

第八屆亞太地區國際愛滋病會議摘要

報告人：疾病管制局林頂副局長、楊世仰組長

第八屆亞太地區國際愛滋病會議，2007年8月19日至8月23日於斯里蘭卡可倫坡會議中心舉行。此次大會以「Waves for change, waves for hope」為主題，希望亞太地區各國能突破愛滋防治之現有思維，打破文化、法令、性別藩籬，如同性戀者在伊斯蘭國家或藥癮者、性工作者在大部分亞太國家，均仍被定位為罪犯，導致民眾的防護觀念無法落實，疫情仍在持續延燒。我國代表團參加本次大會提出三個口頭報告，分別由桃園縣衛生局林雪蓉局長、衛生署疾病管制局報告愛滋減害在桃園縣及台灣之成功經驗，另由天主教露德協會贊助同志團體報告「給我抱抱，消除愛滋歧見運動」，均獲得廣大迴響。此外，此次大會給我國代表團一個平等參與的機會，並未在名稱、國別上節外生枝（如附件一），大會會刊並立即刊出我國減害實施成效（詳附件二大會會刊第6頁）。

愛滋病同儕教育必須有更多資源，印度對性工作者社區輔導模式相當積極，對於性工作者同儕組織政府予以扶持，賦予其 NGO 團體之地位，形成一種類似勞工保護團體，以協助性工作者在律法未予合法化之前，提供其必要之防範愛滋感染的保險套及衛教服務。我國有一類似之「日日春」團體，活動地區以北區為主，其他縣市應也要有類似團體給予性工作者必要的社會支持，保護性工作者，間接也減少愛滋疫情經由買春走入家庭的機會。

亞太各國同志感染愛滋疫情約百分之八左右，且有攀升之趨勢，由於同志間性伴侶難固定，通常均有多重性伴侶，很多的傳染發生在一時疏忽，保險套及潤滑劑之使用可減少肛交流血的機會，降低愛滋病毒傳播之機會。本局委託同志熱線研發的「臂包」，亦曾在大會同志團體討論時介

紹，說明臂包設計可以保證同志裸身活動時，保險套、潤滑劑仍隨身攜帶，獲得肯定，也堅定我們未來擴大辦理的信心。同志團體的同儕教育屬於小眾教育，有必要投入更多資源，與會同志團體代表指出同志感染約佔三成，但宣導防治經費不到百分之一的國家比比皆是，他們藉此提出增加宣導經費的呼籲。如果台灣每年投注在同志團體之經費不再是分割，而是整合性統包，視執行績效決定最後一期經費是否撥付之業績壓力，可否逆轉每年感染個案數仍持續攀升的趨勢，值得進一步研議。

愛滋病防治必須多管道而全面性，且不容遲疑。台灣減害計畫成功模式受到各國重視，當其他國家還在少數地區、特殊場所實施減害計畫時，我國試辦期僅六、七個月，爾後全島施行，成果斐然。然而目前減害計畫僅在社區提供，監所尚未到位。法務部已在新店戒治所試辦已入監之收容人即將出監前給予美沙冬之服務，成果尚待評估，未來應可考量對於尚未接受美沙冬的輕案入監或接受戒治之藥癮者，即提供美沙冬供其抵癮，助其脫離海洛因毒癮，方可進一步降低需求。印尼也試辦監所內提供美沙冬，不過是針對刑期在一年以上，可能其監所內尚有毒品問題，策略顯與我國不同。

附件一 大會名牌



Volume 1, Issue 2

August 21, 2007

Tidings



OFFICIAL NEWSPAPER OF THE 8TH ICAAP

On a positive note

With the venue of 8th ICAAP buzzing with activity Tidings bumped into journalist Armit Unti of the Telegraph newspaper in India, who was attending the sessions.

For Armit who has attended almost every ICAAP from the first one in Delhi many years ago, he has been witness to the positive changes taking place. His comments: "The ICAAP serves as a forum - a kind of recap of what goes on at the international congress, like a mid term service report. These are conferences where large crowds attend. In Bangkok 20,000 attended; in Toronto 22,000 participated. Unlike any ordinary health conferences where there are smaller

crowds, here it's different because AIDS is a global issue affecting everyone. These conferences offer an opportunity for an exchange of ideas and people go back to their home countries and try and implement some of those ideas.



There are changes taking place, people's tolerance levels have changed, and doctors who used to reject patients living with HIV now accept them." he says in West Bengal more positive persons are emerging and demanding their rights whereas before they were scared to do so.

And on a final note he says: "We have to remember that AIDS is not just a disease it encompasses economics and so much more."

