BEYOND MEDICINE: IS ASEAN ADVANCING SOCIAL, ECONOMIC, AND
POLITICAL JUSTICE THROUGH HIV/AIDS PREVENTION?

A Thesis
Submitted to the Faculty of
The School of Continuing Studies
and of
The Graduate School of Arts and Sciences
in partial fulfillment of the requirements for the
degree of
Master of Arts
in Liberal Studies

By

Katherine Joyner, B.A.

Georgetown University
Washington, D.C.
April 27, 2009
BEYOND MEDICINE: IS ASEAN ADVANCING SOCIAL, ECONOMIC, AND POLITICAL JUSTICE THROUGH HIV/AIDS PREVENTION?

Katherine Joyner, B.A.

Mentor: Pamela Sodhy, Ph.D.

ABSTRACT

This thesis aims to reveal whether the Association of Southeast Asian Nations (ASEAN) has advanced social, economic, and political justice through its HIV/AIDS work in the Southeast Asian region. It analyzes ASEAN’s three HIV/AIDS work plans, from 1995 to 2010, and is divided into six parts.

The Introduction establishes the premise that HIV/AIDS prevention plans must address medical issues as well as the social, economic, and political inequalities that fuel the epidemic. Chapter One then provides information on the HIV/AIDS epidemic in the ten ASEAN member states, some background on ASEAN, and introduces a 2001 World Health Organization (WHO) report on HIV/AIDS. This report lists five principles for an effective prevention plan: gender issues must be addressed; treatment must be affordable and accessible; people living with HIV/AIDS must be part of prevention planning and activities; governments must provide leadership to civil society to support national and international efforts; and prevention must be linked to human rights. The thesis uses these five principles as standards upon which to analyze the effectiveness of ASEAN’s three work plans on HIV/AIDS.
Chapter Two analyzes ASEAN’s first work program (1995-2000), noting that it supported the fourth and fifth WHO principles, but not the first three. The organization’s first plan made few advances in either HIV/AIDS prevention or in advancing justice. While lacking important detail and structure, it did provide a foundation for future prevention programs. Chapter Three examines ASEAN’s second work plan (2002-2005), which supported all five WHO principles and provided detailed tactics to prevent disease transmission and to advance justice. However, while ASEAN accomplished much in its second plan, it still did not fully address gender issues. Chapter Four evaluates ASEAN’s third work plan (2006-2010), which has adhered to all five WHO principles. ASEAN has created many activities that targeted the causes of injustice, giving ASEAN the potential to emerge from the epidemic with healthier populations and more just societies. Chapter Five concludes the thesis by stating that ASEAN has advanced social, economic, and political justice through prevention work and offers recommendations for future work programs, such as continuing to combat stigma and discrimination.
I would like to thank the following people who have helped me during this process: First, my mentor, Dr. Pamela Sodhy, whose guidance and attention to detail helped turn my often jumbled stack of papers into a genuine thesis; Claire, who was nice enough to feign interest and ask questions about my rather uneventful life as a graduate student; Kate, who defended the honor of my master’s degree and always appreciated an inappropriate joke about my research; Dan whose sincere admiration for my work continually made me feel better than I deserved; and, finally, my parents to whom I offer both a “thank you” and “you’re welcome,” for always loving and supporting me and for not having to pay a cent of my graduate school, respectively.
“Where discrimination flourishes, HIV/AIDS has followed.”

*Lara Stemple*
# TABLE OF CONTENTS

ABSTRACT ...................................................................................................................... ii

ACKNOWLEDGMENTS .................................................................................................... iv

QUOTE .............................................................................................................................. v

TABLE OF CONTENTS .................................................................................................... vi

MAP 1: MAP OF ASEAN REGION .................................................................................... vii

MAP 2: MAP OF GLOBAL HIV/AIDS FIGURES ............................................................. viii

LIST OF ABBREVIATIONS ............................................................................................... ix

INTRODUCTION .............................................................................................................. 1

CHAPTER 1: A GROWING EPIDEMIC: HIV/AIDS IN SOUTHEAST ASIA .............. 5


CHAPTER 3: ASEAN WORK PROGRAMME ON HIV/AIDS II (2002-2005) ....... 49

CHAPTER 4: ASEAN WORK PROGRAMME ON HIV/AIDS III (2006-2010) ....... 91

CHAPTER 5: CONCLUSION .......................................................................................... 119

BIBLIOGRAPHY ............................................................................................................. 135
MAP 1:
MAP OF ASEAN REGION

People living with HIV/AIDS in absolute numbers

# LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ASEAN</td>
<td>The Association of Southeast Asian Nations</td>
</tr>
<tr>
<td>ATFOA</td>
<td>ASEAN Task Force on AIDS</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>TRIPS</td>
<td>Agreement on Trade Related Aspects of Intellectual Property Rights</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>WHO</td>
<td>The World Health Organization</td>
</tr>
</tbody>
</table>
INTRODUCTION

Asia has become an epicenter in the global pandemic of the acquired immunodeficiency syndrome (AIDS) caused by the human immunodeficiency virus (HIV). According to the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), Asia is the second-most affected region in the world with an estimated 4.9 million people living with HIV in 2007, including the approximately 440,000 people who became newly infected in that year.\(^1\) About 300,000 people in Asia died from AIDS-related illnesses in 2007.\(^2\) Within Asia, national HIV infection levels are highest in Southeast Asia, where many countries are experiencing epidemics of the disease.\(^3\)

The Association of Southeast Asian Nations (ASEAN), formed in 1967, represents ten member nations: Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam. As the leading regional association promoting economic, political, and social development, ASEAN has pledged its commitment to fight the spread of HIV/AIDS through prevention, treatment, and care. In 1992, ASEAN formed the ASEAN Task Force on AIDS


\(^2\) Ibid.

(ATFOA) to carry out the organization’s plans and achieve its goals in HIV/AIDS prevention. ASEAN has formulated work plans to address the epidemic at a regional level for all ten member nations. This is a daunting task, as each nation is experiencing a different degree of the epidemic and has diverse needs for fighting the disease.

Combating HIV/AIDS, however, is more than just stopping a disease, as the epidemic is fueled by significant social, economic, and political inequalities. For example, in nations where women are second class citizens they do not always have control over contraception and can contract the disease if male partners refuse to use condoms. Also, the poorest infected groups and individuals of a nation may not be able to purchase the necessary medicine to fight HIV/AIDS. Moreover, governments may oppress or ignore populations with the disease through stigma, unjust laws, or criminal action. Thus, the social, economic, and political circumstance of nations and societies can produce obstacles to combating the spread of the disease.

Prevention plans must acknowledge and work to overcome these obstacles in order to be effective. Fighting the disease is an opportunity for nations to address serious disparities in their society and advance social justice, ultimately helping not just those living with HIV/AIDS, but all people.

In 2001, the WHO Regional Office for South-East Asia in New Delhi released a report titled *Beyond 2000: Responding to HIV/AIDS in the New Millennium*. The report addressed the specific needs in Southeast Asia and gave recommendations for nations to implement work programs. Most importantly, the report provided five principles for an
effective HIV/AIDS prevention plan that addressed both health and socio-economic needs, calling for strategies that include eliminating human rights abuses, not just disease prevention.

Using these five principles, this thesis will examine ASEAN’s strategies to combat HIV/AIDS in the organization’s First (1995-2000), Second (2002-2005), and Third (2006-2010) Work Programs. Focusing on the work programs’ goals and tactics, this thesis aims to reveal ASEAN’s successes and failures in curbing HIV/AIDS through actions that advance social, economic, and political equality. The analysis will show where ASEAN has successfully integrated WHO principles into its work plans and where it has failed and needs improvement. It will cover the span of the three work programs, 1995-2010, and include the efforts of all ASEAN member nations.

The idea of addressing social, economic, and political equality through HIV/AIDS prevention work was not a new concept created by the WHO report—there is a long history of tying prevention efforts to human rights. The five principles, though, were an original outcome of the report. I chose to use this report because of its focus on the epidemic in Southeast Asia and its understanding of the region's complexities and needs. In addition, the principles provide a succinct and direct guide for including human rights in prevention work. Another reason I selected this report was because WHO is a leading authority on HIV/AIDS and their researchers are regarded as experts in their field.
The thesis will be divided into five chapters. The first chapter will provide background information on HIV/AIDS and the HIV/AIDS epidemic in Southeast Asia, on ASEAN, and on the WHO report and its guidelines. Chapters two, three, and four will analyze the First, Second, and Third work programs, respectively. These chapters will discuss ASEAN’s achievements and failures in promoting social, economic, and political equality and provide suggestions for improving new programs. The fifth and final chapter will summarize the findings, draw conclusions about the strengths and weaknesses of ASEAN’s HIV/AIDS policies, and offer recommendations for future plans.

While successful implementation is the key to HIV/AIDS prevention, a work plan that lacks sufficient and appropriate strategies will never be effective. It is vital that ASEAN’s plans be analyzed to reveal the extent that the organization is incorporating tactics that address social, economic, and political injustice and will make lasting changes through HIV/AIDS work. This analysis is important to the future of ASEAN’s HIV/AIDS work as the third work plan ends in 2010 and the organization builds upon its existing work plans. Is ASEAN prepared to face the next phase of HIV/AIDS prevention based on its current policies? With the right plan, ASEAN can arise from the epidemic, not just with healthier populations, but with improved societies.
CHAPTER 1: A GROWING EPIDEMIC: HIV/AIDS IN SOUTHEAST ASIA

This chapter will provide important background information on the relevant issues and organizations discussed throughout this thesis. It will be divided into three sections. The first will discuss the discovery and history of HIV/AIDS and the HIV/AIDS epidemic in Southeast Asia. The second section will introduce ASEAN, its HIV/AIDS goals, and the impact of HIV/AIDS on all its member nations. The third section will present the WHO report, its guidelines, and its arguments for a HIV/AIDS plan to incorporate measures to advance social, economic, and political injustice.

According to the WHO:

HIV infects cells of the immune system, destroying or impairing their function, resulting in progressive deterioration of the immune system, leading to “immune deficiency.” Infections associated with severe immunodeficiency are known as “opportunistic infections,” because they take advantage of a weakened immune system.” The term AIDS applies to the most advanced stages of HIV infection, defined by the occurrence of any of more than 20 opportunistic infections or HIV-related cancers. 1

HIV can be transmitted through unprotected sexual intercourse (vaginal, anal, and oral) with an infected person, contaminated blood transfusions, and sharing contaminated needles or syringes. 2 It can also be transmitted between an infected mother and her child during pregnancy, childbirth, and breastfeeding. 3 Of the opportunistic infections that often affect those with HIV, tuberculosis is the most

---


2 Ibid.

3 Ibid.
common and life threatening, killing “nearly a quarter of a million people living with HIV each year.”⁴ “It is the number one cause of death among HIV-infected people in Africa, and a leading cause of death in this population worldwide.”⁵

The first case of AIDS was identified in the United States in June 1981 by scientists at the Centers for Disease Control and Prevention, headquartered in Atlanta, Georgia.⁶ These scientists were “intrigued by a series of similar reports from the University of California Los Angeles Medical Center of rare illnesses among five homosexual men.”⁷ Two years later, U.S. researchers discovered that HIV was the cause of AIDS and that isolated infections existed before the 1981 cases were recorded.⁸

Throughout the 1980s, HIV/AIDS was often perceived as a “gay problem.” The discovery of HIV among gay men led many to believe it was isolated to the gay community. Furthermore, discrimination and stigma against the gay community perpetuated this idea and caused many to ignore HIV/AIDS as a serious health concern with national and international implications.

However, by the 1990s, the disease had become a global epidemic affecting men, women, and children in every continent. It could no longer be disregarded by the

⁴ Ibid.

⁵ Ibid.


⁷ Ibid.

⁸ Ibid.
general public or thought to only affect select populations. As doctors and researchers soon discovered, transmission was rapid and treatment very difficult, although the spread of HIV/AIDS is preventable with the correct information and intervention. Thus, the disease has become a focus of international health policy and practice, with governments, organizations, and individuals working to stop the transmission of this usually fatal disease.

By the 1990s, HIV/AIDS cases had been reported in every Southeast Asian nation, with some countries, such as Thailand, experiencing a major epidemic. By 2005, two decades after the disease first appeared in the region, an estimated 9 million people have been affected with HIV/AIDS, with 2.6 million men, 950,000 women, and almost 330,000 children having died from the disease.

As stated in the Introduction, within Asia the Southeast region is experiencing the highest levels of infection. The characteristics of the epidemic vary between Southeast Asian nations, but important commonalities exist. The first commonality is the main modes of transmission, which include the sex industry, injecting drug users, and unprotected sex between men.

---


10 Ibid.

The sex industry refers to the exchange of money for sex and includes both men and women buyers and sellers and heterosexual and homosexual sex. An UNAIDS report states that men who engage in unprotected paid sex “are the single most powerful force driving Asia’s HIV epidemics and constitute the largest infected population group.”\textsuperscript{12} Moreover, “because most men who buy sex either are married or will get married, significant numbers of ostensibly ‘low-risk’ women who only have sex with their husbands are exposed to HIV.”\textsuperscript{13}

In addition, female sex workers are extremely vulnerable to contracting the disease from infected partners and then transmitting the disease to new male customers. The increased use of condoms within the sex industry has decreased HIV/AIDS rates in some nations. Cambodia experienced a decline in HIV prevalence among sex workers—from 46% in 1998 to 21% in 2003—when condom use in commercial sex rose from 53% in 1997 to 96% in 2003.\textsuperscript{14} Similar trends have also been observed in Thailand over the past decade.\textsuperscript{15} A significant increase in condom use could dramatically curb new transmission of the disease, protecting sex workers, men buying sex, and the wives and partners of those men.

Injecting drug users are also a primary source of the spread of HIV/AIDS in Southeast Asia. Once the disease enters a group of drug users, HIV/AIDS can spread

\textsuperscript{12} UNAIDS, \textit{Redefining AIDS in ASIA}, 22.

\textsuperscript{13} Ibid.

\textsuperscript{14} UNAIDS, “Asia.”

\textsuperscript{15} Ibid.
rapidly and easily enter the general population.\textsuperscript{16} In particular, the use of contaminated injecting equipment is “the driving force of the epidemic in Viet Nam, and in Malaysia, where more than two thirds of HIV infections to date have been among injecting drug users.”\textsuperscript{17} Moreover, unprotected sex between injecting drug users and their paid or non-paid partners is furthering the transmission of HIV/AIDS.\textsuperscript{18}

A third contributing group to the spread of the disease is men who have sex with men. Unprotected sex between men is a “potentially significant but under-researched factor in the HIV epidemics in Asia.”\textsuperscript{19} For example, in Bangkok, Thailand, “HIV prevalence among men who have sex with men rose from 17\% in 2003 to 28\% in 2005, and it is estimated that as many as one in five (21\%) new HIV infections in Thailand in 2005 were attributable to unprotected sex between men.”\textsuperscript{20} Similar to prevention within the sex trade, increased condom use between men who have sex with men would considerably decrease the transmission of HIV/AIDS.

According to a UNAIDS report, preventing these modes of transmission will significantly help stop the continuation of the epidemic:

Because relatively few women in Asia have sex with more than one partner, the chain of HIV infection tends to end once the wives and girlfriends among them


\textsuperscript{17} UNAIDS, “Asia.”

\textsuperscript{18} Ibid.

\textsuperscript{19} Ibid.

\textsuperscript{20} Ibid.
become infected. Some might transmit HIV to their unborn or newborn infants. But the probability of those women passing HIV to another man is generally very small. This means that currently, HIV epidemics in Asia are highly unlikely to sustain themselves in the ‘general population’ independently of commercial sex, drug injecting, and sex between men. And, most critically, it means that prevention efforts that drastically reduce HIV transmission among and between these most-at-risk populations will bring the epidemics under control.\(^{21}\)

Besides the modes of transmission, another commonality between Asian nations’ HIV/AIDS epidemics is the social taboos that often prevent these at-risk groups from receiving the care they need. Severe discrimination and stigma against sex workers, drug users, men who have sex with men, and HIV-positive individuals in general prevent delivering health care to those affected and ultimately propagates the epidemic. The criminal elements surrounding the disease—sex work and drugs—often dissuade people from seeking treatment, only spreading the disease further. Moreover, the extreme prejudice in many Asian nations against men who have sex with men inhibit those affected with HIV/AIDS to seek treatment out of fear. Due to the pivotal role these groups play in the continuation of the HIV/AIDS epidemic in Asia, it is imperative that they are treated and educated in order to prevent further spread of the disease. To do this, however, these groups cannot continue to be marginalized, but must be acknowledged and supported in order to promote the health of individuals as well as whole nations.

The ASEAN region, which includes Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam, faces staggering HIV/AIDS rates. In 2006, reports showed an estimated 1.6 million people

living with HIV in the ASEAN member states. That year, there were roughly 180,000 new infections among people of all ages, and 110,000 deaths due to AIDS in the region. An estimated 530,000 women over 15 years of age in the region have HIV, representing 33% of all adults living with HIV in ASEAN member countries.

Progress in the region has been made, however, due to the efforts of governments, international and national organizations, and individuals working to combat the disease. Due to national and international prevention efforts, epidemics in Cambodia, Myanmar, and Thailand have all shown declines in HIV prevalence. On the other hand, however, HIV cases are growing in Indonesia, Laos, Malaysia, Vietnam, and The Philippines. As for Brunei Darussalem and Singapore, they maintain very low rates of infection and death due to HIV/AIDS.

The WHO collected HIV data from every ASEAN nation from 1990 to 2007. Below is data on each ASEAN member nation regarding HIV prevalence rates, rates of death caused by the disease, and the main modes of transmission.

**Brunei Darussalam**

HIV prevalence rates in Brunei Darussalam have remained low—by the end of 2004, a cumulative total of 618 HIV cases, including 26 AIDS cases, had been reported. The HIV prevalence rate in Brunei is below 0.1%, according to 2006 estimates. Most

---


23 Ibid.

24 Ibid.
newly reported cases, 95.8%, are among migrant workers and nearly all occur in men, 92%, and heterosexuals, 84%.\textsuperscript{25}

The citizens of Brunei receive free medical treatment, including care for HIV/AIDS; however, this does not always include mobile populations due to legal restrictions and contracts.\textsuperscript{26} Brunei’s greatest chance of curbing its epidemic is through targeting prevention efforts at migrants workers and ensuring that they receive treatment.

\textit{Cambodia}

In 1990, 30,000 people were infected with HIV. The rates peaked in 1999 with 125,000 cases and then steadily decreased to 78,000 in 2007. In 1990, 1,000 people died from HIV/AIDS. The highest number of deaths occurred in 2002 with 14,500 fatalities, but declined to 7,000 in 2007.\textsuperscript{27}

Utilizing both government and civic resources, Cambodia has been successful in decreasing the spread of HIV/AIDS.\textsuperscript{28} “There has been a shift from a health centered to a people centered and gender sensitive approach, and from a top down to a bottom up

\begin{footnotesize}
\begin{enumerate}
\item Ibid.
\item Ibid.
\end{enumerate}
\end{footnotesize}
approach emphasizing human rights.”\textsuperscript{29} Cambodia’s government also instituted a 100 percent condom use policy in its brothels “that helped stop the spread of the epidemic into the general population.”\textsuperscript{30} Transmission primarily occurs through unprotected heterosexual sex.\textsuperscript{31}

\textit{Indonesia}

No HIV cases were reported or known of until 1999, when the number of infected individuals rose to approximately 1,000. The number of annual cases has climbed steadily and as of 2007 there were approximately 270,000 cases with no signs of any decrease in the spread of the disease. Less than 100 deaths annually were reported until 2001, when the death rates started to climb. Since then the death rates have continued to rise, with 8,700 deaths in 2007.\textsuperscript{32}

Indonesia’s epidemic parallels the beginning of Thailand’s with “a booming sex industry, high STD rates, large numbers of migrants, and low condom use.”\textsuperscript{33} Indonesia’s Islamic conservatism can sometimes hinder progress in HIV/AIDS

\textsuperscript{29} Ibid., 14.
\textsuperscript{30} Susan Hunter, \textit{Aids in Asia} [New York: Palgrave Macmillan, 2005], 130.
\textsuperscript{31} Doung Chanto Sisowath, “Cambodia,” \textit{Fighting a Rising Tide The Response to AIDS in East Asia}, ed. by Yamamoto Tadashi and Itoh Satoko, [Tokyo: Japan Center for International Exchange, 2006], 54.
\textsuperscript{33} Hunter, \textit{AIDS in Asia}, 124.
prevention. Therefore, “the country’s minister of religion has called for Indonesia’s two major Islamic organizations to initiate dialogue about promoting condom use and clean needles, saying that AIDS is an ‘emergency’ and that ‘under Islamic law if there is an emergency, you can change the rules.’”

