HIV/AIDS is still the biggest health and development problem of poor countries, where 95 per cent of the world’s infected people live.

Africa is worst off. With less than 5 per cent of the world’s population, southern and eastern Africa have nearly 50 per cent of its HIV positive people and 60 per cent of all AIDS deaths have occurred there.

The epidemic’s centre, however, is moving to Asia and spreading alarmingly through its huge populations. India has 3.7 million infected people now, and an increase of only 0.1 per cent in the adult population would add more than half a million.

Pacific island countries, too, report increased infection rates. Papua New Guinea faces a major epidemic, an estimated 10,000–15,000 infected already and a rapid increase expected. AIDS related illnesses are the leading cause of death at Port Moresby General Hospital.

Statistics, although grim, don’t indicate the epidemic’s full impact. Half of all those infected are in their most productive years, and their deaths leave children orphans and countries without workers, with an inevitable impact on poor countries’ economic development.

Orphans leave school to look after their siblings, and their lack of education and need to earn money increases high-risk behaviour and exposure to infection. Finally, demands on public health-care services increase, stretching meagre resources.

Australia draws on its own experience and expertise in its international response to HIV/AIDS. Through its aid program, Australia is working with governments and community groups in the Pacific, South and South East Asia, and Africa.

In prevention, public education, treatment and care, Australia has a broad range of experience and skills to share with developing countries. Australia regards the problem of HIV/AIDS as central to development, spending about 12 per cent of its health aid on HIV/AIDS projects.

Australia’s efforts are at four levels — global, bilateral, regional and via NGOs. Globally, Australia has an active role in UNAIDS, the United Nations’ organisation set up to tackle HIV/AIDS.

Internationally, as domestically, it takes a comprehensive approach, involving all political and social sectors. Working with a country’s NGOs or hospitals, for example, would be ineffective if its government were not fully involved, and donors’ assistance would be diluted.

Seafarers in the port city of Kompong Som, Cambodia, learn about HIV/AIDS and how to reduce their vulnerability to the disease.
Just as Australia’s overall aid program concentrates on its own region, so do its international HIV/AIDS activities. A third of its HIV/AIDS expenditure went to Indonesia in 1999–2000 and a tenth each to Papua New Guinea and South East Asia. A fifth went to southern Africa because of its extreme problems.

HIV travels with people, knows no borders. Fighting it demands full regional cooperation. Australia supports the Mekong Regional HIV/AIDS Initiative, designed to make multi-country efforts more effective. It concentrates on such things as distributing more condoms; management and prevention of sexually transmitted diseases; more care for affected people; and education programs.

Local NGOs can get grants from the Mekong Initiative for grassroots activities such as health education for sex workers, and prevention projects for truck drivers and fishermen. The initiative also helps multilateral organisations like UNICEF and UNAIDS to improve subregional coordination and other multi-country initiatives.

Bilaterally, Australia works through significant projects in Papua New Guinea, Indonesia, China and India. It will work closely with ASEAN members through the six-year, $200 million Global HIV/AIDS Initiative.

Significant activities to be funded under this initiative are being developed already, such as support for a second phase of the HIV/AIDS Prevention and Care Project in Indonesia. The idea is that the project will take a longer term, multi-sectoral approach to HIV/AIDS prevention and care, concentrating on emerging problems and high-risk groups.

$60M FOR PNG SUPPORT

Papua New Guinea’s number of reported HIV cases increased by 25 per cent between 1998 and 1999. Because of HIV/AIDS’s potential impact on PNG’s development, Australia is funding PNG’s five-year National HIV/AIDS Support Project, costing $60 million, which will support Papua New Guinea’s National HIV/AIDS Medium Term Plan.

Australia has funded already several important anti-HIV/AIDS activities in PNG, including the successful Sexual Health and HIV/AIDS Prevention and Care Project. This involved the national and provincial governments, health authorities and church and community groups, which boosted its success.

For example, the Institute for Medical Research’s study of sexual practices led to community self-help groups’ being formed in Port Moresby and Lae to provide education and resources. They help vulnerable groups, including sex workers, transport workers, seamen and police.

The aid program’s most dramatic relative increase in HIV/AIDS expenditure is in India. A major project ($18.5 million over five years) began this year in New Delhi and the north-eastern states Manipur, Meghalaya and Mizoram.

In New Delhi the project will improve access to counselling, testing services, improved treatment, care and support services for people living with HIV/AIDS. It will help, too, to prevent the disease’s spread to three high-risk groups: street children, commercial sex workers and prisoners.

In the north-eastern states it will concentrate on injected-drug use, improve state AIDS societies’ ability to plan, monitor and coordinate HIV programs, and support NGO and community efforts.

