

HIV BATTLE CONTINUES

Just because HIV/Aids has become more manageable doesn't mean it has gone away. And the people who need help the most still are not being reached effectively.

By **Tanyatorn Tongwaranan**

● My first visit to the Anonymous Clinic in Bangkok left me with mixed sensations of disturbance and hope. It was disturbing to see that the majority of the patients were teenagers and young adults. Some were still wearing their school uniforms, and they looked perfectly healthy.

My feeling of hope stemmed from the fact that younger people are not ashamed to get tested, and that those infected can seek early-stage care and no longer have to live in despair.

Founded in 1991 by the Thai Red Cross, the Anonymous Clinic was the first of its kind in Asia to provide counselling and testing for HIV/Aids for patients who wished to keep their identity undisclosed. It is one of many initiatives that have helped Thailand win widespread admiration globally for its efforts to deal with the disease.

People living with HIV/Aids have long suffered from discriminatory attitudes and societal exclusion, affecting their emotional well-being and mental health. Some experience serious threats to their fundamental rights and are prevented from seeking proper

care and treatment.

In recent years, improvements in the efficacy of treatments have reduced the fear and despair that used to surround HIV/Aids. But some experts in the field worry that complacency has set in, and they caution that HIV/Aids remains a major issue in Asia Pacific. The epidemic is largely characterised by growing infection among key at-risk populations, punitive laws and stigmatisation.

In 2017, the region had 280,000 new infections, bringing the total number of people living with the disease to 5.2 million. China, India and Indonesia accounted for about three-quarter of the total.

ALARMING TREND

While overall infection rates in the region declined by 14% between 2010 and 2017, new infections are still on the rise among key at-risk groups, including men who have sex with men (MSM), people who inject drugs, transgender people, sex workers and migrant workers.

"Those people are unfortunately not being reached by our services and because of that, we see an increase of infection," Michel Sidibé,



executive director of UNAIDS and Under-Secretary-General of the United Nations told *Asia Focus* in Bangkok.

Nothing about sexuality is easy to address, he said. When one is tested HIV-positive, the perception is that that person can negatively affect others in the community. This mentality and mindset needs to be changed.

"Aids is especially complicated because there is a lot of stigma and discrimination around anything that is linked to life and death and the reproductive system," he said. "Even in healthcare settings, discrimination is still very high. We still have a long way to go."

Annette Sohn, vice-president and director of TREAT Asia, said the fear of stigma continues to be a major barrier to HIV testing for people who may already have it but have not been diagnosed.

"There is limited access to preventive

interventions across our region, especially to pre-exposure prophylaxis (PrEP) and needle-syringe exchange programmes," she said. "This may be due to a lack of government commitment to implementing these programmes, high antiretroviral drug prices, or restrictive and punitive legal policies against key populations, including men who have sex with men and people who use drugs."

Nittaya Phanuphak, chief of prevention with the Thai Red Cross Aids Research Centre, added that knowing one's HIV status can only be done through testing. And without knowing one's status, HIV treatment and prevention interventions will not be accessed even if services are made available.

"With the health system solely depending on a conventional service delivery system where people have to come into a hospital to receive service, be vulnerable to being judged and



"Zero discrimination [against people with HIV/Aids] in healthcare settings is non-negotiable," says Michel Sidibé, executive director of UNAIDS.



"If we want to reach young people, we need them to develop their own messages and choose the media platforms that are appropriate to reach them," says Dr Annette Sohn, vice-president and director of TREAT Asia.

discriminated against by healthcare providers who are not sensitised enough to gender, drug use, and sex work lifestyle diversity, we would not be able to reach these vulnerable populations and bring them into HIV testing, then HIV treatment or HIV prevention," she said.

Mr Sidibé believes that a profound transformation in society is needed, and the only way to fight stigma and discrimination is to make a shift in communication methods and delivery systems.

"I'm seeing a huge gap in the way people are communicating," he told *Asia Focus*. "To

fill this gap, we need a change in the mindset and we need new narratives to the discourse.

"We need to transform young people from just being passive beneficiaries of our programme to becoming the actors of change."

Dr Sohn agreed, saying that while there are prevention tools that are highly effective, the communications strategies haven't been successful at persuading policymakers to implement them, or convincing those in the community to use them.

"People are convinced by those they identify with, who speak their cultural languages and understand their social experiences," she said. "If we want to reach young people, we need them to develop their own messages and choose the media platforms that are appropriate to reach them. They have to be in the lead."

If society wants to reach zero new infections, she said, we have to address the HIV stigma in communities and healthcare settings, and put effective prevention programmes in place that utilise proven interventions such as PrEP and needle-syringe exchange programmes.

More importantly, she said, we also have to change policies that discriminate against key risk groups including MSM, transgender people, sex workers, and people who use drugs.

Mr Sidibé agreed, saying: "Zero discrimination in healthcare settings is non-negotiable. We need people-centred systems that integrate tuberculosis, hepatitis C, cancer and reproductive health services. All people



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ANNETTE SOHN
TREAT Asia

should be welcomed to a clinic without fear or harassment."

One troubling phenomenon that has

emerged, especially among the younger population, is the “conspiracy of complacency”, he observed.

“We are the victims of our success,” he said, adding that while society has been able to reduce mortality and put a lot of young people on treatment, many are dropping their guard as they don’t see Aids as a major problem anymore.

“[Young people] feel that Aids is a chronic disease that they can live with. They don’t have the same attitude as they did a few years back when people were scared of the disease, so they feel no obligation to protect themselves from a disease that will last for life. ... Ending Aids means breaking this conspiracy of complacency” he said.

In his view, young people today are very active in politics and social life and they want to be actors of change. The same goes for HIV prevention: if the key affected populations become the actors of change, the message will resonate much better. Creating tailored programmes for each group will also yield much better results.

