

TAIWAN

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Current Status and Trends

The first case of AIDS in Taiwan, a foreigner in transit, was reported in 1984. By the end of 2004, there had been 6,772 reported cases of HIV infection in Taiwanese; of those, 1,895 had developed full-blown AIDS, and 1,178 had died.¹ It is estimated that, in addition to those figures, approximately 5,000 adults (aged 15–49) in Taiwan are living with HIV without the disease having been detected or reported.² Relatively speaking, Taiwan remains at the stage of a “low-prevalence epidemic.” However, statistics also show that the number of newly reported HIV infections is rising sharply, mainly among injecting drug users (IDUs). As a result, HIV/AIDS is now a serious health problem for the island.

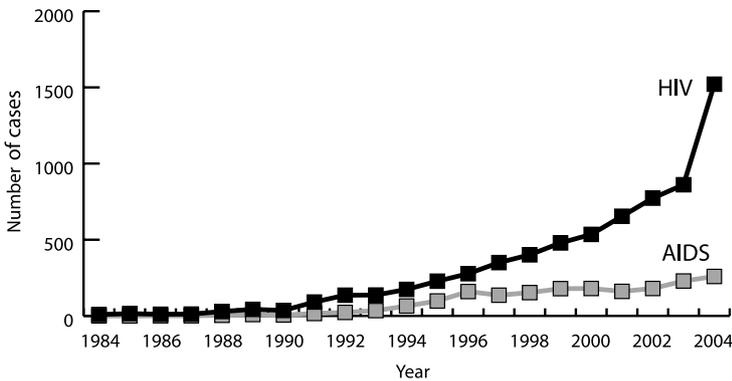
According to data from the Center for Disease Control of Taiwan (Taiwan CDC), the first AIDS case ever detected in Taiwan was officially reported in December 1984, when an American physician who first developed symptoms while in Thailand was then diagnosed in Taiwan as a confirmed AIDS

1. This data is based on the Center for Disease Control of Taiwan’s (Taiwan CDC) HIV/AIDS reporting system. It includes only Taiwanese citizens.

2. According to the Taiwan CDC, the estimated number of total cases of HIV in Taiwan for the year 2004 was 9,547.

patient. The first local case of AIDS was reported in 1986 in a Taiwanese man who had sex with men. The first HIV-positive hemophilia patient was believed to have been infected in 1984 but was actually diagnosed two years later. The first infection due to injecting drug use was reported in 1988. The first two spousal-related infections, presumably derived from earlier heterosexual transmissions, were also reported in 1988, as was the first case of vertical transmission of the disease from mother to infant (Twu 2004, 54).

Figure 1. Newly reported cases of HIV/AIDS among Taiwanese, by year of diagnosis



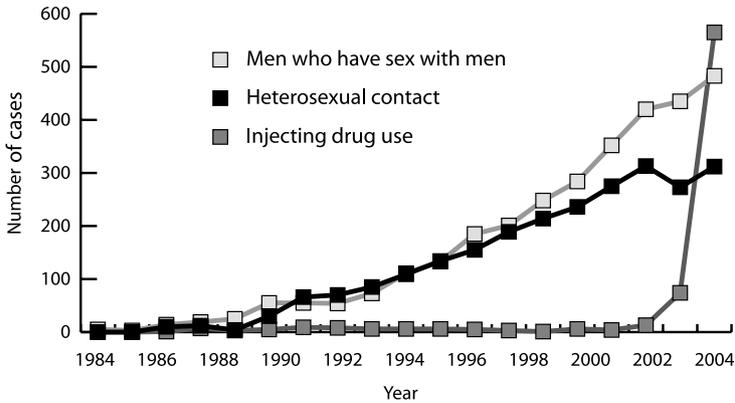
Source: Taiwan CDC (2005).

Both the number of newly reported cases of HIV infection and of new AIDS diagnoses among Taiwanese have been increasing, reaching 1,521 and 259 respectively in 2004 (see fig. 1). Newly diagnosed cases of HIV infection in 2004 were nearly double those recorded in 2003.

The HIV infection rate among IDUs jumped significantly in 2004 (see fig. 2). A total of 565 indigenous IDUs were found to be infected with HIV—a seven-fold increase from 2003. They constituted the largest share (approximately 36%) of all newly reported indigenous cases of HIV infection in 2004.

