

The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

STATUS AND TRENDS OF THE HIV/AIDS EPIDEMIC IN ASIA AND THE PACIFIC"

NEW REPORT CAUTIONS AIDS WILL SPREAD UNLESS RAPID ACTION RAPIDLY STEPPED UP; WARNS SOME COUNTRIES ON BRINK OF POTENTIALLY EXPLOSIVE EPIDEMICS

Monitoring the AIDS Pandemic (MAP), an international network of HIV experts, released in October the report "Status and Trends of the HIV/AIDS Epidemic in Asia and the Pacific". The report warns that there is clear potential for extensive population spread of HIV if preventive action is too little or too late. Although early and large-scale preventive action have kept prevalence low in parts of Asia, these low HIV infection rates do not necessarily mean rates will remain low forever.

The report also stated that the Asian epidemic has its own particularities. First, only three Asian countries - Cambodia, Myanmar and Thailand - have registered nationwide prevalence rates over 1%. However, these low rates mask an uneven geographic spread and require closer analysis. Second, when an epidemic is concentrated in a certain group, it is misleading to use HIV prevalence as a yardstick for the whole country. And finally, national figures are meaningless in huge countries like China and India, where some states or provinces have larger populations than most of the world's countries.

HIV infection among pregnant women, often used as an indicator of HIV penetration into the general population, is quite significant in some countries. On the other hand, countries with low prevalence have no guarantee their epidemics will stay that way. In fact, several countries - including China, Indonesia and Viet Nam - are in a transitional phase and may be on the brink of potentially explosive epidemics.

Some countries in the region began prevention efforts early and they are reaping the benefits today. Elsewhere, however, epidemics will continue their natural course unless prevention programmes quickly reach the population groups most vulnerable to HIV.

Despite the grim prospect of a widening epidemic, the fact that most of the epidemic in Asia at this stage remains concentrated provides enormous potential for containment. Admittedly, there are serious hurdles to prevention - such as the criminal nature of certain risky behaviours and lack of public support for their prevention. However, intensive prevention efforts in populations where HIV has already taken hold are both affordable and effective.

To mount an effective response, programmes targeting the general population must take place alongside programmes for high-risk groups through information, policies that reduce vulnerability, and sexual health education.

INTERNATIONAL CONC ON AIDS IN ASIA AND THE

The 6th International Congress on AIDS in Asia and the Pacific (ICAAP) was held in Melbourne between 5 and 10 October 2001. The Australian Society for HIV Medicine (ASHM) also held its annual conference alongside with this year's ICAAP, focusing on the scientific and educational aspects of HIV/AIDS starting from 4 to 7 October.

ICAAP is a biennial regional conference, organising every 2 years, and is recognized as one of the important AIDS meetings in both our region and the world. It was founded in Canberra, Australia back in 1990. Since then, India, Thailand, Philippine, and Malaysia were among the Asian countries hosted this conference in their cities. This time round, the congress had returned to the Garden City of Australia - Melbourne.

"Breaking Down Barriers" was the overall theme in the 6th ICAAP, together with four cross-cutting themes. In this year, the conference was organized in such a way that each of the four meeting days had a specific sub-theme, which were (1) Treatment and Care, (2) Prevention, (3) Socio-Economic Determinants and (4) Gender and Sexuality.

In the evening of 5 October, most of the 3,500 guests and delegates from around the world gathered in the Royal Exhibition Building in Carlton, Melbourne for the opening

ceremony. The Congress was officiated by the Hon. John Landy, Governor of Victoria, and was followed by welcoming speeches from Ms. Joy Murphy of the Wurrundjeri people, the Aboriginals of Melbourne; the Hon. Steve Bracks, Premier of Victoria; the Hon. Dr. Michael Wooldridge, MP, Federal Health



Minister; Dr. Peter Piot, Executive Director of the UNAIDS; and many others. Speeches were interspersed with dance and music performances by groups from the region, including an indigenous Australian rock artiste, the Australian Ballet, the Melbourne Gay and Lesbian Chorus, and choirs from Tonga and Vietnam.

The Victorian Premiere, Mr. Bracks, in his speech, acknowledged that cultural and economic barriers do exist in many countries in this region and called for a cooperative regional solution to combat AIDS. He talked about the urgency in containing the pandemic by protecting those engage in high risk behaviour with harm reduction and the success story of needle exchange programme in Melbourne. "We recognize that we cannot eradicate high risk behavior like drug use," he said. "So we instituted needle exchange programs to reduce the rate of infection."

