U.S. Agency for International Development

Bureau for Global Health

COUNTRY PROFILE

HIV/AIDS

MEKONG REGION

The U.S. Agency for International Development (USAID) does not maintain an official presence in most countries of the Mekong River region. It has, however, established the Greater Mekong Initiative to slow the spread of HIV and mitigate the effects of the disease on affected individuals and their societies. This project funds anti-HIV activities in the cross-border region of Lao People's Democratic Republic (PDR), Thailand, and Vietnam, and to a lesser extent, in Myanmar (Burma) and China's Yunnan and Guangxi Provinces.

Injecting drug users and sex workers remain the most vulnerable groups for acquiring HIV in the region. Their partners, in particular, the male clients of male, female, and transgender sex workers, serve as bridges of HIV transmission to the general population. HIV infection levels in Asia were relatively stable until 1992, when several countries noted higher numbers of infections among injecting drug users and sex workers. Thailand was the first to report major infection levels early in the decade, but with an effective local response supported by decisive government action, the Thai epidemic was stabilized, and prevalence began to decline in the mid-1990s.

China

HIV/AIDS was first reported in China in 1985. Prevalence in adults is relatively low; however, it is estimated that only about 5 percent of HIV/AIDS cases are detected. HIV has been reported in all provinces. An estimated 820,000 persons were living with HIV by the end of 2001. HIV prevalence data indicate a focused spread of infections among injecting drug users, blood sellers, and sex workers. Homosexual men are also at high risk of acquiring an HIV infection. The highest levels of prevalence are found among injecting drug users, ranging from 44 percent to 85 percent in selected communities in Yunnan and Xinjiang Provinces.

Map of Indochina: PCL Map Collection, University of Texas

Condom use is increasing in the commercial sex trade, and few communities of injecting drug users have effective HIV prevention services. Officially, it is estimated 2 to 8 million men practice male-to-male sex in China, but interventions targeting them barely exist. While knowledge of HIV transmission is growing, stigma and discrimination are great, and treatment, though planned, is not yet available.

Myanmar (Burma)

The Joint United Nations Programme on HIV/AIDS (UNAIDS) classifies Myanmar as one of Asia's HIV/AIDS epicenters. Burma's epidemic has spread from groups at high risk of infection to the general population. With an HIV/AIDS prevalence of 2 percent in the adult population, it ranks third among hardest hit nations in the region,

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behind Cambodia and Thailand. Decades of economic decline and high levels of military spending have contributed to low investment in health care and education. Poverty and population displacement contribute to increasing levels of risk behaviors that spread HIV.

Prevalence among injecting drug users ranges from 50 to 93 percent, depending on the region. Until 1993, condoms were outlawed, and overall usage remains low. Recent shifts in policy are aimed at encouraging condom use, particularly among commercial sex workers.

According to the Asian Harm Reduction Network and UNAIDS, Burma faces the following challenges in confronting its HIV/AIDS epidemic:

- Expanding harm reduction programs for injecting drug users, and mitigating government penalties on injecting drug user and sex worker populations so these groups can be reached with HIV/AIDS educational and prevention materials;
- Implementing ongoing HIV/AIDS assessment, surveillance, and testing of the population; decreasing the trafficking of women into the sex industry, which increases their vulnerability to HIV/AIDS; mobilizing political commitment to confront the epidemic; and
- Confronting social taboos against public discussion of HIV/AIDS-related issues.

Estimated number of people living with HIV/AIDS (end of 2001)	
China	820,000
Lao PDR	1,400
Myanmar*	180,000–400,000
Thailand	670,000
Vietnam	130,000
Total population (2001)	
China	1,284,972 million
Lao PDR	5,403 million
Myanmar	48,364 million
Thailand	63,584 million
Vietnam	79,175 million
Adult HIV rate (end of 2001)	
China	0.1%
Lao PDR	<0.1%
Myanmar†	
Thailand	1.8%
Vietnam	0.3%
HIV-1 Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking care for a sexually transmitted infection, or others with known risk factors)	
China	0%
Lao PDR	0.4%
Myanmar	43%
Thailand	17.5%
Vietnam	23.4%
Population not at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	
China	0%
Lao PDR†	
Myanmar	2.3%
Thailand	1.7%
Vietnam	0.8%

*Official statistics are not available; estimate is based on limited surveys conducted by UNAIDS.

†Unavailable.

