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Injecting and Infecting: Stigma and Zero Tolerance in China ..... Page 8

Building Healthy Bridges in India .... Page 12

Watching from the Shore .... Page 15

The Second Wave of HIV/AIDS

COUNTRIES IN ITS PATH

An Overview of 'Second Wave' Countries

By Jennifer Kates, Vice President and Director of HIV Policy
The Henry J. Kaiser Family Foundation
and Phillip Nieburg, Senior Associate
Center for Strategic and International Studies

AMONG THE MANY LOOMING CHALLENGES facing the U.S. and other governments in addressing HIV/AIDS is the epidemic's "second wave." That is, the potential impact of the pandemic in countries that currently have low- to mid-level HIV prevalence but stand on the brink of major epidemics. China, India, Russia, Ethiopia and Nigeria, in particular, have been identified as second wave countries. Current official HIV prevalence estimates range in these countries from 0.1 percent to 5.4 percent, overall, but prevalence is much higher in certain areas and among certain populations within each country. In addition, HIV is moving beyond its initial concentration in the higher risk groups reflecting an important "tipping point" for each country. Indeed, Ethiopia and Nigeria, while not experiencing the high prevalence rates of some other countries in sub-Saharan Africa, already have generalized epidemics.

HIV prevention is of paramount importance in second wave states. This is not to diminish the importance of treatment and care for those already living with HIV/AIDS. It is to say, rather, that the vast majority of people are still uninfected and need to remain so. Without significantly scaled-up prevention now, it will become increasingly difficult to meet the need for care and treatment of the growing population of those infected. It will also be harder and harder to curtail the global epidemic overall — in large part because these five nations are among the world's most populous and are important global and regional powers. Therefore, even a relatively small increase in HIV prevalence rate translates into a growing share of the global HIV/AIDS burden. Consequently, how major donors address HIV prevention in these five countries, as well as their own domestic responses, will play a critical role in steering the future course of the global epidemic.

Looking across the five second wave states, several common themes and issues emerge, as do key differences — both instructive for assessing the opportunities and challenges to HIV prevention efforts. For example:

1. These five nations are among the most populous in the world as well as important global and/or regional powers. In 2005, they collectively accounted for 43 percent of the world's population. China and India are the largest nations in the world, each with a population of more than one billion. Russia is ranked eighth. All three are nations of significant importance within the global political economy, and their borders are proximate. Nigeria, the ninth largest country in the world in terms of population size and largest in Africa, is an important regional power in the continent. Ethiopia is the second largest African country.

2. Their HIV/AIDS epidemics are at different but critical tipping points. China, India and Russia find themselves at the nexus between concentrated and generalized epidemics. Ethiopia and Nigeria already are experiencing generalized epidemics and sit within sub-Saharan Africa, the region of the world that has been hardest hit by HIV/AIDS. Ethiopia faces mounting and unique challenges, including a continuing food crisis and high levels of debt and is classified by the World Bank as a Heavily Indebted Poor Country (HIPC). To date, the HIV/AIDS epidemics in China and Russia have been largely driven by injection drug use, although in both, sexual transmission is on the rise. The epidemics in India, Ethiopia and Nigeria have been and continue to be driven by sexual transmission. Within each country, certain geographic areas have been more affected by HIV/AIDS than others. For example, in India, six states are considered to have high HIV prevalence rates (>1 percent).

3. Multiple donors are involved in all five countries, offering both financial and technical assistance, as well as diplomatic input. All five have grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria for HIV/AIDS; each has received World Bank grants/credits or loans to address HIV/AIDS; and the U.S. government (USG) plays an important role in each - Ethiopia and Nigeria are USG PEPFAR focus countries while China, India and Russia have been designated as "countries of concern." Outside of the focus countries, India receives the largest amount of U.S. bilateral aid for HIV/AIDS.

4. The role of the U.S. and other donors vis-à-vis HIV prevention is complex and must be considered carefully. It is important for the U.S. government and other donors to assess how their assistance is or is not facilitating HIV prevention efforts in these countries. China, India and Russia, for example, do not easily see themselves as "recipients of aid" or in need of external assistance, underscoring the need for their diplomatic engagement on HIV prevention. Additionally, as China, India and Russia are non-focus countries under PEPFAR, it will be critical for the USG to provide strong diplomatic leadership and technical assistance on the importance of HIV prevention. Ethiopia and Nigeria, on the other hand, as PEPFAR focus countries, are receiving large influxes in aid for HIV/AIDS. Much of this aid is for treatment, arguably an easier area to address and assess than HIV prevention. However, this emphasis should not come at the expense of HIV prevention (anecdotal evidence from these two countries suggests that this may be occurring).

5. Decentralization may affect the effectiveness of the HIV/AIDS response. To varying extents, each of the second wave nations is increasingly decentralizing government health functions and budgetary authority to regions and states where funding of and coordination around HIV prevention at these multiple levels is often minimal.

6. Weak HIV surveillance is a common problem across these countries. This impedes a better and necessary understanding of the scope and trends in the epidemic. While this is an issue for most countries in the world, it is particularly acute in second wave states. In China, India and Russia, for example, it has been difficult to come to agreement on official estimates of HIV prevalence as well as projections of the potential impact of HIV over time.

7. Stigma, including criminalization of risk behaviors and lack of legal protections is a serious problem within each country. It will have significant implications for curtailing the epidemic unless addressed. Stigma is of particular concern for injection drug users (IDUs), commercial sex workers (CSWs), and men who have sex with men (MSM). In addition, all five countries have extremely diverse populations, with multiple ethnic groups and languages, requiring a complex and multi-faceted HIV prevention strategy that does not inadvertently lead to stigma.

8. There is a critical need to target prevention interventions towards high-risk groups. This applies especially to IDUs, CSWs, and MSM, both to minimize their own vulnerability and to reduce further spread of the epidemic. Yet the very interventions needed to reach high-risk groups are often the most controversial. In some cases, clearer policy guidance by both affected and donor governments on the types of interventions they will support to reach these groups (e.g., drug treatment/substitution therapy, syringe access, outreach services for commercial sex workers, condoms, etc.) is needed.

9. Addressing the impact on women and girls is critical. Today, women represent close to half of all adults living with HIV/AIDS, and in some countries they far outnumber the number of men infected. In Ethiopia and Nigeria, for example, women already represent more than half of those living with HIV/AIDS. The epidemics in China, India and Russia, while still primarily male, are likely to see increasing impacts on women and girls without increased attention to the factors that make them particularly vulnerable to HIV infection or complicate their access to services once infected.

10. "Structural" and "Operational" prevention must both take place. Finally, HIV prevention requires attention not only to direct, "operational" interventions, such as HIV testing and counseling, but to issues of "structural" prevention. These are the underlying factors that make societies and individuals vulnerable to HIV infection in the first place, including poverty, the status of women, food insecurity, and others. These structural factors, however, are often quite intractable, pre-date HIV, and will likely not disappear even if and when a vaccine is available, and, while potentially exacerbating HIV diseases (or vice versa) are also larger than HIV. Therefore, donors and affected countries are faced with the challenging question of how much of their HIV-specific funding and assistance should go to address these larger issues.

For further information, contact: jkates@kff.org or pin1@adelphia.net