Ms. Suzana Murni, an HIV-positive activist from Indonesia, who had the loud cheer from the audience, spoke out about her personal account as an HIV infected living in a developing country in the opening ceremony. She stressed that people living with HIV/AIDS must play an important role in the HIV care and prevention at all levels. The problems of access to HIV drugs in many parts of the world should be addressed immediately.

Ms. Shabana Azmi, member of parliament from India and a popular Hindi diva, started by saying "People with

Dr Kelvin LOW

GRESS PACIFIC



AIDS deserve to die because they are immoral,", she continued, "In an over-populated country perhaps this is a nature's way of dealing with the population explosion," her sarcastic note assured of the full attention of the audience, which also added to her powerful speech. She called on all delegates to find ways to fight the stigma and complacency in their respective countries by giving social and political support for people living with HIV/AIDS and through legislative measures to treat people with compassion.

Dr. Peter Piot, the Executive Director of UNAIDS, in the ceremony told us about the two possible paths that our HIV epidemics would follow. Those are the outcomes of our choice. To get on top of the HIV epidemics, we should respond collectively, and be guided by evidence and science. Learning from and practising of what works, for example, in Australia the world-leading support for harm reduction and needle and syringe exchange among injecting drug users has proved itself, which is no longer a research topic or theoretical debate anymore, is the only way to go.



The first day of ICAAP started in a cold and rainy morning with the theme of Treatment and Care. Many speakers and delegates from the United States chose not to come, which had resulted in some minor adjustments in the



programmes. Although the tragedy of September 11 had worried many attendees of the Congress, the main theater remained fully packed with delegates.

Prevention was the topic of focus on the second day of the Congress. A number of pharmaceutical companies have taken on HIV vaccine research and the results are encouraging, particularly on the animal models with Simian Immunodeficiency Virus (SIV). There was a sense of optimism on HIV vaccine research conveyed to the audience, we are reminded that the HIV vaccine may not be fully developed for another ten years, even then it may not be 100% effective. Therefore, prevention with risk behaviour reduction remains to be the mainstay of intervention in the coming future.

The Thai United Nation Goodwill Ambassador Senator Mechai Viravaidya, a well-known politician for his parts to help keeping the AIDS epidemics under control in Thailand told the delegates at the meeting on World AIDS Day 2001 that condoms should be made more widely available, for example, at restaurants, in taxis, on buses and should be handed out by policemen as well, to curb the HIV epidemics.

Poverty and sex work were the focuses during the third and fourth days of discussion on the themes of Socio-Economic Determinants and Gender & Sexuality. It was resolved that political will and commitment is essential to the comprehensive and effective responses. Empowering women coupled with condoms distribution and poverty alleviation together with economic independence for women should become mainstream development agendas for HIV prevention.



CAPACITY BUILDING ON PROGRAMME EVALUATION FOR LOCAL ORGANIZATIONS

As the UNAIDS Collaborating Centre for Technical Support, the Red Ribbon Centre, under the sponsorship of the AIDS Trust Fund, invited Dr. Dale Stratford to conduct an evaluation workshop on 24 and 25 September in Hong Kong at YMCA International House, Waterloo Road, Kowloon. Dr. Dale Stratford is a behavioural scientist from the Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention (CDC), USA and is an expert in HIV prevention programme evaluation. She has conducted many similar evaluation workshops in the US to build the capacity of programme evaluation among community based organizations (CBOs).

The two-day workshop was well responded by about 50 local participants from more than 15 organisations, including the AIDS Trust Fund, mainstream and AIDS-specific non-governmental organizations (NGOs), public hospitals, Social Welfare Department, Department of Health and local universities.

During the workshop, Dr. Stratford emphasized the role of evaluation as a means of programme improvement and the importance of involving stakeholders early in program development. She then explained the use of problem theory in program planning to help generate possible solutions to the problem. She also introduced the logic model as a tool for program planning and evaluation, which mainly involved explicit program description i.e. documentation of the programme's goal; measurable and time-phased objectives; the detailed list of activities; time frame; resources needed; indicators required to measure changes and their data sources.



Finally, she highlighted the importance of completing the feedback loop whereby information generated from this process is used to improve program planning and implementation.

Most of the activities in the workshop were in the form of interactive exercise and they were well received by the participants who actively took part in the group discussion and presentations. The workshop was concluded by a question and answer session that the participants found very useful



because this provided a window of opportunity to clarify matters.