But policy makers have been slow to respond. Not until 2000 did the Indonesian government make HIV/AIDS eradication a priority. Since then, the government has partnered with NGOs and international organizations and pledged its commitment to ending HIV/AIDS in Indonesia. Faith-based groups have also made HIV/AIDS work a priority, particularly in prevention and outreach to lay and ordained community leaders and youth. According to the World Bank, transmission is primarily between heterosexuals, but with significant numbers of injecting drug users and homosexuals.

Laos

The number of cases reported was under 100 until rates began to rise in 1995, reaching approximately 5,900 cases in 2007, with no signs of decline. Deaths remained

---

34 Ibid.


36 Ibid., 104-106.

37 Ibid., 111

almost zero but began to rise in 1996. Death rates have experienced peaks and declines since 1996, but are now on an upswing with 80 reported in 2007. 39

Laos has very low infection rates, and with the exception of specific populations—migrant workers and sex workers—the general population is not thought to be at risk for HIV infection. 40 “The major mode of transmission is through heterosexual intercourse” while injecting drug users are “very rare.” 41 The government “took early action to prevent the epidemic” and implemented a nationwide HIV/AIDS program. 42 However, the lack of open dialogue about sex and HIV in Laos could increase the problem. For example, “in general, people know about HIV/AIDS, but they do not know how to use a condom (e.g. it is believed that demonstrating condom use in schools encourage sexual activities).” 43 Increasing education efforts and promoting open discussion about sex and HIV/AIDS would greatly help reduce the spread of the disease.

Malaysia

Rates remained under 100 but began to rise steadily by 1992, reaching 80,000 in 2007. Death rates remained around zero but began to rise in 1994. HIV-related deaths


40 Jonsson, Issue without Boundaries, 17.


42 Ibid., 178-179.

43 Jonsson, Issue without Boundaries, 17.
reached approximately 3,300 in 2006, but declined to 3,000 in 2007 and hopefully will continue to decrease.\textsuperscript{44}

In Malaysia, “men represent the majority of reported HIV infections and AIDS cases…however, the rate of infection among women is on the rise.”\textsuperscript{45} Moreover, “it affects more housewives and women with respectable careers than sex workers and drug addicts,” meaning that men are bringing the disease home to their wives or girlfriends.\textsuperscript{46}

The main modes of transmission are needle sharing and heterosexual sex, with some homosexual transmission.\textsuperscript{47} The taboo against speaking openly about sex “has encouraged the growth of the epidemic.”\textsuperscript{48} Both the government and NGOs have been involved in the fight against HIV/AIDS and must continue their efforts to stop the disease. The epidemic must also be looked at from a gender perspective in order to stop the increase of women and girls contracting the disease.\textsuperscript{49}


\textsuperscript{46} Ibid.

\textsuperscript{47} Ibid., 195-196

\textsuperscript{48} Ibid., 196

\textsuperscript{49} The World Bank, \textit{Addressing HIV/AIDS in East Asia and the Pacific}, 60
**Myanmar**

In 1990, 100,000 cases were reported. Rates continued to climb and peaked with 300,000 infected individuals in both 2000 and 2001. Myanmar has experienced a slow but steady decline to 240,000 in 2007. Approximately 1,000 deaths due to HIV occurred in 1990, peaking with 27,000 in 2004 and declining to 25,000 in 2007.\(^{50}\)

Transmission is primarily heterosexual, but with a high number of injecting drug users as well.\(^{51}\) However, the government’s narrow views have resulted in few policies to stop the epidemic. Myanmar was slow to take action, even though the first case of AIDS was identified in 1991. Years of government inactivity followed, with the first policy response coming in 2002.\(^{52}\) Myanmar “set up an institutional framework for HIV/AIDS at an early stage, but it was not until relatively recently that the HIV/AIDS epidemic was prioritized by the government.”\(^ {53}\) The tumultuous political environment and struggling economy have made HIV/AIDS prevention difficult and a lower priority.\(^ {54}\)

---


\(^{51}\) Jonsson, *Issue Without Boundaries*, 11-12

\(^{52}\) Ibid., 12

\(^{53}\) Ibid., 13

\(^{54}\) Ibid.
Philippines

Less than 100 cases were reported annually until 2000 when rates steadily climbed to 8,300 people living with HIV. Deaths caused by HIV/AIDS remained approximately zero until the rate began to climb in 2003, reaching approximately 165 in 2007, with no signs of decline.  

With the Philippine’s HIV/AIDS rates on the incline, the government has been accused of conservative and hypocritical policies that are worsening the epidemic. For example, President Gloria Arroyo, “influenced by the Philippines’ Catholic hierarchy and Washington’s abstinence-only policy, has blocked condom availability and promotion.”  

“According to Human Rights Watch: ‘It is a measure of the hypocrisy of the Philippine AIDS policy that the Department of Health admits the effectiveness of condoms against HIV/AIDS and yet refuses to supply them to local clinics or promote them aggressively’ for fear of offending powerful conservative Catholics.” Also, “school–based HIV education programs ‘met with stiff resistance from teachers and principals opposed to birth control.’” Transmission is primarily sexual, with the

---


56 Hunter, Aids in Asia, 198

57 Ibid.

58 Ibid.
highest rates between heterosexuals, then homosexuals, and the lowest between bisexuals.\(^5^9\)

**Singapore**

HIV rates began rising in 1993 and have steadily increased to 4,000 cases by 2007. Death rates have remained very low, with less than 50 cases annually until rates began rising in 2001. Death caused by HIV peaked in 2006 with 150 cases, then dropped to approximately 135 in 2007.\(^6^0\)

Transmission is primarily through heterosexual sex, followed by homosexual sex, and then bisexual sex.\(^6^1\) Due to strict drug laws, injecting drugs users account for only 2\% of all HIV cases.\(^6^2\) Singapore has focused on HIV/AIDS education in schools and the work place to teach their population about safe sex and diseases.\(^6^3\) Stigma against people infected with HIV/AIDS remains a serious challenge in Singapore, but


\(^{6^2}\) Ibid.

\(^{6^3}\) Ibid., 3.
the government is focused on education and community outreach designed to decrease discrimination.  

Thailand

Thailand began with alarming rates of approximately 325,000 people with HIV in 1990, which climbed and peaked with 790,000 cases in 1996. That rate steadily declined until 2003. Since then, Thailand has reported a similar number of cases for the past 5 years, with 610,000 people in 2007. The death rate was less than 100 in 1990, but began increasing that year, peaking at 65,000 in 2001. By 2007, the death rate had declined steadily to 30,000.

Thailand is one of the few countries to see a decrease in the spread of the epidemic, due in large part to public and government efforts. With one of the world’s most thriving sex industries, Thailand’s main mode of transmission is heterosexual sex, followed by injecting drug users, and homosexual sex. Openness about the HIV/AIDS epidemic led to the implementation of the 100% condom program in 2004 in Thailand’s sex industry, helping to significantly decrease transmission. In addition, the Thai government was “one of the first to institute prevention of mother-to-child transmission

---

64 Ibid., 4.


66 Jonsson, Issue without Boundaries, 10.

67 The World Bank, Addressing HIV/AIDS in East Asia and the Pacific, 55

68 Jonsson, Issue without Boundaries, 10
countrywide through its clinics and hospitals,” virtually ending this transmission method.69

**Vietnam**

Rates of HIV remained under 100 until cases rose in 1994, reaching 290,000 in 2007, with no sign of decline. The death rate remained under 100 until it began to climb in 1996, reaching 24,000 by 2007.70

Most infections are related to drug use, specifically heroin.71 “There has been less official denial than in many other Asian countries…The government has no religious constraints, and condom advertizing and some needle sharing programmes are allowed.”72 However, the Vietnamese have adopted “communism’s ‘social evils’ approach to containing HIV/AIDS, and imprisoning drug users and sex workers in rehabilitation centers.”73 Containment is not a solution to stopping transmission and “half of all new cases are among 20- to 29-year-olds and more than three-quarters of all new infections are heterosexual, as more women are infected by their husbands.”74

---

69 Hunter, *AIDS in Asia*, 133.


71 Jonsson, *Issue without Boundaries*, 15

72 Ibid.

73 Hunter, *AIDS in Asia*, 129

74 Ibid.
While Vietnam’s rates are on the incline, the nation’s quick response and openness to solutions are beneficial, making it “in many ways better equipped to meet the epidemic,” than other Southeast Asian nations.  

*The Association of Southeast Asian Nations (ASEAN)*

ASEAN was formed to promote regional cooperation and utilize the strengths of each member nation to enhance economic and social progress. Furthermore, ASEAN aimed to maintain peaceful relations between its member states and improve stability in Southeast Asia. The organization began with five original members: Indonesia, Malaysia, Philippines, Singapore, and Thailand. Since its formation, five additional nations have joined: Brunei Darussalam in January 1984, Vietnam in July 1995, Laos and Myanmar in July 1997, and Cambodia in April 1999. By 2006, ASEAN represented approximately 560 million people, 4.5 million square kilometers, a combined gross domestic product of almost US $1.100 billion, and a total trade of about US $1.400 billion.

The organization’s objectives are broad and account for the diverse and extensive needs of its members. ASEAN’s declared aims include:

1. To accelerate economic growth, social progress and cultural development in the region

---

75 Jonsson, *Issue without Boundaries*, 17


77 Ibid.

78 Ibid.
2. To promote regional peace and stability through abiding respect for justice and the rule of law in the relationship among countries in the region and adherence to the principles of the United Nations Charter.\footnote{Ibid.}

As HIV/AIDS began to spread throughout Southeast Asia and showed signs of becoming an epidemic, ASEAN pledged its support to help stop the transmission of the disease and to treat affected individuals. In response to the growing crisis, ASEAN formed the ASEAN Task Force on AIDS (ATFOA) in 1992 to help coordinate efforts between member countries to fight the disease. In 1995, ASEAN launched its first plan to stop the spread of HIV/AIDS, the \textit{ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995-2000)}. This initial work plan had admirable goals but lacked direction in achieving these goals. It did provide the framework, however, for future work plans and increased organizational actions against HIV/AIDS.

Since its creation, ASEAN has worked to streamline its structure and become more accountable to its goals. As outcomes materialized and progress was evident, ASEAN began to gain more recognition regionally and globally. In 2003, to strengthen itself, ASEAN established three pillars: the ASEAN Security Community, the ASEAN Economic Community, and the ASEAN Socio-Cultural Community.\footnote{Ibid.} These communities aim to provide member nations with security support, new opportunities for economic growth, and intra-regional cultural development. The organization has played an increasing role in the international community by pledging its commitment to
regional and global issues. Some examples include disaster management, illegal drug
regulation, rural development and poverty eradication, immigration, woman and
children, education, and HIV/AIDS.\textsuperscript{81}

At the close of its first work plan and as the epidemic reached considerable
levels by 2000, ASEAN dramatically intensified its work on HIV/AIDS. Thus, its
second work plan, the \textit{ASEAN Work Programme on HIV/AIDS II (2002-2005)}, was
significantly more detailed than the first and provided the organization with specific
goals and tactics to achieve them. On November 5, 2001 ASEAN also released its
Declaration on HIV/AIDS at the 7th ASEAN Summit in Brunei Darussalam,
recognizing that HIV/AIDS “is a threat to human security and a formidable challenge to
the right to life and dignity that affects all levels of society without distinction of age,
gender, or race and which undermines social and economic development.”\textsuperscript{82} In this
Declaration, ASEAN stated that the number of infected individuals “is increasing
rapidly through risk behaviors exacerbated by economic, social, political, financial and
legal obstacles as well as harmful attitudes and customary practices which also hamper
awareness, education, prevention, care, support, and treatment efforts, particularly to
vulnerable groups.”\textsuperscript{83}

In this document, ASEAN also declared that it would:

\textsuperscript{81} Ibid.

\textsuperscript{82} ASEAN, “7th ASEAN Summit Declaration on HIV/AIDS, 5 November 2001, Brunei

\textsuperscript{83} Ibid.
1. Lead and guide the national responses to the HIV/AIDS epidemic;

2. Promote the creation of a positive environment in confronting stigma, silence, and denial; and

3. Mobilize participation by non-governmental organizations, the business sector, the media, community and religious organizations, families, and individuals infected and affected by HIV/AIDS in planning, implementation, and evaluation of national responses.\(^{84}\)

The organization’s increased identification of the problem and its dedication to action reveal ASEAN’S continued and growing commitment to help fight the disease and the damage inflicted upon member nations.

In 2006, ASEAN introduced the *Third ASEAN Work Program on HIV/AIDS (2006-2010)*. Building upon the success of the second work plan and learning from its shortcomings, ASEAN constructed a more comprehensive strategy with measurable outcomes. The third work program included calls for increasing collaboration with international organizations, encouraging greater participation among those living with HIV/AIDS, and emphasizing the importance of providing affordable health care to those affected. Although ASEAN’s HIV/AIDS policies were slow to mature, they have since evolved into a sophisticated plan that acknowledges and accounts for a large number of factors affecting the epidemic, the at-risk groups in need of care, and the organizations, groups, and individuals that must play a pivotal role.

As HIV/AIDS became a global pandemic, international and national health organizations began developing policies and plans to combat the disease, as well as various criteria for evaluating these new policies and plans. These efforts show that

\(^{84}\) Ibid.
HIV/AIDS is as much a social, economic, and political problem as it is a medical one. Particular national and international conditions for certain disadvantaged groups have allowed the disease to flourish in destitute populations throughout the world. Recognizing these factors and the role they play in spreading HIV/AIDS is as important as understanding the epidemiology of the disease. Without addressing and combating the issues surrounding and transmitting the disease, the virus will continue to spread regardless of medical advances.

Meanwhile, human rights concerns entered the global arena following World War II with the creation of the United Nations (UN) in 1945, the WHO in 1948, and the passage of the Universal Declaration of Human Rights (UDHR) in 1948. The UDHR, “the most revered international human rights instrument, articulates the right of the individual to ‘a standard of living adequate for the health and well-being of himself and of his family’ including medical care and necessary social services.” In addition, the WHO constitution states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”

These initial efforts were vital to creating a rights based approach to health. However, as Lara Stemple reveals in her article “Health and human rights in today’s fight against HIV/AIDS,” this idea was slow to take root:

---


86 Ibid., S114.

87 Ibid.
It would be decades before a human rights approach to health issues would gain real traction. Still, this new potential for the human rights paradigm to chip away at the sovereignty paradigm represented a seismic shift in international perspective on disease. It paved the way for a rights-based approach through which states might eventually be held accountable to the international community for respecting, protecting, and fulfilling human rights related to health.  

In the United States, AIDS activist, Dr. Jonathan Mann, recognized early on that HIV/AIDS was a “social disease, flourishing in conditions of poverty, oppression, urban migration, gender inequality, and violence.” Mann began his work to prevent AIDS in 1984, studying the outbreak of the disease in Zaire (now the Democratic Republic of Congo). Mann later went on to become the director of the WHO's Global Program on AIDS, delivering his philosophy of HIV/AIDS as both a medical and social epidemic throughout the world and working on appropriate strategies to stop it.  

Mann defined “AIDS as three ‘distinct yet intertwined’ epidemics: the first was the epidemic of infection, the second the epidemic of illness, and the third epidemic, the ‘social, cultural, economic and political reaction to AIDS... as central to the global AIDS challenge as the disease itself.’” Discrimination, he argued, would only lead the

---

88 Ibid.


90 Ibid., 57.

91 Ibid., 54.

92 Ibid., 60.
“infected underground, making it much more difficult for health agencies to track the epidemic or treat people with the disease.” 93

The first global strategy on HIV/AIDS launched by WHO in 1987 emphasized the importance of effective prevention but acknowledged that human rights violations in relation to the disease were “undermining the public health impact of prevention initiatives” 94. Since human rights became acknowledged as an important component of prevention plans, many individuals and organizations have created guidelines for work programs with essential human rights elements that must be included in order to be successful.

One such plan, entitled Beyond 2000: Responding to HIV/AIDS in the New Millennium and published in 2001 by the World Health Organization Regional Office for South-East Asia, included these elements. Written by Heidi J. Larson and Jai Prakash Narain, the report provides an overview of the HIV/AIDS problem in Southeast Asia, suggestions for developing an effective work plan, and fundamental principles that must be included.

---

93 Ibid.

The report recognizes that there is no single solution that will work for every region, nation, or population, but “twenty years of fighting the AIDS epidemic have resulted in a growing understanding of what constitutes effective action. Truly effective action is underpinned by the principles set and the lessons learned from the current global and national-level responses.”95 The report continues by stating five fundamental principles to guide a successful HIV/AIDS response:

1. That gender inequalities fuelling the epidemic must be explicitly addressed;

2. That prevention methods, life-saving treatments, and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all;

3. That people living with and affected by HIV/AIDS must be actively engaged and supported in their efforts to address the epidemic in communities around the world;

4. That national Governments working with civil society must provide the leadership and means required to ensure that national and international efforts respond to country and community needs; and

5. Successful responses are linked to respect for human rights.96

It is clear from these principles that an effective HIV/AIDS plan, regardless of whether it is addressing prevention, treatment, or developing a cure, cannot ignore the human elements of the disease. HIV/AIDS is so entwined in social, economic, and political environments that a successful plan must recognize and account for these realities while simultaneously working to prevent, treat, and cure the disease.


96 Ibid.
In conclusion, almost twenty years after HIV/AIDS first gained notice in Southeast Asia, many advancements have been made, but much more work is needed. ASEAN, as the representative organization for the region, has a duty to address the growing crisis. HIV/AIDS is more than a disease on the human body; it is a disease on the world. If ignored, the social, economic, and political repercussions could be disastrous. It is imperative that ASEAN maintain and improve upon its work to curb HIV/AIDS in order to strengthen the region’s stability and the safety of its people. Decreasing HIV/AIDS transmissions also provides an opportunity for ASEAN to address larger social, economic, and political injustices. By tackling the problem within the framework of advancing human rights and justice, ASEAN will be able to rise from this tragedy with healthier populations and stronger societies.

This chapter will analyze ASEAN’s first work program on HIV/AIDS over a five-year period to determine if the plan adheres to the five WHO principles. It will begin with a short introduction of the first work program and then discuss each WHO principle and which activities in the ASEAN plan support them. It will end with a conclusion of the findings and will provide some suggestions for improvement in future ASEAN HIV/AIDS plans.

By the 1990s it was clear that HIV/AIDS was a global threat—not a disease limited to gay men, but could affect any person regardless of age, sex, gender, or location. Research on the prevention and the treatment of HIV/AIDS had also increased significantly and international and national health organizations had developed plans to combat the disease within their jurisdiction. While the disease was slow to grow in many nations, by the 1990s each ASEAN member state had reported cases and Thailand was experiencing an epidemic. Recognizing the crisis in its own backyard, ASEAN prepared its first work plan on HIV/AIDS: ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995-2000).

Compared to contemporary public health and HIV/AIDS plans, ASEAN’s first work program was considerably meager. Only three pages in length, the plan did present admirable goals, such as preventing the spread of HIV and reducing the negative social and economic impact of the disease, but had little detail on how to achieve them. It
focused primarily on prevention, information sharing, and organizational collaboration, but did not identify key groups, access to medicine, or incorporate human rights policies. ASEAN’s efforts, however, were not in vain. This plan was the organization’s entry into the fight against the epidemic and provided a framework for future plans. Moreover, symbolically, this work plan was crucial in showing its member nations that ASEAN recognized the threat of HIV/AIDS and was working to combat it.

As to whether the first plan adhered to the WHO principles, the first principle states that gender inequalities fuelling the epidemic must be explicitly addressed. Unfortunately, no section of ASEAN’s first work plan addresses gender inequalities. Furthermore, women are not identified as a significant or vulnerable group within the HIV/AIDS epidemic.