Today's sessions

Plenary 1
Main Auditorium
Ulrika Schaefer-Preuss/ADB
- Links between HDN, AIDS and Infrastructure in Asia and the Pacific

Dr James McIntyre
University of the Witwatersrand
- Advances in preventing Mother-to-Child Transmission of HIV

Prof Adeeba Kamaruzaman-
Harm Reduction in Asia
Judge Edwin Cameron -
Legal- Future Agenda for HIV Activists

Plenary 2
Dr Jagdeep Goema,
WHO- Health Sector
Response towards
Universal Access

Shivananda Khan,
Naz Foundation
- Prevention HIV
epidemics among MSMs
in Asia and the Pacific

Gunaparan
Kumaravadiyel
Sri Lanka Youth
Parliament- Young
People and HIV/AIDS

Integrating TB and HIV programmes across the region

By BHARATHI GHANASHYAM

Nearly two million people die globally every year from Tuberculosis (TB). TB is also the most common infection and cause of death in persons infected with HIV.

A symposium at the 8th ICAAP explored the dangers of the two infections and lessons learnt from Asia and the Pacific.

While TB programmes across the world have reported successes, there is still cause for concern as

incidence of TB among the young continues to remain high. This could be attributed to the fact that about 50% of HIV positive people contract TB at some stage of their infection.

"In order to address the situation it is important for

TB and HIV programmes to work closely together. This can translate into a win-win situation in effective management of the twin problems," said Dr. Jai P Naran, Director, Communicable Diseases, WHO, Regional Office for South-East Asia.

Responses to the situation from Thailand, Vietnam, and India were outlined by subject experts through short presentations that looked at the issue from various perspectives.

Continued page 5



'Happy to be here'

HIV trends in AP far from comfort zone

By DILSHANI SAMARAWERA

Latest findings show that 5.4 million people in the Asia Pacific region have HIV, a much lower number than the previous estimate of 8.3 million. But experts say this is still too many people with HIV and that the trends are far from comforting.

"... nearly 1 million infections have occurred in the last two years - 50% of which are among young people who are our most productive asset. In addition 640,000 people died despite the efforts of scaling up treatment of services by countries in the region. The harsh reality is that the grim march of the epidemic in our region continues unabated," said Prasada Rao, Regional Director UNAIDS for Asia and the Pacific, speaking at the opening plenary of the 8th International Congress on AIDS

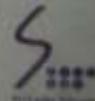
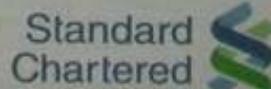
in Asia and the Pacific (8th ICAAP) in Colombo yesterday.

The congress is running from August 19 to 23.

UNAIDS also noted the rising number of new infections in countries like China, Vietnam, Indonesia, Nepal, Bangladesh and Pakistan. In Papua New Guinea, revised estimates show a national prevalence of 1.3% but there is evidence the epidemic is spreading fast in areas outside the capital and several areas have reported prevalence of over 2%.

In India, the latest data puts HIV prevalence at 0.4% among adults, down from the previous estimate of 0.9%. But this still means that as much as 2 million to 3.1 million people in India are living with HIV. In Cambodia too, the numbers have been readjusted to 0.9% from the previous 1.6%.

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Tidings

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in Colombo,
Sri Lanka.

Feminization of the

By HUMA KHAWAR

Discrimination, unequal power relations, lack of control over their bodies and their reproductive capacities as well as economic disempowerment constitute the basis of gender inequality that fuels the feminization of the HIV epidemic, an audience was told as speakers debated on the Feminization of the AIDS Epidemic and its Impact on Women, at the second Plenary at the 8th ICAAP here in Colombo yesterday.

Women and girls, becoming infected with HIV at a faster rate than men and boys, now make up almost half the worlds, people living with HIV as 64 percent of the 15 to 24 age group living with HIV in developing countries are women, Sunila Abeysekera of Inform said quoting figures at the session.

"Society's inequalities put women at risk, unjust, unconscionable risk, even though they are not the ones with most sexual partners outside marriage or more likely than men to be injecting drugs users," Abeysekera was speaking on the vulnerability of women, the physiological, social and cultural reasons as to why women are more prone to HIV infection.

Scaling up HIV prevention in

India - The Avahan Story was told by Ashok Alexander, from the Gates Foundation. Alexander spoke of the similarity of a business concern and a successful HIV and AIDS programme where you put the community at the centre and deploy a model, creating a common platform. "A successful programme of service delivery can and has changed the myth that scaling up HIV prevention isn't possible."

Presentation, he said must be linked to care and support as 'scaling up community mobilization' is a vital component for prevention of HIV and AIDS. "Working on risk reduction, but not without vulnerability reduction." Programmatic approach, a missing aspect was the most important point for HIV prevention besides evolving a program that has access to the community, for the community, and by the community is vital, he added.

AIDS has a profound impact on workers and families, enterprises and national economies. It is a workplace issue and a development issue. Dr Sophia Kisting, quoted Juan Somavia, Director General ILO in her presentation while talking about, the workplace as a gateway to *Environmental Actions for Prevention Treatment, Care and Support for HIV and AIDS.*



Dr Sophia Kisting (center) flanked by her...

