

OVERVIEW

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The human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS) were first detected in most parts of the Asia Pacific region in the mid-1980s. Over the ensuing two decades it has spread steadily, reaching epidemic proportions in many nations. During this same period, the interconnectedness between neighbors in this region has grown exponentially. While this has engendered many economic, social, and cultural benefits, the increased flow of people across borders has had negative consequences as well and has accelerated the rising tide of HIV/AIDS and other communicable diseases. The fight against this growing threat is therefore one that requires cross-border collaboration and a coordinated regional response. At the same time, the complexity and enormity of the issue, as described in the following chapters, is beyond the capacity of governments alone to handle; it requires the full mobilization and participation of civil society, corporations, labor groups, the media, and other sectors in order to successfully protect citizens from this epidemic.

In 2004, the Japan Center for International Exchange (JCIE) and the Friends of the Global Fund, Japan (FGFJ), launched a research and dialogue project on the "Regional Response to the Spread of HIV/AIDS in East Asia." The goal of this project was to better understand the impact of and responses to the epidemic from the perspectives of those who are involved in fighting its spread throughout the region. It was hoped that, by doing so, this project would promote "functional cooperation" in dealing with the

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common challenges of HIV/AIDS in this region, thereby contributing to the distinct, ongoing movement toward community building in East Asia that has been witnessed in recent years. Such “functional cooperation” is also expected to enhance the development of a regional strategy toward HIV/AIDS.

Twelve papers were commissioned from authors in Australia, Cambodia, China (including Taiwan), Indonesia, Japan, the Republic of Korea (hereafter Korea), Lao PDR, Malaysia, the Philippines, Thailand, and Vietnam. The papers were to be loosely modeled on an earlier paper written by JCIE researcher Itoh Satoko and her colleagues, which examined the background and current situation surrounding HIV/AIDS in Japan and prospects for the future. In particular, the authors were asked to examine the responses of various sectors to the disease. There was general agreement that governments cannot deal with communicable diseases alone; they need strong participation from those throughout society in order to successfully protect their citizens from epidemic.

The 12 papers were first presented at an authors workshop held in Tokyo on June 29, 2005. The following day, they served as background material for discussions at a major conference held to commemorate the fifth anniversary of the Kyushu-Okinawa G8 Summit, which was held in 2000 under the chairmanship of then Prime Minister Mori Yoshiro. The commitment made by the G8 leaders at that summit led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter, the Global Fund). Prime Minister Mori presently chairs the FGFJ, a private support group that seeks to create an enabling environment for an effective response to the spread of HIV/AIDS and other communicable diseases in Japan and to promote cooperation between Japan and other East Asian countries. The FGFJ's board consists of leaders from diverse sectors in Japan, and JCIE serves as its secretariat.

These papers have been revised and updated, reflecting the discussions that went on in Tokyo, and are being published in English, Japanese, and Chinese. The research project and this publication were made possible through generous grants from the Open Society Institute, the United Nations Foundation, and the Vodafone Group Foundation. The views expressed in this volume, however, are solely those of the individual authors.

A Diversity of Experiences

At the June 2005 conference, Christoph Benn, director for external relations of the Global Fund, remarked that in reading these various papers he was struck by the enormous diversity of experiences coming from East Asia in contrast with other regions of the world that have had a more uniform experience with HIV/AIDS. Some societies, such as Australia, had very early and highly concentrated epidemics. Others are only now experiencing rapidly growing and expanding epidemics, as is the case in China. There are also places in the region—particularly Thailand and Cambodia—where the epidemics are maturing, and where prevalence is still high but slowly declining, offering valuable lessons for containing the spread elsewhere. Finally, there are some particularly frightening cases in which prevalence rates are still low but growing exponentially in certain populations, particularly among injecting drug users (IDUs). This is the situation being witnessed in Vietnam and Taiwan.

