



**Anglican Alliance Consultation**  
Gracia Gardens,  
Dennis Pritt Road Nairobi, Kenya  
11-15 April 2011

# **ISSUES CHALLENGING SOUTH EAST ASIA**

MS. ELIJAH FUNG

MANAGER, ST. JOHN'S CATHEDRAL HV EDUCATION CENTRE, HONG KONG SAR

CHINA

# Presentation

- South East Asia
- HIV/AIDS epidemic
- Mobility and HIV
- Challenges and Responses



## Mainland Southeast Asia (Indochina)

- Cambodia
- Laos
- Burma (Myanmar)
- Thailand
- Vietnam
- Peninsular Malaysia

## Maritime Southeast Asia

- Brunei
- East Malaysia
- East Timor
- Indonesia
- The Philippines
- Singapore

Geographically Hong Kong, Macau, and Taiwan are sometimes grouped in the Southeast Asia subregion.

The major religions are Buddhism and Islam, followed by Christianity. However, a wide variety of religions are found throughout the region, including many Hindu and animist-influenced practices.





While the region's economy greatly depends on agriculture, manufacturing and services are becoming more important.

An emerging market, Indonesia is the largest economy in this region. Newly industrialized countries including Malaysia, Thailand, and the Philippines while Singapore and Brunei are affluent developed economies.

The rest of Southeast Asia is still heavily dependent on agriculture, but Vietnam is notably making steady progress in developing its industrial sectors.

Tourism has been a key factor in economic development for many Southeast Asian countries, especially Cambodia.

Southeast Asia has an area of approximately 4,000,000 km<sup>2</sup> (1.6 million square miles).

As of 2004, more than 593 million people lived in the region, more than a fifth of them (125 million) on the Indonesian island of [Java](#), the most densely populated large island in the world.

[Indonesia](#) is the most populous country with 230 million people and also 4th most populous country in the world.

The distribution of the religions and people is diverse in Southeast Asia and varies by country.

Some 30 million [overseas Chinese](#), not including the heritage, also live in Southeast Asia, most prominently in [Christmas Island](#), [Malaysia](#), the [Philippines](#), [Singapore](#), [Indonesia](#) and [Thailand](#), and also, as the [Hoa](#), in [Vietnam](#).



## Global summary of the AIDS epidemic | 2009

### Number of people living with HIV

Total	33.3 million [31.4 million–35.3 million]
Adults	30.8 million [29.2 million–32.6 million]
Women	15.9 million [14.8 million–17.2 million]
Children (<15 years)	2.5 million [1.6 million–3.4 million]

---

### People newly infected with HIV in 2009

Total	2.6 million [2.3 million–2.8 million]
Adults	2.2 million [2.0 million–2.4 million]
Children (<15 years)	370 000 [230 000–510 000]

