ASEAN’s Efforts in Combating HIV/AIDS

There are around 1.6 million people living with HIV/AIDS in the ASEAN region, according to UNAIDS estimates. The first HIV/AIDS case in the region by the end of 1999, was reported in 1984 and by 1990, the virus had spread to all ten member-countries.

The HIV/AIDS epidemics in ASEAN member-countries are at different stages, ranging from slow transmission and early epidemic in countries such as the Philippines, Singapore and Indonesia, to Thailand and Cambodia where the virus has spread to more than 1% of the general adult population.

As a result a variety of responses and interventions are needed. Some countries, for example, need policy advocacy to start preventative interventions while others need technical and financial support to address the inevitable burden on the health and socio-economic sectors. All ASEAN member countries agree, however, that prevention is the key to combating HIV/AIDS.

While the main mode of transmission throughout the region is sexual, in some countries, such as Malaysia and Viet Nam, it is through contaminated needles among injecting drug users.

The benefits of a regional approach to HIV/AIDS prevention

A regional approach to HIV/AIDS prevention provides a number of benefits. Firstly, it recognises the fact that AIDS does not recognise national boundaries and, as a result, policies and some interventions need to transcend these boundaries if the region is to succeed in reducing the spread of this illness.

While country specific programs remain the most effective response to the epidemic, a regional approach can more effectively and efficiently address commonalities between countries within a region, thereby strengthening national responses, or address transboundary issues for which inter-country responses have comparative advantage over national approaches.

One example of member nation collaboration is in empowering mobile populations to protect themselves and their families from AIDS transmission. Vulnerable populations, such as fishermen, sailors, truck-drivers, and contract labourers, because of their mobility often lack access to appropriate information about HIV/AIDS prevention. These people are often far from families and community social mores, alone and lonely, leaving them vulnerable to high-risk behaviour, which can in turn impact on HIV/AIDS transmission in their home regions. If the language and culture in the host country is different then they are unlikely to be able to access local HIV/AIDS information. Collaborative work
between home and host countries can, however, ensure that these groups do not remain vulnerable.

Cost-effectiveness is also another obvious benefit. This can relate to united efforts to negotiate with pharmaceutical companies to reduce the price of the necessary drugs and reagents used to treat PLWAs, as well as cost-sharing. Examples of cost-sharing from AWPI include joint research projects and sharing educational resources, particularly where there is a common factor such as language, culture or religion.

Background to ASEAN’s AIDS involvement

The HIV/AIDS threat was first addressed as a regional concern at the 4th ASEAN Summit held in 1992 when member countries agreed to make a coordinated effort to curb the spread of HIV/AIDS. As a result an HIV/AIDS taskforce was established and a regional program to combat HIV/AIDS developed.

The ASEAN Task Force on AIDS (ATFOA) first met in 1993. Following lengthy inter-country consultations ATFOA developed the first ASEAN Regional Program on HIV/AIDS Prevention and Control (1995-2000) with the assistance of the ASEAN Secretariat and the World Health Organisation. A Medium Term Work Programme was later developed with UNAIDS assistance to implement the ASEAN Regional Programme. The Work Programme identifies priorities for regional cooperation as well as a range of programs and activities aimed at strengthening collaboration among ASEAN member countries in combating HIV/AIDS. These include collaborating with non-health sectors, such as labour and education, identifying population movements, multi-sectoral collaboration on youth interventions, assessing family and community support systems, improving HIV surveillance, and involving Islamic religious leaders. An ASEAN AIDS Information and Research Reference Network was also established to share information and experiences.

An important aspect of the work programs was identifying cost-sharing opportunities as well as “lead shepherds”. A “lead shepherd” is a country coordinator who leads the development and implementation of a regional project/activity in an area in which they have expertise or a specific interest.

In implementing the first Regional Programme on HIV/AIDS Prevention (1995-2000) (AWP1), several issues arose which have been addressed or rectified in the second work programme. These include mobilising resources more proactively, ensuring that regional activities would focus on matters, such as transboundary issues, for which a regional approach would have comparative advantage, greater involvement of NGOs and civil society, evaluating results and promoting awareness of ATFOA activities to more effectively mobilise support and resources.
The Second ASEAN Work Programme on HIV/AIDS (AWPII) 2002-2005

The Second ASEAN Regional Work Programme on HIV/AIDS, 2002-2005, will continue some activities from the first regional program as well as implement new ones relating to emerging issues such as injecting drug use. The common country priorities identified in AWPII can be broadly grouped as:

- HIV surveillance;
- Prevention programs;
- Access to drugs, reagents and condoms;
- Treatment, care, support and counselling;
- Creation of a positive environment, including laws and regulations; and
- Gender and capacity building to cross cut themes and strategies.

The objective of the second ASEAN work programme on HIV/AIDS is to prevent the spread of HIV/AIDS and thereby reduce the social and economic impact on ASEAN member countries. Specific objectives are, however, more detailed and include:

- Reducing the rate of HIV transmission in ASEAN member countries;
- Creating a positive and enabling environment for HIV/AIDS prevention activities, and providing treatment, care and support for people living with HIV/AIDS;
- Strengthening national responses to HIV/AIDS prevention, treatment, care and support programs in ASEAN member countries through inter-country activities; and
- Strengthening multi-sectoral collaboration and coordination among governments and regional partners to facilitate national and regional programs. These include international agencies and NGOs, regional networks of people living with HIV/AIDS, international donors and the private sector.