The primary mode of transmission, particularly in the initial phase of the epidemic, also differs from place to place. One pattern that the disease has followed is to first spread through homosexual contact, then shift to IDUs—a pattern found in Australia and Taiwan, for example. In other areas, such as Cambodia, the commercial sex worker (CSW) population and their clients were the primary initial conduit, while in Thailand and Vietnam, the epidemic struck both IDUs and CSWs at the same time. In China, the disease began with IDUs, but there was also a surge of infections in the late 1980s to early 1990s in rural areas as a result of unsafe blood collection practices. Blood safety issues also affected Japan, where a scandal erupted in the 1980s as hemophiliacs were infected by tainted blood products from the United States. Until the mid-1990s, more than half of all people living with HIV/AIDS (PLWHA) in Japan had been infected in that way. These different transmission routes have resulted in different images of the epidemic in the affected societies and have necessitated different responses.

In many parts of Asia, HIV is still found primarily among men. In Australia, Japan, Korea, Malaysia, Taiwan, and Vietnam, for example, the male-female ratio of reported cases is roughly 9:1 or higher. This generally indicates that the disease remains largely contained within certain specific subpopulations. Many societies, however, have seen the number of infected

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women steadily increase, which may imply that the disease has entered the general population. Indonesia's ratio rose to 5:1 in 2005, and there has been an increase in the incidence of the disease in housewives, babies, and other members of the general population. In other countries, the disease has been even more egalitarian: in China, the ratio is now 5:2, and mother-to-child transmission has been on the rise; in both Lao PDR and the Philippines, the ratio is roughly 3:2; and in Cambodia, because of the high HIV-prevalence among CSWs, the male-female ratio is nearly equal.

All authors reported that the disease had spread geographically, but here again, there are diverse patterns. In some cases, particularly in island nations like Japan and Australia, the disease has been primarily an urban phenomenon, but has gradually extended its reach to suburban and rural areas to some degree. In other cases, the disease emanated from border areas, spreading inward to the rest of the country. Lao PDR, for example, saw its epidemic surge once its borders with Cambodia, Myanmar, Thailand, Vietnam, and China became more porous in the early 1990s. In the case of China, borders were also an issue, as infections among IDUs seemed to appear first in the regions neighboring the "Golden Triangle" and then followed the drug trafficking routes to reach into the rest of the country. On the other hand, the outbreak in rural areas caused by unsafe blood collection practices appears to have remained largely contained.

Given the patterns of migration in the region, there are also different experiences in terms of HIV infection among migrant workers and other foreign residents. Australia, for example, reported that 34% of those diagnosed with AIDS in Australia were born overseas, mostly in sub-Saharan Africa. In Japan, 15% of newly reported HIV/AIDS cases were non-Japanese, with most coming from Southeast Asia. Many authors noted that the actual number of HIV cases among migrant workers is difficult to assess because the obstacles to testing and treatment are significant. The Korean author, for example, notes that the government has had a compulsory expulsion policy, forcing non-Koreans to leave the country immediately if they are diagnosed with the disease. Quite understandably, this has created a significant disincentive to testing and treatment, effectively obfuscating the reality of the situation and making it that much harder to address.

The level of economic development in the region is far from uniform, and thus the resources available to governments for addressing the issue—and

by extension, the relationship with foreign and international donors—vary substantially. Moreover, the connection between individuals' economic security and health was made evident in many of these chapters. Poverty leads many people to seek income through migration or employment in the sex industry, and that in turn places them at risk. Conversely, healthcare expenditures once someone has contracted HIV or AIDS can be a cause of further poverty and landlessness.

The region's diverse societies and cultures have also affected the trajectory of the responses to the disease. The impact of religious and cultural norms was discussed in several chapters, for example. In the majority of the societies studied here, sex and sexuality remain taboo subjects to one degree or another, while drug use and commercial sex are illegal in all. The extent to which governmental, community, and religious leaders are willing to permit open discussions of these topics varies, as does their willingness and ability to reach out to communities whose behavior they do not condone. In addition, the place of women in society and their ability to protect themselves from this epidemic also show great variation throughout the region.

