**South East Asian Four Year HIV/AIDS PLAN, 2012-2015**

Background

Thirty years after the first reported case of human infection with the HIV virus, the profile of HIV/AIDS is undergoing a transformation from a life-threatening emergency to a manageable chronic disease. New strategies and initiatives have ensured that fewer people are getting infected with the virus, and more infected people are getting treatment and living longer.

Between 2001 and 2010, the number of people newly infected with HIV declined sharply by 34% in WHO’s South-East Asia Region. The number of people living with HIV and receiving anti-retroviral treatment (ART) also increased 10-fold. This indicates that more people are getting access to treatment. With the expansion of facilities providing testing and counselling services, approximately 16 million people have been tested for HIV across the Region.

However, major challenges remain. According to the WHO Progress Report on HIV/AIDS in South-East Asia 2011, an estimated 3.5 million people were living with HIV/AIDS in 2010, including 140 000 children. Women accounted for 37% of this population. The epidemic continues to be on the rise in Indonesia, although the number of new infections is showing a downward trend in India, Myanmar, Nepal and Thailand. Annually, there are an estimated 210 000 new HIV infections and 230 000 AIDS deaths in the South-East Asia Region, mainly transmitted through sexual intercourse, followed by injecting drug use (IDU).

The overall prevalence of HIV is low in the Region (0.3%), but sex workers and their clients, men who have sex with men (MSM), transgender individuals and people who inject drugs are disproportionately affected. Protective behaviour such as consistent condom use is increasing among sex workers, but not in MSM and IDUs.

The majority of people living with HIV are unaware of their HIV status. Less than one out of five pregnant women have access to HIV testing and counselling; two out of three HIV-infected pregnant women do not receive anti-viral prophylaxis. Only a third of all people with advanced HIV infection are receiving anti-retroviral treatment as per the latest WHO criteria. However, more than four out of five people who have started treatment are alive and on treatment 12 months after the start of therapy.

HIV-tuberculosis (TB) co-infections, which pose a challenge to providing treatment and care for both diseases, are of increasing concern in the Southeast Asia region. China, Burma, and Thailand are all high burden countries for TB, as designated by the World Health Organization (WHO). TB incidence varies across the region, according to WHO, ranging from 97 cases per 100,000 population in China to 400 cases per 100,000 population in Burma. Approximately 11 percent of new adult TB patients in Burma are HIV positive, and in Thailand, 17 percent of new TB patients are HIV positive.

HIV testing for all people who are at risk, and ART for those who have tested positive, are essential to prevent HIV. Reducing HIV-associated stigma and discrimination in community and healthcare settings is also vital.

The Asian Red Cross and Red Crescent AIDS Network (ART) was established in 1994 in response to the spread of HIV/AIDS in Asia Pacific. The purpose of the network was to promote national society participation in HIV/AIDS activities, and to ensure inter-country collaboration on HIV/AIDS activities. ART proved highly successful and today all national societies have HIV/AIDS activities effectively drawing upon experiences and lessons learnt from one country to another. ART is a network of 14 national societies in East and South East Asia with a shared vision and mission. The ART sets out the main directions for the network and its member national societies:

* Effectively respond to the HIV/AIDS epidemic through partnership with PLHIV and all relevant stakeholders
* Strengthen its capacity and capacity of national societies in the region to deliver effective HIV/AIDS programmes
* Advocate for the rights of PLHIV and others affected by HIV/AIDS
* Reduce the vulnerability to HIV/AIDS

The International Federation contributes to the ongoing organizational development and capacity building process of National Societies and of ART, in order to sustain its HIV/AIDS response for the long-term.

To achieve this, IFRC Regional office along with ART and National Socitie in the South East Asia-Pacific Region will learn from our experiences, and work to ensure that the goal of eliminating new HIV infections by 2015

“We are coming out of a transformative decade for the HIV/AIDS epidemic. With innovative treatment regimens, improved health services

The overall outcome for the HIV activities: Increased national society capacity to enable healthier and safer living.

The output: Vulnerability to HIV and its impact is decreased through comprehensible programmes focusing on one or several of the high risk group men who have sex with men, Intravenous drug users, commercial sex workers and people living with HIV and their dependants.

Main activities

* Support NSs in implementation of HIV programme; HIV Workplace programme
* Support NS campaigns against S&D in partnership with PLHIV on WRCD and WAD
* Programme support including monitoring and evaluation
* Coordination & Networking at regional and country levels
* Regional HIV workshop
* Workshops, training and material
* In-country workshops for 2 NS in 2012 and 2013; 1 NS 2014 and 2015
* Technical assistance and travel
* Meetings and conferences
* Attendance in regional meetings/conferences including AIDS Conference in 2012 and 2014, ICAAP 2013 and 2015.
* Support ART in order to strengthen its capacity as a network and assist members in enhancing their capacity to plan and implement HIV/AIDS-related programme and services
* Support ART in developing guidelines and IEC materials
* ART management & annual meetings

**Program update for 2012**

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| **Programme component : HIV and AIDS** |
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