AIDS has impacted on workers and sustainability of enterprise. Dr Kisting from the ILO's office in Geneva spoke about the critical importance that employment has on the epidemic. Dignity of having a job is under threat because of stigma and discrimination.

In many countries, the highest

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Leading the Asia/Pacific battle

By IVY SOON

The injustices that HIV infected people face drove UNAID Asia Pacific Regional Director Prasada Rao to spearhead the response to HIV/AIDS in this region.

"The injustices stare you in the face; the stigma and discrimination make you angry and you want to do something," said Rao who has lent his vast experience and expertise in public health in tackling the multi-faceted challenges of the epidemic for the past 10 years.

Rao faces a mammoth challenge; 5.4 million live with HIV in this region and the numbers are climbing. And as he said during the plenary session yesterday, "Asia and the Pacific accounts for 60% of the world's population, so the global battle against AIDS has to be won in Asia. Our response holds

Profile: Prasada Rao

the key...

His message at the 8th ICAAP has been one of hope and optimism, even as he reminded delegates of emerging threats and outlined the major challenges that need to be addressed.

"I have great faith in Asian countries and governments. We have good healthcare systems in place, and we need not live through the agony of Africa but we must work hard in the next four to five years to turn the tide."

Rao also called for a more strategic approach in pushing governments to be more proactive in tackling HIV/AIDS.

The epidemic is often linked with groups such as injecting drug users, sex workers and men who have sex with men, but there is a need to highlight



Prasada Rao

the increasing number of married monogamous women infected with HIV by their husbands

"These women are the most silent sufferers, and we need to highlight this to sensitise our leaders so they can take action," said Rao. Rao was the Director of National AIDS Control Organisation (NACO), India, and was instrumental in successfully negotiating a large donor assistance for the National Programme from interna-

tional agencies. He devised and put into operation a national level sentinel surveillance system for tracking the epidemic which was the first of its kind in Asia and the Pacific.

Rao participated as a member of important global initiatives like the Transitional Working Group (TWG) which decided the operation mechanism for Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and the High Level Forum (HLF) which was set up jointly by World Bank, World Health Organization and bilateral donors for monitoring achievement of health-related Millennium Development Goals (MDG). He also served as a member of the Programme Coordinating Board (PCB) of UNAIDS while he was Director NACO.

AIDS Epidemic



rate of new infection is among married women, underscoring the fact that risk of violence and coercion is often amplified within traditional marriages where women are exposed to be subservient to men, as studies have shown that women

are far more likely to be targets of violence as a result of HIV status. The session concluded with the reiteration of the call and an appeal to the 8th ICAAP participants to pay more attention to the statistics of the experiences of

HIV positive women and to allocate more resources to work with HIV positive women and girls, to ensure that their rights to equality, non discrimination and a life free of violence are guaranteed in reality and not only

Voices in the corridor

HOPE seems to be the message that is being sent out at this ICAAP. We asked delegates what their hopes are at the 8th ICAAP in Colombo.

"My hope is that there is no more stigma and discrimination against LGBT people. I hope all gay people can come out openly, and the Indonesian government will not suppress them from exploring their abilities" - Inensius Dasilva, Gaya Nusantara, Surabaya, Indonesia



"I am here to learn new things from the other delegates. I hope that I'll be able to utilize whatever knowledge I have here to do something when I go home to my country" - Binaya Adhikari, White Feather (an organization working with sexual minorities and PLWHA), Kathmandu, Nepal

"In China, transmission of HIV via blood transfusion is very common. The government knows how many people are infected but they are not investigating further to track the blood donors. I hope that from this congress, people will understand the situation and push the government for increased investigations"

- Ya Sun, Beijing Zhixing Information and Counselling Centre (Ivy)

Celebrating genius

A new feature in the form of a scholar recognition ceremony, has been introduced at the ICAAP, which recognizes those who have been successful in competing and winning a scholarship at the 8th ICAAP and will take place today.

The ceremony will be held at the Browns Beach Hotel in Negombo at 7.45p.m.

A unique ceremony of 'Shawling' the scholars by an eminent group of people in Sri Lanka who have contributed in one way or another to the social fabric of the country, will also take place.

The ceremony will be followed by food and music on the beach, in keeping with the conference theme of 'Waves of Hope and Waves of Change.'

Note: Entrance will be by invitation only

Infrastructure, Mobile populations and HIV: What's at Stake?

The Asian region is already seeing a boom in infrastructure and mobility, as part of the process of economic growth. "Connectivity - whether it is power, roads, railways, or telecommunications - underpins international competitiveness and productivity. Mobility will increase simply because the 'rewards' for moving are getting higher as economies integrate and the costs of moving are decreasing as prices fall in real terms. These comments were made by Ursula Schaefer-Preuss, Vice President ADB speaking at the session titled 'Infrastructure, Mobile populations and HIV: What's at Stake?'