On the other hand, the plan does acknowledge that social and economic conditions are part of the epidemic, which is tied to gender equality. For example, in ASEAN’s first work program its third objective is “to reduce the negative social and economic impact of HIV/AIDS,” and one specific objective is “to cooperate in research on AIDS and its social, cultural, economic, and medical aspects.”

However, without specifying the need to improve the status of women socially, economically, and politically, advancing social and economic conditions may not ultimately enhance women’s lives. These objectives are reactive to the disease—working to stop the effects of HIV/AIDS on society—but do not address how injustice

---

exacerbates disease transmission. Also, while research on the social, cultural, economic, and medical aspects is vital, the plan’s “emphasis will be on research which will support the prevention and control activities.”\(^2\) Thus, the first program’s focus is on limiting the disease—no doubt the ultimate goal—but in no way addresses what is fueling the epidemic.

Overall, ASEAN’s disregard for women and gender inequalities in its first work plan is a disgrace and a disservice to its member nations. While it did recognize that social factors play a part, it in no way accounted for the role of gender within the epidemic and the importance of gender equality in preventing disease transmission. In many ASEAN nations, cultural taboos over sexual education and the sexual subordination of females create an environment where women are not always in control over their bodies or sexual activity. For instance, many women are often uneducated about contraception and not all women feel empowered to require sexual partners to use condoms. Moreover, in the ASEAN region rates of wives contracting HIV/AIDS from their husbands who engage in extra-marital sex is on the rise; these women may be unaware of their husband’s other partners or unable to convince them to wear condoms. Therefore, it is extremely vital that ASEAN work to stop inequality in order to protect women and combat their inferior status. As long as women remain second class citizens or have less power in sexual relationships they will continue to be vulnerable to diseases that could otherwise be prevented.

\(^2\) Ibid.
Thus, in its first work plan, ASEAN missed a critical opportunity to begin to reverse centuries of gender inequality and help curtail the spread of HIV/AIDS. It is essential that every work plan recognize existing gender inequality, take appropriate steps to deliver health care despite injustices, and help to end discrimination when possible. ASEAN must take deliberate steps to include women and their specific needs in its future work plans in order to support this vulnerable population and curb the epidemic that is increasingly threatening the lives of ASEAN females.

The second WHO principle states that prevention methods, life-saving treatments, and the results of scientific breakthroughs in prevention and care must be made broadly available on an equitable and affordable basis to all. Regrettably, no part of the ASEAN plan mentions affordable access to medicine. The first HIV drug, azidothymidine or AZT, was available by March 1987 in the United States.\(^3\) Although many ASEAN nations have since provided accessible and affordable medicine, in its first plan, ASEAN neither acknowledged the importance of access to medicine nor included a method of providing medicine to their constituents.

The ASEAN plan presented opportunities to incorporate affordable medicine, but failed to integrate this in any of its objectives or activities. For example, the second program objective of ASEAN’S first plan was “to reduce morbidity and mortality

---

associated with HIV infection and AIDS.”  

ASEAN could have included access to medicine as one activity to achieve this goal, but instead focused only on research and information sharing to support prevention.

In addition, one proposed activity of the first ASEAN plan was to strengthen collaboration between government organizations, NGOs, community organizations, and the private sector in HIV/AIDS education, prevention, and treatment. Prevention and treatment would presumably include access to medicine, but again, ASEAN failed to recognize that drugs must be affordable and available. In fact, this is one of only two references to treatment throughout the plan, and both are coupled with education and prevention and serve to achieve the larger goal of collaboration. Of course, collaboration is essential, as it will take the efforts of many sectors of society to overcome HIV/AIDS. But instead of using this goal as an opportunity to work with pharmaceutical companies to deliver the drugs to those infected at an affordable price, ASEAN failed to address the issue at all, leaving many infected with HIV/AIDS on their own to obtain medicine.

Like gender inequality, ASEAN’s first work program ultimately failed to address the importance of access to medicine or to incorporate this principle in its plan. In order to provide medicine to those with HIV/AIDS at a reasonable cost, ASEAN will need to work with the private sector, specifically pharmaceutical companies, to make these drugs available to its people. While prevention is key to ending the epidemic, it is

---

4 ASEAN, “ASEAN Regional Programme,” 1.

5 Ibid., 3.
crucial to acknowledge the needs of those living with the disease and to work to make their lives fulfilling and as healthy as possible.

Meanwhile, there continues to be much stigma surrounding HIV/AIDS and those infected with the disease. Since its discovery, HIV/AIDS has been misunderstood and deemed a disease affecting only homosexuals, drug users, and social deviants. Over time it has become clear that the epidemic knows no boundaries of race, gender, or sexual orientation. People living with the disease often face discrimination at work, among family and friends, and may even encounter violence. By making medicine accessible, ASEAN will recognize the dignity and worth of every person. But ignoring this need, as ASEAN did in its first program, sent a message to its populations that the lives of those with HIV/AIDS were not a priority in the plan to fight the epidemic, a message that must be amended for all future plans.

The third WHO principle declares that people living with, and affected by, HIV/AIDS must be actively engaged and supported in their efforts to address the epidemic in communities around the world. Governments, organizations, and health care workers implementing plans to stop HIV/AIDS must take into account the opinions and needs of those affected. To not do so is likely to lead to ineffective prevention and treatment plans and marginalize crucial segments of the HIV/AIDS population. It is important that those adversely affected by the disease assume an active role in tackling it in order to give them a voice in ending the epidemic. Working to help end the disease
impacting one’s life is an empowering and meaningful opportunity for many already infected.

In this area, ASEAN again failed to meet WHO guidelines. Nowhere in the first work program does it mention including the affected populations in their activities. It is possible that affected individuals are incorporated in national programs, which ASEAN plans to include in information sharing activities, but due to the significant lack of detail of the work plan this cannot be confirmed. The plan does mention collaborating with community organizations, but again, its lack of detail does not specify these groups, what populations they represent, or if infected individuals are included. The ASEAN work plan does propose creating a seminar on the development of a support system for family members with HIV/AIDS, but makes no reference to a support system for those living with the disease or including either group in developing this activity.

Incorporating those living with HIV/AIDS was not a new concept at the time of the first work plan. According to UNAIDS, “the idea that the personal experiences of people living with HIV could and should be translated into helping to shape a response to the AIDS epidemic was first voiced in 1983 at a national AIDS conference in the [United States].” Furthermore, “it was formally adopted as a principle at the Paris AIDS Summit in 1994, where 42 countries declared the Greater Involvement of People

---

6 Ibid., 2.

Living with HIV and AIDS (GIPA) to be critical to ethical and effective national responses to the epidemic.”

While ASEAN’s plan was developed before the Paris AIDS Summit, the idea of involving those with the disease had existed since the beginning of the epidemic. Thus, ASEAN disregarded contemporary HIV/AIDS prevention theories when developing its first plan.

ASEAN’s central focus in the first work plan on information sharing and collaboration was important, but took precedence over acknowledging and working with infected and at-risk populations. This approach sent a message that policy makers, government officials, and health care workers would be setting the agenda on HIV/AIDS prevention, with little or no input from those suffering from the disease. It also further stigmatized and discriminated against those living with HIV/AIDS by confining them to the margins of action.

To be realistic, though, with a growing epidemic in its midst, ASEAN’s main goals were to decrease the spread of the disease and reduce its negative impact on society. Working to stop a deadly disease with limited resources leads many organizations, not just ASEAN, to allow other priorities, such as including vulnerable populations and incorporating human rights, to fall to the wayside. While ASEAN cannot continue to disregard PLWHAs, it is understandable why its initial prevention efforts were more narrowly focused, as resources were tight and the organization was just beginning its HIV/AIDS work. However, ASEAN must make a sincere effort in its

---

8 Ibid.
future work programs to bring this population into its planning and implementation process in order to increase the organization’s effectiveness and reduce the isolation of, and prejudice against, those with the disease.

The fourth WHO principle asserts that national governments working with civil society must provide the leadership and means required to ensure that national and international efforts respond to country and community needs. In order to fight an epidemic, it takes the work of many segments of society, with government being a vital part. Without the support, funding, and leadership of the local and national governments, as well as inter-governmental organizations, preventing the spread of HIV/AIDS will be extremely difficult, if not impossible.

The fourth WHO principle is incorporated in two sections of ASEAN’s first work plan. The first section in which it is incorporated is as a specific objective, which involved strengthening collaboration between government organizations, NGOs, and the private sector in national and regional HIV/AIDS programs. ASEAN encouraged governments to provide leadership through multi-sectoral collaboration in order to effectively execute HIV/AIDS programs. These partnerships are paramount to the success of prevention plans, as the involvement and leadership of each area is vital to implementation.

In order to achieve this objective, ASEAN planned to identify and strengthen research and collaboration between government organizations, NGOs, community

---

9 ASEAN “ASEAN Regional Programme,” 1.
organizations, and the private sector in HIV/AIDS education, prevention, and treatment. While no specific activities were listed by ASEAN, it does reveal that the organization is committed to multi-sector collaboration and leadership from all aspects of society.

The second section, which incorporates the fourth WHO principle, is a program objective stating that ASEAN intended to develop a regional policy and strengthen national policies, strategies, and implementation of HIV/AIDS programs through shared initiatives, documentation, analysis, dissemination, and observation of experiences of ASEAN member countries. This goal demonstrates that as a government-representative organization ASEAN wants to provide leadership in creating a regional policy and will help member governments to bolster national policies to fight HIV/AIDS. In addition, this reveals that ASEAN acknowledged not only the value of a shared regional policy but also the importance of national policies tailored to individual country needs.

ASEAN’s support for government policies and partnerships throughout the plan showed that the organization wants to be a leading representative of its members and encourages its nations to be leaders through their own policies. While ASEAN ignored individual or at-risk group involvement in its first work plan, the organization was clearly dedicated to guiding governments, NGOs, and the private sector in HIV/AIDS

\[^{10}\text{Ibid., 3.}\]
\[^{11}\text{Ibid., 1.}\]
prevention. It is vital that ASEAN include vulnerable populations in future actions and policies, but the organization nonetheless should be praised for focusing on government leadership.

However, stating the need for government leadership is not sufficient—ASEAN needs specific tactics and measurable objectives in order to achieve this aim. It also gave no mention of government funding to support these efforts. On the whole, the first work plan lacks vital details that are required for success. As stated earlier, ASEAN must provide considerably more detail for future work plans in order to create effective and accountable policies that have clear directives for implementation.

The fifth WHO principle states that in order to be successful, HIV/AIDS responses must be linked to respect for human rights. Human rights is a broad term—defined by WHO as “universal legal guarantees protecting individuals and groups against actions which interfere with fundamental freedoms and human dignity.”12 The definition’s openness allows organizations the freedom to tailor the inclusion of human rights based on their needs and their resources. Thus, ASEAN can incorporate human rights through actions it deems appropriate and effective.

Improving human rights is crucial to combating HIV/AIDS. Early and influential activist, Jonathan Mann, argued that “the traditional public health approach, combining information, education and health services, although necessary, would prove to be far

from sufficient. Measures were needed to address social problems such as inequality in its myriad forms.”

The link between HIV/AIDS and human rights abuses cannot be ignored.

There are many opportunities to improve human rights through HIV/AIDS prevention, from promoting gender equality to delivering affordable medicine to those infected. Human rights advancements can, and should, be infused into every policy and tactic. The WHO constitution states that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, and economic or social condition.”

This definition is somewhat limiting for ASEAN as it cannot create and enforce laws, and thus ASEAN’s policies are only as strong as its member nations’ agreement to uphold them. However, ASEAN does have influence over its member nations and oversight into the activities agreed upon by its members. Therefore, for the purposes of this thesis, the analysis will focus on ASEAN’s success in advancing human rights to the organization’s fullest capability and working to ensure legal guarantees when possible.

---


An examination of ASEAN’s first work program leads to the conclusion that ASEAN did incorporate human rights advances in this initial plan on HIV/AIDS. One specific objective called for ASEAN member nations to collaborate in research on HIV/AIDS and its social, cultural, economic, and medical aspects.¹⁵ This objective reveals that ASEAN recognizes that social, cultural, and economic factors are just as vital to combating the epidemic as medical factors and must be understood and accounted for. While this tactic only addresses initial steps of researching these areas, it can be assumed that ASEAN’s continuing research will reveal the need for advancing social, cultural, and economic justice in order to help curb HIV/AIDS, leading to specific tactics to advance equality. Furthermore, the collaboration through and sharing of research will allow these findings to impact each member nation, advancing human rights through policies and laws based on this research.

Within this objective is the proposed tactic of a seminar on the development of a family support system for members with HIV/AIDS.¹⁶ This activity speaks to the needs of those not infected but “affected” by the disease. Recognition that HIV/AIDS impacts people beyond those infected is important to ensure that families and communities are protected not just from the health risks, but the social, economic, and political effects of HIV/AIDS. This tactic recognizes the broader community of individuals touched by the disease in various ways and confirms that they too warrant protection.

¹⁵ ASEAN “ASEAN Regional Programme,” 1.

¹⁶ Ibid., 2.
Another specific objective was to develop HIV/AIDS education and awareness among the youth.\(^{17}\) This is one of the only identified at-risk populations of the epidemic. While other populations must also be accounted for, ASEAN’s first plan identified the need for prevention education among the youth, demonstrating the organization’s intention to protect a group whose health and dignity is threatened by HIV/AIDS and to work to advance their well-being through education.

In addition, while ASEAN has no legal authority or power to enforce laws, it can work to create and implement policies regionally and in its member nations, which will help to ensure that human rights are honored throughout HIV/AIDS prevention plans. Through the exchange of information and experiences on national campaigns against HIV/AIDS, ASEAN’s first work plan hoped to develop a regional policy and strengthen national policies.\(^{18}\) While it is not specified what these policies would address or whether human rights would be advanced through them, this is the only facet of the first work plan to use policy as a tool, which could lead to laws or increase protection of vulnerable populations. Clearly, ASEAN has a long way to go to guarantee that human rights and health are protected on a legal basis, but it is notable that ASEAN is working within its limitations to safeguard its constituents.

Although ASEAN is restricted in its power, its first work plan did incorporate advancing human rights through HIV/AIDS prevention. However, ASEAN would have

\(^{17}\) Ibid., 1.

\(^{18}\) Ibid.
had greater success in this area by identifying and incorporating more at-risk populations and specifying the national policies it was working to create and reinforce. In order to ensure that human rights needs are acknowledged throughout regional and national prevention plans, ASEAN must be a champion of advancing human rights in its own policies and encouraging them in its members’ policies. Furthermore, ASEAN should hold member nations accountable for promises to its people and use its power as a representative organization to ensure that human rights are continually advanced, in HIV/AIDS work and in all segments of society. ASEAN’s greatest strength lies in its ability to be a leader for its members and set the standard for national policy.

Overall, ASEAN’s first work program did not achieve great strides in advancing social, economic, and political justice. It neglected to recognize the importance of promoting gender equality, providing affordable medicine to those suffering from HIV/AIDS, and including people infected with HIV/AIDS in program planning and execution. This is a considerable failure; not only did ASEAN fail to provide specific goals and strategies to advance equality, it did not even mention or in any manner identify these groups as important people in the epidemic that must be protected and cared for.

The program did include strategies for advancing human rights; however, these tactics were not integrated in all areas of the work plan. ASEAN must work to incorporate a human rights-based approach throughout its work plans so that all actions aid in the creation of a more just world for its people.
The first work program’s greatest success was fulfilling the fourth principle—government leadership in the fight against HIV/AIDS. ASEAN did recognize the importance of government leadership in solving the HIV/AIDS epidemic and emphasized inter-government and multi-sector collaboration. While ASEAN needs to include more detailed tactics to show its plan to achieve this, it was successful in working with member governments throughout its program. This revealed ASEAN’s commitment to become a regional leader in the fight against the disease and its efforts to encourage member nations to do the same.

It is important to point out that ASEAN had other successes in the first work plan that did not fall within the WHO guidelines, but were nonetheless significant steps in advancing social, economic, and political justice. ASEAN focused heavily on information exchange and collaboration between member states. While these tactics did not specifically identify activities to promote equality, it is noteworthy that ASEAN recognizes the importance of partnerships and the value of sharing lessons learned. When one nation experiences successes through increased justice, it will share its story with other countries, helping to promote and spread equality throughout ASEAN.

Another accomplishment is ASEAN’s recognition of mobile populations as an important group in the spread of HIV/AIDS. Rates of HIV transmission within mobile populations are affected by issues of equality—“gender, age, economic status, whether migration is forced or voluntary, living circumstances, the stage of the migration
The first work program focuses primarily on research, but that is the first step in understanding the specific characteristics of this at-risk population and how to protect them in a fair manner.

In conclusion, the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995-2000) failed to address the first three WHO principles—increasing gender equality, improving access to affordable medicine, and including those infected with HIV/AIDS in policy implementation. It did, however, partially integrate human rights and successfully incorporated government leadership. In order to improve upon the first work plan and create more effective future programs, ASEAN must first address and include all five WHO principles to ensure that achieving social, economic, and political equality are a core goal of HIV/AIDS prevention. It must also continue to expand human rights throughout its program so that all tactics are focused on improving the human condition. ASEAN must also create work plans with detailed strategies and measurable goals. In order to fulfill its commitment to its people, ASEAN must develop comprehensive work plans that aim to both eradicate the disease and advance equality for its constituents.

---

The next chapter will analyze ASEAN’s Second Work Program on HIV/AIDS (2002-2005) to reveal how ASEAN improved upon its first work program and which areas it still needed to strengthen for future plans.

This chapter will examine ASEAN’s second work program on HIV/AIDS to assess how the organization’s HIV/AIDS policies rectified social, economic, and political injustices in the Southeast Asian region. It will reveal ASEAN’s successes and failures in fulfilling the five WHO principles. This chapter will be divided into seven sections—a short introduction of the second work program, the five parts that analyze ASEAN’s objectives and tactics to determine if they satisfy the five WHO principles, and a conclusion summarizing the findings and offering suggestions for future work programs.

ASEAN’s second work program was developed by the ASEAN Task Force on AIDS (ATFOA) and adopted by the ASEAN heads of state during the 7th ASEAN Summit held in Brunei Darussalam in November 2001. At this summit, ASEAN adopted the 7th ASEAN Summit Declaration on HIV/AIDS, which was included in its second work plan. This declaration reaffirmed ASEAN’s commitment to fighting HIV/AIDS and stated many social, economic, and political realities surrounding the epidemic. These will be touched upon throughout the chapter as they pertain to the WHO guidelines.

In the second work plan, ASEAN leaders stated that “the number of people living with HIV/AIDS in the region [was] increasing rapidly through risk behaviors

exacerbated by economic, social, political and legal obstacles as well as harmful attitudes and customary practices. These factors also hampered awareness, education, prevention, care, support and treatment efforts, particularly to vulnerable groups.”^2

From the onset of the second plan, ASEAN member nations acknowledged the epidemic’s ties to social, economic, and political inequalities and their effects on the spread of HIV/AIDS. This recognition was a significant improvement from the first work program, which gave little mention of injustice and its connection to the disease. ASEAN, therefore, appeared poised to make more strides since its first plan, but analysis of its specific strategies and tactics will show whether the organization remained committed to its statement or was merely paying lip service to the crisis.

The second work program began with ASEAN assessing the region’s HIV/AIDS epidemic and the common priorities of its member nations in order to slow the spread of the disease. At the onset of ASEAN’s second work program, in 2002, approximately 1,628,500 people in the ASEAN region were infected with HIV/AIDS, 44,230 of them children.^3

After gauging the region’s HIV/AIDS epidemic, ASEAN made some important conclusions which spoke to the organization’s greater recognition of the impact of social, economic, and political disparities on the disease. First, ASEAN stated that social stigma and discrimination against people living with HIV/AIDS and their families were

^2 Ibid., 4.

^3 Ibid., 13.
still strong in many parts of the region, hindering HIV/AIDS prevention, treatment, care and support programs. Second, ASEAN acknowledged that “in some countries, certain target groups such as injecting drug users, youth, and mobile populations are not covered due to lack of financial and technical support.” Thus, there was a need for a system to collect information on the socio-economic impacts of HIV/AIDS, which would benefit policy makers. And thirdly, ASEAN recognized that each member nation was experiencing different stages of the epidemic and therefore a “variety of activities [were] needed” to curb the spread of HIV/AIDS including, “policy advocacy to start preventative interventions” and “technical and financial support to address the burden of health and socioeconomic impacts of HIV/AIDS.”