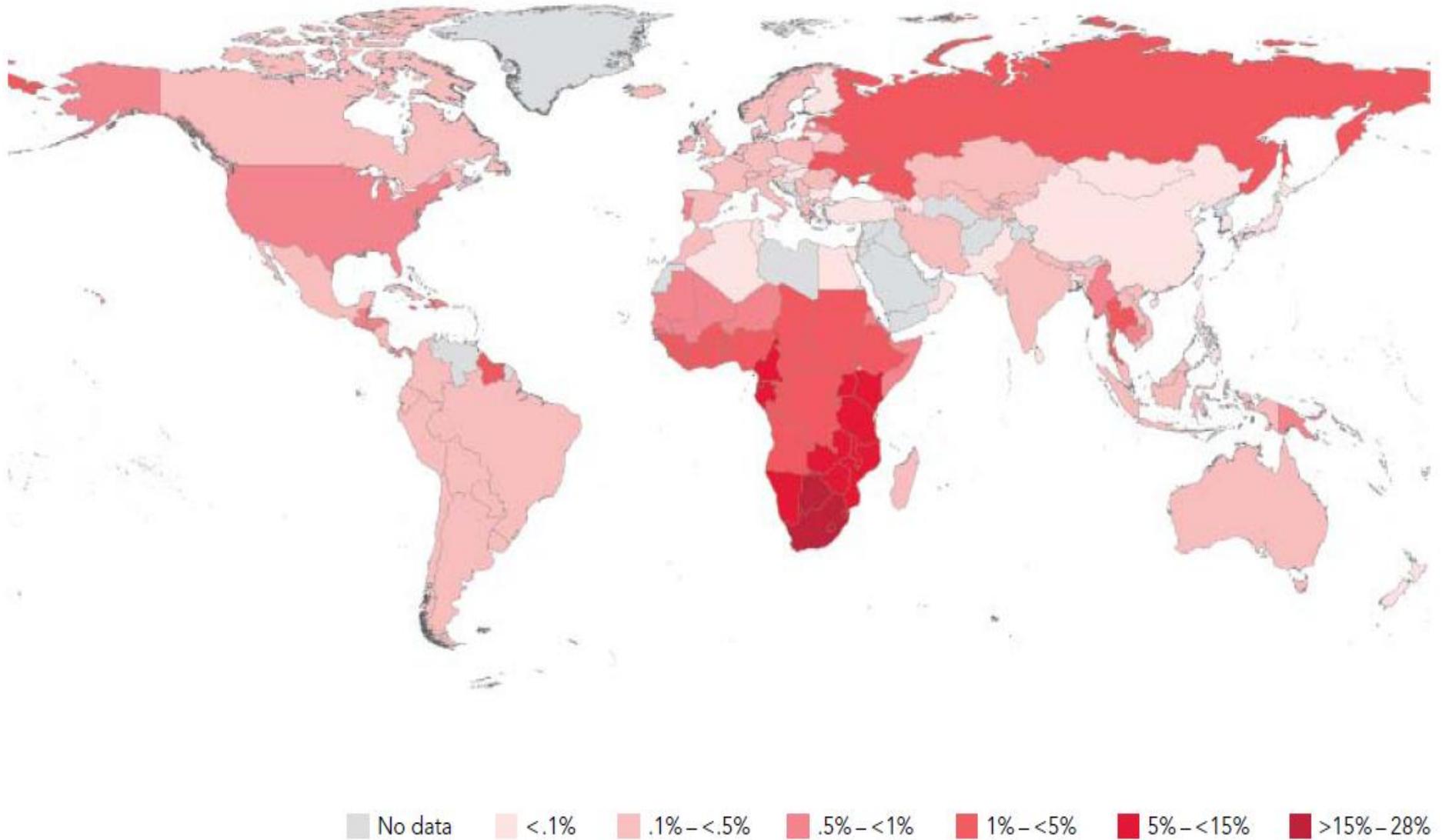
---

### AIDS deaths in 2009

Total	1.8 million [1.6 million–2.1 million]
Adults	1.6 million [1.4 million–1.8 million]
Children (<15 years)	260 000 [150 000–360 000]

# Global prevalence of HIV, 2009

Source: UNAIDS.