Table 1 gives a breakdown of the cumulative number of HIV/AIDS cases reported in Taiwan from 1984 to 2004. As can be seen from these figures, 7% of HIV cases were non-Taiwanese citizens. The disease has predominantly

Figure 2. Annual reports of new HIV/AIDS cases among Taiwanese, by mode of transmission



Source: Taiwan CDC (2005).

affected males, with a 13:1 male-to-female ratio among Taiwanese citizens. Men accounted for 93% of HIV-positive cases and 92% of those with AIDS. Looking at the figures for the mode of transmission among all Taiwanese cases, men who have sex with men (MSM) accounted for 46.6% of HIV infections, followed by heterosexual men (31.3%), IDUs (10.7%), and heterosexual women (5.5%). The majority of HIV/AIDS cases involved sexual transmission. Among the male HIV cases, the largest proportion (50.1%) was MSM. The rate of identified mother-to-child transmission was low. As noted above, however, the proportion of drug users increased sharply in 2004.

The age group with the most reported HIV cases was 20–29 years (37.9%), followed by 30–39 years (34.1%). Taken together, these two age groups accounted for 72% of all cases of HIV infection. The average age of HIV-infected cases at the time of detection is 33.7 years.

In terms of the geographic distribution of HIV in Taiwan, the largest number of reported cases is clustered in the Taipei area. If one includes the surrounding metropolis areas (Taipei city, Taipei county, Taoyuan county), this area accounts for 53.3% of all reported cases (see fig. 3).

Using an estimation tool provided by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) as the core computation platform, the Taiwan CDC estimates that

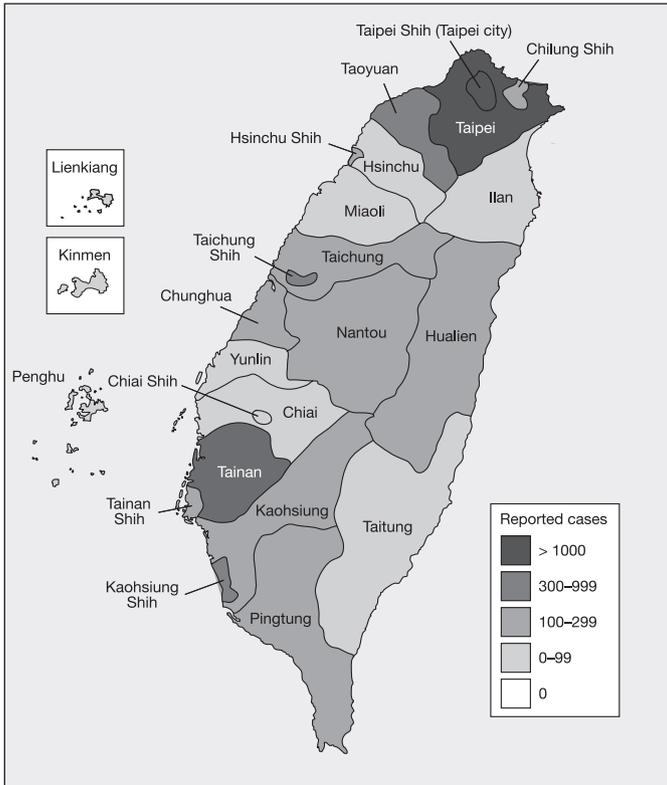
Table 1. Cumulative HIV/AIDS cases, 1984–2004

Mode of transmission	Taiwanese			Non-Taiwanese			Total		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
HIV*									
Heterosexual contact	370	2,117	2,487	159	136	295	529	2,253	2,782
Homosexual contact	0	3,156	3,156	2	58	60	2	3,214	3,216
Injecting drug use	71	651	722	0	13	13	71	664	735
Transfusion/hemophiliacs	0	53	53	0	0	0	0	53	53
Transfusion/others	7	8	15	0	0	0	7	8	15
Vertical transmission	6	5	11	0	2	2	6	7	13
Unknown	18	310	328	48	73	121	66	383	449
HIV Total	472	6,300	6,772	209	282	491	681	6,582	7,263
AIDS									
Heterosexual contact	129	815	944	7	13	20	136	828	964
Homosexual contact	0	834	834	1	7	8	1	841	842
Injecting drug use	6	39	45	0	8	8	6	47	53
Transfusion/hemophiliacs	0	20	20	0	0	0	0	20	20
Transfusion/others	2	2	4	0	0	0	2	2	4
Vertical transmission	2	0	2	0	1	1	2	1	3
Unknown	4	42	46	0	1	1	4	43	47
AIDS Total	143	1,752	1,895	8	30	38	151	1,782	1,933

Source: Taiwan CDC (2005).

* Includes people with AIDS.

Figure 3. Reported cumulative cases of HIV by geographic area, 1984–2004



9,547 people (range: 3,934–17,612) among adults aged 15–49 were living with HIV in Taiwan at the end of 2003. The estimated adult HIV prevalence rate was 0.07% (range: 0.03%–0.14%). Compared with the reported cases of people living with HIV/AIDS (PLWHA), this indicates a possible 5,635 cases that are as yet unreported, or roughly 2.4 times (range: 1–4.5) the number of cases reported to date—an iceberg, indeed. The data indicates that although Taiwan still remains at the stage of a “low-prevalence epidemic,” there are many infected people not aware of their HIV status, which strongly suggests that a more effective surveillance effort is required, especially for high-risk groups.