Confidently predicting that there will be more

infrastructure and more mobility in the future as infrastructure and mobility are part and parcel of economic development in this region, the ADB Vice President said, "They are a cause - and a consequence - of fast paced economic growth and increasing integration across borders," she added.

"HIV and AIDS is a development issue. ADB will ensure that bank supported projects contain good prevention measures against the spread of HIV, both at the construction phase and in subsequent use," she said.

More infrastructure and mobility is expected to bring large benefits to society and to individuals. Increased mobility can mean increased traffic accidents, affecting young working age males. Increased mobility can mean people trafficking, particularly young girls. Increased mobility can increase the spread of HIV and AIDS.

Representatives from organizations and individuals with experiences in infrastructure development, mobile population and HIV and AIDS deliberated on its risks and costs.

HIV and AIDS raises not just health and social implications but financial and economic issues as well. People on the move have been powerful agents of development through human history. Speakers spoke of the projects carried out in different countries of South and South East Asia on HIV, vulnerability reduction of male and female migrant and mobile population and lack of health services as some of the challenges to address HIV among mobile and migrant population. The learning and sharing made the speakers commit to increase intervention for the emerging concerns to make the program more sustainable.

Does social openness reduce HIV-related stigma?

Many studies have highlighted HIV-related stigma as one of the major challenges faced by people living with HIV (PLHIV) in the region.

"I think what we have learned is that HIV is personal, meaning it is abstract instead of just figures. People have a better understanding about that particular person, and this understanding helps reduce HIV-related stigma," said Udom Likhitwonnawut from Rakthai (Care) in Thailand.

"It's not just talking about clinical counselling," he added, emphasizing the need to meet the broader psychosocial needs of PLHIV, and encouraging the need for more social openness about HIV.

Udom agreed with the conclusion of the recent Asia Commission on AIDS consultation that reducing stigma is helped by greater social openness about HIV and PLHIV speaking about their lives and the experiences they face. Coupled with non-stigmatizing media coverage and HIV training for journalists, would help reduce HIV-related stigma in their communities or countries.

HIV-related stigma is clearly not simple. It is often associated with widespread social attitudes towards sexuality, sex work, drug use - all of which can compound the HIV-related stigma. According to Udom, reducing these associated forms of stigma is a challenge towards HIV.

Social openness can also be encouraged by effective communication about the epidemic. Options for communication include using the arts or other channels and media, and providing appropriate messages to increase social acceptance of HIV.

"I think for journalists or communicators they need a lot of training to understand stigma and discrimination," said Duong Truong Thuy, from Viet Nam. For example, journalists in Viet Nam sometimes write articles that still use words and phrases that are not sensitive to PLHIV, and can make people feel like they are a kind of 'social evil'."

"Stigma in the health care system is one of the most vital concerns in my country," Thuy added. "From my experience, just a year ago, I went to see a doctor, and I asked him for ARV treatment. He asked me: 'Are you a drug user? Were you a drug user?' I told him I had been and was told that 'ARVs are not for drug users'. This needs to change because in the healthcare systems PLHIV need to work together to reach prevention, care and treatment goals."

Not everyone agrees that social openness reduces HIV-related stigma.

"I don't think social openness about HIV has demonstrated enough results. It is not enough. I am not

really sure to be honest that social openness is adequate to deal with HIV-related stigma," said Prika Iskandar, from Indonesia. "HIV-related



stigma is already there in people's minds, for thousands of years, from generation to generation, so we need to do more than just social openness."

"People need to be more in touch with PLHIV so that they can have more empathy," she added.

"When you are counselling people, a lot of time you are talking about clinical counselling, but in reality PLHIV are also dealing with isolation. So when you are in an informal counselling session, you take all issues into consideration," Udom added. "That includes talking about a range of problems affecting a human being:

family, housing or

living expenses, instead of just focusing on HIV."

"So I think if you have peer counselling, from people who face the same problems, that would be better. That can improve the quality of counselling."

Effective and accessible counselling services encourage social openness and reduce HIV-related stigma, but social openness is not a stand-alone measure to reduce stigma.

"Not necessarily all people want to reveal their HIV status - I believe that disclosure should be flexible. People may want to reveal in certain situations or circumstances, or maybe don't want to in other kinds of contexts," Udom said. "Maybe it works better if they first open up to another person who has their trust."

"When I spoke last year at UNGASS about stigma and discrimination in the region, you know what happened when I got back to my country? My government complained to me," added Many Pen, from Cambodia. "They said 'Many you are very young you should not say that. You should not say that you did not see any achievement or anything effort from the government? You did not see that.'"