## GLOBAL REPORT

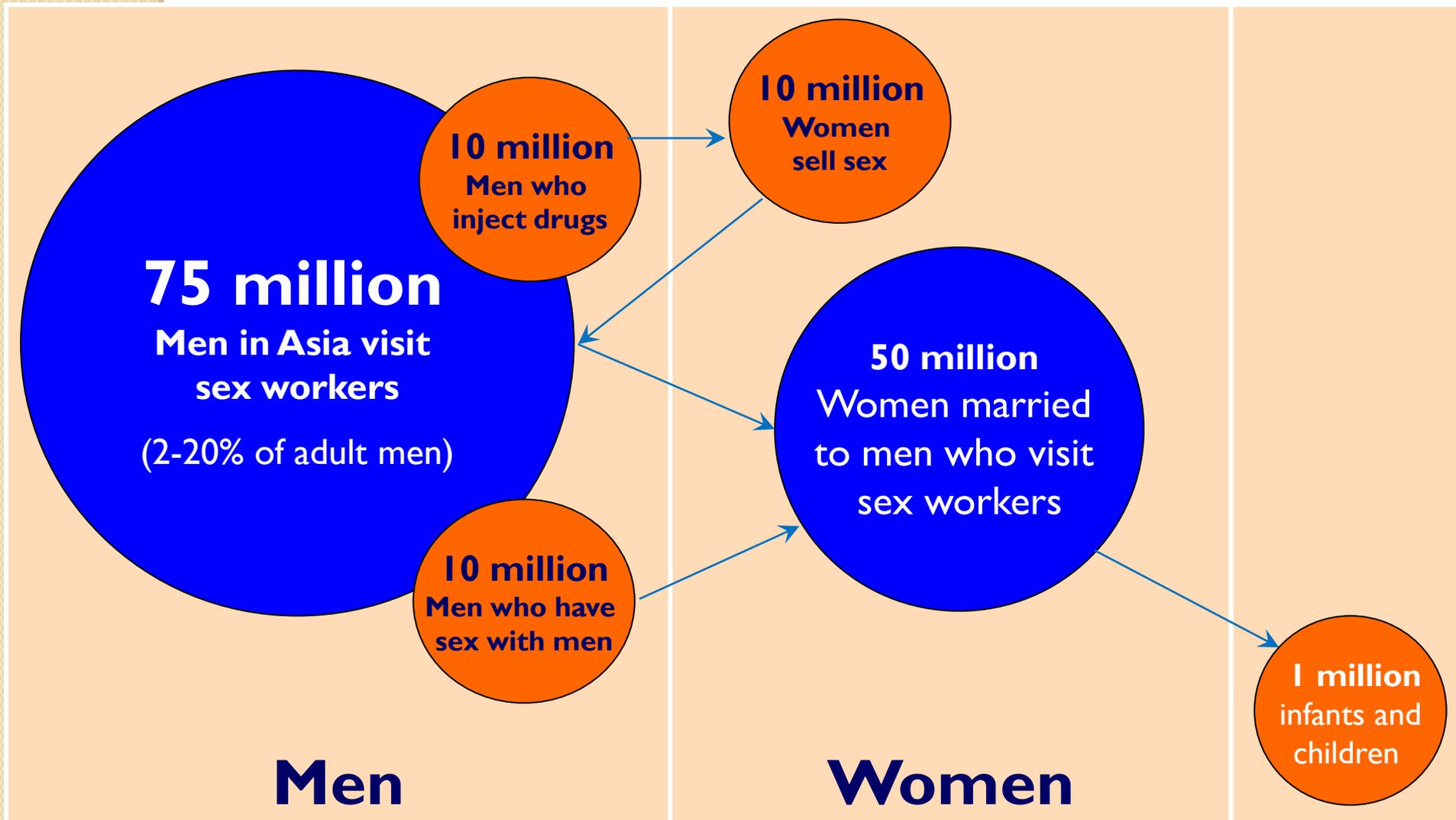
# Over 7000 new HIV infections a day in 2009

- About 97% are in low and middle income countries
- About 1000 are in children under 15 years of age
- About 6000 are in adults aged 15 years and older, of whom:
  - almost 51% are among women
  - about 41% are among young people (15-24)