Populations Vulnerable to HIV Infection

Men Who Have Sex with Men—MSM are traditionally known as a high-risk group in terms of carrying and spreading the virus, and they account for 46.6% of the HIV cases in Taiwan. A study by Dr. Cheng Yi-Ming (2004, 47) showed that the highest HIV prevalence rate (5%–10%) in Taiwan was found among MSM. The HIV prevalence rates among MSM at gay saunas in Taiwan between 2000 and 2004 ranged from 5.2% to 9.5%.³ MSM represent one of the main risk groups for HIV infection in Taiwan. Some studies sponsored by the Taiwan CDC have shown that only 36% of MSM use condoms.

Homosexual behavior is highly stigmatized in Taiwan, causing many MSM to be reluctant to openly declare their sexuality. As a result, preventive education and awareness-raising measures specifically targeted at MSM have not been implemented effectively until recently.

Injecting Drug Users—As noted above, the first case of HIV infection contracted through injecting drug use was identified in 1988. Since then, the screening of prison inmates who have drug habits has been mandated. According to surveillance data, HIV prevalence among IDUs had remained below 0.1% until the end of 2003. In 2004, however, the average HIV prevalence among IDUs was up to 2%. Meanwhile, the Taiwan CDC found that, since 2003, the intravenous route has replaced inhalation as the most common way to administer heroine, thereby contributing to HIV transmission among IDUs.⁴

Unlike Australia, Canada, or the United States, needles in Taiwan are not strictly regulated. However, since the police often go to drugstores to seek clues regarding drug offenses, fewer and fewer drug users dare to buy needles openly. It was predictable, therefore, that drug users would resort to needle sharing as the only alternative, and as a result, IDUs are becoming a significant part of the HIV-infected population. Illegal drug usage is strictly prohibited by law and socially unacceptable in Taiwan. For this particular

3. The HIV prevalence rate in 2000 was 9.5% (32 out of 348 individuals), 5.2% in 2001 (16 out of 307), 5.6% in 2002 (21 out of 374), 6.9% (38 out of 549) in 2003, and 7.6% in 2004 (33 out of 434).

4. This data is based on 2004 behavior surveillance by the Taiwan CDC of prison inmates who had a history of drug use.

population group, there is an obvious lack of information on the prevention of HIV transmission. The absence of appropriate detoxification and intervention services has also limited the access of IDUs to proper testing, care, and treatment.

IDUs may also pass on the disease to their sexual partners, effectively starting a domino effect that contributes to the HIV epidemic's spread far beyond the circle of those who actually inject drugs. Children born to mothers who have already contracted HIV by sharing needles or having sex with IDUs may become infected as well, and this has become a serious concern in Taiwan.

Young People—Young people are contracting the virus in increasing numbers. HIV-positive persons in their 20s and 30s account for 38% and 34% respectively of the total number. Taiwan's younger generations have become more and more open-minded about sex and are becoming increasingly sexually active. One-night stands have become popular among youths, many of whom meet through the Internet. Studies by the Department of Health (DOH) show that 10% to 15% of male teens have had premarital sex, up from just 4% a decade ago. Over the same period, premarital sex among female teens rose from 2% to 7%. Unfortunately, most sexual intercourse between youths occurs without proper protection. According to data from the National Taiwan Normal University, only 30% of college students use condoms each time they have sex. Their lack of awareness of the risks they are incurring may trigger a disastrous outbreak among young adults (Chiao 2004).

Women—Although female cases only add up to 7% of the total number of HIV infections in Taiwan, most women contracted HIV through sexual acts with their male partners. One of the issues of great concern to the Taiwan CDC is the significant increase over the past decade in married women among HIV patients. Moreover, women's physiological features make them more vulnerable to the virus than men. For example, in recent years, Taiwanese businessmen have been traveling frequently to various parts of Mainland China and several other Asian countries to pursue new entrepreneurial opportunities, at the same time exposing themselves to, and becoming infected with, HIV by prostitutes and escorts. As one

consequence, wives of those traveling Taiwanese businessmen unknowingly become vulnerable to and victims of the spread of HIV.

