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### **Common Regional Challenges in Responding to Communicable Diseases**

*The following is a summary of conference presentations and discussions on the nature of the threat posed by communicable diseases in East Asia and the challenges inherent in crafting an effective response.*

Conference discussions reflected a sense that Asia is at a crucial inflection point in the fight against communicable diseases, at risk of a major disaster but still with a window of opportunity for effective responses. As Michel Sidibe of UNAIDS pointed out, the sheer magnitude of the numbers involved with the spread of HIV/AIDS in the region is daunting. According to UNAIDS statistics, there were an estimated 2.3 million people living with HIV/AIDS in East Asia in 2005, and this number rises to 8.3 million people when South Asian countries are included. Still, while these numbers are high, prevalence rates remain low relative to Africa, providing a rare chance to succeed in beating back the disease. All the same, there is the potential for an explosion of HIV/infections: South Africa had a prevalence rate of only 2 percent 10 years ago, but now rates are 24 percent.

The region is also plagued by two of the other major infectious killers, tuberculosis and malaria, and in impoverished communities these epidemics often overlap with the HIV/AIDS epidemic. Tuberculosis continues to be widespread in the region. The World Health Organization (WHO) estimates that 55 percent of all new cases of tuberculosis reported worldwide in 2004 were in East Asia and South Asia. Meanwhile, malaria remains a persistent problem, and the world's highest rates of drug-resistant malaria are in Southeast Asia.

### CHARACTERISTICS OF THE REGION'S HIV/AIDS EPIDEMICS

The discussions focused primarily on the regional spread of HIV/AIDS, and the participants were quick to note the diversity among the epidemics in the region. Some countries, such as South Korea, have very low prevalence rates, while prevalence rates are high or accelerating rapidly in other parts of the region. The path of the epidemics have also varied widely from location to location. For example, Japan has not yet experienced a significant outbreak among IDUs or commercial sex workers, but the disease was initially concentrated in these populations in Cambodia and Thailand.

Masahiro Kihara, a leading epidemiologist from Kyoto University, noted how the spread of the HIV epidemic can typically be broken down into two phases. In the first phase infections tend to be concentrated in high-risk populations such as commercial sex workers, IDUs, and MSM, while the second phase is characterized by the spread of the disease in the general population and through heterosexual transmission. Unlike Africa, East Asian countries are still only experiencing the first phase, which accounts for this degree of diversity among countries. However, he warned, every country typically enters into a second phase in which the infections will be focused more in young heterosexual populations.

Given this likelihood, it is particularly worrisome that the spread of AIDS in East Asia seems to be coinciding with changes in sexual behavior that have the potential to drive explosive growth in infection rates. Studies carried out by teams led by Dr. Kihara have found that, in the last 10 years, Japanese and Chinese university and high school students are becoming sexually active at a younger age and these younger students have been considerably less likely to use condoms. In 2003, for example, 2.9 percent of Chinese males in their fourth year of university reported having been sexually active before entering university, but 8.9 percent of first-year male students had already engaged in sex by this point. Similar trends were found in Japan, where sexual experience rates among high school girls in Tokyo had jumped from roughly 20 percent to 46 percent from 1993 to 2002, and there are indications that sexual behavior is evolving in a similar fashion in other East Asian countries as well.

## THE STATE OF REGIONAL RESPONSES

Richard Feachem, executive director of the Global Fund, reminded the participants of the need to recognize the good news in the fight against AIDS, namely that five years ago there was a great deal of denial in Asia about the spread of the epidemic, and this is now gone. However, he and other participants made it clear that the region still faces great challenges in responding effectively to the spread of HIV/AIDS.

For one, the coverage of prevention and treatment programs in Asia remains insufficient. Michel Sidibe related how, according to UNAIDS estimates, HIV prevention programs and services only reach 25 percent of commercial sex workers, 7 percent of MSM, and 4 percent of IDUs in the region. As a result, many of the region's epidemics are transitioning into the general population. Also, despite the progress that has been made, there is still poor coverage of ARV treatment for people with advanced HIV infections. WHO/UNAIDS statistics indicate that these treatments reach less than 10 percent of those with AIDS in Myanmar and the Philippines, and coverage is only slightly better in places such as Vietnam.

Meanwhile, the region faces a growing resource gap. Given the projected course of the epidemic, UNAIDS estimates that US\$2.2 billion was needed for AIDS prevention and treatment in Asia in 2005. In the end, roughly US\$1.3 billion was made available for this purpose. However, by 2007 this need will have risen to roughly US\$5.1 billion, while available resources are likely to have only grown to US\$1.6 billion.

## CHALLENGES FACING THE REGION

Countries throughout East Asia are undergoing significant societal and economic transitions, and at the same time regional interactions and interdependency are rapidly increasing. In this environment, there are a number of particular challenges facing the region as it moves to stem the spread of HIV/AIDS

Several participants stressed that large-scale movements of people in the region, both internally and across borders, have proven to be a key issue in dealing with the regional spread of HIV/AIDS. There are a large number of migrant workers in the region who travel back and forth between rural and urban areas, and they tend to be an important conduit for the spread of the disease. However, participants cautioned that in East Asia,

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patterns of migration are not carefully monitored, often because they are not officially sanctioned, so a deeper understanding of the realities on the ground is critical. For example, in China, many people who are considered migrants are really those who are living in places that are not their official residences—although they may be doing this for their entire lives—while the true risk group for HIV/AIDS is really a subset of migrants, such as truck drivers. Another participant noted that commercial sex workers in Laos have to move from district to district every three months, which has significant implications for the design of effective interventions.

Multisectoral cooperation is also a key ingredient in the fight against HIV/AIDS. However, the patterns of governance in the region mean that this is often difficult to develop. Governments have a critical role to play, and participants agreed that greater political mobilization and leadership is needed in order to effectively respond to the disease. Wiwat Rojanapithayakorn of the WHO noted that China's progress in the past two years has been extremely striking relative to other countries, and China has been able to move so quickly against HIV/AIDS primarily because the central government has more discipline than any other government in East Asia. However, even Chinese government officials pointed out that there are limitations to what central and local governments can do and that there is a need for greater cooperation with NGOs.

In general, promoting cooperation with NGOs has proven particularly challenging in most places in East Asia, where civil society still lacks a strong infrastructure. In order to enable effective responses, participants urged governmental and private donors to provide more funding for NGOs. One foundation official also remarked on the importance of nurturing coalitions or intermediary organizations, partly because these make it possible for NGOs to obtain funding from the government and elsewhere, even if they have not gone through the official registration process.

It is also important to mobilize corporate involvement in the fight against HIV/AIDS. While there are important differences by country, there has tended to be less business collaboration in AIDS-related efforts in Asia than in countries such as the United States. In light of this, several participants stressed the importance of making corporate executives one target of regional cooperation and of more clearly demonstrating to them that their interests are at stake in the fight against this epidemic.