Across the region, it has been found that people in marginal groups including MSM, PWID, transgenders, sex workers and migrant workers are most affected by the disease, accounting for 86% of all infections, with an alarming rising trend.

HIV prevalence among MSM is particularly high in urban areas and new infections are increasing, especially among the younger population. Cities such as Bangkok, Yangon and Yogyakarta have estimated HIV prevalence rates of between 20% and 29%, according to UNAIDS.

A study by UNAIDS found that HIV incidence among those aged 18 to 21 in Bangkok was more than double compared with men over 30. Half of all MSM in the region are under 25 and they tend to use condoms less compared with their older counterparts.

There is also no exception for higher-income countries such as Australia, where 16.5% of MSM are living with HIV despite the availability of antiretroviral treatment.

“The fact that high-income countries with stable health systems continue to struggle with reaching MSM in particular shows us that we are not doing enough,” Dr Sohn said.

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HIV BATTLE CONTINUES

BARRIERS AND CHALLENGES

Scaling up prevention programmes, treatment and access to care for key affected populations is crucial, but challenges remain as punitive laws and discrimination still prevent these groups from reaching the services.

Across the region, 11 countries currently impose restrictions on entry, stay and residence for HIV-positive people. In Malaysia, for instance, an HIV test can be demanded of students who want to study in the country. Work permits, particularly for skilled migrant workers, will only be granted for those with negative test result.

As well, sexual activity between men remains illegal in many Asian countries and is widely stigmatised. Across the region, same-sex activities are criminalised in 18 countries including Bangladesh, Pakistan and Malaysia.

Lesbian, gay, bisexual or trans (LGBT) people in these countries, therefore, find it very difficult to access prevention and treatment services. According to the Asia Pacific Coalition on Male Sexual Health (Apcom), HIV prevalence among transgender people in Delhi is as high as 49%. It is 42% in Mumbai and 37% in Phnom Penh.

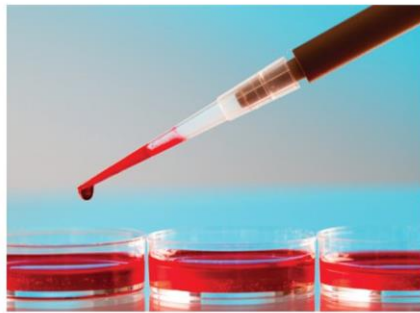
“How can we expect people we have threatened with violence and imprisonment to listen when we encourage them to seek HIV care and treatment?” Dr Sohn said.

In her view, society needs to start to create an environment that respects people as people. This includes engaging MSM and transgender people to directly support care and treatment efforts from within the community.

The Thai Red Cross Aids Research Centre has been a strong advocate for “key population-led services”, and it offers an excellent model for other countries to consider. The result has been a marked increase in HIV testing, diagnosis and PrEP among MSM and transgender people in the country.

“The client-centred or key population-centred service delivery model would be a way to go. Serious and meaningful engagement of these populations in the design and the delivery of health messages and services is crucial,”

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said Dr Nittaya.

For example, she said, if you want more transgender people to seek HIV testing, treatment and prevention, you need to integrate gender-affirming care, including feminising hormone prescriptions, hormone level monitoring, sex reassignment surgery counselling, together with HIV care.

Mr Sidibé said countries in the region should be paying closer attention to successful programmes in other countries and seeing if they can be adapted.

“Success stories are not being emulated in other parts of the region and we are seeing



People with HIV/Aids have little choice but to seek treatment in a hospital, where many “feel vulnerable to being judged and discriminated against”, says Nittaya Phanuphak, chief of prevention with the Thai Red Cross Aids Research Centre.

the change in the pattern of the epidemic,” he said. “In Malaysia, for instance, in the past, the majority of people who were affected by the disease are people who used drugs, but today we are seeing more young MSM become largely infected.”

In the Philippines, there has been a 200% increase in cases since 2010 due to the conservative nature of the majority Roman Catholic country, coupled with the discouragement of condom use and the general climate of

SOBERING STATISTICS

HIV/Aids in Asia Pacific in 2017

5.2m people living with HIV

0.2% adult HIV prevalence (ages 15-49)

280,000 new HIV infections

170,000 Aids-related deaths

53% adults on antiretroviral treatment*

71% children on antiretroviral treatment*

*percent of all adults and children living with HIV
Source: UNAIDS Data, 2018

intolerance under President Duterte, leading to extrajudicial killings among people use drugs.

“Criminalisation causes people to go underground and hide themselves and health services won’t be able to reach these people,” Mr Sidibé said.

Another concern is the availability of funding. As many countries in the region are transitioning from middle-income to upper-middle-income, there will be a withdrawal from the Global Fund to Fight Aids, Malaria and Tuberculosis, which traditionally provided funding for many key population programmes.

SCALE, SPEED, SERVICES

Mr Sidibé observed that the HIV epidemic has focused attention on the need for three things — scale, speed and service. These are the keys to his vision for zero new infections, zero discrimination and zero deaths by 2030.

“The revolution in science is going faster than people feel. With artificial intelligence, quantum computing and big data, we will have a vaccine for a cure,” he said.

“Scaling is so important. You can have a feel-good pilot project that reaches a few privileged people, but it will only create an impact when the project has scale and ambitious goals.”

The epidemic also calls for speed, through research, development and innovation, which leads to the democratisation of services.

Having been with UNAIDS for over a decade, Mr Sidibé said fighting the HIV epidemic has been difficult but it has also been a very rewarding journey.

“It has been a journey of fight, civil society calling on political leadership to be different, innovation and global movements,” he said. “We should be proud of this global solidarity and how we all come together and elevate ourselves above personal ego and selfishness to save millions of lives.”