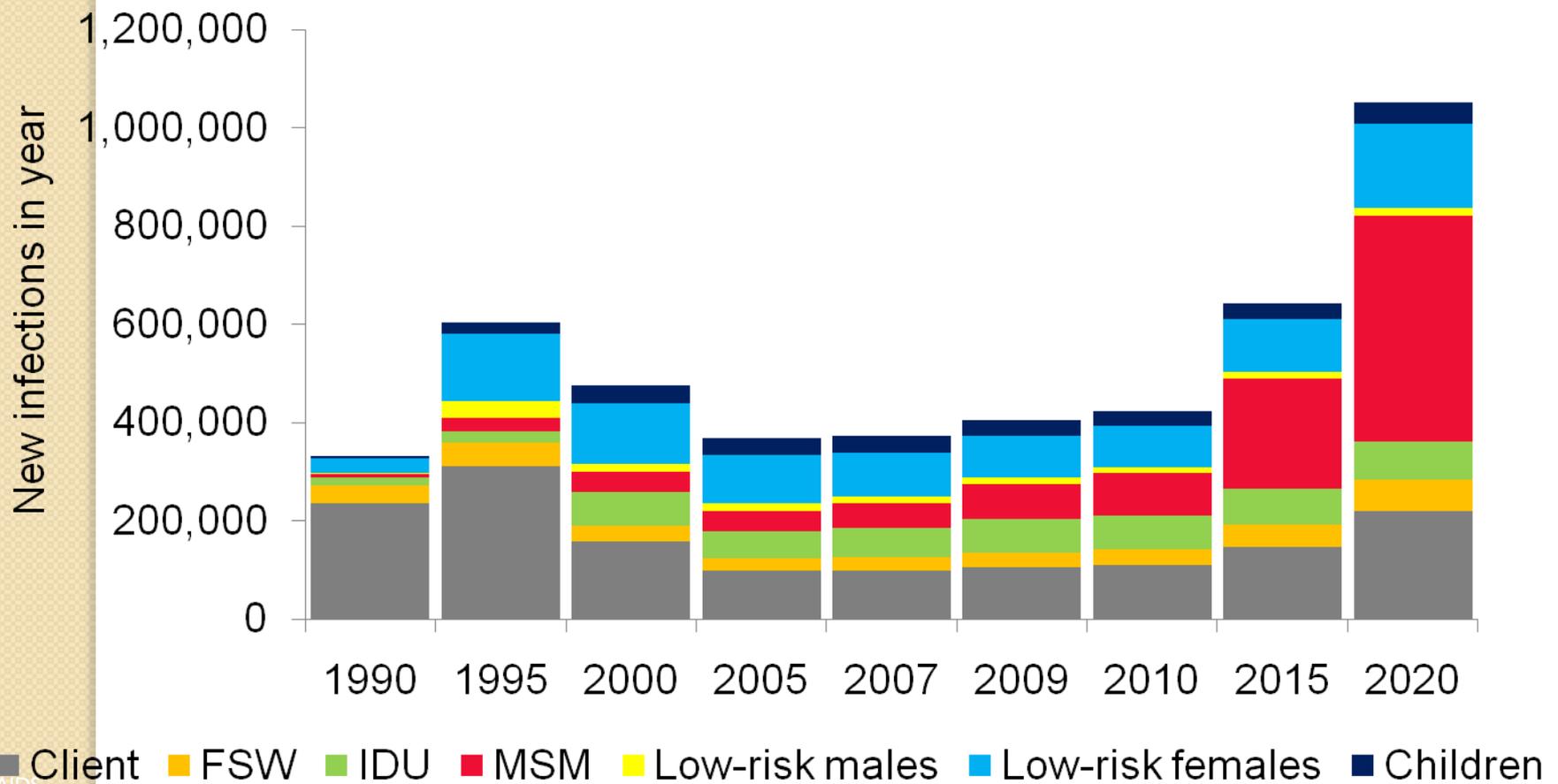
# HIV IN ASIA

- **4.9 million people are living with HIV in Asia**
- **Asia has diverse epidemics, largely concentrated**
- **Malaysia and Indonesian epidemics** are characterized by being concentrated among IDU and sexual transmission
- **The Aids commission report (2008)** estimates that there are 75 million men who are buying sex, from an estimated 10 million sex workers. In addition there are 10 million people who are estimated to be injecting drugs and another 10 million men who have sex with men. Fifty million women are estimated to be married to men who visit sex workers. Hence, there are approximately 150 million people who are at risk of getting infected if no effective prevention measures are put in place.

# Epidemic Characteristics



# Profile of new infections among at-risk populations in Asia



# HIV IN THE ASEAN REGION

- **Higher prevalence of risk behaviors with successful prevention response (SW):**
  - Thailand, Cambodia, and Myanmar: declining HIV prevalence
- **Moderate risk (IDU) with varying response success:**
  - Malaysia: good IDU response, concern for MSM transmission
  - Indonesia, Viet Nam: expanding epidemic IDU to SW and MSM
- **Currently low prevalence of risk behaviour but evidence/potential for increasing spread**
  - Philippines: recent rapid expansion in certain sites – mixed IDU and MSM
  - Lao PDR: increasing IDU transmission in border crossing sites
- **Low prevalence of risk behaviour, important migrant population**
  - Singapore and Brunei

# Achievements in past few years:

- ❖ Commissions on AIDS in Asia
  - ÷ Improved understanding of context and drivers of the epidemic
  - ÷ Cost-effective and appropriate responses
- ❖ First steps towards decriminalization (Section 377) (Fiji, HK, India)
- ❖ Increase in harm reduction programs (scaled in China, Malaysia, Bangladesh and Nepal. NSP 238 to 1469, OST in 13 countries)
- ❖ More emphasis on prevention among at-risk populations
- ❖ More resources for high-impact prevention
- ❖ Commission on AIDS in the Pacific: report presented to SG

# The other side of the coin...

- ❖ Establishment of AIDS camps
- ❖ PLHIV children evicted from schools
- ❖ Houses of sex workers burnt for land grabbing
- ❖ Harassment and arrests by law enforcement
- ❖ Perpetuation of stigma by health service providers
- ❖ Compulsory detention of young drug users
- ❖ Travel restrictions
- ❖ Mandatory testing