Sources: UNAIDS, U.S. Census Bureau

Lao PDR

The first case of HIV was detected in 1990, and since then, HIV/AIDS has primarily affected sex workers and their clients, and mobile cross-border populations, although at low levels. Today, the majority of Laotians with HIV live near the borders with Thailand and China, and in the capital, Vientiane. Ninety-six percent of HIV infections reportedly occur through heterosexual contact, and indications are that women and men are equally at risk. Studies have revealed high levels of sexually transmitted infections, especially chlamydia, among sex workers. While opiate use is common, the prevalence of injecting drug use remains unclear.

A 2000 survey conducted by the Lao PDR Ministry of Health found high levels of reported condom use during commercial sex transactions. The survey indicated that nearly 75 percent of female sex workers said they always used condoms when having sex with clients. One survey found that two-thirds of police officers and soldiers and three-quarters of truck drivers said they always used condoms. Despite Lao PDR's relatively low rates of HIV infection, the National Committee for the Control of AIDS reports significant increases in domestic and cross-border population movements, which could

lead to increases in prevalence. The National Committee for the Control of AIDS is also concerned that Lao PDR's transitional economy, major infrastructure development, and rapid regional integration will lead to an increase in HIV/AIDS, as it has in neighboring countries, in concert with greater consumerism, drug use, and commercial sex. In the border areas of the Mekong region, where the incidence of HIV/AIDS is high, low-fee commercial sex is readily available. A significant HIV epidemic would have a serious, negative effect on development efforts in Laos.

Vietnam

The HIV/AIDS epidemic in Vietnam has been focused in specific groups of at-risk populations: injecting drug users and female sex workers, with a modest extension into other populations at lower risk. The first case of HIV infection in Vietnam was identified at the end of 1990 in Ho Chi Minh City. By the end of 2001, all 61 provinces had reported HIV infections. The majority of reported HIV cases, 85 percent, occur in men. Because most testing of designated at-risk populations takes place in institutional facilities, surveillance data may not be adequate to clarify the predominate mode of transmission.

The World Health Organization estimates more than 80 percent of HIV infections in Vietnam are unreported and the majority (77 percent) are sexually transmitted. Considerable anecdotal evidence suggests particular groups of men represent a distinctly vulnerable population in Vietnam, and studies are needed to clarify these issues. The government has identified three different local epidemics. One is in the cities of southern and central Vietnam, including Ho Chi Minh City, Ba Ria–Vung Tau, Bien Hoa, and neighboring provinces. The second is primarily in the Cuu Long (Mekong) Delta provinces of An Giang and Can Tho. The third is in the north, including Hanoi, Quang Ninh, Hai Phong, and Hai Duong.

Thailand

Thailand has achieved sustained reductions in new HIV infections due to a strong local response supported at the national level during most of the 1990s. Analysis reveals this reduction is due primarily to a decrease in the proportion of men accessing commercial sex and greater use of condoms among those who do. Concomitantly, however, there has been an increase in casual noncommercial sex with lower levels of condom use. Prevalence of HIV among antenatal women has begun to diminish in most areas of Thailand. But important subgroups (injecting drug users, migrant and mobile populations, such as fishermen and men who have sex with men, including male sex workers) continue to have a high prevalence of HIV.

Thailand can expect about 25,000 to 30,000 new infections each year in the immediate future unless prevention receives more attention. With about 700,000 people living with HIV/AIDS, there is also an enormous need to devote resources to care, support, and treatment. Regional differences in HIV prevalence are also marked, demonstrating the need for extra investment in the south, as well as continued investment in the north and central/eastern areas.

NATIONAL RESPONSES

China

China has been slow to address the HIV epidemic, and until 2002, government officials had rejected the notion that HIV had reached epidemic proportions in China. Recently, however, China's establishment has elevated AIDS as an issue. A team of Chinese AIDS experts released a study in late 2002 asserting rapid action by the government could spare 10 million people by 2010 and avert a major epidemic. In December 2002, the state media reported the government will soon lift a ban on condom advertising, and the central government is mobilizing teams of college students to distribute free condoms. The government also maintains it is fully committed to using the most effective means of delivering affordable drugs to AIDS patients as quickly as possible.

But even as China's leaders begin to address the HIV/AIDS problem, the situation in the countryside seems far removed, colored by fear and ignorance. In China's largest cities, where people do know something about AIDS and some doctors know how to treat it, most are still helpless because they lack appropriate drugs and supplies. Local officials fear that even acknowledging the problem amounts to an admission of being complicit in its spread, and this has deprived the cen-

tral government of reliable data. Prevention programs are nonexistent in many areas, and are stymied by social taboos about discussing sex and by shame over the re-emergence and ubiquity of prostitution and illegal drugs in a country that stamped out these vices decades ago. According to the government, about 6 million people work as prostitutes in China, but Western governments say the real number is probably closer to 20 million. Although data are scarce, most experts believe condoms are used in commercial sex less than one-third of the time.