The role of civil society in the fight against HIV/AIDS also differs greatly as the political and legal framework for nongovernmental organizations (NGOs) in such countries as Lao PDR or Vietnam is very different from that in Australia or Korea, for example. The same, of course, is true of the role of the media. In some cases, the ability of government to mandate media messages on HIV/AIDS prevention has proven to be an effective tool. Thai television and radio broadcasters, for example, were required to feature a one-minute AIDS education spot every hour, emphasizing prevention through behavior change and condom use. This appears to have contributed to a slowing of the spread of HIV/AIDS in that country.

Responding to Common Challenges: Successes and Constraints

Despite these vast differences, many of the critical challenges that must be overcome in turning back the tide of HIV/AIDS are shared challenges. As a result, people in the region are increasingly aware that there is enormous value in working together and learning from each other's experiences.

Reaching Vulnerable Populations

One central issue is how to address the problem of HIV infection associated with illicit behavior without being seen as condoning or promoting that behavior. National governments are increasingly adopting a policy of harm reduction, but in many instances they are meeting with resistance from local officials, communities, and religious leaders. The Chinese author, for example, notes, “Outreach in many areas is hampered by crackdowns by local public security bureaus that perform sweeps to round up socially undesirable elements and detain them in re-education and detoxification centers.” That undercuts governmental and nongovernmental prevention efforts by pushing marginalized groups further underground.

The Australian author argues that a key factor in his country’s success in stemming the spread of HIV was the early adoption of a harm-reduction policy and the introduction as early as 1986 of a needle- and syringe-exchange program. That model has been studied by others, including by the Taiwan Center for Disease Control, China, which in 2005 initiated a trial program of its own. In Malaysia, where shared needles account for roughly 75% of the HIV cases, the government also launched a program in the fall of 2005 to distribute condoms and needles free of charge to IDUs—a plan that prompted strong debate in the media. In Korea, the spread of HIV infection among IDUs has been limited at least in part because clean syringes and needles can be purchased over the counter.

Sex workers are another vulnerable population that is difficult to reach. Women, in particular, are often unable to negotiate for safe behavior on their own, and for that reason, broader behavioral intervention efforts are critical. Thailand’s “100% Condom Program” was introduced in 1991 to promote universal use of condoms in commercial sex. As the Thai author explains, “While prostitution is illegal, authorities adopted a pragmatic approach of encouraging widespread condom use and seeking collaboration among public health officials, brothel owners, local police, and sex workers.” This multisectoral effort, combined with social marketing of safe sex and condom use and the widespread availability of condoms, was an important element in Thailand’s success in slowing the growth of the epidemic. Cambodia has also taken a holistic approach to the issue, focusing on condom promotion, sexually transmitted infection (STI) treatment promotion, awareness raising, and improved access to voluntary counseling and testing services,

while also addressing the issue of human trafficking and its victims. As a result, the prevalence rates among direct, brothel-based CSWs dropped from 42.6% in 1998 to 28.8% in 2002. In these countries as elsewhere, however, the increase in the indirect sex industry, often Internet based, is a serious concern since it has placed those workers at even higher risk.

As noted above, increased migration within or across borders has been another contributing factor to the spread of HIV. Migrant workers—whether they are in a different country or have simply moved from rural to urban settings—tend to be socially isolated, leading them to engage in high-risk behavior. Language barriers, insufficient access to healthcare, and fears regarding their legal status present obstacles to testing and treatment for HIV. A Korean NGO established a counseling center in 2003 for migrant workers with HIV/AIDS, but it is struggling to meet the needs of the different cultures represented in that population. The Japanese author notes that while that country's government covers the costs of tuberculosis treatment for non-Japanese regardless of legal status, no such system is in place for HIV/AIDS despite the clear public health risk it entails.

