For more than two decades HIV has spread throughout the world with consummate ease. While public health and eradication campaigns have been successful in containing the disease in a number of developed countries, in many developing countries it continues to spread rapidly. There is still no effective vaccine in sight.

Throughout the developing world, HIV/AIDS is predominantly transmitted through heterosexual contact. Sub Saharan Africa remains the worst affected region in the world with nearly 30 million people living with the virus. Across the African continent the full extent of the AIDS epidemic is not yet known. A great number of people who acquired the virus years ago are only now beginning to fall ill. The death toll will continue to rise over the coming years. The worst of the epidemic’s impact will be felt in the course of the next decade or beyond.

The disease is being fought in Africa with varying levels of success. Awareness and prevention programs have led to a decline in rates of infection in some groups, such as pregnant women in South Africa and Uganda and young inner-city women in Addis Ababa in Ethiopia. However, infection rates among adults in other countries such as Botswana, Lesotho, Swaziland and Zimbabwe may be as high as one person in three.

While Africa remains most affected by the global HIV/AIDS pandemic, easy transmission of the virus, poverty and the absence of widespread prevention programs suggest the Asia-Pacific region could become the next centre of the virus. Already 7.5 million people in the region are living with HIV.

Papua New Guinea has reported the highest HIV infection rates among countries and territories in the Pacific. New figures reveal prevalence rates of over 1 per cent among women attending the Port Moresby General Hospital antenatal clinic. This figure indicates that a greatly accelerated epidemic is underway in the city. Patterns of sexual behaviour and other societal
issues, such as the low status of women, mean Papua New Guinea could face a crisis.

TAKING ACTION
Australia has long recognised the dangers posed by HIV/AIDS to the economic and social fabric of society. From the start, it has been a leader in the fight against the disease in the Asia-Pacific region. Australia works with neighbouring countries on a one-to-one basis, as well as at a regional level, to introduce HIV-awareness programs. Nearly one-quarter of the 2003–04 Australian aid program’s health budget of $225 million is for fighting HIV/AIDS and other sexually transmissible infections. This is nearly twice the proportion allocated just three years ago and reflects mounting concern about high infection rates.

Australia strongly supports agreements that make anti-retroviral medicines more readily available in developing countries for those with AIDS. At the same time Australia maintains the view that awareness and prevention strategies are critical. The Australian overseas aid program supports many different types of programs to increase people’s understanding of HIV/AIDS.

THE IMPACT OF HIV/AIDS ON NATIONAL AND SOCIAL DEVELOPMENT
There is a significant correlation between HIV infection rates and poverty levels. The relationship is a complex one but indications are that the poorer the country, the higher the HIV prevalence, and the greater the income disparity, the more serious the epidemic.

In the Asia-Pacific region more than 800 million people are estimated to live below the poverty line of less than US$1 a day. Those most likely to become infected with HIV are generally in the prime productive age group of between 15 and 49 years, and often at the peak of their earning capacity.

Once people with HIV/AIDS become ill their capacity to earn a living inevitably diminishes. The household income shrinks further as other family members leave work to care for them. What little money is left is put towards health care costs.

AIDS deaths, loss of income and health care costs push people deeper into poverty. Many children, left as orphans without either an extended family or social welfare to care for them, become more vulnerable to HIV infection.

The ramifications are far reaching. Countries will have less to spend on capital projects because additional money will need to be spent on health care, training and replacement of staff.

In agricultural communities HIV/AIDS will rob farms of their most productive workers. Children and their grandparents will be left to manage the land. The debilitating effects of the virus will mean farmers simply won’t be able to plant their land and over time agricultural knowledge, traditionally passed down from generation to generation, will be lost. On a broader level, the agricultural outputs of small-scale, community-based farming, and the supplementary incomes from wage labour, will not be sustained.

THOSE MOST AT RISK
The Australian aid program is primarily focused on prevention campaigns, including harm reduction programs targeting people at greatest risk. These include highly mobile populations, young people, injecting drug users, sex workers and men who have sex with men.

WHAT IS HIV/AIDS?

THE VIRUS
HIV (Human Immunodeficiency Virus) attacks the immune system. Once a person is infected the virus multiplies rapidly and antibodies are produced. For a varying length of time, the immune system keeps HIV infection in check and the person only gradually develops serious immune deficiency. During this period a person may appear healthy but can transmit the virus to others.