Myanmar (Burma)

The government of Myanmar established a national AIDS committee in 1988, but, aside from surveillance, conducted very little public education or interventions until recently. In 2001, with increasing advocacy from United Nations organizations, Myanmar officially recognized its HIV epidemic. A United Nations Joint Action Plan has been devised to reach injecting drug users, sex workers and their clients, and young people with condom promotion, harm reduction, and sexually transmitted infection services. Lacking government resources, bilateral and multilateral donors have joined in providing Myanmar with a vastly increased budget. International nongovernmental organizations and government mass organizations will be responsible for implementing these plans. A pilot program to reduce mother-to-child transmission is under expansion.

Lao PDR

The long-term objectives of the Lao PDR National HIV/AIDS/STI Plan are to prevent further HIV transmission; reduce the effect of the disease on people who are infected; and minimize the negative social and economic consequences of HIV and AIDS for families, communities, provinces, and the country as a whole. The Lao government established a National AIDS Control Committee in 1998, consisting of representatives from ministries throughout the government. The committee oversees information, education, communication, counseling, training, and surveillance activities. The HIV/AIDS Trust, also established in 1988, coordinates and mobilizes resources and helps manage the national AIDS program. It consists of senior government officials, United Nations officials, and a donor representative.

Vietnam

The government of Vietnam began addressing HIV/AIDS in 1990. Provincial and district AIDS committees have been set up in each province and they serve as focal points for planning and delivering HIV/AIDS-related services. The government is now implementing a second national plan for HIV/AIDS prevention for the 2001–2005 period. The plan's long-term objectives are to reduce the spread of HIV/AIDS transmission, slow the progression of HIV to AIDS, and reduce the effects of HIV/AIDS on socioeconomic development. The plan consists of three specific strategies that include providing care and support for people living with HIV/AIDS, preventing mother-to-child transmission, and managing and formulating feasible provincial projects. The government of Vietnam has acknowledged the HIV/AIDS problem and has shown considerable openness in addressing the epidemic. A legal strategy for the program now exists. Comprehensive implementation plans are in place, and widespread basic knowledge of HIV/AIDS exists among the general population. HIV testing now occurs in all provinces, and blood screening for HIV is widely practiced. A sentinel surveillance system is in place, and a second-generation surveillance system is being developed.

Thailand

Thailand's national capacity to address its HIV epidemic is probably greater than any other country in Southeast Asia. Although slow to react, when it did, not only were ample funds invested and expertise sought from outside, but numerous people were trained in both epidemiological and related social science skills. Unfortunately, through the years, many of these people have moved into academia, where salaries and status are higher than in AIDS work. Real success at reducing the number of new infections has led to a degree of complacency, and, coupled with a 1997 economic downturn and subsequent slow recovery, investments of money and personnel in HIV prevention has been drastically reduced. With at least 670,000 people living with HIV or AIDS at present, and enormous pressure to provide access to antiretroviral therapy, Thailand has instead invested most of its current AIDS budget in care and support for HIV-positive people and their families.

Thailand is devoting considerable resources from a grant from the Global Fund for Malaria, Tuberculosis, and AIDS to the expansion of treatment. Emphasis on prevention among migrants and young people has also been planned. Reducing the spread of HIV/AIDS among injecting drug users and men who have sex with men still has to be accomplished. Interventions that reduce the spread of HIV from men to their wives have not yet been developed, although programs to reduce mother-to-child transmission are now being implemented countrywide.

USAID SUPPORT

Greater Mekong Initiative funds for the five-year regional HIV/AIDS and infectious disease program are to be used for HIV prevention efforts in the Mekong border areas of Thailand, Cambodia, Lao PDR, and Vietnam, and to a lesser extent, those in China and Myanmar. Activities are meant to target mobile populations, cross-border transmission, and the spread of HIV by working with local governments, nongovernmental organizations, and communities.

In 2000, the regional program was expanded to include other infectious diseases such as tuberculosis and malaria. As a result, efforts will be made to strengthen surveillance of tuberculosis and HIV co-infections and develop appropriate interventions to address the dual epidemics.

To oversee the Initiative, USAID will open a regional office for HIV/AIDS in Bangkok. It will be headed by a direct-hire USAID staff person, who will serve as the program director. Additional persons, including American contractors, foreign service nationals, and third-party nationals, will make up the staffing for the regional office. The program manager will oversee the Thailand program.

Funding decisions will be made on the basis of consultations with the government, UN agencies, other donors, and affected communities to achieve maximum effectiveness and coverage. Approximately $10 million per year during the next five years will be needed to carry out the interventions called for in the current Initiative.