Sex workers are also a vulnerable population at high risk of HIV infection in Taiwan since the enactment of the Law on Maintaining Public Order in 1990, which claimed to prohibit prostitution. However, the sex industry never disappeared; it simply went underground. A survey of 39 sex workers still operating showed that 86% of them do not persuade clients to use condoms (DOH 1994). In this business, it appears that the use of condoms has not become a general practice and thus the risk of HIV infection is extremely high. The problem is that sex workers and clients alike believe that they might be lucky. Unsafe drug-injecting practices often go hand-in-hand with commercial sex in promoting the spread of HIV. Moreover, many women have entered Taiwan recently from neighboring Asian countries to illegally join forces with the local underground sex industry. These foreign females are particularly vulnerable to infection because they usually have a language barrier and they have no valid visa, which discourages them from accessing appropriate medical care.

Social and Economic Impact of HIV/AIDS

General Attitudes toward HIV/AIDS—The level of interest in AIDS among the general public in Taiwan is very low. There are many who believe the disease affects only certain kinds of people, such as IDUs and MSM, and has nothing to do with “normal” people outside those circles. According to a survey by the Taiwan CDC conducted in 2004, 98% of the respondents knew what HIV/AIDS was, but only 21% expressed concern about being exposed to the disease themselves.

In a 2004 telephone survey also conducted by the Taiwan CDC, more than 86% of the respondents claimed that they would continue to treat someone in their neighborhood the same way as before even if that person was found to be HIV-positive. However, in contrast to that response, only 29% of the respondents claimed that they would buy fresh vegetables from a shopkeeper or food seller if that person was discovered to be infected with HIV.

In reality, it is clear from media reports and litigation cases that unfair discrimination has taken place in a wide range of areas. One young man was refused admission to college simply because he was HIV-positive. Other

cases that have not been made public include violations of basic human rights such as privacy and confidentiality, termination of employment, and denial of treatment at medical institutions. Another concern is societal bias against those with the virus, which leads many Taiwanese to avoid testing or treatment for HIV/AIDS.

Economic Impact—The financial burden imposed by HIV/AIDS is significant. According to estimates by the DOH's Bureau of National Health Insurance, the money spent just on medication for HIV-infected people in the year 2000 alone came to 500 million New Taiwan Dollars (NT\$) (US\$14 million). This constitutes an average expenditure of NT\$350,000 (US\$10,000) per case, or 100 times the average yearly expense of medical treatment for a citizen in Taiwan. From this, one can get a sense of how enormous the cost is in terms of social resources for the treatment of HIV-infected people (Twu 2004, 57).

Money is certainly not the only cost. In addition, the loss in productivity is estimated to be worth US\$9,090 annually for each HIV case. By adding the loss of productivity to the medical expenses for all anticipated patients under current trends, we are looking at a frightening minimum cumulative loss of US\$1.60 billion by 2010 and US\$6.84 billion by 2020. HIV/AIDS poses other problems too, including the extra stress on people who have to take care of family members living with HIV/AIDS, the emotional turmoil of losing loved ones who contract HIV/AIDS, and the instability that invades families when parents die of AIDS and leave children behind. Given the various negative impacts of the HIV/AIDS epidemic on society as a whole, it certainly is of extreme importance right now that new HIV infections be prevented and all hidden HIV-infected individuals be identified as soon as possible (Twu 2004, 58).

Future Prospects

According to UNAIDS, once the virus is introduced into groups of IDUs, a country may face an explosive growth in HIV infection. This is precisely the nettlesome problem confronting Taiwan. Using multiple regression models, the Taiwan CDC estimates that the number of cumulative reported cases of PLWHA will exceed 30,000 by the year 2011 if sufficient efforts are not made to prevent its spread. If the rate of HIV infection continues

to rise at its current pace, Taiwan will face a tremendous socioeconomic burden in the very near future.

Government Responses

Government Policies toward HIV/AIDS

To fight the HIV/AIDS epidemic, the government has adopted many strategies, including the implementation of surveillance systems throughout Taiwan, the promotion of HIV/AIDS awareness activities, and the provision of HIV counseling services and testing, as well as free treatment to HIV/AIDS patients.

Laws and Regulations—The AIDS Prevention and Control Act proclaimed in December 1990 serves as the legal basis for HIV/AIDS control policy. The act calls for the following: (a) enhancing the human rights of and protection of confidentiality for HIV/AIDS cases; (b) encouraging people to accept testing by means other than blood donation; (c) asking doctors to report HIV/AIDS cases to health authorities; (d) conducting health education with sex workers and clients; (e) making condoms available in hotels and bathhouses; (f) penalizing people who intentionally infect others; and (g) providing free highly active antiretroviral therapy (HAART) for PLWHA. These regulations have proven effective in HIV/AIDS prevention as more people are willing to test for HIV due to the protection of confidentiality.