After the workshop, the organiser received 34 completed evaluation forms from the participants. Eighty percent of them agreed that they will incorporate evaluation into all their future programme plans and 50% agreed that they are now more confident in doing evaluation in their HIV prevention projects. The participants also requested follow-up courses on topics such as writing project proposals and statistical analysis of data.

On 26 Sept, Dr. Stratford attended the 7th AIDS Prevention and Care Committee Meeting and briefed the members on the barriers and facilitators to programme evaluation. The presentation was based on her past experience in CDC in developing a national evaluation system for HIV interventions and the following ideas were introduced:

- (a) Setting up of primary evaluation questions;
- (b) Identification of possible barriers and facilitators;
- (c) Types of evaluations including
 - (1) Participatory Evaluation
 - (2) Comprehensive Approach to Program Evaluation;
- (d) Evaluation Capacity, and;
- (e) Platinum standard of evaluation.

Dr. Stratford also visited various local organizations that had taken part in the workshop in the few days before and after the workshop to help develop evaluation plans tailored to the specific programmes of the organisations. The visit of Dr Stratford definitely had given a new impetus for workers in HIV/AIDS field to conduct evaluations on local HIV/AIDS programmes as a means of improving the programme and ensuring accountability to stakeholders.

LIONS RED RIBBON FELLOWSHIP

Two fellows from mainland China visited Hong Kong from July to September 2001 under the Lions Red Ribbon Fellow Scheme, a scheme set up by the Red Ribbon Centre and Lions Club International District 303 (Hong Kong and Macau).

Dr. Gan Zhi-gao, the fourth Lions Red Ribbon Fellow for the year 2000/2001, paid a visit to Hong Kong from 18 to 30 July 2001. Dr Gan is the doctor-in-charge of the Division of Disease Control of Liuzhou, Quangxi. During his visit, he studied the HIV prevention and control in Hong Kong. He had keen interest in the services offered to drug users in Hong Kong, such as drug rehabilitation programme, methadone programme and outreach peer education. He presented the HIV situation in Liuzhou and highlighted the rising HIV prevalence among drug users at a seminar held in Red Ribbon Centre.

Dr Ren Xiao-hui, the first Lions Red Ribbon Fellow for the year 2001/2002, is a lecturer at the Cheng Du West China University of Medical Science. She stayed in Hong Kong between 31 August and 12 September 2001. During her stay, she visited various organizations that offer HIV prevention services to women in Hong Kong and talked with Mr Kam Shi-yuen of the Education Department about HIV prevention and sex education in schools. She conducted a seminar on the study of HIV prevention and education among women of lower education level in the rural areas of Sichuan. Participants were alerted to the low awareness of HIV among this population and the difficulties encountered during health education.



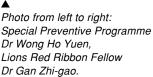




Photo from left to right: Special Preventive Programme Dr Wong HoYuen, Lions Red Ribbon Fellow Dr Ren Xiao-hui.

REFLECTION OF A REGIONAL MEETING ON YOUTH

Dr K.H.WONG

From 4 to 8 June 2001, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) organised its third Asia-Pacific Intergovernmental Meeting on Human Resources Development for Youth, under the theme of "Integrated approaches to youth health; Focus on sexual and reproductive health, substance abuse and HIV/AIDS". Attended by government officials from some 26 countries/places in the Region, this Meeting was the first ever dedicated meeting held by ESCAP on HIV/AIDS and its closely related issues.

Although the extent of HIV infection in Asia is far less than that in Africa at present, its importance cannot be overemphasized, merely because of the huge population. Even a small HIV prevalence could translate into enormous absolute numbers of infected individuals, as has happened in some parts of India. The move in Asia can just tip the global epidemic. Sex and injecting drug use are the most prevailing modes of HIV transmission and it is more than rational to consider these risk factors together in an integrated manner, as strived by this ESCAP Meeting.

Nevertheless, the Meeting added weight to the conclusion that one cannot be too optimistic about the HIV situation in Asia-Pacific. Despite the adoption of recommendations made by the participants for follow-up, it is unlikely that the Meeting would lead to fruitful impacts. Acknowledgement of the importance of HIV/AIDS issue and the need for vigilance by the policy makers is a prerequisite for effecting HIV/ AIDS prevention and control. Many officials who attended the Meeting were however too non-receptive to the problem. Some may themselves consider AIDS, sex and drug to be taboo and sensitive subjects for open discussion. Some may see that their cultural norm and tradition are themselves adequate to tackle the AIDS problem, which is in fact dangerous. Furthermore, proven effective prevention means, e.g. condom use and harm reduction approaches, are forbidden by religious or cultural traditions of some countries. Before it is too late, policy makers should face the issue seriously, realistically work out effective programmes and, most importantly, take immediate actions now.

