Introduction:

- Five million people in Asia live with HIV, with an incidence of 380,000 in 2007.
- Given Asia’s population, even a small increase in the incidence of HIV could change the course and impact of the HIV/AIDS pandemic worldwide.
- Epidemiologic investigations indicate that both sexual behavior and injection drug use drive the epidemic.
- Consistent with the epidemic in the west, men who have sex with men in Asia are particularly vulnerable to HIV.
- Like the African epidemic, heterosexual transmission of HIV is also common in Asia, with female sex workers representing a particularly vulnerable sub-group.
- Young male injection drug users are also disproportionately infected in Asia, as are their sex partners.
- Sexual “bridging” between men who have sex with female sex workers and their steady partners constitutes one of the ways in which HIV is spread from high- to low-risk groups.
- As intervention evidence accumulates over time, it is critical to review extant intervention programs to assess which components, approaches, and delivery modes are most efficacious, and to determine the best strategy for HIV/AIDS intervention in Asia given unique social, cultural, and economic contexts.
- This meta-analysis is the first to review behavioral interventions implemented to reduce HIV risk in Asia.

Results:

- Interventions’ efficacy patterns varied widely and by measured outcome. Interventions generally increased condom use across different types of sex partners. There was also a significant overall improvement in safer sex partnerships, frequency of unsafe sex, and STI incidence.

Conclusion:

HIV interventions in Asia and the Pacific region require special consideration for two main reasons. First, with the vastness of Asia’s geography comes drastically differing cultural, economic, political, and social milieu. Therefore, although it is important to understand the overall impact of HIV/AIDS on the Asian region as a whole, there is no single ‘Asian epidemic’ that can be effectively addressed without considering the local milieu. Second, although national HIV/AIDS prevalence rates in Asia are low relative to other regions of the world, a direct comparison may be misleading due to high population density throughout Asia. Therefore, low rates actually represent very large numbers of people living with HIV/AIDS. A prevalence rate of 0.3% in India, for example, translates to 2.5 million people living with HIV/AIDS in India.

The results of the current analysis serve to inform future intervention efforts in this vast region of the world where the HIV/AIDS epidemics by nation are emerging. This meta-analysis serves as the first of its kind that aimed to synthesize the extant intervention evidence in the East and Southeast developing Asian nations. Results indicated that HIV interventions in Asian nations have been efficacious in improving condom use, increasing safer sex behavior, and lowering STI, including HIV, rates. Importantly, these efforts succeeded where they were needed the most: Intervention efficacy was greatest in nations where human development index was lowest, underscoring the important socio-structural forces related to the HIV/AIDS epidemic, and the potential impact interventions have on this relationship.

Specifically, interventions that included socio-cultural and motivational components demonstrated better efficacy in improving safer sex behavior than interventions without these components. That is, success was associated with interventions that addressed the pertinent social and cultural milieu and barriers such as gender inequality, stigma associated with HIV/AIDS and sex work, et cetera, as well as interventions that included components aimed at increasing motivation to practice safer sex. Future research should focus on refining these strategies for incorporating into interventions efforts in the East and Southeast Asian nations.