Promoting AIDS Prevention Education—The government has initiated a number of efforts to educate the public about AIDS prevention. Many related health education programs have been carried out, educational materials have been tailored to fit specific groups, and the media has been used extensively for promoting education on HIV/AIDS. On the designated World AIDS Day every December, a variety of activities are organized throughout Taiwan.

HIV information hotlines have been set up by the Taiwan CDC, local health bureaus, and designated hospitals to respond to public inquiries. Several other HIV counseling services are also available, most of which are government-supported programs with some initiatives by nongovernmental

organizations (NGOs), such as the Master Chang Line, the Life Lines, and the Mackay Safety Line.

In the course of the current five-year plan, much emphasis will be placed on “safe sex” education starting with the fifth grade in all elementary schools. Although it may prove impossible to reverse the trend toward sexual activeness at an increasingly young age, AIDS prevention workers must at the very least protect young people’s health by teaching them how to protect themselves.

Blood Supply Safety—There were 53 hemophiliacs afflicted by HIV through contaminated blood products that were imported primarily from the United States between 1982 and 1985. The Taiwan DOH eventually banned further imports of unheated blood products in 1985. That decision seems to have minimized the damage. The DOH also initiated an HIV-screening program for all hemophiliacs in 1992, and no new cases have been found since that time. The government of Taiwan is currently assisting those HIV-infected hemophiliac victims in a lawsuit against the company that provided the contaminated blood products.

To prevent individuals who practice high-risk behavior from using the blood donation system as a way of testing themselves for HIV infection, blood donors are not notified of the test results. As for ensuring a safe blood supply, a general screening of blood donors has been conducted since 1988 and a test specifically for the HIV-1 and HIV-2 viruses has been conducted since 1995.

Disease Surveillance—With the proclamation of the AIDS Prevention and Control Act in 1990, physicians are now asked to report HIV/AIDS cases to health authorities within 24 hours. Patient information, including name, identification number, birth date, gender, home address, date of diagnosis, and risk factors, must be filled in and reported. The local health bureaus are responsible for providing case management to HIV-infected persons and conducting contact tracing. If an HIV-positive patient is subsequently diagnosed with AIDS, that must also be reported.

The government has been conducting mandatory HIV screening on blood donors since 1988, on military draftees since 1989, on prison inmates since 1990, and on foreign laborers since 1991. A somewhat different screening

program for pregnant women was launched in 2005. Although there is no mandatory HIV testing for pregnant women, each of them will receive an educational pamphlet on HIV/AIDS instead and be encouraged by their obstetricians to take a free HIV test (paid for by the government) during prenatal care.

The latest prevalence rates given by the surveillance system for the year 2004 for various groups are as follows: 3.9 per 100,000 for blood donors, 6.5 per 100,000 for military draftees, and 2,000 per 100,000 for prison inmates with a history of drug use.

HIV Testing and Counseling Services—Active surveillance is conducted with the help of healthcare providers and NGOs, which perform free HIV testing and counseling services for high-risk groups such as sex workers, sexually transmitted disease (STD) patients, homosexuals, and IDUs. There are 31 hospitals in Taiwan that have been designated to handle AIDS patients, and these facilities offer voluntary HIV testing.

From these active surveillance systems, the highest HIV prevalence rate was found in MSM (5%–10%), followed by individuals with STDs at a prevalence of 0.03%. The prevalence of HIV infection among female sex workers is around 0.004%. Other than those outreach programs, the anonymous testing provided by ten AIDS-designated hospitals is the most efficient method, with a detection rate of 3%.

Harm Reduction Pilot Projects for IDUs—Taiwan DOH has been considering the implementation of a needle-syringe program and substitution treatment to help reduce the number of new HIV cases among IDUs. Implementing these harm reduction programs in Taiwan would require the support of the police and prosecutors. After addressing the problems in cross-ministerial meetings, the harm reduction policy was approved by the prime minister, and interministerial consensus has been built on a number of points. Since August 2005, pilot programs have been launched in four counties and will continue through the end of 2006.

Medical Care—All infected persons are provided with free medical care by the government. As noted above, there are 31 designated hospitals providing medical care for AIDS patients. All HIV/AIDS patients are given

various free antiretroviral treatments (e.g., AZT, ddC, ddT), depending on their condition. Since 1997, HAART has been used. Patients' CD3, CD4, CD8, and viral load levels are closely monitored during treatment. One hospice care center was set up in 2000 for AIDS patients who are in the terminal stages of illness. Physicians, nurses, health administrators, laboratory technicians, and social workers employed at the designated hospitals and at the hospice care center are trained to provide quality clinical services for HIV/AIDS cases.