The stigma and discrimination facing men who have sex with men (MSM) has made it not only difficult to reach that subgroup, but also difficult to gauge the true impact that HIV/AIDS has had. In China, for example, it was noted that 8.8% of the HIV-positive cases to date were contracted through either heterosexual or homosexual contact, but that 18.6% were listed as “unknown.” A surprising 30% of newly reported cases were also contracted through unknown means, and the author assumes that many of these cases were in fact through male sexual contact. Similar scenarios were reported in Malaysia, where homosexual or bisexual contact was only attributed to 1% of all cases. The Cambodian and Vietnamese authors noted that their governments had no accurate data available on MSM. The Taiwanese author, on the other hand, noted that while MSM accounted for 46.6% of the reported cases there, the numbers could be even higher, noting that condom use is low and that surveys conducted of patrons in gay saunas revealed high prevalence rates of between 5.2% and 9.5%.

Overcoming Stigma and Discrimination

The same stigma and discrimination that make it difficult to reach these vulnerable populations also make it difficult for political leaders to take

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necessary action in fighting the spread of infection. The groups that are generally associated with HIV infection—sex workers, IDUs, and MSM—are not the people politicians want to be seen assisting or associating with. The situation is made worse when the most affected groups do not belong to any particular constituency, making it easier for politicians to ignore them.

Stigma and discrimination are also preventing people from getting tested for HIV or seeking treatment if they are infected, leading to wider spread of the disease. If people know that they are infected with HIV, they can change their behavior so that they do not continue to contribute to its spread. The challenge, though, is convincing them that they will not be discriminated against if they are, in fact, infected. Similarly, people who are infected do not always seek treatment even when it is readily available because they are afraid that their neighbors or employers will discriminate against them.

Cooperation between government and media is an important element in combating the insidious effects of ongoing stigmatization of the disease. Vietnam's media efforts have had some success as movies and novels on the subject and television appearances by PLWHA have attracted public attention and helped reduce the stigma somewhat. The Voice of Vietnam broadcasts information regularly on the radio, and the country has a magazine focused exclusively on the disease, *AIDS and Community*, with a circulation of 30,000. In Cambodia, the government and NGOs have used media to broadcast dramas that seek to reduce misconceptions about the disease, promote prevention and voluntary testing, and encourage people to avoid risky behavior. Celebrities appear in educational campaign activities as well. Chinese government officials, including the president and the premier, have made well-publicized visits to AIDS patients to try to erase the stigma, and public service advertisements have been broadcast featuring such personalities as Yao Ming and Jackie Chan.

Adding the voices and faces of individuals living with HIV/AIDS to public educational efforts is often the best means of overcoming the stigma, although it requires tremendous bravery. In Vietnam, a woman who was infected by her drug-addicted husband has caught the public attention; she has appeared frequently in the media and has started a support group for other PLWHA. Unfortunately, as the Japanese author points out, there is still a distinction in the minds of many between those who contracted the

disease through no fault of their own—recipients of tainted blood, spouses who are unknowingly infected, or babies—and those whose own risky behavioral choices resulted in infection. This distinction is a difficult one to overcome and can seriously impede not only efforts by governments and NGOs but also cooperation and networking among PLWHA themselves.

Overcoming Complacency

Ironically, one of the biggest challenges to dealing with HIV/AIDS in Asia is the relatively low prevalence rate compared with other regions such as Africa. In many societies, this low prevalence has led to complacency, not just among the general public who continue to engage in risky behavior but also among politicians who do not see the impending danger and, therefore, do not commit the necessary resources to fighting the disease and keeping it under control.