# Women and HIV in Asia



-Although three out of four adults living with HIV in Asia are men, the proportion of women living with HIV has risen from 19% in 2000 to 24% in 2007

-Specific country data is sobering: Thailand 39%, Cambodia 46%, India 40%, PNG 60 %

- 70% of youth infected with HIV in Thailand are women and girls (15-24)

- About 1/3 of new infections in Thailand among women

# BARRIERS OF STIGMA AND DISCRIMINATION

- In a 2005 survey of almost 4,000 nurses in three provinces of China, almost one in five (18 per cent) said patients with HIV should be isolated.
- Top reason of IDUs in Indonesia and Nepal for not using clean equipment is they risk arrest for being in possession of the needles.
- Phone-in programme in Cambodia revealed main reason for low uptake on PMTCT services is fear of stigma following disclosure

The United Nations estimates that 214 million people are currently living outside their countries of birth or citizenship.

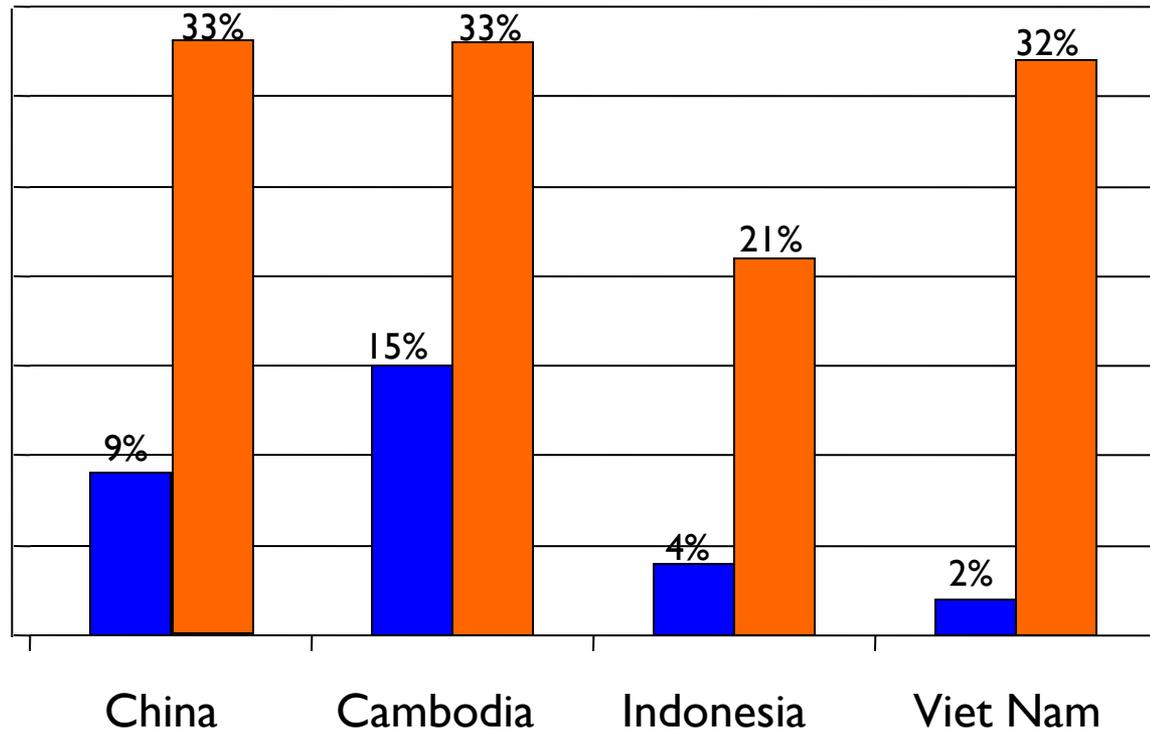
According to the International Labour Organization (ILO), nearly half this number is economically active as migrant workers.



# Mobile men can be more vulnerable to HIV infection



non-mobile / mobile



# MIGRATION IN ASIA

- **Scale of movement:** 44 million international migrants in Asia & Pacific
- **South East Asia:** more than 12 million migrants leave from SEA sending countries, while SEA receiving countries (Malaysia, Thailand, Singapore and Brunei) host 7.6 million migrants (around half of them undocumented)
- **Malaysia – Indonesia:** 700,000 migrant Indonesians leave each year. Malaysia hosts around 2 million migrants, 65% of them are estimated to be Indonesian
- **Remittances:** in 2006 migrant worker remittances constituted US\$ 6 billion, or 1.6% of the GDP.