According to an article in the September 2004 issue of the *Journal of Infectious Diseases*, the provision of free HAART had decreased HIV transmission by 53% in Taiwan (Fang et al. 2004). One possible negative impact that could arise from the widespread use of HAART, however, is an increase in sexual risk taking because of optimism about HAART. A recently published meta-analysis of studies looking at this problem found that individuals who believed that a low viral load made people with HIV less infectious were likely to take more sexual risks. Furthermore, mathematical models suggest that even a modest increase in unsafe sexual activity has the potential to offset a large decrease in infectiousness brought about by the widespread use of HAART. Therefore, starting in the year 2005, the Taiwan CDC has begun to work on plans for a prevention program for persons living with HIV in Taiwan.

Political Leadership

After the first case of AIDS was reported, the government of Taiwan created the AIDS Advisory Committee to deal with AIDS surveillance and treatment. The committee had nine members, including clinical physicians and laboratory experts. It launched the first wave of AIDS prevention efforts in Taiwan in 1985. It was through the impetus of that committee that the AIDS Act was enacted in December 1990. From 1994 to 1996, the committee implemented an Initial Plan for AIDS Prevention and Treatment, and from 1997 to 2001, it implemented a second Five-Year Plan for AIDS Prevention and Treatment. In order to set up a framework of interagency cooperation, a third Five-Year Plan for AIDS Prevention and Treatment commenced in 2002 with prevention work as its primary mission. It seeks to bring about effective epidemiological control of the disease in Taiwan while transforming the nature of public health efforts

from passive provision of medical care to active engagement in preventing the spread of the disease.

An interdepartmental Committee for the Promotion of AIDS Prevention and Treatment, which replaced the Advisory Committee, was formally established on December 19, 2001, and involved 13 agencies. Previously, the work of AIDS prevention and treatment had been confined to a rather limited group of public health agencies and private organizations, whose resources were already stretched to the maximum. In light of the marked trend toward increasing incidence of HIV infection among IDUs and young people, it has become imperative that Taiwan learn from the strengths and weaknesses of control programs in other countries and that it enlist the active participation of all government departments that may be helpful. A more concerted, united effort is needed to halt the multiplication of new cases and to avert what seems to be an imminent catastrophe if the disease continues to spread at its current rate in Taiwan.

Foreign Policies and Aid on HIV/AIDS

Taiwan withdrew from the United Nations in 1971 and the WHO in 1972. This has resulted in lost opportunities for participating in international and regional HIV/AIDS control programs and networks. And in the UNAIDS epidemiological map, which illustrates the global distribution of HIV infection, Taiwan was categorized as “data not available.” But as a member of the global village, Taiwan is still committed to helping eliminate the virus through numerous projects funded in various countries. By the end of 2004, Taiwan had donated US\$2 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria. It donated US\$1.02 million to CARE France for the Chad AIDS Prevention Program from 2001 to 2004, and also provided condoms for resource-poor countries in Africa. Taiwan has further committed itself to eliminating the virus through various well-funded projects in Haiti, Vietnam, and Malawi.

Taiwan has also addressed the issue of HIV/AIDS through the promotion of international exchange, holding an international Taipei Conference on HIV/AIDS every two years since 1994, and it will continue to do so in the years to come. The Taiwan CDC will also continue to actively promote participation in international disease control activities, and to establish closer communication and cooperation with countries around the world.

Civil Society Responses

Types of NGOs Involved in the Fight against HIV/AIDS

There are a number of Taiwanese NGOs working on HIV/AIDS issues. These organizations tend to be active on either the domestic or the international front, but are rarely involved with both.

Community-Based NGOs—In 1992, two NGOs, the Light of Friendship AIDS Control Association of Taiwan and the Taiwan AIDS Society, were established. By 2003, there were 23 NGOs working on HIV/AIDS prevention. Most of the AIDS-related NGOs are young, developing organizations. These NGOs provide AIDS services to specific target populations and promote prevention and awareness-raising programs for the general public. For example, the Taiwan AIDS Society, the Taiwan Love and Hope Association, the Lourdes Home, and the AIDS Care Association Taiwan offer telephone counseling services to those affected by HIV/AIDS. In their effort to expand prevention and education on HIV/AIDS, NGOs such as the Society of Preventive Medicine in Taiwan, Living with Hope Organization; the Light of Friendship AIDS Control Association of Taiwan; the Collective of Sex Workers and Supporters; the Taiwan Tongzhi Hotline Association; and others have been able to reach out where public agencies have failed, especially with regard to marginalized populations.

NGOs such as the Garden of Mercy Foundation, the Harmony Home Association, and the Lourdes Home have also been requested to set up “AIDS Halfway Houses” to continue the care of homeless patients. To date, there have been a total of 218 admissions to the halfway houses and hospice care centers.