The case of the Philippines has baffled experts because of the low HIV prevalence and slow increase in the rate despite the presence of various risk factors. One reason for this slow growth may be that the government responded early and worked in cooperation with the private sector. While low prevalence is certainly welcome, it may be dangerous if it undermines the government's commitment to fight the spread of the disease. Similarly, in Japan, another country where prevalence remains low, there is a popular misperception that the HIV/AIDS problem was over in 1996, when a settlement was reached between the government and hemophiliacs who had been infected with HIV through transfusions of tainted blood. Infection continues to spread, though, and people in urban and rural areas need to be made aware of the risks that the country still faces from the virus, particularly because current behavioral trends point to the potential for a serious epidemic if steps are not taken.

The Australian author refers to this as the “paradox of prevention,” noting, “The more successfully HIV/AIDS infection rates have been kept under control, the fewer dedicated human and financial resources have been directed by governments at HIV/AIDS; resources are instead redirected to other more apparently pressing public health issues.” Unfortunately, this leaves the door open for new outbreaks of the disease.

Sectoral and Cross-Sectoral Responses

Government Responses

The chapters that follow describe a range of government responses to the HIV/AIDS epidemic. Almost all governments were quick to establish some sort of committee or other mechanism for responding to the threat—in some cases, such as Malaysia and Lao PDR, even before the disease had been identified within that country—and have established AIDS-related legislation to direct resources and ensure protection of human rights (although to varying degrees). In some countries, such as China and Korea, the initial government reaction was focused on identifying and controlling those infected with HIV/AIDS. These policies failed, however, and were eventually refocused. Korea was quick to adjust, shifting in 1990 to providing medical care and support for PLWHA and strengthening prevention programs for the public. China shifted gears in 2003, when the outbreak of severe acute respiratory syndrome (SARS) brought a new recognition of the dangers of communicable disease. Since that time, the State Council AIDS Working Committee has been mobilizing and coordinating the efforts of 23 ministries, new policies and legislation have been adopted, surveillance has been stepped up, and funding has dramatically increased.

In Indonesia, a group focused on HIV/AIDS was set up in 1985, and in 1993 a multistakeholder process resulted in the creation of the National AIDS Commission, which set a new strategy for the country. It was not until 2000, however, that a sharp increase in prevalence led the government to become more aggressive in its response to HIV/AIDS. Its 2003 strategy called for 100% condom use in high-risk sex, harm reduction for IDUs, stigma reduction, establishment or revitalization of local AIDS commissions, and strengthened partnership with NGOs. It also increased its cooperation with international and regional agencies.

The Japanese government responded early to the disease, setting up an AIDS Research Group in the Ministry of Health, Labor and Welfare in 1983, and creating the Japanese Foundation for AIDS Prevention in 1987. But much of the government's early focus remained on the transmission of HIV through the blood supply rather than through other means, and early legislation that did address PLWHA failed to emphasize issues of human rights, privacy, or care. It was not until 1999 that new National

Guidelines for HIV/AIDS Prevention and Care were announced, placing more focus on treatment and prevention of the spread of HIV/AIDS, and targeting youth, foreigners, homosexuals, and CSWs and their clients. It also stressed human rights and the social context of these target groups. Since 1994, Japan's official development assistance (ODA) has included efforts on HIV/AIDS as one key component.

Some governments have assigned responsibility for the efforts largely to their primary health-related agency, while others, recognizing the interconnectedness of the issues, have created mechanisms to involve a broad cross-section of agencies. The Philippines, for example, has adopted the latter approach: the Department of Education has developed teaching materials for high school students; the Commission on Higher Education has developed similar materials for college students; the Department of Labor and Employment has formulated the National Policy on Sexually Transmitted Diseases and HIV/AIDS; the Department of Tourism conducts information campaigns for those in the tourism industry; the Department of Social Welfare and Development has worked with NGOs in the care of PLWHA; the National Economic and Development Authority has conducted impact studies on the socioeconomic costs of HIV/AIDS; the Department of Justice has been conducting orientation programs on HIV/AIDS law for justices and prosecutors; and the Philippine Information Agency is at the forefront of developing the communication plan for the Philippine National AIDS Council.

