

ASIA

Asia is not just vast but diverse, and HIV epidemics in the region share that diversity, with the nature, pace and severity of epidemics differing across the region. National HIV infection levels in Asia are low compared with some other continents, notably Africa. But the populations of many Asian nations are so large that even low national HIV prevalence means large numbers of people living with HIV.

- In Asia, some 8.2 million people are estimated to be living with HIV, including 1.2 million people newly infected in the past year. The number of women living with HIV has increased by 56% since 2002, bringing the total number of women currently living with the virus to around 2.3 million. AIDS claimed some 540 000 lives in Asia in 2004.
- The pace and severity of Asia's epidemics vary. While some countries were hit early (Cambodia, Myanmar and Thailand), others are only now starting to experience rapidly expanding epidemics and need to mount swift, effective responses (Indonesia, Nepal, Viet Nam, and several provinces in China).
- Other countries are still seeing extremely low levels of HIV prevalence, even among people at high risk of infection, and have golden opportunities to pre-empt serious outbreaks. These countries include Bangladesh, East Timor, Laos, Pakistan, and the Philippines.
- HIV has now spread to all of China's 31 provinces, autonomous regions and municipalities. Much of the current spread of HIV in China is attributable to injecting drug use and paid sex. However, sexual transmission of HIV from injecting drug users to their partners features prominently in China's epidemic.
- There are signs that efforts to boost public knowledge about HIV are working, but much improvement is needed. A 2003 survey found that two-in-five Chinese men and women could not name a single way to protect themselves against infection.
- In India, about 5.1 million people were living with HIV in 2003, and serious epidemics are underway in several states. In Tamil Nadu, HIV prevalence of 50% has been found among sex workers.
- There are signs that injecting drug use is playing a bigger role in India's epidemics than previously thought. In the southern city of Chennai, for example, 26% of drug injectors were already infected with HIV when a sentinel site was established there in 2000; by 2003, 64% were infected.
- In Bangladesh, there was a striking association between participation in needle-exchange programmes and reduced use of non-sterile injecting equipment. This showed that safer-injecting programmes can bring people into contact with a range of HIV prevention services that can reduce their sexual as well as their injecting risk.
- Because AIDS epidemics cross national boundaries, joint efforts such as the border area needle exchange programme run by China and Viet Nam since 2002

can bear fruit. The programme is based on a successful trial which showed a drop in the use of non-sterile injecting equipment in the previous month from 61% to 30% among all injectors in Guangxi.

- On a vast archipelago such as Indonesia, where research has revealed ample opportunities for wider HIV transmission, the epidemic assumes diverse patterns. One in two injecting drug users in Indonesia's capital, Jakarta, now test positive for HIV, while in far-flung cities such as Pontianak more than 70% of drug injectors who request HIV tests are discovering that they are HIV-positive.
- Widespread injecting drug use by sex workers makes Viet Nam's epidemic particularly explosive.
- In Myanmar, exceptionally large proportions of injecting drug users have acquired HIV. In some places, 78% of drug injectors tested positive in 2003. HIV among sex workers rose significantly from around 5% in 1992 to 31% in 2003.
- Most new HIV infections in Asia occur when men buy sex—and large numbers of men do so. Household-based surveys in a number of Asian countries suggest that between 5% and 10% of men buy sex, which makes commercial sex a large and lucrative industry in Asia. Many of these men are married or in steady relationships and therefore risk not just contracting HIV, but also passing it on to their wives and partners.
- The majority of sex workers who did not use condoms with their last client in places where condoms were easily available said it was because their clients refused to use them. In India, one quarter of street-based sex workers said that if a client refused to use a condom they simply charged more money and went ahead with sex. Sex workers in China's Yunnan province have reported that they earn about 60% more for sex without a condom.
- Asian countries that have introduced large-scale prevention programmes addressing sexual transmission of HIV have seen significant reductions in risk behaviour, and have recorded declining levels of new HIV infections. This shows that countries that choose to provide prevention services on a large scale to those people most in need can bring their epidemics under control.
- In Cambodia, fewer men are now visiting sex workers and there has been a significant rise in condom use in commercial sex.
- Thailand has also shown that a well-funded, politically-supported and pragmatic response can change the course of the epidemic. National adult HIV prevalence continues to edge lower, with the latest estimates putting it at 1.5% at the end of 2003.
- Several countries such as Bangladesh, East Timor, Pakistan and the Philippines, still have a rare opportunity to prevent a significant epidemic from taking hold. Very-low rates of HIV infection are being recorded in these countries, even in populations engaging in high-risk behaviour.
- With 8.2 million people already living with HIV in Asia, treatment, care and support need to move higher up the agenda. In 2004, fewer than 6% of the estimated 170 000 people who needed antiretroviral treatment in Asia were receiving it.

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