NGOs in International Cooperation—Various nonprofit organizations and Christian charities have gathered their resources to help the poor in fighting the disease. Some Taiwanese NGOs also provide medical care related to HIV/AIDS on the international front. These NGOs are philanthropic or involve medical experts. Examples include the Buddhist Compassion Relief Tzu Chi Foundation Taiwan and the Harmony Home Association Taiwan, which set up sanatoriums to offer accommodation to HIV/AIDS patients in China, and the Taiwan Root Medical Peace Corps, which sends

experts to provide medical care or to assist in building up laboratories and technical capacity in several African and Asian countries.

Government-NGO Relationship on HIV/AIDS Policies

The government provides community-based NGOs with funds to organize education programs for high-risk and vulnerable groups. HIV/AIDS prevention activities for MSM are a well-coordinated exercise between the government and NGOs in Taiwan. The Taiwan CDC and NGOs work together to reach out to the gay community, distribute HIV/AIDS education materials in gay venues, and provide free HIV testing, counseling, and condoms at gay saunas, gay bars, and parks where gay men gather. Some peer education programs for MSM have been implemented since 2003. In 2004, the Taiwan CDC also cooperated with World Vision Taiwan to carry out educational programs on the “lesson for life” in elementary and junior high schools to raise awareness and concern among students.

Another example of cooperation is in the area of HIV prevention among IDUs, where a network for cross-sectoral partnership has been gradually built up. In the beginning, NGO personnel, psychologists, specialists in AIDS treatment, and others gathered for an informal discussion. That meeting focused on a presentation about the IDU/HIV connection, following which the participants brainstormed on potential control strategies. NGOs were particularly encouraged to upgrade their functions and to serve various roles, sharing responsibility for implementation of the strategies. Thus, the framework was established. Operation Dawn Taiwan, a nonprofit organization whose mission is to help drug addicts rebuild their spirit, mind, body, and social life through the belief in Jesus Christ so that they can thoroughly rid themselves of their drug addiction, has set up beds in a drug rehabilitation village exclusively for IDUs infected with HIV. The Taiwan After-Care Association and the Prison Fellowship Taiwan, NGOs that provide services and protection for those discharged from prison, have served as providers of halfway houses for IDU/HIV cases. NGOs are also working together with the government to develop harm-reduction programs and set up procedures for patient referral.

Challenges to NGO Involvement in Fighting HIV/AIDS

As government budgets are limited, NGOs cannot be fully funded by the public sector. And because corporations have negative attitudes toward HIV/AIDS, support from that sector is rare as well. As a result, NGOs rely on private philanthropy for most of their funding. This in turn results in NGOs constantly facing tight financial conditions and having difficulty employing full-time, paid staff. Even if they manage to scrape together funds to employ one staff member, they are usually forced to set wages far below the average salary level in Taiwan. For the most part, organizations have resorted to relying on medical professionals, PLWHA, and students to work on a voluntary basis in their free time.

HIV/AIDS-related NGOs in Taiwan lack international support because Taiwan is not a member of the UN or WHO. And because Taiwan is economically developed, there is no support from foreign private philanthropy. The strengthening of networking between local NGOs and their international counterparts—the International AIDS Society, the Global AIDS Alliance, the Asian Harm Reduction Network, the International Harm Reduction Association, and so on—is the most encouraging trend.

Corporate Responses

Availability of a Workplace Policy on HIV/AIDS

As noted above, stigma and discrimination toward PLWHA persist in Taiwan. Despite legal prohibitions on job discrimination, people have lost employment for being HIV-positive, although they rarely sue their employers for fear of public exposure.

The level of interest in HIV/AIDS in the workplace is currently very low among Taiwanese corporations. However, through the platforms of the Committee for the Promotion of AIDS Prevention and Treatment, the DOH, and the Council of Labor Affairs, a workplace policy on HIV/AIDS was announced in September 2004 that included the following guidelines for employers:

- provide HIV/AIDS education to employees
- create a workplace environment that accepts PLWHA
- provide occupational skill training and referrals specifically for PLWHA

The guidelines specify that no HIV testing should be required of employees or prospective staff and that confidentiality should be maintained with regard to an individual's HIV or AIDS status. These guidelines are widely known among corporations and most have been adopted.

Corporate Philanthropic Contributions and Involvement

In Taiwan, the level of corporate philanthropic contributions and involvement in the fight against HIV/AIDS remains low. But most NGOs receive a large portion of their funds from such philanthropic organizations as the United Way International, religious organizations, and so on. Some awareness-raising activities have been conducted by foreign-based corporations, such as Levi Strauss and MAC Cosmetics, which are well known for their involvement in the fight against the disease.