Civil Society Responses

Australia is an example of a country where an active civil society has played a critical role in the fight against HIV/AIDS. Community activism, largely in the gay community, led to the creation of AIDS Action Committees in key state capitals. Australian NGOs and activists have provided education, lobbied politicians, and helped mobilize political support and funding for both domestic and international efforts. In Malaysia, a key umbrella organization for AIDS-related NGOs, the Malaysian AIDS Council, has worked closely with the government, contributing to policy formulation while it facilitates the activities of more than 30 organizations working on HIV/AIDS education, care, and support for PLWHA. Countries such as Indonesia also have had active involvement from civil society organizations,

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beginning with groups involved in reproductive health, then spreading to groups that sought to empower at-risk communities and PLWHA. Those working with drug users have become active in the field, as have faith-based groups that seek to stress prevention and provide counseling and treatment for PLWHA. Groups created by and for PLWHA have also been important actors in that country. The Indonesian government acknowledged the important role of NGOs in its National HIV/AIDS Strategy 2003–2007, which called for the inclusion of NGOs in local AIDS commissions.

In Vietnam, political and social organizations such as the Union League of Vietnamese Women and the Youth League play a key role in AIDS education and prevention. The author notes that AIDS has actually become a catalyst for the creation of many new volunteer groups and peer education groups, such as a group that disseminates HIV information while cutting young people's hair.

A number of authors, however, noted that NGOs face a constant battle for survival, as the legal and philanthropic frameworks to support them are often lacking. Moreover, those NGOs that are fortunate enough to receive international funding are challenged by inconsistencies in donor requirements, delays in receiving funds, and competition between governments and NGOs or among NGOs for control of the funds. Finally, it was noted that there was a gap between domestically oriented NGOs and those that work overseas. It would seem that there would be much to learn by bridging that gap and promoting dialogue between those groups.

Media Responses

In the early days of the AIDS epidemic, the media throughout much of this region tended to be part of the problem rather than the solution, offering sensationalism rather than information. Nonetheless, the potential positive role of media in the fight against HIV/AIDS is enormous, and as described above, it has been tapped in some countries to date. What is also clear from these chapters, however, is that there is a strong need for programs that provide journalists with accurate and consistent flows of information. Some promising initiatives include a National Media Workshop on HIV/AIDS Reporting and an AIDS Media Award given by the AIDS Society of the Philippines; regular invitations from Lao government officials to have journalists cover HIV/AIDS training courses and workshops;

seminars by the Japan National Press Club on AIDS issues; and a Ford Foundation–supported NGO training program for journalists in Indonesia that offers basic HIV/AIDS information.

The media can play a key part in raising awareness of the urgency of the threat of infectious diseases, which may help address the issue of complacency. However, if it is to be effective in the role of education and of promoting behavioral change, it must learn not only the facts, but how to convey them. Authors noted that while there may be a lot of public announcements on radio and television, they do not always resonate with the people they are intended to reach. NGOs can often be effective partners in translating public service announcements into language that is more easily accessible to the target populations. Integrating such messages into entertainment programs, as has been done in Vietnam, is another approach that seems to have an impact.

Corporate and Labor Union Responses

While authors reported some attempts by governments and labor unions to formulate workplace guidelines, policies, or training programs on HIV/AIDS, the vast majority indicated that the progress was still modest at best. The Vietnamese author, for example, noted that the Labor Union has conducted educational and awareness-raising campaigns and has organized contests and campaigns on drugs and safe sex. The Lao PDR author pointed to staff training efforts by the Lao Federation of Trade Unions as a rare case of corporate activity. In the Philippines, a business-supported organization, Philippine Business for Social Progress, has developed a program and material together with the Department of Labor and Employment, but there has been little response to date.