Next, ASEAN identified three regional priorities shared by all member nations that supported greater social, economic, and political equality: access to drugs, reagents and condoms; creating a positive environment, including laws and regulations; and gender and capacity building as cross cutting themes or strategies. While ASEAN must incorporate these priorities into specific strategies and has other areas to address in order to satisfy the WHO guidelines, the organization should be commended for recognizing these regional needs and their importance in curtailing the epidemic.

---

4 Ibid., 12.

5 Ibid.

6 Ibid.

7 Ibid., 14.
The bulk of ASEAN’s second program was based upon four regional strategies: non-program strategy, joint action strategy, regional activities in support of country programs strategy, and monitoring and evaluation strategy.¹ Fourteen programs, each supporting one of the four strategic areas, were developed and they provide greater detail and tactics to reduce the spread of HIV/AIDS and to help affected groups. These programs will be discussed throughout the chapter as they help ASEAN fulfill the WHO guidelines.

Turning now to the analysis of the five WHO principles, the first WHO principle calls for HIV/AIDS work plans to address gender inequalities fueling the epidemic. In its first work plan, ASEAN ignored the role that gender disparities play in spreading HIV/AIDS, missing an important opportunity to both reduce the transmission of the disease and help advance women’s place in society. In its second work plan, however, ASEAN acknowledged gender issues as an important factor in the epidemic. It addressed the problem in four sections of the ASEAN work program which identify women as a vulnerable group. These sections were developed to curb the epidemic by improving gender equality and meeting women’s specific needs.

ASEAN’s first acknowledgement of gender issues was in the 7th ASEAN Summit Declaration on HIV/AIDS, which preceded the launch of the second work plan, and which is included as a background document in the plan. The Declaration stressed “that gender equality and the empowerment of women are fundamental elements in the

¹ Ibid., 30.
ASEAN was wise in its strategy to create its second work plan within the framework of gender equality. But, merely stating that the empowerment of women and girls is important will not produce results; accepting and understanding this need will help shape HIV/AIDS policy and procedures. Analysis of whether ASEAN upheld this responsibility throughout its plan and took steps to achieve it will be discussed below. However, it must be acknowledged that stating this reality is an important step for ASEAN, which had ignored gender issues throughout its first work plan.

ASEAN’s second acknowledgement of gender issues is its plan’s statement that one of the regional priorities is “gender and capacity building as cross cutting themes or strategies.”10 This showed important progress considering that the first work plan did not acknowledge women or gender as important factors in HIV/AIDS transmission, prevention, and care. By presenting this as one of the six regional priorities, ASEAN made it clear that gender’s impact on the epidemic will be acknowledged and that reducing that impact will be a main concern for each nation.

The third acknowledgement of gender issues is that ASEAN’s second work program highlighted six “priority areas identified by regional stakeholders including national governments, UN system organizations, UN partners, bilateral donors and NGOs.” This was presented at the meeting for Regional Action in support of National

---

9 Ibid., 76.

10 Ibid., 14.
Responses to HIV/AIDS in Hua Hin, Thailand, in April 2000. These six priority areas summarized the regional and country activities led by other organizations in cooperation with ASEAN’s goals. One of these areas was “Care and support, including the prevention of HIV transmission to mothers and children.” Preventing mother-to-child transmission (MTCT) is complex and “requires a comprehensive package of services that includes preventing primary HIV infection in women, preventing unintended pregnancies in women living with HIV, preventing transmission from pregnant women living with HIV to their infants, and providing care, treatment and support for women living with HIV and their families.”

ASEAN expanded on this priority later in the work plan. As mentioned earlier, the majority of the plan focused on four regional strategies and the fourteen programs that support them. One of these programs, placed under the strategy of regional activities supporting national programs, was the “prevention of Mother to Child HIV Transmission.” To achieve this objective, ASEAN planned to create a working group with representatives from regional NGOs to collaborate with the UN Task Force on MTCT. This group was tasked with four actions:

11 Ibid., 19.
12 Ibid., 20.
15 Ibid., 54.
• Assess the situation of vertical transmission on a regional level and identify the gaps and needs.

• Recommend guidelines for MTCT prevention programs that respect the interests of mothers and children to the ASEAN Task Force on AIDS (ATFOA) and the ASEAN Secretariat.

• Organize training workshops to share experiences and provide professional attachment to prevention of MTCT programs among the countries in the region.

• Source financial support for the countries to pilot or scale up MTCT prevention projects including access to affordable anti-retroviral medicines and necessary medical and laboratory services.16

It was imperative that ASEAN recognized this population, the first step to meeting their varied needs. ASEAN’s detailed plan to help mothers and children was comprehensive—incorporating needs assessment, guidelines and programs designed for, and respecting, this particular group, and financial support to deliver care—a plan that would be successful upon proper implementation. It is also laudable that ASEAN partnered with other organizations to reach and serve the diverse populations, in this case mothers and children, affected by HIV/AIDS. The epidemic was already vast and complicated and ASEAN could not solve the problem on its own. Only through cooperating with other organizations, could ASEAN hope to address all aspects of HIV/AIDS and curtail the epidemic.

ASEAN’s fourth inclusion of gender issues fell within another of the six priority areas, “creating a positive environment” for people living with HIV/AIDS.17 Part of this

16 Ibid., 54-55.

17 Ibid., 55.
objective (which will be discussed later in more detail in connection with a different WHO guideline) was to provide “training, recognition, and incentives to media people to address gender issues…utilizing various media e.g. theatre, electronic, traditional performing arts.”\textsuperscript{18} ASEAN acknowledged the power of the media to bring attention to important issues and shape the minds and opinions of viewers. Through the media, the connection between gender inequality and HIV/AIDS can gain vital exposure and hopefully inspire people to work to advance women’s place in society so that they are not unfairly victimized by diseases. Much like ASEAN’s strategy of partnering with NGOs and health organizations, working with the media will strengthen ASEAN’s plan and reach a much larger audience. While ASEAN has many resources to implement its tactics, it must collaborate with established institutions and organizations in order to achieve its goals. Encouraging greater awareness of gender issues within the HIV/AIDS epidemic will shed light on gender disparities throughout the region, not just those associated with health, but in all areas of society. This is a particularly successful strategy of ASEAN’s second work plan as it has the potential to produce lasting results in regards to improving women’s equality in the member states.

While ASEAN certainly made great strides in addressing gender issues from the first to the second work plan, there is still much to do. ASEAN stated that gender would be a cross-cutting theme throughout the plan; yet, gender is only specifically included in two sections—as two of the six regional priorities identified by stakeholders, MTCT and

\textsuperscript{18} Ibid., 56.
creating a positive environment. It is possible that gender issues will be addressed in other areas of the plan, but the lack of detail leaves this unconfirmed. ASEAN has stated that women are an at-risk group and that gender inequality is a significant factor in the epidemic. However, the organization’s insufficient attention to gender issues and to women’s needs throughout the plan reveals that ASEAN lacks real commitment. It is fundamental that ASEAN explicitly acknowledge the connection between gender inequality and HIV/AIDS transmission and fully incorporate women and gender roles into HIV/AIDS plans in order to improve the health of women and their place in society.

The second WHO principle states that prevention methods and treatment must be available and affordable for all. ASEAN did not include access to affordable medicine in its first work plan, which was a considerable failure due to the economic disparity among those with HIV/AIDS and the high costs often associated with medicine and treatment. Fortunately, in its second program, ASEAN incorporated this principle in its plan, working to ensure that every person infected with HIV/AIDS, regardless of economic standing, could access the medicine that he or she needed.

ASEAN focused on increasing medicine affordability and availability in four sections of the second work plan. First, like its commitment to gender equality, ASEAN, at the 7th ASEAN Summit Declaration on HIV/AIDS, reaffirmed its dedication to providing its member states and people with the treatment and care they deserve. In the Declaration, ASEAN reiterated the Ha Noi Declaration adopted by the Sixth ASEAN Summit in December 1998 and pledged to “make sure our people are assured of
adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS.  

It is within this framework that ASEAN began its second work plan, showing that it was devoted to affordable medical care and would uphold that principle in its subsequent HIV/AIDS work.

The second example, also similar to the first principle of addressing gender issues, identifies greater access to drugs, reagents, and condoms as one of the six regional priorities. It is important that ASEAN acknowledged increased access to medicine as one of the common priorities of its member states in order to reinforce its aim to provide its people with care. Since the six regional priorities will guide the objectives, strategies, and tactics of the second work plan, it was key that ASEAN established access to medicine as one of its main regional concerns. By doing so, ASEAN has taken an important step toward assessing needs and working to deliver health care to those affected by the epidemic.

The third example, under the joint action program strategy, is “to increase access to affordable drugs and testing reagents.” In this section ASEAN recognized that people living with HIV/AIDS need good care and support for improving their quality of life. Provision of care and support needs compassionate and skilful care providers, well-organized health and social support systems, adequate supplies of essential drugs for treatment and reagents and equipment.

---

19 Ibid., 76.

20 Ibid., 14.

21 Ibid., 34.
for testing. Most medicines for opportunistic infections, treatment and prophylaxis, anti-retroviral drugs and laboratory-testing reagents are expensive. Thus, the quality of treatment and care is affected partly by the high price of drugs and reagents. ASEAN Member Countries can advantageously negotiate jointly with the drug companies for affordable price of drugs and testing reagents essential for improving quality of life of people living with HIV/AIDS.22

This was a critical step for ASEAN—after completely ignoring affordable care in its first work plan, the organization explicitly stated the need for reasonably priced medicine and its commitment to providing treatment for the region in its second program.

ASEAN had two specific objectives for the program. First, “to negotiate for affordably priced essential drugs for treatment and prophylaxis of opportunistic infections, anti-retroviral drugs, and essential testing reagents.”23 And second, “to promote the capacity of member countries to manage the impact of the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) on the accessibility to ARV and essential drugs.”24 These strategies show that ASEAN is committed to both helping member nations obtain affordable medicine and empowering them to manage access to care on their own terms. Considering ASEAN’s inattention to affordable medicine in its first work plan, its significant focus on this priority in its second plan demonstrates that the organization has become more concerned about the adverse effects of the epidemics. Moreover, it shows a greater commitment to serving ASEAN states

22 Ibid.
23 Ibid., 34.
24 Ibid.
and ensuring that people infected with HIV/AIDS are valued members of society and are properly cared for.

In order to achieve these two objectives, ASEAN designed four activities to increase accessibility and affordability of medicine and to support nations in undertaking these tasks on their own terms. To summarize, ASEAN planned to:

- Recruit an expert to conduct a feasibility study to identify problems and issues and explore opportunities for cooperation with a view to undertaking bulk purchasing and joint negotiations.
- Establish an ad hoc expert group under ATFOA to review the feasibility study.
- Organize a workshop of experts to share the experience of Thailand, India, South Africa and Brazil in negotiating for bulk purchasing, differential pricing and compulsory licensing.
- Organize a meeting between the ASEAN Member Countries (ad hoc expert group or ATFOA Working Group) and pharmaceutical companies.\(^\text{25}\)

These activities will help ASEAN bring affordable medicine to its member nations. By learning from experts and other nations that have successfully negotiated lower priced medicine and by working with pharmaceutical companies, ASEAN is prepared to deliver quality care to its people on a more equitable basis.

The second strategy of this program focused on strengthening member nations’ ability to secure affordable medicine on their own. While ASEAN will, of course, offer support, it is imperative that individual nations gain the power to serve their citizens and negotiate on behalf of their specific needs. Summarized below are the three main tactics ASEAN developed to help member states:

\(^{25}\) Ibid., 34-35.
• Appoint an ATFOA representative to the ASEAN Sub-Committee on Health and Nutrition (ASCH&N) and to the Senior Officials Meeting in Health and Development (SOMHD), an ad hoc expert group tasked to study the impact of globalization and trade liberalization in the health sector. These two groups, which could include technical experts and NGOs, should do the following:
  o Monitor the implications of the Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) and access to drugs in the ASEAN region.
  o Compile and exchange model legislation including appropriate provisions for compulsory licensing, parallel importing, bolar provisions and differential pricing.
  o Create guidelines on how to handle disputes related to TRIPS and access to drugs.
  o Develop common positions on implementation of TRIPS with the view to protect public health.

• Sponsor a workshop/seminar on understanding TRIPS, its impact on drug accessibility to ARV and essential drugs and to exchange information and experiences on future trade negotiations affecting health sector, including the review of the TRIPS agreement with a view to adopting a common position, if appropriate.

• Utilize AFTOANET to disseminate information on TRIPS provisions on trademarks, use of generic names, brand names, generic name on packages, prescription by generic names, generic drug substitution, and trade dress protection.26

These three main tactics were designed to provide ASEAN nations with the information needed to increase access to affordable treatment, ultimately helping people infected with HIV/AIDS and curbing the epidemic. It is important that individual states have the power to negotiate medical accessibility and affordability under their own stipulations in order to best serve the needs of their people and the specific conditions of the HIV/AIDS epidemic in their nation. While ASEAN can advocate on behalf of the region, with each ASEAN nation experiencing a different degree of the epidemic, it is

26 Ibid., 35.
best that member states lead the charge in securing medicine for their people. ASEAN’s work to help these nations achieve that shows its strong commitment to fighting the epidemic and serving its constituents.

The fourth example of ASEAN providing accessible and affordable treatment and care is “Treatment, Care, and Support,” one of the fourteen programs under the strategy of regional activities in support of national programs. This program states that “access to treatment and care is a basic human right. Even in the low prevalence countries, people living with HIV/AIDS need treatment and care.” It also states “treatment and care include medical treatment, nursing care, mental, spiritual, and socio-economic support. Each country may choose its own appropriate package of care…Sharing of the common strengths among ASEAN countries provide better opportunities for better options in treatment, care and support for people living with HIV/AIDS in the region.”

So far, it is clear that ASEAN has realized two major achievements in the fight against HIV/AIDS. The first is that ASEAN recognized that access to medicine is a human right that should be granted to all people, including those infected with HIV/AIDS. ASEAN’s first work plan did not acknowledge health as a human right; ASEAN must identify this principle and work to uphold it in order to reduce social, economic, and political injustice surrounding the HIV/AIDS epidemic and thus improve the lives of their people. By taking the step to clearly reveal its commitment to this

---

27 Ibid., 52.
fundamental idea, ASEAN showed its member nations that it appreciates the worth of every individual and is working to ensure that every person receives the care they deserve.

The second success of this program is that ASEAN utilized its strengths as a multi-national organization in order to have the largest impact it can on the region. ASEAN recognized that each member nation needs to be in charge of delivering health care to its people. At the same time, these countries need the strength and support of the ASEAN group in order to be successful. Collaboration between the nations is both an efficient use of resources and an effective way to meet the diverse needs of the member states.

ASEAN prepared many activities to achieve the “Treatment, Care and Support” program goals of delivering affordable and accessible health care. Some of these activities relate more to the third WHO principle (incorporating people living with HIV/AIDS into prevention plans) and will be discussed later in the chapter, but five activities that specifically support the second principle are as follows:

- Build capacities in Member Countries to provide:
  - A broad range of medical treatment including affordable drugs.
  - A functioning infrastructure that includes laboratory services, good nursing facilities, and trained manpower (i.e. doctors, nurses, counselors, technicians, etc.).

- Improve knowledge and skills in treatment, care, and support.

- Establish a referral system and program coordination to maintain continuum of care and community-based care and support.
• Mobilize multi-sectoral resources, support exchange of experience and experts and jointly negotiate for affordable drugs.28

These activities, if properly implemented, will have three crucial outcomes. First, they will provide those living with HIV/AIDS the treatment they need. Second, they will strengthen ASEAN member states’ ability to fight the epidemic using their own resources. And, third, these activities will help bolster the region’s health care delivery system, providing better care for its population regardless of social, economic, or political inequities.

ASEAN’s strategies to provide its constituents with affordable care in its second work plan were successful. The organization created tactics to both increase accessibility and affordability for treatment throughout the region, while also working to help individual nations negotiate their own health care requirements on behalf of their citizens. In this section, ASEAN had the foresight to work to enable its member states to control and alleviate the epidemic on national terms, which will ultimately lead to greater reduction of HIV/AIDS transmission and better provision of care because nations can tailor treatment towards the particular needs of their people. With these policies in place, ASEAN will likely emerge from its second work plan with significantly healthier populations. Furthermore, this plan will help improve regional health care for those infected with HIV/AIDS and overall work to decrease the impact of social, economic, and political injustice on health care accessibility and affordability.

28 Ibid., 53.
The third WHO principle states that work plans should incorporate people living with, and affected by, HIV/AIDS into efforts to address the epidemic. ASEAN’s first work plan did not include people living with HIV/AIDS (PLWHA) into its plan, which was an unfortunate mistake as the support of those directly affected by the disease is vital to the success of a prevention plan. Furthermore, including PLWHAs reaffirms that they are valued members of society and are not marginalized by their disease.

In its second work plan, ASEAN begins by recognizing that “social stigmatization and discrimination against people living with HIV/AIDS and their families are still strong in many parts of the region. This has hindered HIV/AIDS prevention, treatment, care, and support programs.” ASEAN has acknowledged this critical point after previously ignoring it in the first work plan. Identifying that PLWHAs are discriminated against and that this stigma affects HIV/AIDS prevention and care will allow ASEAN to better include those infected with HIV/AIDS in the planning and implementation of work programs and aim to increase social, economic, and political equality for this group.

In ASEAN’s second plan, two of the fourteen programs addressed including PLWHAs in work plans and reducing stigma against them in the ASEAN region. The first is “Creating a Positive Environment,” which forms part of the regional activities in support of national programs strategy. In this plan, ASEAN states that

The main constraints in HIV prevention and care for PLWHAs are social stigmatization and discrimination due to a lack of understanding by the

---

29 Ibid., 12.
community. Social stigmatization and discrimination obscure the real situation of HIV/AIDS and cause PLWHAs to hide their status, thus avoid being tested. De-stigmatization and a non-discrimination environment support stronger responses in prevention, care and support for people infected and affected by HIV/AIDS. A positive enabling environment is needed to facilitate behavior change, to maintain productivity, to strengthen the support system for PLWHAs and to remove barriers to prevention and care.”

This statement reaffirms what ASEAN declared in the beginning of the work plan—that PLWHAs are discriminated against and that this hostile environment prevents this group from getting care, and thus escalates the epidemic. In order to create a positive environment, ASEAN has designed the following seven activities to improve equality for PLWHAs and reduce stigma and discrimination:

- Conduct high-level advocacy through ASEAN Fora to advocate for PLWHAs and Greater Involvement with People with HIV/AIDS (GIPA).
- Exchange experience on multi-sectoral approaches to promote positive living.
- Hold training workshops to build capacity for local PLWHA groups to participate in HIV/AIDS activities and networking.
- Conduct a workshop on social and economic issues and the impact of HIV and GIPA in the planning, implementation, monitoring and evaluation of country programs.
- Increase capacity building on social marketing on anti-discrimination among key players such as government agencies, NGOs (local, regional, international), private sector, community leaders (CBOs, district/provincial, religions) and the media.
- Document and share experiences on the legal practices and rights of PLWHAs among Member Countries.
- Provide training, recognition and incentives to media people to address gender issues and stereotypes and all forms of discrimination and

---

30 Ibid., 55.
stigmatization, utilizing various media e.g. theatre, electronic, traditional performing arts.\textsuperscript{31}

These activities address three important issues. First they work to reduce discrimination and educate the ASEAN population about ways to create a positive environment. Second, they intend to increase the inclusion of PLWHAs in HIV/AIDS prevention—a key factor in the success of work plans. Third, these activities are aimed at reducing the social, economic, and political injustice that PLWHAs face due to their disease, ultimately benefiting the ASEAN region by decreasing the impact of HIV on society and advancing the status of this marginalized group.

The second program that addresses PLWHAs is “Treatment, Care, and Support,” part of the regional activities in support of national programs strategy. While most of this program focuses on increasing access and affordability to medicine for those infected with HIV/AIDS, three of its seven activities, noted below, concentrate on PLWHA:

- Establish a thematic group or ATFOA Working Group to establish guidelines on Treatment, Care and Support for PLWHAs and advocate on appropriate treatment, care and support for PLWHAs and affected persons in each country.