Expected outcomes include

- Significant leveraging of political commitment through regional advocacy;
- More efficient use of regional partners’ technical and financial resource;
- Mobilising additional resources for national as well as regional activities;
- More effective country collaboration on policy and program issues of common concern; and
- Improved access to, and availability of, technical support through the development of regional technical resource networks.

The Second ASEAN Work Program on HIV/AIDS (AWPII) 2002-2005 was endorsed at the 9th AFTOA meeting in September 2001 and by the ASEAN Health Ministers (out-of-session) in October 2001. It was designed to address the priority areas identified by the ASEAN declaration on HIV/AIDS to be adopted by the 7th ASEAN Summit Session on HIV/AIDS to be held in Brunei Darussalam in November 2001.
SUMMIT AND DECLARATION ON HIV/AIDS

The proposal to convene an ASEAN Summit declaration on HIV/AIDS was mooted by the Malaysian Prime Minister, Dato’ Seri Dr. Mahathir Mohamed, at the Opening of the 5th International Congress on AIDS in the Asia and the Pacific (ICAAP) in 1999. He stated that the convening of a Summit on HIV/AIDS would help ASEAN “to better co-ordinate…. efforts in recognition of the trans-border nature of the epidemic. This will show…the seriousness of the AIDS pandemic and the need for urgent action to combat it.”
KEY THEMES FROM THE ASEAN HIV/AIDS WORK PLAN II (2002-2005)

- **Regional networking** - To coordinate and strengthen the network of sharing of information and research studies among ASEAN member countries.
- **Access to drugs for People Living with AIDS** - Develop a joint approach to exploring availability of affordable drugs for people living with AIDS (PLWAs), including negotiate for affordably priced essential drugs for treatment and prophylaxis of opportunistic infections, anti-retroviral drugs and essential testing reagents.
- **Mobile communities** - reduce the HIV/AIDS vulnerability of mobile communities caused by development-related mobility, and enhance national responses to improve systems of governance regarding development-related mobility. To build collaborative regional responses to reduce HIV/AIDS vulnerability and develop methods to build community, and increase access to appropriate care, treatment and information for mobile populations. Activities to include pre-departure, post-arrival and returnee re-integration planning, training and education as well as savings and investment skills training.
- **Inter-sectoral collaboration** – To use ASEAN to raise awareness of policy makers of the need for inter- and multi-sectoral collaboration involving government, the private sector, communities, the media, PLWAs, religious leaders and multilateral agencies.
- **Research** - to study the long-term demographic and economic impact of HIV/AIDS in the region, and training for policy makers and planners in conducting and interpreting such studies.
- **Religious leaders** – to promote exchange of experiences regarding role of religious leaders in reducing vulnerability to HIV/AIDS transmission as well as care and support for People Living With AIDS (PLWAs), and creating a positive environment for PLWAs. To prepare and adopt an inter-faith statement by religious leaders to declare support and the need for compassionate treatment of people living with HIV/AIDS.
- **Youth** - education and life-skills program for youth that address those deficiencies that make youth vulnerable to HIV/AIDS transmission. These include providing youth with relevant information and education about STDs and HIV/AIDS, both in formal school environment as well as informal environment (peer education), exchange experiences and materials, and strengthen regional coordination networks.
- **Condoms** - Initiating or scaling up condom promotion and enhancing availability of quality condoms as still the most effective means of preventing HIV/AIDS transmission through sexual means; cross cultural study on condom promotion.
- **Surveillance** - improve HIV/AIDS surveillance, and share information on prevalence and projections, particularly for border regions.
- **Care and support** - improving access to appropriate treatment, care and support, ranging from institutional to community-based or home care, and involving capacity building in health and community sectors. Eliminating all forms of discrimination, and involving PLWAs in process.
- **Vertical (parent to child) transmission** - Improve skills and techniques to reduce incidence of parent to child transmission.
- **Drug-users** - Training and awareness to reduce HIV/AIDS transmission among drug users, especially intravenous drug users.
As a result, a series of in-country and inter-country consultations and reviews were held throughout the region, bringing together, for the first time, government ministries, NGOs and community groups and the academic and business sectors to develop collaborative national responses to HIV/AIDS. As well as laying the groundwork for developing and implementing AWPII and producing HIV/AIDS country papers, this process produced an ASEAN Summit Declaration on HIV/AIDS to be formalised at a special HIV/AIDS session at the ASEAN 2001 Summit.

In addition to committing member countries to prioritising HIV/AIDS responses in national development plans, the declaration also recognises the importance of equality and the empowerment of women as fundamental elements in reducing women’s vulnerability to HIV/AIDS.