In the Taiwanese corporate environment, the lack of knowledge on HIV/AIDS often leads to fear of working with PLWHA. The reluctance of corporations to hire PLWHA is made worse by the lack of incentives for active recruitment of PLWHA on the part of the corporation. In order to persuade corporations to become more involved in HIV/AIDS issues, the government should create a more enabling environment by improving business owners' knowledge about HIV/AIDS and its control methods, and by providing incentives for active recruitment of PLWHA.

Media Responses

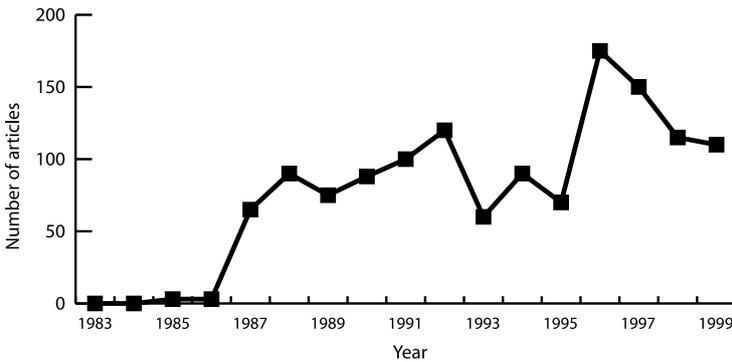
Media Attention to HIV/AIDS Issues

The findings of a 2000 study that tracked the number of articles containing references to HIV or AIDS in the three major Taiwanese newspapers (*China Times*, *United Daily News*, and *MunSangPoh*) from 1984 to 1999 are shown in figure 4. The number of newspaper articles on the subject of HIV/AIDS has increased steadily year by year. In 1996, when Dr. David Ho's HAART treatment for AIDS patients was the cover story of *TIME Magazine*, media coverage reached a peak.

An analysis of the contents of those articles reveals that appeals to discourage MSM behavior based on stigmatized fear were common between 1984 and 1990. Since 1990, emphasis has shifted to discouraging

heterosexual men from visiting sex workers. Starting in 1995, public awareness of the rights of PLWHA has steadily been raised by the media and NGOs, and condom use was officially endorsed by the government. In addition, the government has changed its reactive media strategy to be more proactive, putting out press releases and broadcasting educational commercials on special occasions such as World AIDS Day, Valentine's Day, and the Moon Festival.

Figure 4. Number of newspaper articles referring to HIV or AIDS, 1983–1999



Source: Hsu (2004, 108).

Possible Role of Media in Responding to the Disease

Evaluation of the first World AIDS Day campaign was conducted in 2001 by the Taiwan CDC through a telephone survey of 1,425 adults throughout Taiwan. Relatively high portions of the sample knew about (68.6%), remembered (60.1%), and acknowledged the helpfulness (68.2%) of the messages. According to 87% of the respondents, television was the major channel through which they learned about the campaign. This illustrates that the media can play a key role in the dissemination of accurate information and knowledge about HIV/AIDS and the elimination of discrimination. Ideally, the media would not only have hard facts and information, but would also include in their reports more culturally relevant messages. More studies are needed to search for effective ways to target specific risk groups.

Current Assessment of and Future Prospects for Regional and International Cooperation

The features of the HIV/AIDS epidemic in Taiwan are similar to those in North America, starting with MSM, then spreading to heterosexuals and to IDUs. Facing a rapidly expanding epidemic among IDUs, Taiwan needs to launch swift, effective responses with great resolve. The WHO suggests three strategies for HIV infection control among IDUs: supply reduction, demand reduction, and harm reduction. Through other countries' experiences, experts in Taiwan know that relying only on supply and demand reduction cannot stop the sharply rising HIV prevalence among IDUs and that harm reduction is the most effective strategy.

Harm reduction policy is not just the responsibility of the DOH. It requires cross-ministerial and community consensus building, as well as amendment of relevant laws and regulations. The philosophy of harm reduction policy also goes against the traditional culture and value system in Taiwan. In fact, every country has difficulty in the beginning stages of trying to carry out harm reduction policy. It requires tremendous effort and arduous commitment to move the concept of intergovernmental and public cooperation toward reality. Taiwan is facing the same predicament now.

In the Asia Pacific region, Indonesia, Vietnam, and parts of China are facing the same problems of HIV infection among IDUs. But Australia has a head start and has experienced success in the implementation of harm reduction programs. Regional and international cooperation provides a platform for countries to share their experiences of success and offer one another support and training opportunities. In addition, regular regional or international workshops and conferences can provide networking opportunities and help countries that are late starters in harm reduction programs to avoid the same mistakes and the unnecessarily long path traveled by other countries, so that the implementation of harm reduction policy can be accelerated to effectively stop HIV infection among IDUs.

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