- Facilitate the active participation of PLWHAs in the treatment, care and support at all levels.

- Strengthen the capacity of countries to eliminate all forms of discrimination through a supportive and enabling environment for HIV/AIDS infected and affected people.\textsuperscript{32}

\textsuperscript{31} Ibid., 56.
\textsuperscript{32} Ibid., 53.
These activities, if successfully executed, will achieve three important aims. First, they will help PLWHAs receive the care and treatment they need, regardless of social, economic, or political barriers. Second, they will increase the involvement of PLWHAs in efforts to deliver health care to those affected by the epidemic. Third, they will work to build an environment free of discrimination and stigma, so that people, regardless of health status, will be more equal and will enjoy the same benefits of society.

ASEAN made remarkable accomplishments from its first work plan by significantly increasing the involvement of PLWHAs. Moreover, it has worked not just to include them in activities, but has focused on reducing the discrimination and stigma that they face. It is vital that those directly affected by the disease are involved in designing and implementing plans that can positively impact them. By increasing PLWHAs’ involvement in all steps of the prevention process, ASEAN will have greater potential for curbing the epidemic. Moreover, the organization’s focus on creating a positive environment for PLWHAs and reducing stigma will help ensure that ASEAN nations emerge from the epidemic with more just and inclusive societies.

The fourth WHO principle states that national governments must work with civil society to provide leadership and the means to ensure that prevention efforts address country and community needs. This was ASEAN’s greatest area of success in its first work plan—the organization’s major strategies and many of the tactics were designed to guide the member states in prevention efforts and offer support. In the second work
plan, ASEAN again triumphed in this area. It is no surprise that one of ASEAN’s greatest strengths is its ability to offer leadership, as it is a main goal of the organization overall and one of the best services provided to its members.

It can be argued that essentially every part of ASEAN’s second work plan, and particularly the 14 programs, demonstrate ASEAN’s success in fulfilling the fourth WHO principle. Each strategy and tactic stems from ASEAN’s leadership and the organization’s commitment to providing each nation with the resources it needs to reduce the spread of HIV/AIDS. For the purposes of this section, however, I will focus specifically on ways in which ASEAN provided direct leadership through collaboration and cooperation with governments, NGOs, the private sector, community groups, and individuals. I will then analyze ASEAN’s efforts to provide resources for its member states to curb the epidemic in each nation.

Four of the 14 programs are designed to provide leadership to ASEAN members through cooperation and collaboration with various government and non-governmental entities to curtail the HIV/AIDS epidemic in the region. The first program is “Proactive involvement of UNAIDS in ATFOA activities” which supports the non-program strategy of ASEAN’s second work plan. To achieve this, the plan proposed that the ASEAN Secretariat, along with ATFOA, would:

- Invite UNAIDS to present thematic papers at the ATFOA annual meetings.
- Request UNAIDS seminars and workshops in the region and outside the region to be opened to ASEAN Member Countries.33

---

33 Ibid., 32.
ASEAN then recommended that UNAIDS:

- Include consideration of HIV/AIDS and the second ASEAN work program in all co-sponsored regional meetings.

- Network to support the Member Countries in ATFOA activities.\textsuperscript{34}

By collaborating with UNAIDS, a leading international organization fighting the global HIV/AIDS epidemic, ASEAN can grow and strengthen its resources for curtailing the spread of the disease. With UNAIDS already working in the ASEAN region, both organizations should look for opportunities to partner together in order to harmonize prevention efforts and to reinforce their work. When carried out, these activities will help bolster the work of both organizations, increasing the human capital, funding, and ideas available to fight HIV/AIDS in the ASEAN region, and allowing ASEAN to sooner achieve its HIV/AIDS prevention goals.

The next program that concentrates on leadership is “ASEAN Involvement in Regional and Global Events,” part of the work plan’s non-program strategy. For this program, the ASEAN Secretariat intends to facilitate:

- Attendance and participation of Member Countries in global and regional events related to HIV/AIDS.

- Participation and organization of sessions in regional and global events.

- Collaboration between global and regional organizations such as UNAIDS, and other regional partners.\textsuperscript{35}

\textsuperscript{34} Ibid.

\textsuperscript{35} Ibid., 33.
These activities will help ASEAN encourage cooperation between member nations and between ASEAN and international and regional organizations fighting HIV/AIDS. Increased participation in regional and global events will also allow ASEAN to share ideas, learn best practices, and collaborate with other leading organizations that are working to stop the spread of HIV/AIDS.

It is essential that ASEAN have a global presence, as HIV/AIDS is a global disease. ASEAN will better serve its member nations by examining the successes of other regions in combating HIV/AIDS. In addition, it can better aid people in new areas where epidemics are surfacing by educating representatives from those regions about its own achievements. Ultimately, the spread of HIV/AIDS will be lessened only with a global assault, and ASEAN needs to be an integral part of that attack.

The next program designed to increase leadership is “Inter-Sectoral Collaboration,” which is part of the joint action program activities strategy. This program recognizes that

The HIV/AIDS epidemic is a multi-faceted, public health challenge that impacts all sectors. HIV vulnerability is influenced by socio-economic factors resulting in increase in risk behaviors. HIV/AIDS affects not only health status of people but also social aspects and economy of the countries. Hence, collaborative efforts through multi-sectoral approaches are needed to reduce social vulnerability, to accelerate prevention interventions, to provide care and to reduce socio-economic impact. There is also a need to develop capacity for assessing the socio-economic impact of HIV/AIDS in the region, an important tool in overall efforts to strengthen policy advocacy. The key players are governments (executive, judiciary and legislature), civil society groups — NGOs (Local, Regional, International), the private sector, communities (community based organizations and religions leaders), people living with HIV/AIDS, the media, multilateral agencies/donors (including UN, EU, ASEAN, World Bank).”

---

36 Ibid., 41.
With this statement, it is clear that ASEAN recognized the importance of collaborating with organizations and people in all levels of society in order to effectively combat HIV/AIDS. Also, the organization acknowledged the connection between the disease and its socio-economic impact on the ASEAN communities. This program is divided into two parts: one that focuses on multi-sectoral collaboration and the other that focuses on the socio-economic impact of HIV/AIDS. The first section, “Promoting Multi-Sectoral Collaboration, including Integrating HIV/AIDS into the development agenda,” promotes cooperation between all segments of ASEAN society to combat HIV/AIDS together. To achieve this goal ASEAN has designed the following six activities:

- To use ASEAN fora to raise awareness of policy makers on the need for inter- and multi-sectoral collaboration involving government, the private sector, communities, the media, people living with HIV/AIDS, religious leaders and multilateral agencies in planning, implementing, monitoring and evaluation of HIV/AIDS prevention, treatment, and care and support programs.

- To institutionalize a consultation process among key players (multi-sectoral) at the country and inter-country levels to evaluate and monitor inter-country programs and to implement of the ASEAN Work Program to:
  o Facilitate and coordinate exchanges of experience on multi-sectoral approaches such as expert and field attachments and study visits.
  o Document best practices and database of relevant papers.

- To include the HIV/AIDS issue on the agenda of ASEAN meetings, where appropriate.

- To advocate the integration of HIV/AIDS in the national development plans.

- To advocate the review of existing structures and frameworks for effective multi-sectoral approaches and responses in the Member Countries.
• To include key multi-sectoral players as participants in ATFOA meetings.\textsuperscript{37}

These activities will increase ASEAN’s multi-sectoral collaboration, resulting in more inclusive, effective policies, greater availability of resources, and a wider range of ideas and strategies to curb the epidemic. As it did in its first work plan, ASEAN must serve as the central point coordinating the efforts of many bodies. ASEAN can link organizations, businesses, community groups, and individuals nationally, regionally, and internationally by using its power as a convening organization and as a regional leader and representative. These activities are important measures undertaken by ASEAN to help advance prevention efforts in Southeast Asia.

The second part of the program, “Mitigating the Social Economic Impact of HIV/AIDS in the ASEAN Region,” has two aims: to conduct studies on the long-term demographic and economic impact of HIV/AIDS in the region and to train policy makers on the analytical tools needed to carry out these studies.\textsuperscript{38} To achieve this, ASEAN developed three activities for each goal.

For its objective to conduct regional studies, ASEAN intends to:
• Conduct country and regional policy studies on the economic and social cost of HIV/AIDS in the region and to recommend measures to mitigate the impact.

• Convene a meeting of national development planners and health officials to review findings and recommendations of the study for possible consideration by relevant ASEAN ministerial meetings.

\textsuperscript{37} Ibid., 42.

\textsuperscript{38} Ibid., 43.
• Publish and disseminate the studies.\textsuperscript{39}

Regarding its objective to train policy makers, ASEAN intends to:
• Conduct a regular training program for key players to use demographic and epidemiological tools to understand the socio-economic impact of HIV/AIDS and to undertake impact assessments and institutional audits.
• Compile, publish and disseminate training modules and teaching materials.
• Establish an email network of trainees.\textsuperscript{40}

These activities show that ASEAN is taking a leading role in advancing the study and scholarship of HIV/AIDS and its socio-economic impact on Southeast Asian nations. In addition, ASEAN is providing its member states with the training necessary to meet the challenges of this complex area of research, helping to ensure that the studies and the conclusions will be accurate and effective and will direct HIV/AIDS policy and prevention plans. ASEAN’s work in this area will help people in both the ASEAN region and throughout the world have a greater understanding of how the disease affects society, thus better preparing all people to tackle the epidemic.

While this objective is an important aim of the work plan and an essential part of fighting HIV/AIDS, it is critical to note that this program focuses only on how HIV/AIDS impacts socio-economic factors, not how socio-economic factors contribute to the spread of the disease. HIV/AIDS has serious effects on societies and economies, and it is vital that nations recognize this in order to decrease the negative impact of the disease on their country and people. However, it is equally, if not more important, to

\textsuperscript{39} Ibid.

\textsuperscript{40} Ibid., 44.
understand how social, economic, and political injustices help spread the disease, which then, in turn, hurts societies. ASEAN needs to increase its focus on the social, economic, and political inequities that are central factors in the transmission of HIV/AIDS. By addressing these, ASEAN can curtail the epidemic and prevent the harmful effects that HIV/AIDS have on societies and economies. By doing this, ASEAN can reduce injustice and prevent HIV/AIDS from wreaking havoc.

The fourth and final program that works to increase ASEAN leadership in combating HIV/AIDS is “Strengthening Regional Coordination Among Agencies Working on Youth and Youth Networks in ASEAN,” which is part of the regional activities in support of national programs strategy. As in its first work plan, ASEAN has identified youth as an important at-risk population in the HIV/AIDS epidemic. In addition, ASEAN has recognized that while it and the UN Task Force on Youth and HIV have various regional activities addressing HIV/AIDS, there is no effective collaboration between them. Thus, ASEAN concluded that cooperation between these organizations and others was essential to strengthen regional coordinating efforts in building capacity by sharing experiences and exchange of expertise, advocacy, resource mobilization, research and collaboration amongst regional youth organizations and agencies to specifically address the issue of HIV/AIDS. Therefore this program area aims to strengthen partnerships between regional program and bodies working with young people, encourage the active and crucial participation of youth and youth organizations in the process of designing and implementing HIV prevention activities and support the establishment of ASEAN youth networks to prevent HIV.  

41 Ibid., 59-60.
ASEAN’s goals of collaboration are built on the organization’s first plan, which heavily emphasized the importance of partnerships. ASEAN has continued this work with strategies to collaborate with other organizations to reach the youth population. This approach will strengthen the work of all organizations involved, better serve the population they are trying to reach, and more effectively use resources. To achieve this goal, ASEAN developed the six activities summarized below:

- Collaborate and coordinate with the ASEAN Senior Officials Meeting on Youth (SOMY) on matters relating to the integration of HIV/AIDS into the current regular activities of the ASEAN Senior Officials Meeting on Youth (SOMY).

- Share experience, facilitate and advocate the incorporation of HIV prevention education and intervention into the activities of major youth organizations (e.g. Girl Guides, Boy Scouts etc.) and other organizations working with youth including NGOs.

- Increase dialogue and cooperation between the ASEAN Secretariat and the UN Task Force on Youth and HIV, ATFOA and SOMY to exchange experience and expertise, advocacy, resource mobilization and support for initiatives on capacity building and HIV prevention and care that are originated by youth.

- Promote and support formation of youth groups and networks in the countries and region to work on HIV prevention and care for youth.

- Promote the active role of youth in the HIV/AIDS policy formulation, prevention and care.  

- Include the participation of youth in the HIV/AIDS agenda of international organizations.

---

Ibid., 60-61.

Ibid., 61.
These activities will increase collaboration between youth organizations working to fight HIV/AIDS and will utilize resources with greater efficiency. Additionally, ASEAN’s plan to incorporate HIV/AIDS into the agendas of organizations that are working with youth but that may not be addressing the epidemic will bring new organizations into the fight against HIV/AIDS, increasing available resources for this at-risk population. Furthermore, ASEAN’s plan to encourage youth participation in “policy formulation, prevention, and care” reveals that ASEAN recognizes youth as a valuable group in the region, with the ability to make a real impact in HIV/AIDS prevention. By including youth in the planning and implementation process, ASEAN will have more success in achieving its goals for this group—a group that can often be difficult to reach and influence.

On the whole, ASEAN was very successful in fulfilling the fourth WHO principle by providing leadership and resources to its constituents. Building upon on its accomplishments in its first plan, ASEAN continued to work to collaborate with governments, NGOs, and community organizations to curb the HIV/AIDS epidemic. Furthermore, the organization acted as a convening power to create new links between organizations that, without ASEAN’s aid, may never have become partners. In addition, ASEAN concentrated on increasing resources available for its people so that these organizations and the partnerships created between them could pave the path for success and curtail the spread of the disease.
Therefore, ASEAN has shown that one of its strongest assets is its ability to coordinate collaboration between many entities and direct resources in an efficient and effective manner in order to provide the greatest help to its people. ASEAN fully exercised this strength in its second work plan, satisfying the fourth WHO principle. ASEAN should continue to lead and guide its people, communities, and organizations in order to provide a comprehensive and extensive affront to the HIV/AIDS epidemic in the region.

The fifth WHO principle states that HIV/AIDS responses must be linked to human rights. ASEAN was successful in addressing human rights throughout its second HIV/AIDS plan—many of the previously discussed programs incorporate the advancement of human rights as core tenants of the activities. Specifically, the programs aimed at providing accessible and affordable treatment and care and creating a positive environment for people with HIV/AIDS, fulfill the second and third WHO principles, respectively, while also supporting the fifth principle. By excelling at addressing the four other WHO principles, ASEAN significantly increased its inclusion of human rights since its first work plan. The first four WHO principles are founded on the idea that each human life is of value and that all people should be treated equally. Hence, by focusing attention on these areas, ASEAN has incorporated human rights in all sections of its plan.

To ASEAN’s credit, there are other activities within the second work plan that do not fall under one of the previous WHO principles discussed but that are intrinsically
tied to advancing human rights. These activities focus on vulnerable populations, work to create a safer and more accepting environment for people with HIV/AIDS, and aim to breakdown social taboos that exacerbate social, economic, and political injustice and prevent people from receiving the care they need. By recognizing the worth of individuals and their right to health and by eliminating social barriers and stigma, ASEAN can curtail the epidemic and improve equality within the ASEAN states.

The first program is “Promoting Awareness of HIV/AIDS among Religious Leaders,” which is part of the joint action program activities strategy. Many of the ASEAN states have a strong religious identity that can create obstacles for HIV/AIDS prevention work and for those infected to receive treatment and care. In nations heavily influenced by religious values, PLWHAs are often discriminated against and fearful of being public about their disease, which can hinder them from receiving important medical care. For example, a survey, conducted by UNAIDS of injecting drug users in Indonesia, revealed that 40% said that stigma was the reason they avoided HIV testing. The stigma in these nations can be vastly reduced through religious organizations accepting and becoming a part of the prevention process and encouraging those infected to seek treatment.

ASEAN’s program aims to promote dialogue regarding the role of religious leaders in developing HIV/AIDS prevention strategies, providing treatment and care,

---

and creating a positive environment.\textsuperscript{45} To achieve this, ASEAN designed three activities:

- To compile and publish best practices from the religious community in Member Countries on how to effectively advocate for people living with HIV/AIDS.

- To organize a workshop bringing together religious leaders to exchange experience on their roles in reducing vulnerability to HIV/AIDS, developing effective strategies for prevention, care and support and in creating a positive environment for people living with HIV/AIDS.

- To prepare and adopt an inter-faith statement by religious leaders to declare support and the need for compassionate treatment of people living with HIV/AIDS.\textsuperscript{46}

These activities are important in beginning the process of religious leaders playing a greater role in HIV/AIDS prevention. The ASEAN region has a long history of religious conservatism, which has added to the stigmatization of PLWHAs. As a regional organization representing many nations and religious followings, ASEAN has the opportunity to be a catalyst in prompting religious leaders to help their followers by curbing the HIV/AIDS epidemic, bringing care to those in need, and ultimately forming a more just society. While there is much work to be done to fully include religious leaders, these activities will provide an essential platform for progress in this area. In order to combat HIV/AIDS, all segments of society must work together, including religious organizations, which can provide invaluable support and resources. By partnering with religious leaders, ASEAN can help increase the means available for

\textsuperscript{45} ASEAN, “The ASEAN Work Programme on HIV/AIDS II (2002-2005),” 44.

\textsuperscript{46} Ibid., 44-45.
fighting HIV/AIDS and emerge from the epidemic with reduced stigma and more inclusive societies.

The second program that includes human rights is “Condom Promotion and STD Management” as part of the regional activities in support of national programs strategy. It might seem unlikely that this program would fall under the fifth WHO principle, but considering the taboo against open dialogue about sex in the ASEAN region and the often severe stigmatization against HIV/AIDS, the open discussion of condom promotion and STD management shows that ASEAN recognizes the freedom of its citizens, their right to make choices about their bodies, and to have their health protected. ASEAN’s program also acknowledged that “unprotected sexual contact with an HIV infected person is the main mode of HIV transmission in many counties. Regular and correct condom use is the most cost-effective means to prevent HIV transmission.”  

ASEAN admits that “the main constraints in condom promotion are cultural and religious sensitivities and the reluctance of men to use condoms.” By tackling this issue, ASEAN reveals that it supports its peoples’ right to make their own choices about sex and contraception and that it is unjust for one’s health to be endangered due to social taboos.

The program states two specific objectives: to “advocate for political and public support for condom use in HIV and STD prevention and to support capacity building in

\[47\] Ibid., 48.

\[48\] Ibid.
member countries for condom promotion and STD management.\textsuperscript{49} By bringing the dialogue on sex, condoms, and STDs into the public arena, ASEAN can provide its citizens with the resources to protect their health and to help reduce the transmission of HIV/AIDS. For the health of ASEAN nations, it is vital that they openly discuss sex and condom promotion—every person has the right to make choices about their body and the right to safeguard their health without being hindered by social “values.”

To achieve these objectives, ASEAN developed these six activities:

- To share the experience of Thailand and Cambodia and advocate evidence-based information and cost-effectiveness on condom use to prevent HIV and STDs in the region.

- To build capacity in implementing 100% condom use program, condom promotion activities and social marketing of condoms; identify and secure resources and international support for affordable and good quality condoms for Member Countries.

- To scale up pilot projects into nation-wide programs.

- To urge WHO Regional Offices to increase technical and financial support to Member Countries regarding STD management at primary care level.

- To conduct “the Cross Cultural Studies on Condom Promotion” among ASEAN Member Countries.

- To promote participation of private sector in supporting condom promotion in the workplace, together with HIV education.\textsuperscript{50}

These activities are well suited to help curb the HIV/AIDS epidemic, to advance social acceptance of sex, and to bring sexual health into the public dialogue. For this program, ASEAN is learning from the accomplishments of Thailand’s and Cambodia’s

\textsuperscript{49} Ibid., 49.

\textsuperscript{50} Ibid.
condom promotion campaigns and working to achieve similar outcomes throughout the region. To ensure success, the program activities are designed to provide resources and funding to support ASEAN’s goals. Condoms are the most cost-effective form of HIV/AIDS and STD prevention; by providing the resources necessary to increase condom use throughout the region ASEAN will have the greatest return on its investment and will improve the health of its people.