**MULTI-SECTORAL COLLABORATION**

Both AWPII and the 7th ASEAN Summit Declaration on HIV/AIDS identify multi-sector collaboration as a key requirement in combating HIV/AIDS transmission. It is therefore appropriate that both these documents were prepared through a process involving multi-sectoral collaboration at the national, regional and international level. The process involved a wide array of individuals and organizations from the government, community NGO business sectors, as well as UN and other international agencies.

At the regional level seven community networks representing affected and vulnerable populations further strengthened community consultation. This was to ensure that “…the voices of the communities across the region on the issues that affect them…” are heard. They are the Asia Pacific Network of People Living with HIV/AIDS (APN+), AIDS Society of Asia Pacific (ASAP), Asian Harm Reduction Network (AHRN), Asia Pacific Network of Sex Workers (APNSW), Coordination of Action Research on AIDS and Mobility (CARAM-Asia), and the Asia Pacific Council of AIDS Service Organizations (APCASO).

As well as providing the groundwork for developing the AWPII and the ASEAN Summit Declaration on HIV/AIDS, these consultations led to the creation of the Coalition of Asia Pacific Regional Networks on HIV/AIDS, comprising representatives of the seven regional community networks (the “Seven Sisters”) listed above. By uniting under one umbrella network, these key community groups aim to maximise collaborative programs and policies, particularly in implementing AWPII.

**OUTLOOK**

Although there has been a welcome and significant decline in the number of new HIV/AIDS cases in Thailand and Cambodia where a general epidemic had previously been identified, region-wide HIV/AIDS numbers could potentially increase due to high-risk behaviours. These include:
A combination of men having multiple sex partners with low condom use;
• High rates of sexually transmitted diseases (STDs) which subsequently increase sexual transmission rates for HIV/AIDS;
• Increased people mobility, both in-country and cross-border, helping to increase HIV vulnerability through drug use or sexual risks;
• Evidence of changing HIV transmission trends in the region, particularly increasing injecting heroin use in some countries;
• Increasing morbidity rates, particularly among the young, from opportunistic diseases like tuberculosis;
• Continued social stigmatisation and discrimination against marginalised groups, as well as people living with HIV/AIDS and their families, that hinders prevention, treatment, care and support programs;
• Limited financial and technical support in some countries, resulting in certain target groups such as injecting drug users and mobile populations being neglected.

It can be expected that the HIV/AIDS pandemic will continue to intensify throughout the region in the immediate future. This is due to the continued presence of key high-risk behaviours as well as the length of time it takes for new infections to be detected. In its 2001 report on HIV/AIDS, the World Health Organization (WHO) predicts that current HIV patterns in those countries where extensive HIV spread has occurred primarily in IDU populations, such as Indonesia, Malaysia, and Viet Nam, will continue with little change during this decade.

The extent to which current national HIV prevalence levels in these countries may increase will depend on how effective national AIDS programs are in implementing risk-reduction interventions in female sex worker and injecting drug user populations. As Thailand and Cambodia have shown, however, collaborative and concerted interventions can contain an HIV/AIDS epidemic.

Cooperation and commitment at the regional level can play a very important role in catalysing the national response to HIV/AIDS. Bringing government and community representatives together from throughout the region helps them to realise that their problems are common to other countries. Sharing experiences in dealing with controversial issues, particularly among similar cultures, often expedites the introduction of appropriate responses.
HIGHLIGHTS FROM THE 7TH ASEAN SUMMIT DECLARATION ON HIV/AIDS

**Lead and guide** the national responses to the HIV/AIDS epidemic as a national priority to prevent the spread of HIV infection and reduce the impact of the epidemic by integrating HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of national development planning, including poverty eradication strategies and sectoral development plans;

**Promote** the creation of a positive environment in confronting stigma, silence and denial; elimination of discrimination; addressing the prevention, treatment, care and support needs of those in vulnerable groups and people at risk, particularly young people and women; and strengthening the capacity of the health, education and legal systems;

**Intensify and Strengthen** multisectoral collaboration involving all development ministries and mobilising for full and active participation a wide range of non governmental organisations, the business sector, media, community based organisations, religious leaders, families, citizens as well as people infected and affected by HIV/AIDS in the planning, implementation and evaluation of national responses to HIV/AIDS including efforts to promote mutual self help;

**Continue** collaboration in regional activities that support national programs particularly in the area of education and life skills training for youths; effective prevention of sexual transmission of HIV; monitoring HIV, STDs and risk behaviors; treatment, care and support for people living with and affected by HIV; prevention of mother to child transmission; creating a positive environment for prevention, treatment, care and support; HIV prevention and care for drug users and strengthening regional coordination among agencies working with youths;

**Strengthen** regional mechanisms and increase and optimise the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing re-agents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative inter-sectoral collaboration to effectively reduce socioeconomic vulnerability and impact, expand prevention strategies and provide care, treatment and support.

**Urge** ASEAN Dialogue Partners, the UN system organisations, donor agencies and other international organisations to support greater action and coordination, including their full participation in the development and implementation of the action contained in this Declaration, and also to support the establishment of the Global HIV/AIDS and health fund to ensure that countries in the region would have equal opportunity to access the fund.