Constructions of male sexual identity in India

In India, and across much of South Asia, constructions of masculinity are largely limited by social sanction, and for men who have sex with men (MSM) these constraints can be crushing.

Here are three true stories. They all speak the language of oppression, of a hidden reality, of a stifling duality that frames our understanding of sexuality and masculinities in India. It is also evidence of what stigma can create.

✦ She was newly married. At the age of 22, she discovered her husband was gay. He was having an affair with his cousin who also lived with them. For protesting, she was ill treated and physically abused by her family, including her in-laws. Finally she put an end to this trauma by taking her own life. This happened in eastern India.

✦ As a member of the MSM community, he greatly enjoyed his job as an outreach worker for an MSM programme run by an NGO in Delhi. One morning he bought his employer, and mentor, a beautiful pair of gold earrings. The jewelry was a gift of gratitude for all that he had gotten from his job financially,

socially, emotionally and professionally. He chose this moment to express his feelings, for what better time to celebration than the eve of his marriage to a woman his parents chose for him.

✦ He had been living with his male partner in the southern state of Andhra Pradesh for many years and looked after not only him but also the widowed partner's children. One day he was thrown out of the house because his partner needed to marry again, so that the children did not have to deal with the reality of their father's sexuality.

The issue of same sex behaviour is confusing and complex in the South Asian context. *Masli* is a term used for same-sex behaviour between men, in both suburban and rural India. Men are having sex with each other - but it is not considered sex, it is just something you do. People then get married and may continue to have *masli* later on.

South Asia has a shame-based culture, as opposed to western guilt-based notions. Here the importance of the individual is subverted to the collective. It is okay to do

nearly anything, as long as that action does not shame the family, the clan or the community.

Shame is often dealt with by 'regaining honour', which can be manifested in acts like 'honour killings' or severe violence against the one that brings dishonour. Most men who have sex with men satisfy all the cultural criteria for shame and are therefore subjected to abuse, violence and other repercussions.

Social justice and human rights issues for MSM are a complex matrix of concerns and needs that reflect personal psychosexual histories, economics, gender roles, socio-cultural beliefs and norms, as well as the legal policies and social policing that create a context for low self-esteem and marginalisation.

Accepted ideas on masculinity, femininity and effeminacy are a key factor leading to disempowerment, the abuse of feminised males and a denial of vital services. Many MSM have deeply internalised these ideas, and specific tools are needed if MSM and other feminised males are to value their own lives and experience self-respect.

More ways to change... Same sex relationships and stigma

During the first plenary of the conference, Anandhi Yavara, from the Programme for Appropriate Technology in Health (PATH) in India, described the discrimination she personally faced from relatives - and also how she and her close family were able to shift their attitudes by showing open acceptance of her HIV status.

Stigma and discrimination was also the highlight of one of the following sessions, which focused on consulting community when addressing the needs of men who have sex with men (MSM) in China. Mr Xu Jie outlined some of the ways in which the government in China is now partnering with the MSM community. This is in stark contrast to a few years ago when the government did not even mention MSM. According to Edmund Settle, from UNDP in China, the government now sees the MSM community as a partner in AIDS programmes. This has led to increased funding for MSM groups at both the national and local levels.

In a presentation from Japan in the same session, Jane Koerner described the situation for young MSM in central Japan, where homosexuality is largely invisible in society - as a result, MSM groups in the country have not been mobilized and funds are in short supply.

As part of the discussion, the question arose of whether reducing stigma is the government or civil society's responsibility. Jan W De Lind, from UNESCO in Bangkok argued that society follows policy.

"If there is a legal policy in place then the society is expected to abide by it," de Lind commented. "Policy-makers should follow evidence; there is good data available now about the rising HIV rates in the MSM communities. Collaborating with MSM communities is a good way forward."

Participants had an active discussion, stressing that public health researchers should play a stronger role in pushing the government towards framing policies to reduce stigma and discrimination.

Ms Keyati Chawla, the Sri Lankan co-chair, remarked that leadership at the community and government levels plays an important role in reducing stigma and discrimination. The other co-chair, Mr Aditya Bandyopadhyay from India, highlighted that same sex discriminating laws exist in India, Pakistan, Sri Lanka, Bangladesh, Malaysia and Nepal.

"Legal reforms should be the first step," he commented.

Some of the participants agreed that if international pressure on governments in these countries to reform the laws would be helpful.

Getting real about stigma



Senani and Sriyalatha, two staff at the ICAAP site. One participant explained to them what the conference is all about. With little information available to them, the two ladies had many misunderstandings and fears about how HIV is transmitted.

Collective measures across countries could play an important role in ensuring that governments repeal

laws that discriminate and block interventions for HIV prevention work among same-sex communities.