Over time HIV overwhelms the immune system and makes people susceptible to infections that they would normally be able to fight off. These infections include certain types of pneumonia and tuberculosis. The end stage of HIV is called AIDS (Acquired Immuno Deficiency Syndrome).

TRANSMISSION
HIV spreads in three ways: through sexual intercourse, through blood transmission and from mother to child during birth as well as through breast milk. While the virus may initially spread among vulnerable groups such as injecting drug users, sex workers and their clients, eventually it spreads among the wider population.
MOBILE POPULATIONS
HIV travels easily. Wherever people go, the virus goes too. In the Asia-Pacific region, there is significant movement within countries and across borders by transport workers, migrant labourers, seafarers, businesspeople, the armed forces, tourists, traders and government employees. Some relocate or are relocated through natural disasters, war, civil unrest or even trafficking. Away from their familiar surroundings, people can become vulnerable to all sorts of factors including loneliness, isolation, uncertainty, poor living conditions, poverty and cultural differences. Any or all of these can combine to make transient people more susceptible to HIV infection.

YOUNG PEOPLE
HIV/AIDS affects young people disproportionately. A combination of poor education, a sense of invincibility on the one hand and powerlessness on the other, and access to alcohol and drugs, conspire to make young people vulnerable to HIV infection. The United Nations estimates young adults aged between 15 and 24 account for half of the five million new cases each year of HIV infections worldwide. One youth will become HIV positive every 14 seconds or 6,000 every day.

For physiological and social reasons, the majority will be women. Young females are in danger because their reproductive tracts are still maturing and delicate tissue can be easily torn, making infection more likely. Socially, women and girls in many developing countries are often discriminated against in terms of access to education, employment, credit, health care, land and inheritance. While marriage or a relationship with an older man may offer a degree of financial security, in areas where HIV/AIDS is widespread there is a higher risk that these older men are infected with the virus. Furthermore, the subordination of women to men in many cultures makes it difficult for women to negotiate safe sex in their relationships.

INJECTING DRUG USERS
HIV thrives in an environment of injecting drug use where needles and syringes are shared. Blood drawn back into a syringe can pass directly into the bloodstream of the next person who uses the syringe – and with dire consequences if the first person has the virus. HIV can also be spread from an infected drug user to others through sexual intercourse.

The United Nations estimates 10 million people around the world inject drugs. The problem has increased in several Asian and Pacific countries, fostered by rapidly changing economic and social conditions. More than half of injecting drug users have already acquired the virus in parts of Malaysia, Myanmar (Burma), Nepal, Thailand and in Manipur in India. Injecting drug use was relatively unknown in Indonesia 10 years ago but recent surveys indicate this is no longer so. There are now about 1.3 million injecting drug users in the country and 10 per cent of these are in Jakarta. From 1 per cent in 1987 the proportion of HIV/AIDS cases among injecting drug users increased to 13 per cent in 2002.

SEX WORKERS
Sex workers in the Asia-Pacific region are usually young, generally poor, have little or no education and often leave rural areas for the larger cities for economic reasons. Many depend on sex work to support their families back in their villages. There’s also a growing group of young people in the cities becoming sex workers to support a ‘designer goods’ lifestyle. While they may be better educated than sex workers from rural areas, they’re no less vulnerable to HIV infection. Once HIV is introduced into sex worker populations, it’s easy to see how it can spread quickly and widely into the general community. In countries where sex work is illegal, sex workers are easy targets for harassment and discrimination. Providing prevention and education programs is difficult in these circumstances.

MEN WHO HAVE SEX WITH MEN
In many countries, it’s illegal for men to have sex with men and the practice is sometimes denied outright. Lack of open discussion and public education means many men do not understand the link between unprotected sex and HIV/AIDS. Unwittingly the virus is spread not only among themselves but also to their female partners.
AUSTRALIA’S RESPONSE

In Australia about one person in every 1,500 has HIV. This rate of infection is considerably lower than in many other countries. This is largely the result of successful education campaigns and community involvement over the past two decades.

In prevention, public education, treatment and care, Australia has a broad range of experience and skills to share with developing countries. As a leading donor in the Asia-Pacific region, Australia draws on these skills in its HIV/AIDS aid programs.

In 2000, the Australian Government committed $200 million to a six-year global HIV/AIDS initiative to support a variety of programs throughout the region. Many of the programs concentrate on reducing transmission of the virus among drug users in countries such as China, Myanmar (Burma) and Viet Nam. Education programs, as well as improved counselling, community care and support services, are targeted for Papua New Guinea.