Australia’s current project in China is aimed at marginal at-risk populations in Tibet, which is becoming more vulnerable as the epidemic spreads in China and neighbouring countries. Prevention efforts to date have been limited. The project trains health workers, increases awareness of HIV/AIDS and helps authorities develop plans to tackle it.

Involving affected communities throughout HIV/AIDS projects makes communities more effective. This includes affected people, who can contribute much to designing and implementing education and support programs. Supporting the work of NGOs is essential to community
participation, and central to Australia’s international efforts.

It gives the people affected by the epidemic power to act, such as providing education for young people in Malawi, home care for AIDS-affected people in Zambia, and the chance of income and self-reliance for affected women in India.

One such NGO project that has received funding from the aid program shows the important role religious institutions play. The Sangha Metta Project in Chiang Mai, Thailand, trained Buddhist monks and nuns to work with local communities on HIV/AIDS prevention, education and care.

Monks in several northern and north-eastern provinces work now with community leaders and women’s and youth groups to find ways to manage HIV/AIDS at the local level. Monks and nuns provide counselling and care for people living with HIV/AIDS, run youth camps and maintain a home for AIDS orphans, training them in life skills or offering them work in temples.

Increasingly, monks from Burma and Yunnan province, southern China, are being trained, taking new skills and knowledge home to work with their communities. Governments come and go but religious institutions endure and are valuable conduits to local communities to help manage HIV/AIDS.

HARM REDUCTION

David Hook, an AusAID Health Sector analyst, says Australia offers special expertise in harm reduction for injecting-drug users: ‘The Asian Harm Reduction Network, established in Australia in 1995, is now based in Chiang Mai, Thailand. It has more than 500 members and, with Australian assistance, has recently produced a manual to support development of more initiatives in Asia such as blood safety, treatment and care.’

Australia supported the Shalom project in Manipur, which established India’s first needle-exchange program. This program not only implemented an approach now being adopted elsewhere in the region but was also the catalyst for adoption of harm reduction in Manipur’s State HIV/AIDS policy.

The local government and the community support it strongly, seeing the issue as affecting them all. A major route for heroin from the Golden Triangle, the north-eastern states have a significant problem with intravenous-drug use and HIV infection, particularly in young people. Recognition and community ownership of HIV/AIDS management is the first step in responding to the epidemic.

Despite Australia’s successful education campaigns, experience shows that prevention projects involving behavioural change need continual performance assessment. Although the problems in Thailand and the Philippines, for example, may be similar, very different information and education campaigns may be required.

Education and condom-distribution projects, for instance, will not be effective unless gender questions have been taken into account. The position of women in some societies can make it very difficult for them to insist on protective measures.

Putting resources into structural change to improve women’s status by improving their access to education, credit, skills and employment is as much a component of HIV/AIDS prevention strategy, in the longer term, as increasing awareness of sexually transmitted diseases and condom use.

Start-up Australian aid funding helped to establish vocational training for women in Mumbai, India. Their market research was so good that the project now pays for itself from the sale of goods they produce.

Similarly, prevention programs won’t reach the majority of women if they are directed only to sex workers or other high-risk groups. STD and HIV/AIDS services can be made more available to all women by building them into family planning and maternal health services, as in the Women’s Health Training Project in the Philippines.

The project is intended to strengthen health care workers’ ability to provide such services, particularly to women of child-bearing age. The integration prevents the embarrassment of visiting STD clinics. A successful Papua New Guinea trial with female condoms proved their worth in helping women to protect themselves and their partners.

Education and prevention are most effective with the young. Educating young people has high priority because five young people are infected with HIV every minute.

Anti-AIDS clubs and peer educators in Malawi, for example, are teaching primary- and secondary-school children how to reduce the HIV/AIDS risk. Their project, ‘Going to Scale’, has increased demand for youth reproductive health services, condoms, contraceptives and counselling.

The number of people joining the clubs, youth centres and life-skills courses, too, has increased.

The lessons of Australia’s domestic experience are having an impact in developing countries. Australia helps communities and governments to recognise the problem, find the right responses, and put them into action. — JC

GLOBAL EPIDEMIC — GLOBAL RESPONSE

The magnitude and nature of the HIV/AIDS epidemic demands a collective international response. Australia has contributed to the international response through support to UNAIDS, of about $1.5 million every year since it was established in 1996. UNAIDS has particular strengths in international advocacy and facilitating strategic partnerships such as the new International Partnership Against AIDS in Africa.

According to UNAIDS Special Ambassador Dr Mechai Viravaidya, Australia is a bright light in the gloomy picture of HIV/AIDS throughout the world. On a visit to Australia recently, he applauded Australia’s management of HIV/AIDS as a public health issue and the understanding and response by all levels of society to the epidemic. He highlighted the success in public education, calling it one of Australia’s most valuable exports.