THE HONG KONG AIDS CONFERENCE 2001

- AN INTERNATIONAL DIMENSION



Issues of HIV/AIDS took the center stage in Hong Kong this August with the hosting of the "Hong Kong AIDS Conference 2001", which was organized by the Hong Kong Council of Social Service and sponsored by the AIDS Trust Fund. It was the second conference of this kind in Hong Kong; the previous one was held in 1996 and was organized by the Advisory Council on AIDS.

Recognizing the importance to have collaborative effort from all sectors of the society in the fight against HIV/AIDS, the 2001 conference focuses on raising HIV/AIDS awareness for all and eliciting more involvement to deal with HIV problems from all agencies and organizations; whether they are governmental or non-governmental, mainstream or AIDS specific, local or overseas. "Towards greater community involvement" as the main theme of this conference has further emphasized people involvement as a crucial aspect of effective HIV prevention.

The three-day 2001 conference has been hailed as a great success. Participants of both government agencies and non-governmental organizations (including academic, AIDS specific and mainstream sectors) were seen actively taking part throughout the conference. Also, many leading scientists, health care professionals, experts on HIV prevention, and experienced AIDS workers, from both locally and internationally, had shared their experience with the conference attendees in the keynote and plenary sessions. To name a few of these renowned experts, Dr. Helene Gayle of the Centres for Disease Control and Prevention, USA, provided a clear and concise overview on the epidemiology of HIV infections in Asia and the Pacific region together with the strategies for controlling HIV infection in the United States; Professor Zeng Yi of the Chinese Foundation for Prevention of STD & AIDS, China, gave a detailed account on the epidemiology and HIV control in Mainland China; Professor Clyde Crumpacker of Harvard Medical School, USA, outlined the latest treatments and many research studies in HIV care; Professor Julian Gold of the Albion Street Centre, Australia, provided us with detailed description of an Australian HIV prevention and care model which is currently running in Sydney and has proven to be effective; and Mr. Palani Narayanan, who was the past chairman of the Asian Harm Reduction Network, explained the concept and importance of harm reduction and how this should be related to the prevention of HIV/AIDS.

Having more of the regional and international experts appeared in the 2001 conference was not the only observation for this second AIDS conference, but there were also more delegates from around the world (e.g. Various provinces in China, Malaysia, Singapore, Philippines, and African countries) taking part in the conference. More importantly, increasing number of people living with HIV/AIDS had attended this conference without being feared and frightened. It is hoped that Hong Kong, like many other Asian cities, will host a regional and international AIDS Conferences in the near

future. That will certainly be a testament of our society's acceptance to those who are infected with HIV.



JOINT UNAIDS/ILO PRESS RELEASE

INTERNATIONAL LABOUR ORGANIZATION FORMALLY JOINS UNAIDS

Geneva, 25 October 2001-The Joint United Nations Programme on HIV/AIDS (UNAIDS) today announced that the International Labour Organization (ILO) has formalized its commitment to fighting the global HIV/AIDS epidemic by becoming a Co-sponsor of UNAIDS.

The ILO joins the seven existing UNAIDS Cosponsors, UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO and the World Bank. UNAIDS brings together the efforts and resources of its Cosponsoring organizations to help countries prevent the spread of HIV, provide care and support for people infected or affected by the disease, reduce the vulnerability of individuals and communities to HIV /AIDS, and ease the socioeconomic and human impact of the epidemic.

"The ILO brings to UNAIDS its understanding and expertise in the world of work. We know the workplace is a key location for HIV/AIDS prevention and care programmes," said Dr Peter Piot, Executive Director of UNAIDS. "ILO's Cosponsorship will considerably strengthen UNAIDS."

ILO Director-General Juan Somavia said, "HIV/AIDS affects everyone today but has an especially profound impact on workers and their families, enterprises and employers, and national economies. With the accession of the ILO to UNAIDS, we now add the historic force of tripartism - governments, workers and employers - to the international efforts being undertaken to meet the challenge of HIV/AIDS and its impact on the world of work."

The ILO has already made a major contribution to the global campaign against HIV/AIDS with the adoption of a pioneering Code of Practice on HIV/AIDS and the World of Work. The Code was launched during the United Nations General Assembly Special Session on HIV/AIDS, in New York, 25-27 June.