# MOBILITY AND HIV

- **Migration is not a risk factor for HIV** but the conditions under which people migrate increase the vulnerability for HIV infection
- **Underlying causes** that drive mobility also drive HIV epidemic (e.g. poverty, inequality and social inequity)
- **In low HIV prevalence countries**, large percentage of reported PLHIV were migrants (Lao, Bangladesh, Nepal, Sri Lanka)
- Philippine Statistics on Migration and HIV/AIDS: even though among the total number of reported HIV cases the percentage of overseas Filipino workers has been reduced in the last 10 years (from 28% in 2001 to 25% in 2010), in absolute numbers the numbers have been increasing every year (from 422 in 2001 to 1,522 in 2010)

# MIGRANTS AND HIV

- 332,000 people with HIV in Indonesia – concentrated in SW and Clients, MSM, IDU
- 50% of cases from sexual transmission – commercial and partners of risk groups
- 2005, the Association of Medical Clinics for Migrant Workers (HIPTEK) –out of 145,289 prospective migrant workers to the Middle East in 160 (0.11%) were HIV positive.
- In 2006 the number had increased to 366 out of 366.555 (0.56%) prospective migrants.

# VULNERABILITIES

- Exploitation at each stage of process may increase vulnerability for HIV infection and certain reduce access to health services
- For women – employment conditions may lead to forced or voluntary sex work
- For male migrants – increased commercial sex activity and injecting drug use



# HIV RESTRICTIONS – OVERVIEW

- Restrictions take two general forms:
- **Absolute ban on entry for PLHIV**
- **Restrictions on longer term (generally greater than 3 months) residence**
- According to data collected by the European AIDS Treatment Group in 2008, a total of 74 countries have some form of HIV-specific travel restrictions:
- 12 of which ban HIV positive people from entering for any reason or length of time. Three of them are in the Asia Pacific region: Brunei, Singapore and PNG.
- 29 countries around the world deport people with HIV, 7 of them are in the Asia Pacific region: Brunei, Bangladesh, India, Malaysia, Mongolia, South Korea and Singapore.



One hundred countries do not have restrictions, 12 of them are in Asia Pacific region: Cambodia, China, Hong Kong, Indonesia, Japan Korea (Democratic People's Republic), Myanmar (Burma), Nauru, Nepal , Pakistan , Philippines, Thailand, Vietnam.

**The most common reasons used to restrict the entry of positive people are to protect public health and to avoid possible costs associated with care, support and treatment of people living with HIV.**

HIV -related travel restrictions usually take the form of a law or administrative instruction that requires people to indicate their HIV-free status before entering or remaining in a country. Some countries require people to undergo an HIV test whereas others require an HIV-free certificate or simply that people declare their HIV status.

UNAIDS HIV Related Travel Restrictions

# Responses to the challenges

- **CHRISTIAN CONFERENCE OF ASIA (CCA):**  
“Policy on HIV and AIDS for churches – equipping Churches in Asia to be HIV and AIDS competent”
- **CCA, HK CHRISTIAN COUNCIL & ST. JOHN’S CATHEDRAL HIV EDUCATION CENTRE** jointly produced World AIDS Sunday liturgy for churches in Asia
- **AINA (THE ASIAN INTERFAITH NETWORK ON AIDS)**, established on May 7, 2005 by faith leaders from Buddhist, Christian, Hindu and Muslim traditions in Chiang Mai, Thailand .AINA provides a common platform of action to address stigma and discrimination, to protect human rights of people living with HIV and AIDS.
- E.g. “A Handbook on HIV and AIDs: Guidelines for an Interfaith Response”
-