Representatives from the MSM group Bandhu, from Bangladesh, argued that HIV is a good background to start mobilizing work with the MSM communities and partnering with governments. Even in India, which is in the process of drafting the anti-discrimination law, it is being suggested that the idea of a 'safe-area' of working with MSM groups as part of HIV prevention work is being accepted has been identified as part of the way forward.

Stigma lessons arriving from the Pacific

The islands of Fiji could be source of one of the first waves of hope and change in fighting HIV-related stigma and discrimination in the Pacific.

And who can say this with confidence but Ms Jekabeci Tuberi Cati: the first islander to go public about her positive status, and a leader in the Fiji Network of Positive People (FJNP+).

Speaking between sessions at ICAAP, Jekabeci said Fijians have been educated and are now knowledgeable about AIDS and if 22 members of the FJNP+ have not reported any stigma and discrimination, then "we must be doing something right."

"While this may suggest that stigma and discrimination does not exist in Fiji, the 247 positive people from Fiji may have their own stories of stigma and discrimination," said Cati.

"We won't pretend that everything is alright, but at the same time this could be a clear sign that islanders are realizing that PLHIV are the

same people that we work with, live with and love before infection."

"For me personally, I have never experienced stigma and discrimination since I went public in 2003, but I guess this also boils down to the personality and attitude of positive people," said Cati who was also a speaker at the ICAAP opening ceremony.

"Positive people can be stigmatized and discriminated against perhaps because of the lifestyle they choose to live and their approach to being positive, and maybe for the perceived high level of VIP treatment positive people sometimes expect, but generally in Fiji I feel that stigma and discrimination will be gotten rid of."

According to Cati one way to encourage acceptance and reduce stigma is to develop a close working relationship with community leaders and sero-negative people, who each play important roles in their prevention campaigns.

While Fiji may seem to

be in calm waters when dealing with stigma and discrimination nearby island nation Vanuatu might be headed for a storm.

Nelly Willy, also at ICAAP on a Oxfam scholarship, said there has been a great deal of stigma and discrimination surrounding the three positive people there, one of whom who has since passed away.

"His wife would not allow the body to be brought home and this is sad, and it is also even sadder to say that Vanuatu will only learn how to tackle stigma and discrimination with the numbers as they increase," said Nelly.

"While we can learn from the experience of PLHIV, we can also learn from the way Fiji handles HIV-related stigma and discrimination issues," she added.

This wave of change against stigma and discrimination may take time, but will ultimately reach the shores of other islands in the region, and hopefully soon.

P4&S were prepared by Health & Development Networks
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Photos by: Kaewta Saengsak

Integrating TB

Integrating TB and HIV programmes
While the presentations were technical in nature and targeted chiefly those of the medical fraternity, the underlying message was clearly to integrate TB and HIV programmes.

Whether it was children who were increasingly being looked at a group vulnerable to the co-infections, or young adults, or any other, the need of the hour as expressed by all the experts was to recognize that TB and HIV programmes need to be looked at in an integrated manner rather than as linear health programmes.

Dr. Soumya Swaminathan, MD, Tuberculosis Research Centre in India pointed out the risks that TB and HIV pose to children.

"An estimated 130,000 deaths occur annually due to TB among children, globally. Ten percent of TB cases are among children and there is an urgent need to address this problem. We need to adopt a family-centred approach while attempting to address the problem in children as we often overlook the fact that children living among the infected, might be infected as well. There is also a general lack of awareness that HIV and TB can affect children," she said.

Dr Rajendra Prasad, Physician and ART Consultant, Swamy Vivekananda Youth Movement (an NGO based in Karnataka, India), and a participant said, "We cannot emphasise enough the key factors to preventing TB as a co-infection among the HIV positive are awareness, early detection, compliance and adherence to medication."

HIV trends

Continued from page 1

Silent sufferers

Another alarming finding is the large number of married women that are contracting HIV through their husbands.

"In this entire chain, married housewives, who should normally be under little threat of HIV/AIDS, are the most silent sufferers. They are estimated to constitute nearly 25%-40% of the total number of people infected, yet they are faceless," said Rao.

A UNDP study in South Asia shows that as much as 40% of women are forced to leave the homes of their in-laws after the death of their husbands due to HIV and 80% of these women who are infected by their husbands, are denied property rights.

Another plenary speaker Annamaree O'Keefe from AusAID also pointed out that in the Asia Pacific region, a major driver of HIV is gender inequality.

"HIV responses will not succeed unless there is progress in the area of equality for women. Progress addressing sexual violence against women is absolutely vital. Marriage is far from a guarantee of safety from HIV for women," she said.

Another group of silent sufferers are the HIV/AIDS orphans and the numbers are growing, warned UNAIDS.

Experts say that a vaccine against HIV is not likely in the near future and that prevention is the best cure for now.

Answering a question after the plenary session, Professor N M Samuel from the International AIDS Society said, "I don't think we will have a vaccine in the near future but a lot of trials are being conducted, so we should have hope."

