



## **Press Release**

**Sunday, July 11, 2004**

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**10:00 GMT**

### **Asian countries can choose the future of their HIV epidemics, scientists say**

BANGKOK, 11 July 2004 – Nationwide programmes to increase condom use in commercial sex, help drug injectors to use clean needles and cut risky sex between men are needed to reverse a growing HIV epidemic in Asia, according to leading scientists.

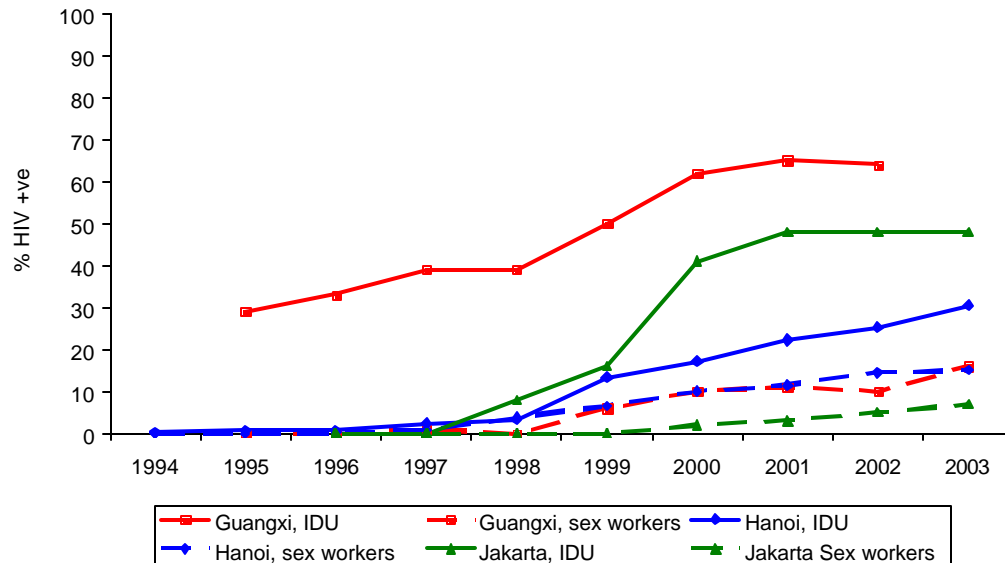
In a report released ahead of the 15<sup>th</sup> International AIDS Conference on Sunday, the Monitoring the AIDS Pandemic (MAP) Network said that HIV was spreading rapidly in several Asian countries.

In parts of China, Indonesia and Vietnam, a huge leap in HIV infection rates among drug injectors is now sparking off a rise in HIV in the sex industry. But there are still many opportunities for effective HIV prevention throughout Asia, according to MAP, a network of epidemiologists and public health specialists who review data and provide independent analysis of the global HIV epidemic.

The report, "AIDS in Asia: Face the Facts", says that HIV in Asia remains concentrated among those with behaviours that carry a high risk of infection – drug injection, the buying and selling of sex, and sex between men. Countries such as Cambodia and Thailand have managed to reverse the course of their epidemics by specifically targeting sex workers and their clients.

"Asian nations face a choice. They can act now or pay later," said Dr Peter Piot, Executive Director of UNAIDS and a member of MAP. "As this report clearly shows, those countries that have chosen to tackle high-risk behaviour openly are beating HIV. Now it is up to others to follow their lead."

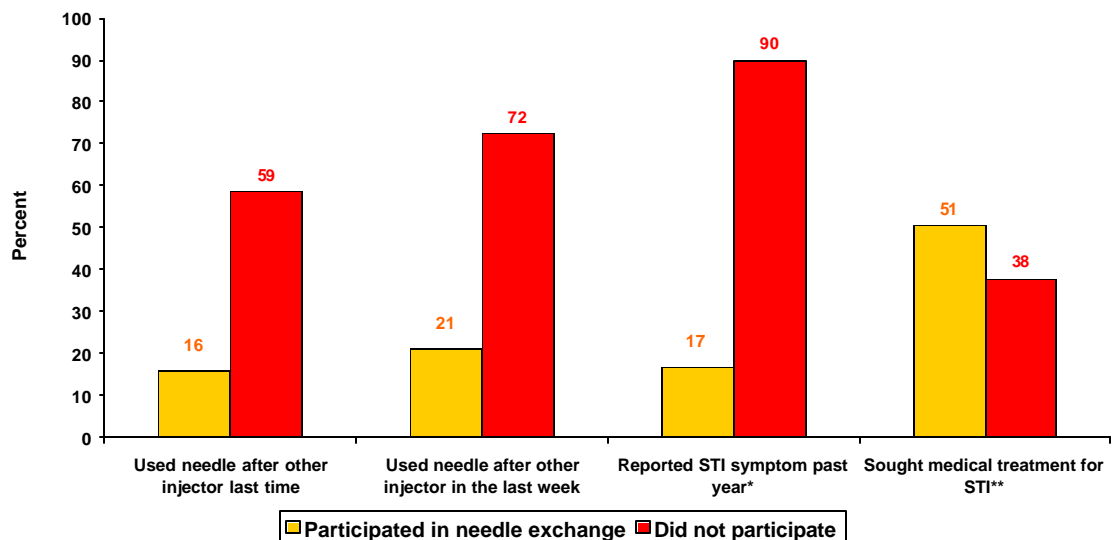
**Recent steep rises in HIV infection among drug injectors has been followed by a rise in HIV among sex workers in parts of China, Indonesia and Vietnam**



