

From New Delhi by Susan Maitra

Alarm sounded on AIDS in Asia

The Second International Congress on AIDS in the Asia-Pacific region sought to convey a sense of urgency about its rapid spread.

One of the main goals of the just-concluded international meeting on AIDS in Asia here, pre-conference reports said, was to demolish the myth that AIDS is a disease of the white man and the black man that need not worry Asians. The meeting, the second of its kind, was organized by the AIDS Society for Asia and the Pacific in coordination with the World Health Organization (WHO), the United Nations Development Program (UNDP), the All-India Institute of Medical Sciences, and the Indian government. In attendance were some 1,500 delegates from all over the world, including the health ministers of at least ten countries in the region.

To what extent the organizers succeeded remains to be seen. But there is now no doubt that reality is fast overtaking whatever self-satisfied conceits Asians may have entertained. Even the notoriously lethargic WHO acknowledge that the HIV pandemic is now spreading throughout Asia—home to some of the poorest and most populated nations of the world—at the same deadly pace it overran sub-Saharan Africa in the early 1980s.

This cannot be taken lightly. As *EIR* has reported, the United Nations Children's Emergency Fund (Unicef) projects that AIDS will reduce life expectancy in Africa by 30%, and researchers have shown that actual *depopulation* of the continent will begin soon.

Though HIV was not recognized in Asia until 1985, its impact is already severe. A number of countries have not only experienced explosive

increases of HIV infection rates among intravenous drug users, prostitutes, and patients of sexually transmitted diseases (STDs), but there is evidence that the virus is now spreading from these groups into the general population.

As of Nov. 1, 1992, according to the WHO, a total of 1,253 cases of AIDS had been reported in Southeast Asia (South Asia and East Asia). Thailand and India have the highest number of cases, 946 and 238 respectively, accounting for more than 95% of the cases reported from the region to date. According to the WHO, the relatively small number of cases reported so far reflects factors such as late introduction of the HIV virus into the region, the long average latency period of ten years, and under-recognition and under-reporting.

What is to be taken note of, however, is the very sharp increase in HIV infection rates in selected so-called high-risk groups over the past several years. (Surveillance and testing have been overwhelmingly concentrated in these groups to date.) In Thailand, which has taken the lead in surveillance and reporting, HIV rates of 0% to less than 1% among intravenous drug users (IVDUs) in Bangkok were found in various ad hoc surveys between 1985 and 1987. But from the start of 1988 to September of that year, HIV infection rates jumped from 1 to 40%, and seroconversion rates in repeat survey participants were as high as 3-5% per month. This pattern was repeated in other provinces during 1989, and was followed by a wave

of the epidemic among female prostitutes.

Nationally, the HIV seroprevalence among prostitutes increased steadily from 3.5% in June 1989 to 15% in June 1991. This was followed by successive waves of transmission into male clients, and from them to wives and girlfriends in the general population. It is estimated that there are currently 450,000 HIV-infected persons in Thailand. If these transmission rates continue, it is estimated that there would be 2-4 million cumulative HIV infections by the year 2000.

Experiences similar to Thailand have now been documented in parts of India and Burma (Myanmar). In a study in the northeast Indian state of Manipur, located on one of the international drug-trafficking routes adjacent to the Golden Triangle, none of the 2,322 IVDUs seen from 1986-89 were seropositive for HIV. But from October 1989 to June 1990, the rate jumped to 54%! In Bombay, HIV seropositivity rates among prostitutes have increased from 2% in 1988-89 to nearly 40% in 1991. In Vellore, in south India, HIV seroprevalence among prostitutes in detention homes increased from 0.5% in 1986 to 34.5% in 1990. It is estimated that about 1 million people in India are currently infected with the HIV virus.

In Burma, an explosive increase in HIV seropositivity was documented among IVDUs—from 17% in 1989, to 59 and 71% in 1990 and 1991 respectively. Rates among STD patients jumped from 1.9% in 1990 to 15.9% in 1991, and among female prostitutes from 8% to 15.9% during the same period.

Given the similar social, cultural, and economic conditions in other countries of the region such as Pakistan, Bangladesh, Nepal, Indonesia, and Sri Lanka, it is likely that the same scenario is already afoot there.