Capacity building

The number of people and families living with HIV/AIDS who need care and support services is rising, and demand is expected to increase further as effective voluntary counseling, testing, and treatment services are developed and implemented. USAID, at least during the early years of the Initiative, will help governments and international and local organizations adopt care and support activities that are focused and targeted. People living with HIV/AIDS and their families have a variety of medical, psychological, social, economic, human rights, and legal needs. A program of comprehensive care across a continuum from home- and community-based care to institutional services will ensure their specific needs are met as the client's HIV infection progresses and their needs evolve.

Safer sex

One of the primary objectives of the regional program is to ensure persons engaging in multiple-partner sex understand the risks and how to avoid harm. Other options, such as reducing the number of partners, delaying the initiation of sex among young people, practicing less penetrative sex, increasing the availability of affordable and branded male and female condoms (with instructional inserts in several languages), are essential. Sensitive and accurate promotional materials will be developed with adequate formative research to assure maximum effectiveness. Distribution is to be assured in traditional and nontraditional locales, such as pharmacies, general stores, kiosks, discos, bars, barber shops, hotels, and truck stops.

Cross-border issues

HIV/AIDS is not confined to national borders. Much of southern Vietnam, for example, is bordered on the west by Cambodia, where HIV prevalence is high, but dropping among the general population. The borders between Vietnam, Lao PDR, and the People's Republic of China are porous, as are those between Burma and China. Economic liberalization means that goods, services, and people are moving in large numbers among neighboring countries. In some cases, border points record a higher incidence of HIV. In other cases, people migrate across borders from nearby poor districts,

acquire HIV infections, and, when they return, serve as bridges of HIV transmission in their home border districts, causing prevalence levels to rise.

Efforts to combat the epidemic in Thailand have been based on a strong primary health care system and well-organized public health surveillance and control. These methods will be shared with other countries in the region through study tours and technology and skills-transfer opportunities. As part of an evolving regional program on HIV in the greater Mekong subregion, USAID allocated $1 million to be programmed in FY 2002 for work among hill tribes and migrants, and for addressing cross-border issues.

Policy and advocacy

In many cases, structural impediments to effective HIV prevention and care are found at the national or local policy level. Improved policies require greater dialogue with decision-makers, including hearing the perspectives of persons living with HIV/AIDS and other vulnerable populations. USAID has invested in policy research, dissemination, and communications with policy makers to bring those perspectives into the decision-making process.

International and community-based organizations

Communities are often in the best position to care for their own individuals infected and affected by HIV. Community mobilization is key to an appropriate and sustainable response because communities can play a key role in providing social support, home care, and comprehensive care for a growing number of those in need. With funding from USAID, international nongovernmental organizations began training people who work with local organizations to better institute AIDS prevention programs along the borders of Cambodia, China, and Laos. Their training will include information on how to promote condom use, behavior change, and the management of patients with sexually transmitted infections. The U.S. government sponsors two major financial and technical support programs for HIV/AIDS activities in Vietnam by funding prevention activities through international nongovernmental organization partners. Funding for the current program is approximately $2 million per year. These activities include translation of HIV/AIDS materials, reports, and manuals into Vietnamese, and workshops to disseminate the findings from behavioral surveillance surveys.

Participation of people living with HIV/AIDS

Given the extent to which affected people in the region experience isolation and are subject to discrimination, opportunities still exist for them to act as educators and spokespersons for prevention and care. These opportunities will empower them, and serve to destigmatize the disease by reducing the social distance between those infected and those who are not infected. Coming forward also helps to visibly demonstrate the various types of people affected by the epidemic, thereby making the prevention messages of the government and its partners more relevant and meaningful. Experience and research have shown that comprehensive prevention and care programs using a synergistic approach promote community acceptance of people living with HIV/AIDS.

Prevention of mother-to-child transmission

USAID is assisting in the implementation of mother-to-child transmission prevention in Burma and Thailand through the unique services of specific nongovernmental organizations.

Stigma reduction

People with HIV or AIDS are forced to go underground, where they do not receive proper education and care during the infection or AIDS stages of their illness. This in turn strengthens the chain of transmission among those individuals and groups, and, through them, to the rest of the community. When national and local governments work to lessen stigma directed at those who are marginalized, programs for HIV prevention will become more efficient and service providers will be more readily received. Those at risk will then be less afraid to seek services and more likely to receive and internalize prevention information and messages. Providing safe spaces and financial aid for support groups established and run by people living with HIV/AIDS are essential components of any comprehensive program.

Surveillance

USAID will support local governments and local nongovernmental organizations to undertake better and more diverse behavioral surveillance surveys.

SELECTED LINKS AND CONTACTS

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