In areas where action has been small scale or has failed to provide services to those most at risk, HIV continues to expand, according the report. In some parts of India, Vietnam and Myanmar, HIV is being passed on to people whose own behaviour is not considered risky. The result is a growing epidemic among women and infants in these areas. “When we ignore prevention among vulnerable groups we open the door for the virus to spread to women and their children,” said UNICEF director Carol Bellamy. “It is critical that we do more to help young people avoid getting infected in the first place, by avoiding needle sharing and unprotected sex.”

According to the report, programmes that provide people with the services they need can succeed in reducing the risk of HIV. Bangladesh, for example, has taken the initiative in starting programmes that reduce the harm associated with drug injection while HIV prevalence is still low. Injectors who have ready access to large needle exchange programmes are far less likely to share needles than those who don’t use the service, the report says.

## Injectors who use comprehensive needle exchange services in Bangladesh report safer injecting behaviour, and safer sex too.



“Harm reduction for drug users is politically controversial, but our experience is that it works,” says Tasnim Azim, a MAP member and researcher from Bangladesh. HIV prevalence among drug users in Bangladesh has remained under 5%, while in countries without effective harm reduction, such as India, Indonesia, Myanmar, Thailand and Vietnam, it shot from zero to 50% or more in a matter of years.

The report points to three common features of successful HIV prevention programmes in Asia:

- Successful prevention programmes address the specific behaviours which are causing most infections and provide specific services to reduce the risk of those behaviours.
- Successful prevention programmes provide access to information and to services on a scale large enough to make an impact on HIV transmission.
- Successful prevention programmes ensure that the social, political and security environment supports the provision of appropriate HIV prevention services to those most at risk, allowing them to adopt safer behaviours.

The report concludes that, to date, no country or region has managed to produce these three conditions for people at high risk of HIV infection. “There is no question about what needs to be done to fight AIDS in Asia,” said Dr Piot. “The only question is whether the governments and people of Asia will have the courage to do it”.

***The MAP report can be found on the web at the following sites:***

[http://www.mapnetwork.org/reports/aids\\_in\\_asia.html](http://www.mapnetwork.org/reports/aids_in_asia.html)

[http://www.who.int/hiv/pub/epidemiology/aids\\_in\\_asia/en/](http://www.who.int/hiv/pub/epidemiology/aids_in_asia/en/)

[http://www.fhi.org/en/HIVAIDS/Publications/survreports/aids\\_in\\_asia.htm](http://www.fhi.org/en/HIVAIDS/Publications/survreports/aids_in_asia.htm)

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Data for graphics:

Graph 1:

	Guangxi, IDU	Guangxi, sex workers	Hanoi, IDU	Hanoi, sex workers	Jakarta, IDU	Jakarta Sex workers
1994			0.1	0.1		
1995	29	0	0.7	0		
1996	33	0	0.6	0.1	0	0
1997	39	1	2	0.8	0	0
1998	39	0	3	4	8	0
1999	50	6	13	7	16	0
2000	62	10	17	10	41	2
2001	65	11	22	12	48	3
2002	64	10	25	15	48	5
2003		16	31	15	48	7

Source: National surveillance reports

Graph 2:

	Participated in needle exchange	Did participate	not
Used needle after other injector last time	16	59	
Used needle after other injector in the last week	21	72	
Reported STI symptom past year*	17	90	
Sought medical treatment for STI**	51	38	

Source: Bangladesh Ministry of Health and Family Welfare