Said Rao, "I don't think we are going to see a vaccine within the next 5-7 years. We are all hoping we will find one but until then, prevention is the only vaccine."

ILO aiming for HIV policy in a workplace

By MIKE DELA RAMA

The International Labor Organization (ILO) is looking for tripartite participation to create an HIV policy in the workplace in order to protect the rights of the employees pertaining to issues on HIV/AIDS and prevent possible discrimination.

ILO Technical Specialist on HIV/AIDS and the Workplace Eric Steiner Carlson said the organization took the initiative to encourage employers, employees and respective government to come with a specific policy that will provide access to health services specifically on Voluntary Counseling and Testing (VCT) among the employees.

He said this program has been implemented in Cambodia, Indonesia and China where policies have been enacted. "The policy involves the creation of an internal board composed of an internal board composed of the employees, employers and the government concerned."

The board is responsible for the monitoring whether the policy is

properly implemented and not violated.

According to him, included in the policy is behavioral communication change (BCC) of the workers.

"We encourage both private and public companies to get involved in this particular endeavour for the interest of their employees," he said.

He added that social dialogue is very important between the stakeholders involved.

"Though the ILO is concerned we are not forcing any organization to adapt the same, but we encourage them to consider the needs of people in the workplace," Carlson also said.

Meanwhile at a news conference, Dr Sophia Kisting from ILO's Geneva office told reporters that in the ILO language gender means in both men and women unlike what it means many other groups.

"Gender to us means both," she said while discussing workplace issues.

Speaking after addressing the second plenary at the 8th ICAAP in Colombo, she said the ILO Code of Practice on HIV/AIDS is working well in many parts of the world with good examples to emulate.

The clothing and textile industry in parts of Africa was conforming to all the 10 principles of the Code.

"In some countries, companies are implanting many of these principles and in some a few. It's a good start any way," Dr Kisting added.

The 10 principles relate to recognition of HIV/AIDS as a workplace issue, non-discrimination, gender equality, confidentiality, prevention, care and support.

She said the labour ministers of India and Sri Lanka would be involved in a discussion today (Tuesday) on HIV/AIDS issues in the workplace.

Taiwan's harm reduction programme

By IVY SOON

Good progress

Within a year, new HIV infections at the site of Taiwan's pilot harm reduction programme came down by 49% from the previous year.

The Public Health Bureau of Taoyuan County in the island nation started its first methadone replacement programme early last year, and its syringe exchange programme in July last year.

"About 5000 are receiving methadone treatment in Taoyuan daily, and we have 73 needle exchange stations dispensing 10,000 needles a week," reported the bureau's

director general Lin Shueu-Rong at the session Let's Discuss Harm Reduction, yesterday.

The harm reduction pilot project in Taoyuan yielded positive results early on, and it spurred the Taiwan government to quickly expand it islandwide. There are now 846 needle exchange stations in Taiwan.

Comprehensive HIV/AIDS education was also a vital component in Taiwan's harm reduction programme.

Lin said the Taiwan government was spurred to start its harm reduction

...the Taiwan government was spurred to start its harm reduction programme as the number of injecting drug users who contracted HIV went up from 10% of those infected in 2003 to 41% in 2004.

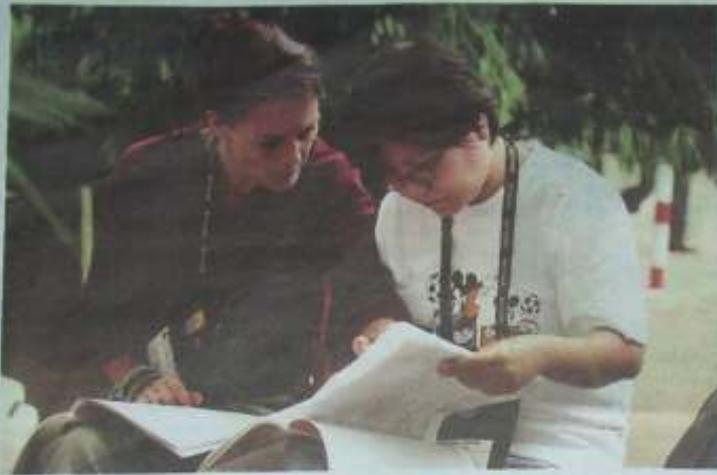
programme as the number of injecting drug users who contracted HIV went up from 10% of those infected in 2003 to 41% in 2004.

It took almost a year of studies and dialogue

before the programme was implemented.

"We went to prisons to talk to drug users to get their help in setting up the syringe exchange stations," noted Lin who also had discussions with the police, the judiciary, pharmacists, community leaders and various other groups to engage their support for the programme.

"They told us to do it quietly because the public was initially not supportive of these programmes. We had media education programmes, and various other initiatives to change public perception towards harm reduction."