Australia is also a driving force behind the Asia Pacific Leadership Forum on HIV/AIDS and Development. The forum provides education on HIV/AIDS for leaders in the region and encourages their commitment to stopping the spread of the virus.

As workers, farmers, teachers, civil servants, police officers, parents and increasingly women are no longer able to fulfil their tasks in society, the social fabric that knits societies together unravels. As AIDS kills people, it kills development and ruins social stability. This makes HIV/AIDS a disaster for humanity and a global political challenge of the highest significance. Marika Fahlen, Director of UNAIDS
WHAT WORKS
The Australian aid program is working on many levels to reduce the rate of infection among the groups considered most at risk. Peer education, raising awareness and helping to build up health infrastructure are just some of the ways Australia is assisting communities to cope with HIV.

PEER EDUCATION
Peer education is seen as a good way of spreading information about HIV/AIDS. For instance, in Laos, Australian aid is supporting peer education in villages for people between 15 and 25 years of age. The chosen villages are mainly in provinces where there is a significant amount of border traffic with Thailand. The people taking part in the education workshops learn about HIV/AIDS along with other issues relating to sexuality, alcohol and drug use. They also learn how to negotiate the use of condoms. The idea is that each person later talks to five other people about these issues. In time, the program aims to reach as many as 11,000 young people directly and 58,000 people indirectly.

In Yunnan Province in China, Australia is helping train former drug users to become peer educators among current drug users. The Sunshine Home, for example, forms a bridge between the marginalised world of drug users and ‘normal’ society into which they return once they ‘get clean’ (see Sunshine Home, page 24). Participants in the program improve their life skills and learn how to avoid high-risk behaviour. Similar programs are underway in Xinjiang Autonomous Region in China and in Indonesia.

Directly targeting other vulnerable groups, such as sex workers, is also proving effective. In Viet Nam, sex workers in the busy port city of Hai Phong are trained as community volunteers (see On the Move, page 22). They hand out leaflets about HIV at strategic points around the city where travelling people such as sailors, truck drivers and bus drivers meet or pass through. Condoms, posters, key chains, stickers and even audio cassettes are all used in a campaign to inform people about the risk of HIV infection. Through their work at the frontline against HIV/AIDS, sex workers are also helping to protect themselves.
COMMUNITY AWARENESS

Australian aid is used in many different ways to make communities aware of HIV/AIDS. For example, theatre is a very effective HIV education device in some countries. This is because drama is able to break down barriers and taboos about sex and deal with them in entertaining and friendly ways. The theatre company Wan Smolbag from Vanuatu is well known in the region for its use of humour, improvisation and interactive plays to deliver safe sex messages. In Madang Province in Papua New Guinea the Nubanub, a volunteer theatre group, stages plays about the dangers of unprotected sex which are both amusing and direct in their message (see Play it Again for HIV/AIDS, page 14).

In Cambodia women are offered assertiveness training while in Vietnam programs are in place to increase men’s understanding of sexuality, HIV/AIDS and safer sex. In Indonesia transvestites learn how to use condoms as well as how to convince partners to use them.

Sport is also emerging as an effective way to attack the spread of HIV/AIDS. Children coming together for sports training and to compete in games are also taught life skills and about the HIV virus. For example, in southern Africa, ‘active community clubs’ have been set up to teach children football, netball and cricket. As well as having fun at these clubs, children learn about healthy living, nutrition, hygiene and how to protect themselves from HIV infection.

POLICIES

Australia cooperates with international organisations such as UNAIDS, UNICEF and the World Health Organization (WHO) that are active in helping developing countries to improve their ability to manage HIV/AIDS. This includes:

» providing policy leadership
» funding workshops on clean needle exchange
» strengthening methadone programs
» providing HIV/AIDS training materials
» training for medical and community care staff
» offering assistance to departments of health to improve their services
» building health care infrastructure.

THE WAY FORWARD

The conditions that are typically linked with poverty make people in developing countries significantly more vulnerable to HIV/AIDS. The bad news is that HIV has already infected millions of people. The good news is that most people do not have HIV. The challenge ahead is twofold. The first is to ensure that measures are in place so those who don’t have the virus don’t acquire it. The second is to provide for those living with HIV improved quality of life, free from discrimination and prejudice. The leadership and assistance given by Australia through the overseas aid program is going some way towards achieving these goals.

For further information
<www.unaids.org>