While subsidiaries of certain foreign firms such as Levi Strauss have funded a number of initiatives on HIV/AIDS, nearly all authors cited a lack of corporate funding for NGO efforts. Generally speaking, there is little incentive for corporations to become involved. In places where there is low prevalence, the disease must vie for attention with many other social ills. Even when prevalence is high, the stigma associated with the disease and the fact that it is usually contracted outside the workplace lead employers to take a cautious view of becoming associated with the HIV/AIDS cause.

One promising note is sounded in the Indonesia chapter, which describes the recent adoption by that country's government of the 2003 International Labor Organization's Code of Practice on HIV/AIDS and the World of Work. HIV prevention was integrated into mandatory occupational health and safety programs, and the country is receiving assistance from Family Health International (FHI) and the Global Fund to create and monitor corporate prevention programs. In Japan as well, where interest among corporations has been extremely low, there have been signs of new developments. As Japanese corporations expand into areas with high HIV prevalence, and as there has been increasing attention to corporate social responsibility, a number of companies in that country have begun to conduct training and educational programs on HIV/AIDS. Perhaps most important is the recent linkage created between ODA funding to certain countries and HIV/AIDS awareness programs for workers employed on construction projects there.

Multisectoral Responses

One message that seems to be clear in all of the chapters is the need for a multisectoral approach to fighting HIV/AIDS. The Malaysian author succinctly explains, "HIV/AIDS is not just a health issue because it affects every aspect of life." The nature of the problem is behavioral, it is a gender issue, and it is intimately tied to human development and human rights. It is therefore urgent that the battle be waged on all of those fronts simultaneously.

Australia's government, which was quick to begin its anti-HIV/AIDS efforts thanks to grassroots pressure from already established groups focused on the rights of minorities and marginalized groups within that society, launched a multisectoral effort in 1983. It also adopted a comprehensive approach that drew in many divisions of the local and national governments, community groups, clinicians, and researchers as well.

The Indonesian government adopted an inclusive approach in 2004 through the Sentani Commitment, a joint declaration by national and local governments of six provinces to fight HIV/AIDS through a comprehensive, integrated response. In addition to stressing the promotion of condom use in high-risk sex, harm reduction for IDUs, improvement of access to treatment, and the reduction of stigma and discrimination, the commitment addressed the need for multisectoral efforts, greater local-national collaboration, and

the provision of a supportive legal and financial environment for the fight against HIV/AIDS. One year later, there had been marked improvement in the awareness and knowledge of the issue among local officials and improved cooperation between governments and NGOs at the local level, including regular participation by NGOs in local AIDS commissions.

Current State of and Future Prospects for International and Regional Cooperation

International Cooperation

The researchers agreed that regional and international cooperation are essential to any effective strategy in the region. Of the developing nations covered in this volume, most were receiving assistance in their fight against HIV/AIDS from international organizations such as the World Bank, United Nations agencies, and the Global Fund, as well as from bilateral foreign aid programs. International NGOs have also been extremely active—FHI, Population Services International (PSI), CARE International, and Médecins sans Frontières are among those who were repeatedly cited. For example, PSI has been active in promoting abstinence and condom use in Cambodia, often using the mass media to get the message across. It also helped launch the United Health Network in 2002, a network of NGOs that is trying to reach rural areas to market condoms to the public. In Lao PDR, FHI is providing technical assistance and management oversight for an HIV/STI surveillance project funded by the United States Agency for International Development, as well as assisting with condom distribution, STI treatment, prevention education, and counseling. CARE International and Médecins sans Frontières are working together on a project to assist PLWHA in that country.

Technical, financial, and human resource partnerships with international and regional organizations have been indispensable for Indonesia as well. They have found, however, that the large inputs from outside can make it difficult to preserve the identity and integrity of their national response. The distinct management requirements of individual donors are also difficult. Too often, government officials' time is taken up with the responsibilities surrounding donor program management, taking them away from other

important tasks. Several authors called for better coordination and harmonization among donors in order to reduce the burden placed on recipient countries, something that has been requested by countries in other parts of the world as well.