# Interfaith AIDS Conferences 跨宗教愛滋病會議



**Meeting in Sri Lanka,  
2006**



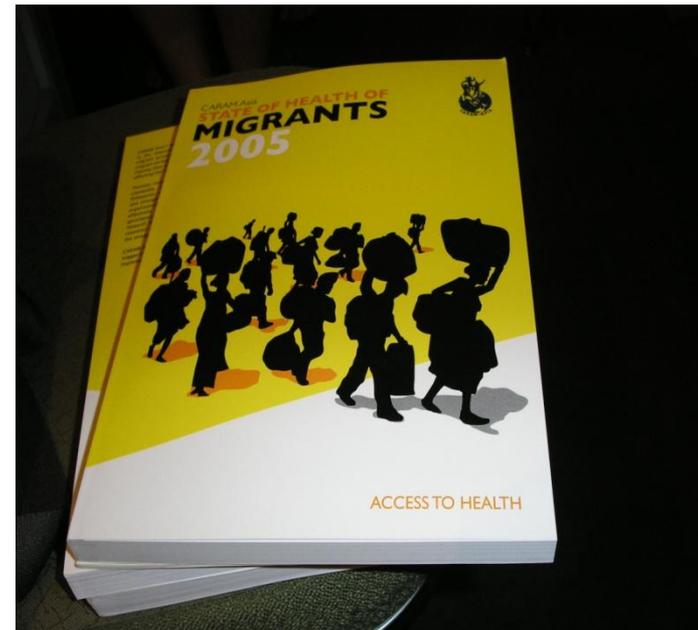
**Meeting in Chiang Mai, 2008**

# Responses to the challenges

- **ASIAN MUSLIM ACTION NETWORK**
- “Speaking up: Muslim Views on HIV/AIDS”
- **ST. JOHN’S CATHEDRAL HIV EDUCATION CENTRE** working with **CARAM ASIA** (*Coordination of Action Research on AIDS and Mobility in Asia*) and its 38 country partners in 17 Asia-Pacific to tackle issues related to HIV and migration



Press conference on mandatory test for migrants



Regional research on health of migrants



## Responses to the challenges

- **INTERNATIONAL MIGRANTS ALLIANCE** (set up in 2008 in Hong Kong) – a broad international alliance composed of progressive and anti-imperialist migrant organizations of different nationalities.
- It acts as the voice and force of migrants of various nationalities in advancing the rights and interests of migrants, refugees and displaced people in different countries.

# THE ASSOCIATION OF SOUTHEAST ASIAN NATIONS (ASEAN)

**All 10 Member States** – signed the ASEAN Commitments on HIV/AIDS and the Declaration on the protection and promotion of migrant workers

Despite the numerous declarations and commitments there is poor access to health services by migrants at home and abroad due to various factors:

- **Migrants are not well prepared** and have little access to services
- **Agents charge large sums of money** which pushes migrant workers into further debt
- **High cost of migration** is not matched with sufficient wages
- **Abusive and exploitative working conditions** and lack of redress mechanisms trap migrants in a vicious cycle of poverty

# UNAIDS 10 Priority Areas

**Reduce sexual transmission of HIV**

**Prevent mothers from dying and babies from becoming infected with HIV**

**Ensure that people living with HIV receive treatment**

**Prevent people living with HIV from dying of tuberculosis**

**Protect drug users from becoming infected with HIV**

**Remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS**

**Empower young people to protect themselves from HIV**

**Stop violence against women and girls**

**Enhance social protection for people affected by HIV**

**Empower men who have sex with men, sex workers, and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy**

# ***FUTURE CHALLENGES***

- **UNAIDS Strategy 2011-2015**
- “3 Zero” : Zero new infection, Zero AIDS related Deaths, and Zero discrimination
- “3 Zero” emphasize on an effort, not on a actual goal
  
- **Migrant workers are enrolled by formal channels**
- **Health Financing System**
- VCT and Treatment of Opportunistic Infection / ART
- Improve Adherence of First Lined ARV / Monitoring and Surveillance of HIV drug resistance
  
- **Encourage Effective HIV prevention**
- Resource Allocation for HIV Prevention requires Political Support and long-term policy
  
- **Coordination among government agencies/CSOs**
- **Decentralization:**
  - Area based problem solving
  
- **Improve Monitoring and Evaluation System**
-

# ROLE OF RELIGIOUS LEADERS

- Address stigma and discrimination – no refusal of health or education based on HIV status
- Inform and educate people
- Provide care
- Provide guidance
- Be an example of safety, acceptance and love



I HAVE AIDS  
Please hug me



I can't make you sick

AIDS HOT LINE FOR KIDS  
CENTER FOR ATTITUDINAL HEALING  
19 MAIN ST, TIBURON, CA 94920, (415) 435-5022



**多謝 Thank you very much**