ICAAP snapshots



HIV+ people taking the lead-Anandi

By IVY SOON

Profile

In an intellectual discussion filled with evidence-based research findings, statistics and analysis at yesterday's opening plenary session, Indian Anandi Yuvaraj's spontaneous personal account of discrimination while presenting her paper was a powerful reminder of the biggest challenge faced by those living with HIV/AIDS.

"Stigma is the biggest challenge we face. It is something that I live with, and something that my family and friends face," said the programme manager with PATH, who shared how her family rallied around her when her sister-in-

law reacted negatively upon finding out that Anandi is HIV+.

Her sister-in-law had insisted on moving back to her parents' home, but she changed her mind because everyone else in the family was supportive and accepted Anandi.

When she made the conscious decision to come out openly about being HIV+, 10 years ago, Anandi was prepared for such reactions. But she was also convinced that there must be open public discussions about HIV/AIDS, and HIV+ people must take the lead and be responsible for



Anandi Yuvaraj

breaking the silence surrounding the epidemic.

"I was privileged because I was brought up in a family

where I had the freedom to make decisions. I was the eldest daughter, and the breadwinner of my family. I am used to making decisions, and my family trusted me to make the right ones," recounted the 43-year-old former teacher.

She knew she had the coping skills to deal with the consequences of going public about being HIV+, but her family's support strengthened her resolve.

"I was not sure if my mother knew what is AIDS, or the implications of being HIV+. I told her the doctor said I'd not have long to live, and she asked me 'did you think you were going to live forever?'"

Anandi said she tries to understand people's fears and not be too affected by their responses to her HIV+ status, but it is still a challenge as she has to be constantly vigilant about how she behaves and what she says.

For the past 10 years, Anandi has been actively involved in HIV/AIDS work. She is currently an advocate initiator on microbicides.

More importantly, Anandi has drawn on her own personal experiences in calling attention to the need to consider HIV+ people's concerns and expectations in coming up with programmes and strategies.

Celebrate diversity at the official party of the ICAAP

Set a date to meet and greet fellow participants of the 8th ICAAP. If you have friends living their way and make new ones at Oryx, Hotel Taj, on August 22. The evening will felicitate the Red Ribbon Award nominees from across the Asia Pacific region. The event is hosted jointly by Companions On A Journey and Women's Support Group, in a bid to culminate the solidarity and the community spirit shared by the delegates of the 8th ICAAP, so don't miss out.

The event will also showcase performances by artists from Bangladesh, Pakistan, Malaysia and Sri Lanka.

Tickets at the gate are priced at Rs. 1000, but buy them today at the AP Village for Rs. 800 and save Rs. 200.

For more information call Bryan 477-3827806 or Upksha 077-3221842.

AP Village - Vibrating with action

By RANJITA BISWAS

The AIDS bell at the entrance of the Asia Pacific Village sets a sombre note reminding that every minute nine persons worldwide are getting infected by the HIV/AIDS virus at the moment.

But inside the village pavilion while the message is carried through about the need for prevention, and that there is no scope for complacency, the atmosphere is anything but grim. Designed like a typical village cottage of Sri Lanka with tapestries and mats made of locally available bio-friendly material, and Karalp paduras (Sinhalese symbols of prosperity made of sheaves of paddy) hanging from the roofs, it creates a cool and welcoming atmosphere where people can meet, talk about their projects or go around sampling and buying handicraft goods made by tsunami victims. Organisations like REACH Community Centre, Hastha Shakti Nirman etc, display their beautifully produced gift items, bags, embroidered apparels, on the wooden carts provided free for them by the organisers.

On one corner, there is a Room for Dialogue, on another is the Youth Pavilion buzzing with activities.

People sit around enjoying an entertain-



ment programme or comparing notes. Sudarshan Chakraborty of Kolkata, India, creative director of Saffire Creations, finds the stage enacted here much more "professionally done" with the right strobe lights

and with an "intimate atmosphere" setting the mood for interactive communication. "I have been to other AIDS conferences presenting our dance plays but this is different. I'm sure we'll enjoy presenting our shows here." Many of Saffire Creations' productions focus on conveying the message of HIV/AIDS like shunning stigma and discrimination, need for understanding, etc. At the 8th ICAAP Chakraborty will also be choreographing a piece called "Waste" keeping with the theme of the congress by combining pieces by Hari Krishnans

(Canada), Emma Powell (Australia) and Chitra Sundaram (UK).

For Nukutau Pokutu of Cook Island, a small island in the Pacific Ocean, it's the "relaxing" atmosphere at the Village that's so enticing. "It gives a welcoming feeling. There have been other conferences I've been to, they were huge, perhaps more glittery but here I feel as if I am in a community of like-minded people. There's a homely feeling about it," she says. Pokutu works with the Red Cross Society back home with focus areas like awareness campaigns especially among the young population.