Missing from these activities, however, is a focus on reducing social taboos against sex. While ASEAN will be helping to do this simply by promoting and providing condoms and discussing HIV/AIDS and safe sex publicly, in order to have a greater impact and help shape the social views of sex, ASEAN must specifically address cultural taboos about premarital sex. The more conservative ASEAN states, such as Malaysia and Indonesia, are often in denial about the extent of premarital sex, which is spreading serious diseases. Ignoring this reality will only exacerbate the problem. ASEAN can help these nations by expanding its programs to include activities designed to decrease the shame surrounding premarital sex, to educate people about safe sex and the resources available to them, and to promote sexual empowerment. By doing so, ASEAN can aid in the creation of a more open society, one where people are not contracting diseases due to a lack of knowledge about sex or lack of power to protect their own health.

The third program supporting human rights is “HIV Prevention, Treatment, and Care Among Drug Users,” which is part of the regional activities in support of national
programs strategy. This program is included under the fifth WHO principle because it reveals ASEAN’s commitment to helping every person affected with the disease, regardless of his or her situation or status. Like those infected with HIV/AIDS due to the sex trade, drug users are often marginalized as an at-risk group due to their illegal behavior. By dedicating itself to help this group, ASEAN declared symbolically that all people have value and the right to health. Moreover, ASEAN’s work to improve the health of this group will advance the health of whole nations as non-drug users can often contract diseases from drug using partners.

ASEAN has recognized that needle sharing and drug use are main causes of the epidemic in many nations, but that “HIV prevention and care interventions for this group remain relatively weak. This is due to the dominating policies on supply reduction, the illegal status of drug users, stigmatization and discriminatory attitudes and practices toward users and inadequate skills of personnel involved with the issues of drug use.” This program aimed to provide HIV/AIDS care for drug users, increase surveillance of HIV/AIDS prevalence among drug users, and advocate for policies and legislation for effective prevention strategies.

In order to accomplish these goals, ASEAN has developed the following six activities:

---

51 Ibid., 57.
52 Ibid., 58.
• Conduct in-country reviews and consultations on laws, regulations, policies, and programs to ensure effective HIV/AIDS prevention strategies for drug users.

• Provide financial and technical support to initiate and/or scale up HIV/AIDS prevention activities, harm reduction interventions, standardized drug treatment services, and care for injecting drug users.

• Collaborate with international organizations to mobilize resources for advocacy and capacity building for HIV/AIDS prevention, treatment, care, support, harm reduction, rapid assessment, and HIV/AIDS surveillance amongst drug users.

• Conduct training workshops to standardize the surveillance and monitoring system and establish and annual reporting procedure to ATFOA.

• Encourage the development of and study the feasibility of establishing pilot projects to reduce HIV vulnerability among injecting drug users.

• Develop strategies to scale up existing harm reduction projects.\(^5^3\)

These activities included three vital components, which will help ASEAN achieve success with this program—policies, resources, and collaboration. First, ASEAN worked with policy and law makers to create effective prevention tactics for this group. Due to the illegal nature of the activities involved, it is essential that people can receive the care they need without the fear of prosecution. This is not to say that these people should not be brought to justice for their criminal activities, but legality should not be a barrier to protecting and improving one’s health. By working with member nations to develop strategies that prevent disease transmission and respect laws and regulations, ASEAN will have greater success in helping drug users and in curtailing the epidemic.

\(^{53}\) Ibid.
Second, ASEAN provided the resources and funding needed to carry out these activities. By pledging financial and technical support, ASEAN is showing its dedication to supplying the means necessary to fully help this group and those affected by them. Resource provision allows ASEAN’s goals to be met and reveals a real commitment from the organization, not insincere promises of treatment and care.

Third, ASEAN recognized the importance of collaboration to achieve its aims. Collaboration between organizations will produce the greatest impact through shared resources and information. Moreover, drug users are not an easy group to identify, make contact with, and treat; it will take the work of many entities at various levels of society to improve the health of this population and deliver the care that they need.

Throughout its second work plan, ASEAN linked its goals, strategies, and activities to human rights. By working to fulfill the first four WHO principles ASEAN significantly increased its activities to advance human rights. In addition, ASEAN included three programs that supported human rights and the idea that every person, no matter their social standing or cultural taboos, has equal rights, including the right to health. By working to help marginalized populations and reduce the stigma and discrimination surrounding sex, HIV/AIDS, and certain groups, ASEAN is reaffirming the value of every individual and its respect for their life. These efforts, in conjunction with the activities to accomplish the other WHO principles, will help ASEAN create more just nations based upon the equality and worth of every person.
In conclusion, the framework of ASEAN’s second HIV/AIDS work plan has been a real success. While ASEAN’s first plan lacked important detail and did not include a single activity supporting the first three WHO principles, its second plan is thorough, comprehensive, and more fully addresses the social, economic, and political inequalities driving the epidemic. The second plan prepares ASEAN not only to effectively prevent HIV/AIDS in the region, but also combat the injustices that have allowed the disease to spread so rapidly.

The fourteen programs of ASEAN’s second work plan and the activities designed to achieve them were successful in supporting and fulfilling the WHO principles. The greatest accomplishment of ASEAN’s second plan was its focus on delivering accessible and affordable treatment. Without available health care, ASEAN’s populations will continue to be harmed by the epidemic and many people will die as a result. Considering that ASEAN did not include a single tactic designed to increase health care access in its first work plan, ASEAN’s second plan is a significant achievement. ASEAN must continue to support and expand upon these efforts in future work plans to provide its people with the care and treatment they need.

Another notable success of ASEAN’s second work plan was its inclusion of PLWHAs in its planning and prevention strategies. Whereas ASEAN’s first work plan did not specifically include PLWHAs in its activities, its second plan states clear and detailed tactics designed to increase the involvement of this group. ASEAN must include PLWHAs in the planning process in order for activities to be more effective and
for the organization to send a message that HIV/AIDS does not decrease a person’s value in society. ASEAN should continue to find central roles for this population in future HIV/AIDS programs —such as PLWHAs leading prevention activities in their community or educating at-risk populations about disease prevention. Doing so will help to ensure that strategies are effective and that this group is appreciated and respected.

ASEAN was also successful in providing leadership and support for HIV/AIDS prevention. This was ASEAN’s greatest area of achievement in its first work plan and the organization built upon that to reach similar accomplishments in its second program. By continuing to direct collaboration and cooperation, ASEAN can efficiently use resources and effectively reach wide audiences. ASEAN recognized that HIV/AIDS prevention will only occur with the work of many different organizations and individuals at various levels of society. In both its first and second work plans, ASEAN maintained a strong commitment to this principle and has continued to act as a conduit for partnerships that will help curtail the epidemic. The organization should build upon these successes in its future work plans to guarantee that it remains a leader in HIV/AIDS prevention.

ASEAN also accomplished the fifth WHO principle of tying prevention activities to human rights. By working to care for marginalized populations and address issues of stigma and discrimination, ASEAN’s efforts reaffirmed the equality and value of every individual. The organization also forged important work in opening the
dialogue about sex and HIV/AIDS and reducing taboos imposed by social and religious views, helping ASEAN nations create more inclusive societies, where people are free from judgment and fear. Additionally, ASEAN’s successes in the other principles worked to advance human rights by deceasing social, economic, and political injustice and delivering health care to those in need. ASEAN should continue to work to incorporate human rights improvements throughout its future plans and seek new opportunities to advocate and ensure the equality of every individual.

ASEAN also made important strides in fulfilling the first principle of acknowledging the role gender plays in HIV/AIDS transmission. However, its goal of including gender as a cross-cutting theme throughout its plan was not achieved, as only two sections of the second plan address women’s issues or the effects of gender on the spread of HIV/AIDS. As women are a vulnerable group both within the epidemic and larger society, it is vital that this issue is fully addressed. Women’s status as second class citizens affects their social, economic, and political equality and, in the wake of the HIV/AIDS epidemic, their health. Gender should not be a contributing factor in one’s ability to protect one’s health, but unfortunately in the ASEAN region and throughout the world it is. ASEAN must make a serious effort to combat gender inequality in its future HIV/AIDS prevention plans in order to ensure the health of every person, regardless of gender.

Overall, ASEAN’s second work plan on HIV/AIDS was a considerable success. While there is still work to be done to fulfill the first WHO principle, the remaining four
were met with comprehensive, detailed programs. ASEAN made necessary strides in helping to advance social, economic, and political justice in the region since its first program. The next chapter will examine ASEAN’s Third Work Program on HIV/AIDS (2006-2010) to see if the organization has built upon its achievements from the first and second plans and worked to further increase social, economic, and political equality.
CHAPTER 4: ASEAN WORK PROGRAMME ON HIV/AIDS III (2006-2010)

This chapter will examine ASEAN’s third work plan on HIV/AIDS to reveal whether the organization advanced social, economic, and political justice through its HIV/AIDS prevention work and fulfilled the WHO principles. Chapter 4 will begin with an overview of ASEAN’s third work plan. It will then analyze the third plan to determine whether or not the organization succeeded in upholding the WHO principles. The chapter will conclude with a summary of the findings and with suggestions to reduce inequality and to curb the HIV/AIDS epidemic in future work programs.

ASEAN’s third work plan was developed by AFTOA and adopted by ASEAN at the 11th ASEAN Summit held in Malaysia on December 12, 2005. The priorities of the third plan were aimed at “assisting ASEAN Member Countries address issues of governance; enhancing ASEAN’s role in the global policy dialogue; and sharing successful strategies in regional collaboration and problem-solving.” The organization also planned to “further invigorate the present momentum of close collaboration among the public and private sectors, and civil society.”

The third work program begins with an overview of the HIV/AIDS epidemic at the time the plan was developed. In 2005, according to ASEAN, the Asia had the second largest number of people living with HIV and the region’s share of the global epidemic was growing. In East Asia, the epidemic was “expanding faster than anywhere else in

---

the world, with HIV prevalence increasing by 24% in 2004 alone.”

Within ASEAN, Cambodia, Myanmar, and Thailand had “HIV prevalence greater than 1% among adults.” ASEAN also noted that the HIV/AIDS epidemic was significantly impacting member states’ economies. “As the vast majority of AIDS-related costs are borne by poor households, the epidemic pushes millions of households further into poverty each year.”

An UNAIDS report cited in ASEAN’s third plan observed that 2005 was “‘a critical moment,’ in which countries of the region have the opportunity to carry out effective responses at relatively low cost.” This report recognized that “‘sustained evidence-based prevention measures, coupled with targeted care and treatment initiatives for PLWHA, can reduce and reverse further growth of the epidemic while mitigating its impact on AIDS-affected households and communities.’”

ASEAN and UNAIDS analyzed the factors inhibiting prevention and identified two causes: lack of program coverage and institutional obstacles. Regarding lack of program coverage, this was due to the following problems:

- Vulnerable populations insufficiently served.
- Inadequate condom promotion and access.

---

2 Ibid., 1.
3 Ibid.
4 Ibid., 2.
5 Ibid.
• Lack of awareness among at-risk individuals of their HIV serostatus.

• Lack of skills among young people to prevent HIV infection.

• Underdeveloped methods of prevention to combat mother-to-child transmission.

• Scarce access to lower drug costs for treatment.

• Other inadequate aspects of care and treatment.  

As for institutional obstacles, these included:
• Lack of institutional structures for leadership.

• Limited engagement of sectors other than health.

• Lack of support for civil society organizations.

• Insufficient and poorly allocated financial resources.

• Weak surveillance systems.

• Complacency in some countries about the need for prevention programming.

• Stigma and discrimination. 

Both ASEAN and UNAIDS also listed the actions necessary for “seizing the opportunity,” including political commitment, financial resources, and governments moving from commitment to action. Moreover, “national AIDS programs should adopt a comprehensive approach to national responses that includes a balance of HIV 

---

6 Ibid., 2-3.

7 Ibid., 3.
prevention, care, and treatment, and impact mitigation programs tailored to national conditions.\textsuperscript{8}

Acknowledging these barriers was important in order for ASEAN to target vulnerable populations and the central issues that must be resolved in order to curtail the epidemic. ASEAN also touched upon many hurdles addressed by the WHO principles, which will enable the organization to overcome these in its HIV/AIDS program. Identifying these problems and the necessary tasks to triumph over them prepares ASEAN to create a work plan that will be both effective at decreasing HIV/AIDS transmission and successful in fulfilling the WHO guidelines.

Before presenting the details of the work plan, ASEAN first distinguished its strengths as an organization in order to concentrate on areas in which it would have the greatest impact. ASEAN stated that the program “will build on ASEAN’s comparative advantage, focusing on specific initiatives that can be facilitated by ASEAN through integration with its existing policies, programs, and modes of operation.”\textsuperscript{9} It pledged that the plan “will only address those issues for which ASEAN involvement can make a difference given that multiple responses to the HIV epidemic are already being pursued within ASEAN Member Countries.”\textsuperscript{10} This is an important achievement for ASEAN, showing how the organization has learned from its previous HIV/AIDS work and has

\textsuperscript{8} Ibid.

\textsuperscript{9} Ibid., 8.

\textsuperscript{10} Ibid.
integrated those lessons into its third plan. It is essential that ASEAN capitalize on its strengths and advantages in order to make advances in HIV/AIDS prevention and to utilize its resources efficiently and effectively.

ASEAN’s strategic approach in its third work program was similar to its second. The organization identified five objectives and created programs with specific activities designed to achieve them. The five objectives are as follows:

- Leadership development
- Gaps, strengths, and emerging issues
- Integration of HIV and AIDS with development priorities
- Non-program strategies to support achievement of the above objectives
- A monitoring, evaluation and reporting framework

This chapter will evaluate the activities planned to accomplish these strategies and conclude whether ASEAN’s third work program complies with the WHO principles and makes achievements in advancing social, economic, and political equality.

The first WHO principle states that HIV/AIDS prevention work must tackle gender inequalities that exacerbate the epidemic. As noted in earlier chapters, this principle was an area of great weakness in ASEAN’s first and second work plans. In its third work plan, however, ASEAN considerably increased its inclusion of gender issues and worked to improve the status of women as an essential tactic in the fight to curtail the epidemic. The third work plan has three sections that address women’s issues and

---

Ibid., 5.
how gender affects one’s likelihood of contracting HIV/AIDS. The first falls under the objective of “Gaps, Strengths, and Emerging Issues” and focuses on the prevention of mother-to-child transmission (MTCT). ASEAN’s second work plan concentrated heavily on this area while its third work plan continues this commitment to reduce this form of HIV/AIDS transmission.

Hence, ASEAN member states will “continue to develop their own national and local strategies for prevention,” while “ASEAN will focus on those aspects of this emerging issue that are not so likely to be quickly implemented across Member Countries, that require further policy development, or that will require ongoing analysis and sharing of lessons learned about what works.”

This is a smart approach to decreasing MTCT; by leveraging member nations’ and ASEAN’s particular strengths, the organization is likely to be successful in curtailing the problem through the efficient and effective use of resources.

Specifically, ASEAN will “focus on the prevention of ‘primary transmission of HIV’ to women.” To do this, ASEAN’s responses will be coupled with member states programs in order to develop:

- “Strategies to protect women from infection during pregnancy and the post-partum period and increase involvement of men to protect women from infection.”

- “Population-based strategies to reduce the risk of transmission to babies when HIV status is not known, such as exclusive breastfeeding for all babies, management and control of STIs, efforts to improve the health and nutrition

---

12 Ibid., 25.
of all pregnant women, and improved family planning services for all women.”

- “Strategies to ensure that women and couples who know they are HIV positive have access to advice and interventions to reduce the risk of HIV transmission to babies.”

These tactics show that ASEAN is committed to this vulnerable population and is interested in not just delivering medical care but also addressing the core issues. Of course, it is vital that ASEAN provide men, women, and couples with treatment and care in order for the mothers and the babies to stay healthy. However, it shows great accomplishment that ASEAN widened its services to bring men into the activities and incorporate better care and family planning support for all women. In a region that is not always open about family planning options, it is noteworthy that ASEAN included this assistance in its plan.

The next section to address gender issues is part of the “Gaps, Strengths, and Emerging Issues” objective and is under the “Strengths: Mobility and HIV Vulnerability Reduction—mobility associated with labor migration” program. The majority of this program focuses on reducing HIV among mobile populations in general. One section, though, deals specifically with women and children. In the strategy addressing mobility and trafficking, ASEAN aimed to “promote steps at regional and national levels to reduce the vulnerability of women and children to trafficking, by increasing livelihood choices, empowering women and making mobility safer.”


\[14\] Ibid., 29.
ASEAN touched on three key issues in this strategy. First, human trafficking is a serious problem in its own right. It is essential that ASEAN shed light on this topic, both within the HIV/AIDS epidemic but also as a separate concern, in order to help those victimized by this illegal behavior. Trafficking preys upon the disadvantaged status of women and children in society, therefore it is essential that ASEAN work to elevate these populations’ social positions and end the trafficking of humans. Through the empowerment of women and children human trafficking can be curtailed.

The second key issue is ASEAN’s emphasis on increasing livelihood choices. Women and children are more susceptible to human trafficking, the sex trade, migrant work, or other illegal or undesirable options because their access to employment is limited. By increasing their work opportunities, ASEAN can reduce their vulnerability to these dangerous situations. Moreover, it is important to note that this was a critical step for ASEAN—getting to the root of women’s issues within the epidemic and beyond. By working to correct the core causes (poverty and women’s lack of livelihood choices) instead of just removing them from perilous circumstances, ASEAN can decrease HIV/AIDS transmission among women and improve their social, economic, and political equality within the region.

The third issue is ASEAN’s attention to empowering women as a tactic to limiting trafficking and HIV/AIDS transmission. This is another example of ASEAN working to fix the cause of the problem, and not just its symptoms. This is an extremely significant step for ASEAN; by stating that the empowerment of women is a vital
concern, ASEAN conveys the message that women are unequal and that this injustice must be remedied. Moreover, it communicates that this lack of power is contributing to the HIV/AIDS epidemic, to human trafficking, and to the degradation of society in general. By working to improve gender equality through HIV/AIDS prevention work, ASEAN can help advance justice for all ASEAN women.

This second program addressing gender issues has been successful because it focuses not just on gender’s impact on HIV/AIDS transmission, but also its role in mobile populations and specifically trafficking. By drawing attention to multiple issues and how they are affected by women’s subordination, ASEAN is taking necessary steps in increasing women’s equality and decreasing gender’s negative influence on access to power. Furthermore, ASEAN has not simply worked to fix these problems, but has stressed the underlying injustices fueling them. The regional association’s acknowledgement of the core causes shows that ASEAN is dedicated to improving women’s social, economic, and political status and is using HIV/AIDS prevention work as a means to do so.

The third program to decrease gender’s impact on HIV/AIDS is “Raising the standard of living of marginalized, disadvantaged women, children, and youth,” which is part of the objective to integrate HIV with development priorities. Like the activities aimed at solving the cause of the problem, not just the symptoms, this program directly targets the central issues contributing to gender injustice and women’s greater vulnerability to HIV/AIDS.
ASEAN states that “young people, women, and children who are marginalized and disadvantaged are the people most vulnerable to HIV infection…Their vulnerability cannot be reduced simply through HIV prevention programmes, but can be reduced if they are provided with opportunities for education, vocational training, employment or other opportunities for safe income generation.”\(^{15}\) ASEAN’s recognition of these circumstances show that the organization is cognizant that injustice affects health and that treatment alone will not solve the problem. Access to safe and legal employment is paramount in the fight against HIV/AIDS and the fight against gender discrimination—as long as women are economically disadvantaged, they will also remain socially and politically oppressed. This action by ASEAN prepares the organization to make lasting changes for women and to advance their equality.

ASEAN made significant improvements from its first and second work programs in addressing women and gender issues and fulfilling the first WHO principle. Not only did ASEAN include specific programs designed to serve women, the organization went beyond delivering care to working to solve the origins of the problems. These activities are precisely what the WHO guidelines aim to achieve: using HIV/AIDS prevention as a means of addressing serious social, economic, and political inequalities and ultimately creating more just societies. From these actions, ASEAN proved that its organization is dedicated to women’s issues and to the equality of all people and is working to achieve these aims.