Regional Cooperation

The various chapters here touch on a number of regional initiatives for dealing with HIV/AIDS, including the Association of Southeast Asian Nations (ASEAN) Task Force on HIV/AIDS, the ASEAN Disease Surveillance Network, and the International Congress on AIDS in Asia and the Pacific, while on the civil society front, regional networks such as the Asia Pacific Network of People Living with HIV/AIDS, the Asian Harm Reduction Network, and the AIDS Society of Asia and the Pacific have become increasingly active. These types of regional linkages are vital. While financial assistance is of course an essential element in the fight against the epidemic, dialogue and cooperation are equally critical in terms of allowing policymakers and practitioners in one location to learn from the experiences of colleagues elsewhere and to coordinate a more effective response.

Several of the factors leading to the spread of HIV—particularly population migration and the trafficking of human beings and of drugs—can only be dealt with through a regional approach. Human trafficking—both across national borders and domestically—is a large problem for Cambodia and one that is contributing immensely to HIV infection there. As the Cambodian author notes, “Whether population mobility is driven by human exploitation or political circumstances, it accelerates the proliferation and spread of HIV/AIDS in the region, thus increasing the level of HIV prevalence.” Viewing this as a threat to regional health security, he calls for a concerted political effort by the regional community.

Similarly, regional cooperation is urgently needed to control drug trafficking. When access to drugs is hampered in one place, traffickers and users will move somewhere else where they still have access to drugs. That movement rapidly widens the spread of infection.

East Asia is a region at high risk of a major disaster but a window of opportunity still remains. To avert that disaster and stem the tide of HIV/AIDS, the authors proposed a number of concrete steps that might be taken in order to increase collaboration in the region.

- The first step is raising the level of awareness of the risk posed by HIV/AIDS. While the general public in the region has a basic awareness of HIV/AIDS, they rarely link that to any personal risk or to a broader risk to society at large. Media, NGOs, businesses, educators, and governments all have clear roles to play in this area.
- The second step consists of strengthening political leadership and creating more opportunities for cross-border and regional cooperation. While this is being achieved to a certain extent in some parts of the region, much more needs to be done.
- Third, cross-sectoral collaboration is needed to treat the HIV/AIDS epidemic holistically, not just as a health issue. It requires the participation of multiple government agencies and ministries and of the various sectors of society, including businesses, NGOs, and the media.
- Fourth, and related to cross-sectoral partnership, the respective roles of governments and NGOs need to be clarified. The Global Fund, for example, works with governments and NGOs and recognizes both as important partners, but the role for each still needs to be defined more clearly in order for the partnerships to be effective.
- Fifth, sound national policies are needed for dealing with HIV/AIDS based on epidemiological evidence from within each country and evidence of successful responses in other countries. Needle-exchange programs for IDUs are a good example of a response that has produced favorable results in some countries and might be replicated elsewhere.
- Sixth, the trafficking of people and of illicit drugs is an enormous problem throughout the region, and it has had a profound impact on the spread of HIV. Given the cross-border nature of trafficking, this is one area in which a regional response is indispensable.
- Seventh, although HIV is still found predominantly in men, the impact and burden of this disease falls most heavily on women. Traditions, beliefs, community systems, and legal systems make them physically and economically vulnerable. Programs are needed that address the full spectrum of women's roles and rights in society.
- Finally, the researchers discussed the importance of respecting the rights of PLWHA and others affected by the disease. Overcoming the stigma and discrimination against people affected by this disease is a precondition for any successful response to the threat of epidemic.

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East Asia is a densely populated and extraordinarily diverse region. Cooperation between these societies is not a simple task, but it is critical to winning the fight against HIV/AIDS. My colleagues and I have been honored to work with such a distinguished and knowledgeable group of authors on this project. It is our hope that this will prove to be just the first step in our exploration and facilitation of concrete opportunities for regional cooperation.