Asia Grapples With Unexpected Wave of HIV Infections

When physician Edsel Salvaña discovered earlier this year that new AIDS cases and HIV infections at his clinic in the Philippine General Hospital in Manila were running nearly double the 2008 rate, he was alarmed. When colleagues at other clinics began reporting the same phenomenon, he grew alarmed. “It seems like HIV is starting to get out of hand,” Salvaña says.

Not just in the Philippines. Across Asia-Pacific, a region so far largely spared the worst of the AIDS epidemic, HIV infections are rising rapidly, primarily among men having sex with men (MSM). In Hong Kong, Taiwan, Singapore, and Japan, where reporting is mandatory and trends can be tracked over time, HIV infections among MSM more than doubled between 2003 and 2007. Studies cited in “The global epidemic of HIV infection among men who have sex with men” in the July issue of Current Opinion in HIV and AIDS by Frits van Griensven, an epidemiologist at the U.S. Centers for Disease Control and Prevention’s Bangkok office, and colleagues put HIV infection rates in MSM at about 30% in Bangkok and Yangon, more than 15% in parts of India, and more than 5% in Beijing. In the Philippines, the number of new HIV infections rose from 210 in 2005 to 549 in the first 9 months of 2009, with the proportion of those infected through homosexual contact jumping from less than 40% to more than 70%. The numbers “are pretty frightening,” says van Griensven, who says the statistics capture only a portion of those actually infected. In the Philippines, says Salvaña, most infections are identified only after an individual develops AIDS symptoms.

Recognizing a worsening problem, the World Health Organization (WHO) in late September decried the “slow, fragmented and insufficient” anti-HIV efforts in the Western Pacific. With this concern in mind, the U.S. Agency for International Development and the United Nations Development Programme this week sponsored a meeting in Bangkok to bolster the region’s HIV prevention, treatment, and care for MSM.

The situation is likely to get worse before it gets better. Due to “significant levels of stigma, discrimination, and criminalization [of male homosexuality], there has been almost no investment” in some countries for interventions targeting this group, says Shivandan Khan, who heads the Naz Foundation International in Lucknow, India. “It is a perfect scenario for a major concentrated epidemic.”

Unlike the AIDS epidemic in sub-Saharan Africa that has battered whole communities, Asia-Pacific cases are concentrated in three high-risk groups: IV injecting drug users, commercial sex workers, and MSM. “It took several years for the international community to fully understand why,” says Massimo Ghidinelli, WHO Western Pacific regional adviser in HIV/AIDS and Sexually Transmitted Infections. Behavioral studies and computer modeling indicate that the epidemic in Africa is sustained by men who have sex with men and women who often have multiple concurrent partners and change partners frequently, Ghidinelli explains. Throughout much of Asia-Pacific, he says, individuals may have several partners over time, but they typically end one relationship before starting another. And in parts of Asia, women tend to have one or at most a few partners throughout their lives. “The dynamics to maintain and amplify an epidemic [outside the risk groups] are not there,” Ghidinelli says. Another factor keeping infections low in the Philippines is widespread circumcision, which evidence shows inhibits infection.

Although national HIV infection rates are still very low in Asia-Pacific, in MSM they are skyrocketing. The rates are “similar to how quickly they went up among female sex workers or injecting drug users 20 years ago,” says van Griensven. Even if the epidemic is confined to high-risk groups, Ghidinelli says, rising numbers of HIV-infected individuals could swamp health services and strain budgets of developing countries.

Cultural factors complicate the issue. Some countries, such as Thailand, tolerate homosexuality, whereas in Malaysia and elsewhere it is a criminal offense. Although prosecutions are rare, laws banning homosexual acts make it difficult to fund interventions. Another factor is that in several Asia-Pacific countries, men who dress and act like women are common partners for men who don’t consider themselves homosexual, Khan says. Denial and social marginalization mean that only an estimated 4% of the region’s governmental spending on HIV/AIDS targets MSM, and interventions reach only 9% of this population. A 2008 report by the United Nations Joint Programme on HIV/AIDS forecast that without more aggressive measures, MSM could become the primary reason for new HIV infections in Asia, reaching a million cases a year by 2020.

The situation is not grim everywhere. Some countries are reporting a leveling off of new HIV infections, says van Griensven. Last year, he says, Hong Kong and Taiwan cut new infections through “a bombardment of interventions.” Under Hong Kong’s HIV/AIDS strategy adopted in 2007, the government expanded its own efforts and funded community organizations to study homosexual behavior, promote risk awareness and safer sex, and launch media campaigns to erase the stigma of being HIV-positive.

Although some governments are waking up to the problem, Khan says, others are in denial. The Philippines is coming around thanks to Salvaña and his colleagues, who kicked off a new HIV/AIDS awareness campaign with a 5 September benefit concert in Manila. They are following up with school visits and plans to pressure the government to make HIV/AIDS intervention a priority. “This is our window of opportunity,” says Salvaña, “if it hasn’t passed yet.”

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