\(^{15}\) Ibid., 31.
The second WHO principle states that treatment and care must be accessible and affordable for all people. ASEAN was successful in fulfilling this guideline in its second HIV/AIDS work plan—providing means for people to access affordable treatment and preparing member nations to meet the needs of their people. In its third plan, ASEAN presented three programs that built upon its previous work to ensure that treatment and care are available.

The first program is “Gaps: Access to treatments for people living with HIV,” part of the “Gaps, Strengths, and Emerging Issues” objective. ASEAN stated that this program would continue the work of its second HIV/AIDS plan and that “Member Countries [will work] together to find better ways to obtain affordable medicines, and [share] lessons learned about appropriate strategies to ensure that the relevant people can gain access to these drugs.”\(^\text{16}\) ASEAN pledged to “support Member Countries to analyze the existing regulations and guidelines for purchasing and producing pharmaceutical drugs.”\(^\text{17}\)

It is critical that ASEAN is consistent with its activities in this area and carries on its work from previous programs. By doing so, ASEAN will have continuity in its actions and can deliver the greatest outcome to its people. While the first program aimed at providing affordable treatment lacks important detail, it can be assumed that same successful measures and tactics used in ASEAN’s second work plan will be

\(^{16}\) Ibid., 21.

\(^{17}\) Ibid.
implemented in its third. In addition, it is notable that this program emphasizes activities that will support member states in navigating the complexities of pharmaceutical regulations and purchasing in order to help them provide the care their people deserve.

The next program that supports the second WHO principle is “Strengths: Mobility and HIV Vulnerability Reduction – mobility associated with development of economic infrastructure,” which falls under the “Gaps, Strengths, and Emerging Issues” objective. This program focuses on reducing the “vulnerability of people affected by mobility within and between countries.” One activity designed to achieve this goal is to “Promote HIV prevention, AIDS care, and support (including through budget allocations of Ministries of Construction and Transport, promoting leadership at all levels, and ensuring that mobile people have adequate access to AIDS treatment and care).”

It is crucial that ASEAN take specific steps to protect this vulnerable population and help deliver the care needed. Due to their constant relocation, mobile populations are difficult to track and often unable to access the resources they need due to economic or geographic circumstances. Moreover, because of their movement, this group can be exposed to, or expose others to, diseases. Thus, in the fight against HIV/AIDS, it is extremely important to prevent transmission of diseases and help those infected.

---

18 Ibid., 22.
19 Ibid.
ASEAN should be commended for the actions it is taking to help this often ignored group.

However, while ASEAN is working to provide treatment for this group, it is not addressing the problems that cause this group to be vulnerable to HIV/AIDS. For them, ASEAN should implement similar tactics that it has taken to help women—addressing the social, economic, and political problems that cause this group to become mobile and, therefore, more susceptible to HIV/AIDS and other diseases. By decreasing this group’s vulnerability within its own nation, ASEAN can help curb the epidemic while advancing equality for these people.

The third program aimed at providing accessible and affordable care is “HIV and Tuberculosis (TB) co-infection,” a part of the “Gaps, Strengths, and Emerging Issues” objective. ASEAN has stated that “the link between HIV and TB care and support interventions is an emerging concern in ASEAN Member Countries.” According to UNAIDS, “TB is the leading infectious killer of people living with HIV, and accounts for an estimated 13% of AIDS deaths worldwide.” ASEAN deems TB as an emerging issue and does not provide a detailed plan to address it. It does aim to collaborate with other organizations already working with HIV and TB prevention and hold AFTOA

---

20 Ibid., 26.

meetings to discuss “access to drugs, treatment, care, and support.”\textsuperscript{22} It is important that ASEAN identifies this growing concern and states its dedication to providing those infected with access to the treatment they need. However, it is imperative that ASEAN create a full plan to tackle this issue. As TB continues to kill people living with HIV/AIDS, ASEAN must immediately deal with this matter. In its future work plans, ASEAN must make this concern a priority and develop a sound program to help address it.

For the most part, ASEAN has been successful in fulfilling the second WHO principle. By maintaining its comprehensive plan from its second work program, ASEAN can be confident that it will continue to provide accessible and affordable treatment and care for people living with HIV/AIDS. Moreover, the organization has identified the growing problem of TB within the HIV/AIDS-infected population, the first step to working to curb the problem, but it must create a detailed plan to tackle this curable disease. ASEAN’s weakest point has been its work with mobile populations. It needs to expand its activities with this group in order to overcome the core causes of the spread of the disease, not just curtail transmission. Doing so will result in ASEAN addressing greater issues of social, economic, and political injustice and help improve equality for this vulnerable group.

ASEAN’s third work program has not been extremely successful in meeting the criteria of the third WHO principle, to involve people living with HIV/AIDS (PLWHAs).

\textsuperscript{22} ASEAN, Third ASEAN Work Programme on HIV and AIDS (2006-2010), 26.
in the prevention process. ASEAN significantly increased the inclusion of this group from its first work plan, which made no provisions to involve PLWHAs, to its second, which identified the value of this population and their important contributions to the planning and implementation of HIV/AIDS work. In its third work program, however, ASEAN did acknowledge this group, but made no new, detailed efforts to include them and stated that the population did not need a specific component of the work plan dedicated to them.

ASEAN addresses PLWHAs in two areas of its third plan. The first is part of the “Leadership Development” objective and aims to empower and involve PLWHAs “in the response to the HIV epidemic, including national and regional policy development.” While ASEAN made this important statement, it did not provide specific actions designed to achieve its goal. The organization does plan to follow the second work program and continue to “support Member Countries to develop processes that engage civil society in analysis and dialogue,” which includes involving PLWHAs. If ASEAN builds upon its achievements from its second work program, it will likely continue to be successful in this area; however, it is also important for the organization to introduce new ideas in order to provide relevant and effective activities to accomplish its objectives. While ASEAN should use previously successful tactics,

---

23 Ibid., 17.

24 Ibid.
merely stating that the organization will continue its work from earlier programs is not sufficient to fulfill the WHO principle.

The second program aimed at including PLWHAs is an “emerging issue” identified by ASEAN and part of the “Gaps, Strengths, and Emerging Issues” objective. In this section, ASEAN states that the greater involvement of PLWHA “in all aspects of responses to the AIDS epidemic is supported by ASEAN, and [that] Member Countries are continuing to support the development of networks of PLWHA and their involvement in national policy and programme development.”25 But, the organization continues declaring:

At the time of development of this Work Programme it was decided that there was no need to include a specific component of the Work Programme to further promote involvement of PLWHA. However, the extent and effectiveness of initiatives to promote involvement of PLWHA in policy and programme development will be monitored and evaluated as an emerging issue during this Work Programme.26

This shows that the organization made important achievements in this area in its second work program, but it cannot stop there. It is both a serious concern and huge step backwards that ASEAN does not feel that specific plans to address the involvement of PLWHAs are required. The potential for this group to be marginalized and ignored is very high if deliberate activities are not created to include them. Moreover, ASEAN’s neglect of this population shows regression in its HIV/AIDS prevention work, human rights advancements, and fulfillment of the third WHO principle. ASEAN must include

25 Ibid., 27.
26 Ibid.
this population in its future HIV/AIDS programs. For example, PLWHAs can be involved in planning prevention tactics, educating other PLWHAs and vulnerable populations, and advocating on behalf of their population for better treatment and protective laws.

It is notable that ASEAN will continue to monitor and evaluate the issue, but this suggests that the organization believes it has already accomplished most of its work with this population. In 2006, at the time of the publication of the third work plan, the specific strategy for PLWHA had only been in effect for four years (from the beginning of the second work plan in 2002 to the launch of the third in 2006). It is, therefore, highly unlikely that ASEAN achieved its goal within this four-year period and can regard it as a secondary issue. The organization should continue to view the inclusion of PLWHAs as a primary objective in order to integrate this vital group into the process and have a greater chance of curbing the epidemic.

Thus, ASEAN did not fulfill the third WHO principle in its third work program, a significant setback because ASEAN digressed from its previous accomplishments and began to discount the importance of PLWHAs. While it is commendable that ASEAN recognized the value and contributions of this group, its decision not to provide specific plans for them represents considerable failure. The organization must work to include PLWHAs through detailed tactics in its future HIV/AIDS programs in order to ensure that this population is not ignored and that ASEAN can successfully curtail the epidemic and advance social, economic, and political justice through prevention plans.
The fourth WHO principle states that governments working with civil society in HIV/AIDS prevention must provide leadership and means to ensure that national and international efforts respond to country and community needs. ASEAN’s greatest accomplishments in its previous plans were in fulfilling this principle. In its third work program, ASEAN again excels in this area. At the beginning of the third plan, ASEAN acknowledged its strength as a leader and that offering guidance is one of its greatest assets. There are more activities—nine in total—in ASEAN’s third work plan designed to achieve the fourth WHO principle than any of the other WHO principles, showing the organization’s dedication to providing leadership and its capability to do so.

The first program addressing leadership is the “Leadership Development” objective, which includes five activities. This objective aims to “increase political commitment and strengthen leadership across sections in ASEAN Member Countries for supportive environments, effective policies, scaling up of programmes and allocation of resources for HIV prevention and impact mitigation.” 27 ASEAN also states that “leadership was identified as the key strategy to be supported by ASEAN in the 7th ASEAN Summit Declaration on HIV/AIDS (Brunei Darussalam November, 2001).” 28 It is clear that ASEAN views leadership provision as an area of comparative advantage and one which will most effectively benefit its people. The five activities designed to achieve this aim are summarized below:

---

27 Ibid., 13.

28 Ibid., 14.
• To create a leadership platform for advocacy on global and donor policy issues affecting all Member Countries

• To conduct regional and comparative analysis to ensure effective implementation of The Three Ones* which includes multi-sectoral involvement, government and donor support, support for countries’ own priorities and strategies, and improvement of monitoring and evaluation

• To share experiences and develop laws and regulations in Member Countries to enable effective responses, including provisions to prevent stigma and discrimination

• To collaborate with civil society (particularly women and youth) and government in shared analysis and strategy development in improving government leaders’ understanding of HIV/AIDS and the need for government involvement; empowering and including PLWHAs in all stages of the response to HIV/AIDS; and recognizing faith based leadership who are effective in the prevention of the epidemic.

• To share strategies to advocate and support private sector involvement in the response to the epidemic and integrate HIV workplace policies across the ASEAN regions.29

All of these activities touch upon three fundamental issues. First, ASEAN’s inclusion of The Three Ones and private sector involvement reveals its ability to collaborate with international organizations, its dedication to the principles of multi-sectoral cooperation, and its support of individual nation’s priorities in curbing the epidemic. It shows that ASEAN is aware that HIV/AIDS transmission will only be reduced by working with people throughout the world at all levels of society, and by respecting the culture and beliefs of other countries. By upholding these principles and

29 Ibid., 19-20.

* A concept driven by UNAIDS whose basic premise is that every country needs to have one HIV/AIDS action framework, one national AIDS coordinating authority, and one agreed country level monitoring and evaluation system. ASEAN has agreed to support its Member Nations to implement The Three Ones policies.
working to implement them, ASEAN becomes part of a global network of individuals, organizations, and governments fighting HIV/AIDS and has a greater chance of success in curbing the epidemic.

Second, ASEAN emphasizes the importance of laws and regulations needed to protect people infected with the disease. This is extremely important as many PLWHAs are also socially, economically, and politically disadvantaged, and thus rely on the law to provide equality and to safeguard them. In its second work plan on HIV/AIDS, ASEAN includes a similar activity, revealing that the organization recognizes the value and power of legal support. Furthermore, ASEAN is using the law to ensure a safe environment for PLWHAs. In its second plan, ASEAN is also dedicated to creating a positive society—free of stigma and discrimination. ASEAN is now continuing this effort by working to help PLWHAs enjoy the same freedom and equality as those not infected with the disease and to ensure that these rights are upheld by the law.

Third, ASEAN stresses the collaboration between civil society and the government, which is what the fourth WHO principle specifically calls for. Furthermore, ASEAN states that vulnerable groups, such as women, youth, and PLWHAs, must be involved with the planning and implementation process for HIV/AIDS prevention. This supports the first and third WHO principles as well as shows that, as a leader, ASEAN will work to ensure that marginalized populations are brought to the forefront of prevention efforts and not ignored.
In addition, ASEAN highlights the need to recognize faith-based organizations that are leaders in prevention. Faith-based leaders are a vital component of fighting the epidemic as they reach broad populations and have a significant influence on communities. Moreover, in conservative societies with a strong religious base, as found in many ASEAN member states, faith leaders can be a main conduit to urge their followers to create a more accepting society and to become involved in the process to curtail HIV/AIDS.

The next four activities are part of the “Non-programme strategies” objective, which aims to provide opportunities for collaboration and cooperation between ASEAN member countries, “including better ways to incorporate HIV into discussions at senior government levels.” The activities that support the fourth WHO principle are condensed below:

- Development of close partnership between the ASEAN secretariat and National AIDS Programs and Ministries of Health
- Development of further collaborative relationships between the ASEAN Secretariat and different government ministries, civil society, and the private sector
- Participation in global and regional forums and events
- Strengthening of the capacity of the ASEAN Secretariat to support member countries implementation of the third HIV/AIDS work plan

---

30 Ibid., 34.
31 Ibid., 35.
ASEAN also recognized that these activities require “adequate resourcing” and that “bringing people together is expensive but essential to [the] development of shared Work Programmes.”

These activities will help ensure that the ASEAN Secretariat is in a position to help fight the spread of HIV/AIDS and to work with other organizations and governments to achieve this aim. In addition, these activities are designed to help the Secretariat coordinate cooperation between ASEAN states so that individual nations and the region as a whole can most effectively use resources and learn from the successes and failures of fellow member states. Also, it is important that ASEAN acknowledge the cost of these efforts and that they are critical, regardless of expense, and will only work if sufficient funding is provided.

ASEAN’s plan to lead its member countries in the fight against the HIV/AIDS epidemic successfully adheres to the fourth WHO principle. Throughout its three work plans, ASEAN has shown that its greatest strength lies in its ability to guide its members, create partnerships between nations, and encourage collaboration between all sectors of society. In addition, ASEAN is dedicated to providing the financial support that is essential to curbing disease transmission. ASEAN should continue to provide leadership for its member nations and facilitate collaboration between different nations, organizations, and individuals in order to remain make vital contributions to the prevention of HIV/AIDS.

32 Ibid.
The fifth and final WHO principle states that HIV/AIDS prevention work must be tied to human rights. As argued in the previous chapter, all steps taken by ASEAN to accomplish the first four WHO principles show a respect for human rights and contribute to improving the social, economic, and political equality of ASEAN constituents. In addition to the activities that support the other four principles, two more activities in the third ASEAN work plan are linked to human rights and address the fifth WHO principle.

The first program, “Strengths: Mobility and HIV Vulnerability Reduction – mobility associated with development of economic infrastructure,” is part of the Gaps, Strengths, and Emerging Issues objective. This program recognizes the “vulnerability of people affected by mobility within and between countries.” ASEAN’s inclusion of this often ignored and highly vulnerable population shows its respect for people from all areas of society and that regardless of social, economic, or political condition, every individual has the right to health. This program’s three goals are condensed below:

- To create enabling policies and systems, including an early warning response system
- To promote development strategies that reduce HIV vulnerabilities, strengthen collaboration between different government ministries, and facilitate community development for areas affected by mobility
- To promote HIV prevention and AIDS care and support through allocating budgets, promoting leadership all levels, and ensuring that mobile people have adequate access to AIDS treatment and care

---

33 Ibid., 22.
34 Ibid.
This program and the steps designed to implement it shows that ASEAN has identified this marginalized group and is working to protect them from the social, economic, and political injustices that make them vulnerable to HIV/AIDS and to additional problems, such as poverty, hunger, and other communicable diseases.

The second program is “Drug Free ASEAN, assistance for drug users, and harm reduction to prevent HIV transmission,” part of the objective to integrate HIV/AIDS with development priorities. ASEAN has stated that in order to accomplish this program increased collaboration between public health, law enforcement officials, drug users, and PLWHAs will be required. ASEAN has created the following four components to implement this activity:

- To prevent young people from starting to inject drugs through education and opportunities to develop a drug-free lifestyle
- To reduce drug trafficking
- To protect the health of people who inject drugs and their partners, families, and communities by facilitating effective means, including access to clean needles and syringes, to prevent the spread of blood borne viruses including HIV
- To assist people to stop injecting drugs through support of rehabilitation programs and/or drug substitution therapy that treats drug addiction as a social and medical problem.

ASEAN also designed programs to help drug injectors in its second work plan and is continuing its efforts to deliver care to this marginalized group. ASEAN’s activities reveal that it values all members of society, despite illegal or unfavorable

---

35 Ibid., 32.
36 Ibid., 31-32.
behavior, and that the organization is dedicated to helping all people in need. ASEAN’s activities acknowledge that drugs affect not just the user, but the families and communities of users, and thus it is essential that drug users receive assistance in order to protect and improve communities as a whole. Regardless of this population’s unlawful conduct, ASEAN recognizes them as individuals in need of help and also respects the rights of those around them to be protected from HIV/AIDS transmission and the social, economic, and political consequences of drugs on a family and community.

The above measures, coupled with activities supporting the other WHO principles, demonstrate ASEAN’s commitment to human rights for all people. Furthermore, they illustrate the regional organization’s ability to identify and care for vulnerable populations and show that ASEAN will work to help all groups, regardless of social, economic, and political situation or cultural taboos. In both its second and third work plan, ASEAN has shown its aspiration to fulfill the fifth WHO principle and its dedication to advancing human rights through HIV/AIDS prevention.

In conclusion, ASEAN’s third work plan on HIV/AIDS can be considered a success in championing the five WHO principles. ASEAN’s greatest achievement was in supporting the first WHO principle of addressing gender issues. After failing to fully include women and the specific problems they face in its first and second work plans, ASEAN significantly increased its focus on gender issues and the role they play in the epidemic. Moreover, ASEAN did not solely concentrate on HIV/AIDS prevention, but
prepared activities designed to tackle the social, economic, and political injustices that lead to gender inequality and women’s greater vulnerability to HIV/AIDS. With these strategies, ASEAN is in a position to improve women’s status and their access to the same social, economic, and political freedoms as men. ASEAN should continue to create programs that support the advancement of women through HIV/AIDS prevention in order to further both health and equality.

Another notable achievement has been ASEAN’s adherence to the fourth WHO principle, which calls for leadership and funding for civil society fighting HIV/AIDS. ASEAN has proven throughout its three work plans that its greatest strength is its ability to lead member nations, encourage and facilitate collaboration and partnerships, and allocate funding where needed. ASEAN should continue to implement the notable activities from its first, second, and third work programs in order to maintain its comparative advantage as a regional leader in the fight against HIV/AIDS.

ASEAN has also been successful in supporting the second WHO principle of providing accessible and affordable care for those infected with HIV/AIDS. The organization built upon its previous achievements from the second work plan, focusing on member states taking control of price negotiation for medicine and treatment. In addition, ASEAN began looking at the growing problem of TB and HIV/AIDS, though the organization needs to provide more activities to help stop this treatable but fatal disease for PLWHAs. ASEAN did, however, miss an opportunity to address a core issue involving mobile populations and access to treatment. While it is important that the
organization is working to deliver care to this vulnerable group, ASEAN did not deal with any of the issues that make this group marginalized and more susceptible to the epidemic. If ASEAN wants to create lasting change for these disadvantaged populations, it must address the social, economic, and political inequalities that are contributing to the spread of the disease. In its future plans, ASEAN must continue to identify and support vulnerable groups but also specifically work towards eradicating the injustices that are fueling HIV/AIDS.

Similar to its second work program, ASEAN also supported the fifth WHO principle of linking prevention work to human rights, both throughout its plan through specific initiatives. Particularly, ASEAN’s recognition of vulnerable populations, such as mobile people, sex workers, women, youth, and injecting drug users reveals the organization’s concern for all individuals and its dedication to protecting their right to health and justice. ASEAN has shown that it is committed to helping each person affected by the epidemic, regardless of social, economic, or political status or cause of infection. ASEAN should look for new opportunities to support human rights through HIV/AIDS prevention in future work plans while maintaining existing strategies in order to help advance marginalized groups and reaffirm the value of all people.

