Asia are given the most effective ARV to reduce mother-to-child transmission. Because of parents who have HIV, there are a large number of orphans and adolescents living with HIV in Thailand.

On the legal front, Unicef Thailand is also calling for the age of consent for HIV testing and counselling to be reduced from the current age of 18 years. Restrictive laws and policies in Asia are limiting young people's access to sexual and reproductive health.

"If a young person feels that they have engaged in an activity that puts them at risk of HIV, they should be entitled to have a test without needing parental consent," says Wing. "For the future, there needs to be a stronger focus on testing and treating adolescents from key populations."

The rise in the number of men engaging in gay sex and in injectable drug users also deserves intense attention, says Ying Ru Lo, team leader in the HIV, Hepatitis, and Sexually Transmitted Infections Unit of the WHO Division for Combating Diseases. For example, she said, provisions for cleaning injecting equipment are only available in a few countries.

Another reason for the high HIV prevalence and incidence rates among certain groups is that "people living with HIV including MSM are not diagnosed, they have a high viral load and if not on treatment there is a high likelihood of transmitting HIV", Lo says.

Indeed, some countries are not doing well. The Philippines, Malaysia, Pakistan, Indonesia and China are all facing increasing trends in HIV-infected patients, mainly because of transmission via MSM and injectable drug users.

In the Philippines, HIV has risen more than 25% since 2011, and in Indonesia, only 17% of adults eligible for ART are accessing treatment.

THE IMPLICATIONS

The sixth goal of the United Nations Millennium Development Goals is to combat HIV/Aids, malaria and other diseases. The WHO hopes to end Aids by 2030. To achieve that goal, targeted and more effective programmes are needed.

"There's still a great deal of discrimination and stigma attached to Aids in the region," says Chris De Bono, chief of communication for Unicef East Asia and the Pacific. "Public campaigns should help allay fear of Aids by emphasising that HIV is now treatable, and refer those suspecting themselves at risk to HIV testing and counselling services, which are increasingly available and accessible."

Technology plays an important role in reaching adolescents. Mobile texting messages, radio and TV can be effective, especially for reaching young people in rural areas who are seeking to migrate to cities.

Furthermore, HIV from migration is an issue that extends to the international level. HIV prevalence among migrants to Thailand from neighbouring countries is up to four times the rate of HIV prevalence found among the general population. The isolation and stress from language barriers, insecurity, and different living conditions may lead migrant workers to engage in risky behaviour.

Steve Kraus, the director of the UNAIDS Regional Support Team for Asia Pacific, says that public, private and community partnerships can help in finding innovative ways to support migrant workers through health information and cross-border health insurance.

He stresses creating a safe and supportive environment. "Stigma, discrimination and punitive laws, as well as a lack of information, are the main reasons why people do not get tested for HIV."

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