The new Code is a product of intensive efforts by HIV/AIDS experts representing the ILO's tripartite partners - workers, employers and governments. It provides guidelines for developing concrete responses to HIV/AIDS at enterprise, community

and national levels in the following key areas: prevention of HIV/AIDS, management and mitigation of the impact of HIV/AIDS on the world of work, care and support of workers infected and affected by HIV/AIDS and elimination of stigma and discrimination on the basis of real or perceived HIV status.

Since the establishment of the ILO Programme on HIV/AIDS and the World of Work (November 2000), the ILO has carried out country-level activities in Africa, Asia, Eastern Europe and Latin America and the Caribbean to support the efforts of governments and their social partners at national, sectoral and enterprise levels to combat the epidemic. In this regard, the ILO Code of Practice provides a basis for developing national codes of practice and workplace policies and programmes at the enterprise level. As a Cosponsor of UNAIDS the ILO will be able to expand its activities jointly with other UNAIDS partners to fight the epidemic.

ACKNOWLEDGING Editor THE RED RIBBON CENTRE

Dr Emile Fox, UNAIDS Country Programme Adviser for China, visited Hong Kong in the last week of August 2001. He attended a meeting of the Hong Kong Advisory Council on AIDS to discuss the role of the UN systems in HIV prevention and care in China. He cited the example of the Red Ribbon Centre, an UNAIDS Collaborating Centre for technical support, as a platform to disseminate information on effective HIV prevention and care. A plaque was presented to Dr S S Lee, Director of the Centre for his efforts in establishing the Centre in support of AIDS activities in China and the region. The Advisory Council is a government-appointed committee to advise on AIDS policies in Hong Kong.

In his short visit, Dr Fox participated in a community forum that exchanged views on the prioritization of interventions for HIV prevention, an important output of the community planning process which has been piloted in Hong Kong since two years ago. He also attended the Second Hong Kong AIDS Conference which opened on 27 August.

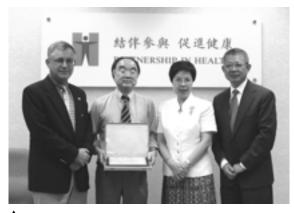


Photo from left to right: Dr Emile Fox; Dr S S Lee; Dr Margaret Chan JP, Director of Health; Dr Homer Tso JP, Chairman, Hong Kong Advisory Council on AIDS

Dr S S LEE

APEC AND AIDS STRATEGIES

The Asia Pacific Economic Cooperation (APEC) is an international organization comprising 21 economies, including Hong Kong China. As its name implies, economic cooperation is the major focus of APEC, so are related issues in Asia and the Pacific. The subject of emerging infection was first introduced to the Industrial Science and Technology Working Group (ISTWG) of APEC in 1995. A number of projects have since been implemented by concerned APEC economies for enhancing communication and improving surveillance of infections.

In November 2000, the Leaders' Meeting resolved to develop an APEC strategy on HIV/AIDS and infectious diseases. In the APEC Economic Leaders' Declaration - Brunei Darussalam 6 November 2000, the Leaders "commend the progress already made in strengthening disease information networks....commit to fight HIV/AIDS and other infectious diseases and call on the relevant authorities to report in the next year on a strategy which can be used in APEC to more

effectively meet these disease



United States is the lead economy that began coordinating the development of the strategy since earlier this year. An electronic network was soon established to collect views from over 150 experts in APEC economies. Experts met in the 20th ISTWG meeting in September in Hanoi and then the 21st meeting in Penang from 9 to 11 October 2001. A strategy titled "Infectious diseases in the Asia pacific region: a reason to act and acting with reason" was formulated and the meetings agreed to work on a comprehensive plan of action.

At the 13th Ministerial Meeting held in Shanghai between 17 and 18 October, the Ministers endorsed the strategy to address HIV/AIDS and emerging infections. Ministers asked APEC fora, particularly the ISTWG to take actions laid out in the Strategy. The Strategy began with an explanation on the trade consequences and economic loss arising with infections, quoting the examples of HIV/AIDS, cholera and Avian flu. Actions on six areas were recommended: electronic networking, surveillance, outbreak response, capacity building, partnering across sectors, and political and economic leadership. The Strategy would likely stimulate closer collaboration of economies in the Asia and Pacific in their fight against infections, including HIV/AIDS specifically.



Dr Melinda Moore of the United States Department of Health and Human Services (right), Dr Jean Lariviere of Health Canada (middle) and Dr Kiyosu Taniguchi of World Health Organization (left) at a side meeting of the ISTWG on 10 October 2001 in Penang.