However, the ASEAN Work Programme on HIV/AIDS III was not entirely successful—it failed to fulfill the third WHO principle of incorporating PLWHAs into prevention plans. While ASEAN acknowledged PLWHAs, it did not create specific activities designed to incorporate them, but merely stated it would continue its previous
work with the population. More alarmingly, ASEAN explicitly stated that at the time of its third plan it was not necessary to include a specific plan for PLWHA involvement. This was a considerable retreat from ASEAN’s second work plan which had detailed plans for this population. ASEAN cannot assume that its work with PLWHAs is complete or that not having specific provisions to involve them is acceptable. In order to effectively fight the epidemic and advance social, economic, and political justice, ASEAN must include PLWHAs in its plan and provide specific activities designed to do so. This was the greatest failure of ASEAN’s third work program and must be rectified in all future plans.

The next and final chapter will summarize the findings of the thesis and ASEAN’s successes and failures in fulfilling the WHO principles and working to improve social, economic, and political equality through HIV/AIDS prevention. It will also offer suggestions for future work plans and the steps ASEAN should take in its continuing fight against HIV/AIDS.
CHAPTER 5: CONCLUSION

From the time of ASEAN’s first work plan against HIV/AIDS in 1995 to its current plan, which will be completed in 2010, the organization has made astounding progress in both disease prevention and in advancing social, economic, and political justice. This chapter aims to conclude whether or not ASEAN fulfilled the WHO principles. It will cover all three ASEAN work plans and is organized into five parts. Parts one, two, and three evaluate work programs one, two, and three, respectively; part four evaluates ASEAN’s overall body of prevention work; and part five reports on the organization’s HIV/AIDS work since the introduction of its third work plan and includes suggestions for future prevention programs.

ASEAN had a rough start, with the ASEAN Regional Programme on HIV/AIDS Prevention and Control (1995-2000), as the first plan lacked detail and a full appreciation of the growing HIV/AIDS epidemic. It completely ignored the first three WHO principles—addressing gender issues, providing affordable and accessible treatment, and including PLWHAs in work plans. However, the first plan did fulfill the fourth and fifth principles—providing leadership and connecting activities to human rights.

The biggest success of the first work program was that it laid the groundwork for ASEAN to become a regional leader in the fight against HIV/AIDS. In the years following the first plan, the organization grew and expanded this strength, providing essential guidance and support to member nations, organizations, and individuals.
ASEAN’s role as a regional leader has become its greatest asset in its three HIV/AIDS work plans—creating this foundation is the first plan’s finest achievement.

It was clear that ASEAN’s first work plan needed much improvement in order to achieve the WHO principles. To be fair, this was the organization’s first attempt to combat the epidemic and it was just learning the most effective strategies. However, ASEAN made little progress in its first plan in either preventing disease transmission, which at the time should have been its first priority, or addressing the social, economic, and political injustices fueling the epidemic. Fortunately, ASEAN made significant strides in its second work plan, expanding its activities to have a real impact on the epidemic as well as working to improve equality throughout the region.

With the ASEAN Work Programme on HIV/AIDS II (2002 – 2005), ASEAN grew from its first plan—essentially a three page outline of a prevention program—to a fully developed, detailed plan that incorporated people and organizations at all levels of society and that supported each WHO principle. Unlike its first plan which ignored the first three WHO principles, ASEAN’s second plan had programs designed to fulfill all five principles.

In its second work plan, ASEAN’s greatest success was its efforts to provide affordable and accessible treatment to PLWHAs, the second WHO principle, which was entirely ignored in the first plan. ASEAN created a detailed program to deliver medicine and care to its peoples while also supporting its member nations in learning how to work with pharmaceutical companies to negotiate lower priced drugs. In the fight against a
potentially fatal and rapidly spreading disease, securing treatment for those in need helps improve the health of people infected by HIV/AIDS and protects the health of those vulnerable to contracting the disease. In addition, at the time of the second work plan, the global epidemic of HIV/AIDS was in full swing, particularly in the ASEAN region. Thus, it was critical that ASEAN made accessible and affordable treatment a main priority in order to help curtail the growing threat of the disease. Moreover, ASEAN’s commitment to this WHO principle revealed that the organization recognized the right of every individual, regardless of social, economic, or political status, to medical care that was both reasonably accessible and available at all income levels.

Another major success of ASEAN’s second work plan was its inclusion of PLWHAs in planning and implementing prevention activities. ASEAN did not include this population in its first plan, but made specific provisions to involve them in its second. Not only was this an essential strategy in producing an effective work program, it also showed ASEAN’s respect for, and value of, this marginalized group. Working to include this vulnerable population helped advance social, economic, and political justice by revealing that no group, regardless of social or health status, would be discriminated against.

As in its first plan, ASEAN showed great accomplishment in the fourth WHO principle of providing leadership. This continued to be the organization’s area of greatest strength as ASEAN helped create multi-sectoral partnerships and collaboration opportunities. In its role as a regional, representative body, ASEAN had the advantage
of working with multiple nations and their constituents and serving as a central axis to spur cooperation.

While the second work plan was overall successful, ASEAN did not completely fulfill the first WHO principle of addressing gender roles. It did create activities to tackle women’s issues, but they were not comprehensive enough to have a real impact on the injustice women face or their vulnerability to the disease. It is admirable that ASEAN included women’s issues at all and that these activities did support women’s health, but the second work program did not make a significant contribution to the advancement of women’s social, economic, and political equality.

The present ASEAN Work Programme on HIV/AIDS III (2006-2010), the third plan in ASEAN’s fight against the disease, also provides commendable strategies in both disease prevention and the advancement of social, economic, and political justice. The plan includes activities that support all five WHO principles and continues the accomplishments of the second work program.

ASEAN’s greatest achievement in the third program is fulfilling the first WHO principle through its commitment to women’s issues and working to solve the causes of gender injustice, not just its effects. After disregarding the role of female inequality in the epidemic in its first two work plans, ASEAN expanded its activities with this population in the third. More notably, the organization has designed tactics that get to the root of women’s social, economic, and political subordination that fuels the epidemic and keeps them as second-class citizens. Only through strategies that tackle
the cause of the problem, not just the symptoms, will lasting change occur and a more just society be created. For instance, Thailand’s open dialogue about sex and sex workers has increased the empowerment of Thai women to control their sexuality and sexual choices. This is important because the level of women’s sexual freedom in society is reflective of how that society treats women—where women experience a high level of sexual equality, they often also have greater social, economic, and political equality. On the other hand, societies that repress women’s sexual freedom often repress their social, economic, and political freedoms. In more conservative ASEAN nations, such as Indonesia, Laos, and the Philippines, a lack of open dialogue and sexual education has kept women ignorant about diseases and sexual rights and reveals a widespread subordination of women that must be stopped in order to advance women’s health and equality.

Like the first and second work programs, ASEAN’s third plan is also successful in fulfilling the fourth WHO principle of providing leadership and resources to civil society fighting the epidemic. Throughout these three work plans, ASEAN has proven itself as a leader in the prevention of HIV/AIDS, both through its own activities and the role it plays in forging partnerships and collaboration between individuals, organizations, and governments. For example, ASEAN helped its member nations negotiate with pharmaceutical companies to secure affordable medicine for PLWHAs. In addition, ASEAN routinely partnered with UNAIDS and pledged its dedication to work with its member states’ governments and private sectors to ensure that all their
activities were complimentary and that their common goals were met. These are just two examples, among many discussed throughout this thesis, that reveal ASEAN’s ability to guide its member nations and forge partnerships between its member states, the private sector, and international organizations.

Another accomplishment of ASEAN’s third work plan is its efforts to tie activities to human rights through programs that support the organization’s respect for all people. Specifically, ASEAN targets mobile populations and injecting drug users. These people often lie at the fringe of society—mobile people because they are economically disadvantaged and difficult to keep track of and injecting drug users because of their illegal activity. ASEAN, however, has the integrity to recognize the right of these people to receive medical treatment and to work to lessen the effects of social, economic, and political oppression on this population. In Vietnam, for instance, where injecting drug users are the largest group infected with HIV/AIDS, openness about this group’s needs and efforts to provide clean needles and rehabilitation opportunities have increased. On the other hand, in Indonesia and Malaysia, discrimination and stigma surrounding drug use and fear of legal repercussions often keep injecting drug users from getting the treatment they need. It is vital that ASEAN help its member states address the needs of all people, regardless of social or legal status, in order to ensure that the right of every individual to receive health care is upheld.
ASEAN has experienced one substantial failure in its third plan—the lack of inclusion of PLWHAs. ASEAN has stated that it would continue to involve this population but at the same time it claims that specific plans are not needed to do so. This lack of inclusion of PLWHAs is a serious concern because, as a vulnerable population, PLWHAs must be consciously included in order to decrease the potential for marginalization or discrimination. ASEAN’s mistake reveals that the organization may be too quick to consider its efforts successful and completed. If ASEAN were to apply this view with other groups, it could have serious effects on populations that are susceptible to discrimination, such as women, youth, mobile people, drug users, and sex industry workers. PLWHAs and other marginalized groups are nowhere near the end of their fight for equality; thus it is critical that organizations like ASEAN protect their interests and continue to help them advance despite obstacles. Fortunately, in each ASEAN country, efforts led by either the government, the private sector, or individuals have allowed for greater inclusion of PLWHAs. For example, in Myanmar “self-help groups of people living with HIV are emerging across the country, and are increasing their capacity to network.”¹ Also, in Laos, Buddhist monks have created artwork as part of an HIV awareness campaign that calls for the respect of, and compassion towards, all people, including PLWHAs.² These are just two examples of many that show the


various steps that ASEAN nations are taking to ensure that PLWHAs have the power to impact HIV/AIDS prevention efforts and that they receive some respect from their community.

In general, ASEAN has addressed the WHO principles in its first, second, and third work plans. While not all principles are included in each plan and each plan has areas of success and failure, by the third work program ASEAN had put forth activities that support gender issues, secure affordable and accessible treatment, include PLWHAs, provide leadership and resources, and link responses to human rights. The steps ASEAN has taken that are aligned with the WHO guidelines have contributed to the advancement of social, economic, and political equality for the region. Every activity that helps a woman or allows a mobile person to access treatment or includes a PLWHA in the planning process, plays a role in the slow but fundamental fight against injustice. In addition, ASEAN’s work has helped to curtail the spread of HIV/AIDS through the following steps: collaboration with other organizations fighting the disease; increased education and resources for people to avoid infection; and better care for those with HIV/AIDS so that they can still live full lives.

During the time of ASEAN’s three work plans, beginning in 1995 to the final years of its third plan which will end in 2010, the region has experienced both remarkable successes and unfortunate setbacks in curtailing the HIV/AIDS epidemic. One success is that six of the ten ASEAN nations—Cambodia, Indonesia, Myanmar, Thailand, Vietnam, and the Philippines—have pledged to adhere to UNAIDS’
“Millennium Development Goal on HIV/AIDS,” which aims to halt and reverse the spread of the epidemic by 2015. By declaring support, these countries have vowed to “significantly scale up their response to AIDS towards universal access to HIV prevention, treatment, care and support by 2010.” This is a major accomplishment, as it has led to these countries implementing thoughtful and detailed national work plans and partnering with other organizations, such as UNAIDS and ASEAN, to achieve these goals. Many of ASEAN’s regional objectives—such as reducing mother-to-child transmission and providing affordable care for PLWHAs—are also seen in national plans, revealing cohesion among ASEAN member states regarding HIV/AIDS prevention goals.

Another success is that throughout the time of ASEAN’s three HIV/AIDS programs, Thailand and Cambodia have experienced the greatest decline in HIV/AIDS rates, due to a rise in HIV testing among at-risk populations, increased condom promotion and use among sex workers and their clients, and greater access to affordable treatments. In particular, Thailand’s “100% Condom Use Campaign,” which began in 1992, has been a key factor in the decline of the country’s HIV rates. By 2007,

---


Thailand was also providing anti-retroviral medicine to approximately 95% of HIV-infected mothers, significantly reducing mother-to-child HIV transmission rates.  

The greatest setback for ASEAN was the lack of progress experienced by Indonesia and Vietnam—the member states which have fared the worst. Although Indonesia’s HIV prevalence rate is low at 0.16%, the rate is currently growing, with most infections presently caused by injecting drug users and the sex trade. However, “in the near future HIV is predicted to be predominantly spread through sexual modes of infection.” This is a concern due to the existing “barriers to condom promotion” and the challenge of “persuading religious authorities to adopt public health perspectives in dealing with the epidemic.” It is vital that Indonesia work with organizations, like ASEAN, to educate at-risk groups, collaborate with religious leaders to implement prevention efforts, and support activities that address social taboos and stigma regarding premarital sex and HIV/AIDS.

As for Vietnam, its infection rates have steadily risen since the early 1990s, with approximately 293,000 people being infected with HIV by 2007. While Vietnam’s

---

6 Ibid., 39.


8 Ibid., 10.

epidemic is highly concentrated among at-risk populations—injecting drug users, sex workers, and men who have sex with men—recent data shows that “people living with HIV are getting younger and heterosexual transmission is becoming more significant.”

UNAIDS states that Vietnam “continues to be challenged by [a] lack of a multi-sectoral response.” In order to curtail the spread of HIV both within at-risk groups and between at-risk groups and the general population, Vietnam must intensify prevention efforts throughout society, calling upon partners, such as ASEAN, to help implement work programs.

ASEAN must continue to work with each member state to offer support and guidance in HIV/AIDS prevention. Regardless of the achievements and the setbacks experienced by the region since 1995, ASEAN has helped to establish a framework of HIV/AIDS prevention goals and to develop strategies to achieve them. It is vital that ASEAN not only encourage each member state to address its most pressing needs regarding the epidemic, but also emphasize support for the WHO principles and advancement of social, economic, and political justice through HIV/AIDS prevention efforts.

As the third plan on HIV/AIDS is being implemented, ASEAN remains active in the fight to curb the epidemic. Since the start of the third work plan, ASEAN has continued to assert its commitment to fighting HIV/AIDS through declarations at both

---

10 Ibid.

the 12th and 14th ASEAN Summits. At the 12th ASEAN Summit in January 2007 in the Philippines, ASEAN reaffirmed its dedication to fighting HIV/AIDS through leadership, multi-sectoral collaboration, and funding. It also identified the need to address inequality, stigma, and discrimination—contributing factors to the disease—and to continue to create laws and legislation to protect vulnerable populations.

At the 14th ASEAN Summit held from February 26 to March 1, 2009 in Thailand, ASEAN has again confirmed its dedication to curtailing the epidemic. At the Summit, ASEAN introduced its “Blueprint for the ASEAN Socio-Cultural Community (2009-2015).” Part of this blueprint includes strategies to improve the control of communicable diseases, including HIV. In this plan, ASEAN restates its commitment to improving access to affordable medicine and health care for vulnerable groups. The organization also affirms its continued efforts to “strengthen and maintain surveillance systems” of HIV/AIDS and other infectious diseases, such as tuberculosis, Severe Acute Respiratory Syndrome (SARS), and avian influenza.

In addition to these declarations, on May 9, 2008 ASEAN released the “Vientiane Statement of Commitment on the Greater Involvement and Empowerment of People Living with HIV,” which pledges to bridge “the gap between existing declarations and

---


13 Ibid.


15 Ibid.
action on the ground that truly empowers” PLWHAs. This statement recognizes that greater efforts to involve PLWHAs are needed and that this population’s inclusion is “integral to forging effective responses to the epidemics in ASEAN.”

These efforts show that ASEAN has kept HIV/AIDS as a priority of the organization and that, although a work plan is in place, ASEAN remains active in the exchange of ideas regarding the epidemic. It is important for ASEAN’s constituents that they continue to receive messages of the organization’s commitment to fighting the disease and of its activities to keep its ideas and strategies relevant. Moreover, ASEAN’s specific activities addressing the inclusion of PLWHA demonstrates that it realizes its failure to include this key population in its third plan and is taking specific steps to correct this mistake without delay.

So far, ASEAN has shown great accomplishment in its work plans on combating HIV/AIDS. In future plans, it must continue to provide leadership for its member states and to build partnerships between nations and organizations. This has been and will likely remain ASEAN’s greatest contribution to curbing the epidemic in Southeast Asia. The global threat of HIV/AIDS will only be stopped through the combined efforts of many individuals, organizations, and governments. ASEAN’s ability to work with UNAIDS, WHO, and each member state’s government is a testament to its strength as a leader and is the most effective use of the organization’s resources.


17 Ibid.
ASEAN must also maintain its commitment to vulnerable groups. Throughout its work plans, ASEAN has called for assistance to, and shown a particular interest in, at-risk groups, including women, youth, drug users, sex workers, mobile populations, and individuals who are economically disadvantaged. It is critical that these populations are cared for in practice as they have the highest infection rates. Moreover, ASEAN should look out for new vulnerable groups that may arise during the epidemic and need special attention and protection. All future work programs must take specific steps to support these populations and deliver them the care they need. In addition, follow up checks by the governments concerned are required to ensure that these work plans are carried out properly.

The organization should also uphold its dedication to advancing human rights through its prevention efforts. Throughout its work plans, ASEAN has proven that it values the worth of every individual and honors his or her right to health and quality of life. This idea is the core of each WHO principle—it argues that every person has worth and should be treated with respect and as equals. If ASEAN does nothing else, it should implement this concept into every activity; by doing so it will recognize the importance of every person, strive to provide equal treatment, and ultimately advance social, economic, and political justice.

A final suggestion for ASEAN is that it continues to contest the social norms and taboos that have exacerbated the disease. In the Southeast Asia region, where religion can be strict and sex and drugs not openly discussed, ASEAN has frequently ignored
these social barriers and worked to include marginalized populations and increase public discussions on safe sex, HIV/AIDS awareness, stigma, and oppression. It has also urged religious leaders to become involved in the fight, regardless of their beliefs about pre-marital sex, homosexuality, drugs, or the sex industry. ASEAN has worked to break down these obstacles that are keeping people ignorant and fearful and thus contributing to the spread of the disease. The organization must continue to combat societal limitations and encourage others to do the same in order to bring HIV/AIDS and the underlying injustices of the disease to the forefront of public discourse.

In conclusion, a successful prevention plan must include activities that target the social, economic, and political disparities that intensify and drive the epidemic. HIV/AIDS can infect men and women of any race, religion, or socio-economic status, but certain oppressed and marginalized groups are more likely to become infected or have difficulty receiving treatment due to the inequalities they face. Without strategies designed to tackle the problems fueling the epidemic, HIV/AIDS will continue to disproportionately affect these at-risk groups.

Work plans must go beyond medical intervention. Prevention and treatment efforts help solve the symptoms but not often the causes. Due to the connection between HIV/AIDS and inequality, organizations fighting the epidemic have an opportunity to do more than stop a disease—they can improve societies and the lives of people. Social, economic, and political discriminations manifest themselves in a variety of national and international arenas, from medical care to education to access to power. HIV/AIDS is
one realm that exposes where these injustices exist in society and how they affect certain groups. Addressing the inequalities of the epidemic will have a ripple effect throughout society—the disparities that impact the epidemic are the same that permeate nations and affect all areas of life. By targeting these issues, while also working to stop the spread of disease and find a cure, nations can curtail the epidemic and advance equality within society at large.

Thus, ASEAN has clearly shown through its three work plans that it has used HIV/AIDS prevention efforts to advance social, economic, and political justice. All three plans reveal ASEAN’s capability and commitment to fulfilling the five WHO principles and to improving its member nations through HIV/AIDS work. Throughout all of its HIV/AIDS programs, ASEAN has recognized that it must help to both deliver medical care and deal with the core problems driving the spread of the disease. It should continue to build upon social, economic, and political equality through HIV/AIDS prevention in its future work plans in order to curb the epidemic and develop more equitable societies.
BIBLIOGRAPHY


UNAIDS, “Country Situation: Viet Nam.”  

UNAIDS, “Greater involvement of people living with or affected by HIV/AIDS (GIPA).”  

UNAIDS, “Migrant and Mobile Workers.”  

UNAIDS, “Prevention of mother-to-child transmission of HIV.”  

UNAIDS “Progress Towards Universal Access: Myanmar.”  


UNAIDS, “Toward universal access.”

UNAIDS, “Tuberculosis and HIV.”


UNAIDS and WHO, “Epidemiological Fact Sheet on HIV and AIDS 2008 Update, Indonesia.” (September, 2008), 4-5.


UNICEF, “Buddhist art promotes compassion for people living with HIV/AIDS.”


