

HIV/AIDS in the Asian and Pacific Region Is there a Jesuit response?

These reflections are recorded after two activities that I have undertaken in relation to the spread of HIV/AIDS infection in the Asian and Pacific region in recent weeks:

- Conducting a workshop in Manila for 80 Jesuits in training at Arrupe International House of Studies on HIV/AIDS in the local Assistency;
- Attending the 7th International Congress on AIDS in Asia and the Pacific, held in Kobe, Japan from 1st – 5th July.

With the support of the East Asian Assistency and the consent of the regional Provincials, I have been exploring the possibility of establishing a regional network of Jesuits interested in, or involved in, the growing spread of HIV/AIDS in Asia and the Pacific. The concept developed from the African Jesuit AIDS Network, based in Nairobi, Kenya.

It is clear that the knowledge about HIV/AIDS in the younger generation of Jesuits in the region is limited. Awareness of the growing significance of the spread of the virus is increasing, but information about the nature of the virus and means of combating its spread is not readily available. Furthermore, the positive approach that could be undertaken by the Catholic Church in this area is not appreciated or understood.

The region of Asia and the Pacific is now facing a significant increase in the spread of the infection and the response of local government authorities and the coordination of efforts across countries in the region is largely undeveloped.

The recent UNAIDS report, *A scaled-up response to AIDS in Asia and the Pacific* (July 2005), reported that the countries of Asia and the Pacific stand at a crossroads, facing two divergent routes to the future.

One route is “business as usual”. Though the easiest and cheapest route to take at the beginning, it ends up in rising levels of HIV infection and a toll far higher than the estimated 500,000 AIDS-related deaths that occurred in the region during 2004.

The other route is one of determined prevention and care initiatives. Harder and more expensive at the beginning, it ends up stopping the epidemic in its tracks, and minimizing both its human and economic costs.

The report concludes that while some countries have already made their decision and begun to scale up effective AIDS programmes, in others there is still hesitation. Yet standing still is no longer an option: a choice has to be made.¹

¹ UNAIDS. *A scaled-up response to AIDS in Asia and the Pacific*. Joint United Nations Programme on HIV/AIDS, Bangkok, Thailand; 2005; 5-7.

Rising Prevalence in the Region

While Thailand experienced a rapid growth of HIV infection starting in the late 1980s, and was followed by Cambodia, most countries were largely untouched at a time when the epidemic was rapidly escalating in sub-Saharan Africa and the Caribbean.

Today, Asia and the Pacific not only have the second largest number of people living with HIV infection, but their share in the global epidemic is growing.

While Asian and the Pacific countries accounted for 21% of all people living with HIV in 2004, they also showed 24% of the world's new HIV infections. In East Asia, the epidemic is expanding faster than anywhere else in the world, with HIV prevalence increasing by 24% in 2004 alone.

Among 28 countries in Asia and the Pacific, three currently have HIV prevalence greater than 1% among adults. The highest is in Cambodia, where an estimated 1.9% of the adult population was living with HIV in 2003 according to the most recent analysis by the National Centre for HIV/AIDS, Dermatology and STD. The others are Myanmar, where the epidemic is still expanding, and Thailand, where the number of new infections has steadily declined for more than a decade.

Meanwhile, a severe epidemic has been unfolding in Papua New Guinea, where the adult prevalence was 1.7% in 2004 according to a recent national report. In that country, the situation exhibits characteristics of a generalized epidemic, rather than being concentrated in discrete high-risk populations. The pattern there more closely resembles the early years of the spread of the infection in sub-Saharan African countries.²

How Can the Jesuits in East Asia and Oceania Respond?

Jesuits and their ministries are diverse and have widespread geographical location in the region. The international network of Jesuit ministries offers the opportunity for significant exchange of knowledge and information and the possibility of a collaborative ministry in the face of an international epidemic that knows no national boundaries.

The African Jesuit AIDS Network, coordinated by Father Michael Czerney, S.J. in Nairobi, Kenya, provides one model of international collaboration and networking in that continent that has proved helpful in focusing the response of the Jesuit Order and in facilitating a constructive contribution by the wider Catholic network and leadership.

Jesuits working in the East Asian and Pacific region have the opportunity to establish some other form of international network and possible collaboration, before the growth of the HIV infection in our region spreads to an epidemic proportion.

Father Peter Norden, S.J.
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² UNAIDS. *A scaled-up response to AIDS in Asia and the Pacific*. Joint United Nations Programme on HIV/AIDS, Bangkok, Thailand; 2005; 8-10.