

The Node *... where a leaf arises from a stem*



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

Ouagadougou, 11 December 2001
JOINT UNAIDS/WHO PRESS RELEASE

UN EFFORTS BROADEN AVAILABILITY OF ANTIRETROVIRALS

"ACCELERATING ACCESS" INITIATIVE MOVING FORWARD; 72 COUNTRIES WORLDWIDE EXPRESS INTEREST

Ouagadougou, Burkina Faso, 11 December 2001

- Efforts of the United Nations to broaden access to antiretroviral drugs (ARVs) are gaining momentum, with tangible results beginning to be seen in one in five African countries, according to officials of both the World Health Organisation (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The number of patients who have access to antiretrovirals in countries that have negotiated agreements with pharmaceutical companies has increased over 18 months, although the total numbers are still only a small fraction of those in need of the medicines. Moreover, 72 countries worldwide have already indicated their interest in the "Accelerating Access" process and 14 have signed agreements, including 10 in Africa. Prices of some antiretroviral drugs have been cut on average by 85% in sub-Saharan Africa in countries where agreements have been negotiated through "Accelerating Access."

"This is just the beginning. But the results so far show that significant progress can be made in accelerating access to ARVs in the countries that need it the most," said Dr Tomris Türmen, Executive Director in charge of HIV/AIDS at WHO. "The biggest challenge remains bringing broad based care and support, including antiretrovirals, to as many people as possible living with HIV/AIDS."

"Accelerating Access" represents a redoubling of efforts to assist countries in implementing comprehensive packages of care for people living with HIV/AIDS. It includes advocacy

and policy guidance on HIV care at the global level and also involves "fast track" support for those developing countries who have formally indicated that they wish to significantly expand access to HIV care, support and treatment, and who want assistance from the UN system. The initiative emerged out of a partnership between the United Nations (the UNAIDS Secretariat, UNICEF, UNFPA, WHO and the World Bank) and five pharmaceutical companies (Boehringer-Ingelheim, Bristol-Myers Squibb, F. Hoffmann - La Roche, GlaxoSmithKline, and Merck & Co., Inc.) which has since been broadened to include other members of the industry.

A number of encouraging approaches are now being developed. Regional pricing, for example, allows the process to move more quickly and may favour lower drug prices through regional procurement. In addition, the creation of regional networks allows countries improved access to technical support that underpins their programmes.

"Challenges remain, however, and the greatest lies in reaching not thousands, but millions of people. With 95% of the world's 40 million HIV-infected people living in developing countries, better and faster access to care is essential. The challenge now is to improve access to care, including treatments for opportunistic infections and antiretroviral therapy, in the hardest-hit regions of the world," said Dr Türmen.

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ADDRESSING HIV VULNERABILITY IN DRUG USERS

Dr S S LEE

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The UN Regional Task Force on Drug Use and HIV Vulnerability met in Yangon on 3 and 4 December 2001. Myanmar was chosen as the host country for the Task Force Meeting in view of the immense problem of HIV infection in injection drug users in the country, and the potential for its spread on a regional level. The two-day meeting was attended by Task Force members as well as observers from Drug Control Programmes in Myanmar, representatives of UN agencies (UNDCP, WHO, UNAIDS, UNICEF), donor agencies and international organisations with the same area of interest.

At the opening session, Jean-Luc Lemahieu of UNDCP, Myanmar, explained that the HIV situation was worrisome as over 60% of the IDUs in the country were infected with HIV. Government officials had put AIDS as one of the three priority infectious disease, after Malaria and tuberculosis for urgent attention. While law enforcement has assumed an important position in the programme layout, a more pragmatic approach involving treatment and outreach has been receiving attention. Officials from the CCDAC (Central Committee for Drug Abuse Control) were open in acknowledging the problem and in indicating their commitment to the adoption of effective solutions.

The second day of the meeting was devoted to discussions on the roles of aid organisations in facing up the challenge of the epidemic, followed by a critique of the responses of UN system, and the review of the functioning of the Task Force in the last five years. One urgent problem identified by the Task Force was the relative lack of technical expertise in the development of effective harm reduction programmes in South East Asia and the Pacific. There was also the concern about how effective strategy could be suitably translated into action without delay. The time has

come for sustainable programme to be developed, and for such activities to be integrated in the national responses. The Meeting examined also the progress of the Asian Harm Reduction Network, a regional non-governmental organisation, in promoting harm reduction. There was also discussion about the feasibility of organising a technical workshop on substitution treatment for HIV prevention in Hong Kong in 2002.

The Task Force has been addressing HIV vulnerability in drug users since its inception in 1997. The past five years have seen the development of training initiatives, facilitation of research, and the advocacy for harm reduction in the region. A thorough evaluation process is currently underway to review the work of the Task Force and to determine the future role of this unique regional forum. It was reckoned that no time should be wasted as more and more human lives would be lost while international and national countries hesitated to respond promptly.



Photo :
At the Opening Session of the Task Force meeting were, from left to right, Jean-Luc Lemahieu (UNDCP, Myanmar), Pol. Gen. Soe Win (Secretary, CCDAC, Myanmar) and Wayne Bazant (UNDCP Regional Centre for East Asia)

2002 5TH BANGKOK SYMPOSIUM ON HIV MEDICINE

Dr H Y WONG

The 2002 5th Bangkok Symposium on HIV Medicine, organised by the HIV Netherlands Australia Thailand Research Collaboration (HIV-NAT) and the Thai Red Cross AIDS Research Centre, was held at Queen Sirikit National Convention Centre, Bangkok from 16 to 18 January 2002. This three-day course was intended to provide physicians in Thailand and other countries in the region with up-to-date information on treatment and new developments in the management of patients with HIV infection. The symposium mainly touched on the clinical management of HIV infection, although some aspects of public health issues were also discussed, such as international access to care and the

effective use of antiretroviral agents in resource-limited settings. All speakers were international experts who came from all over the world, including the Netherlands, Australia, Thailand, France and the United States, etc. One of the main features was case studies of clinical management of HIV infection on the afternoon of the first two days of the symposium. The clinical cases discussed included opportunistic infections, antiretroviral therapy and paediatric HIV infection. For further information about the symposium and HIV-NAT, you can visit their website at www.hivnat.org where presentations at the symposium will be posted.

PUTTING TREATMENT ON PUBLIC HEALTH AGENDA

Dr S S LEE

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So far, effectiveness of highly active antiretroviral therapy (HAART) has benefited only developed countries because of the very high cost incurred. Efforts in promoting tiered pricing and improving access to poor countries is gaining momentum lately. On a global level, the World Health Organisation (WHO) has taken the subject on board as a priority issue.

In May 2001, WHO held an international consultative meeting which established the goal of increasing the number of patients on antiviral treatment in the developing world from less than two hundred thousands to a five million by 2006. How can this ambitious goal be delivered? It's an extremely complex issue. The need for resource support, political leadership and an effective health infrastructure is evident. Taking reference from anti-TB treatment, there should also be the design of a much simplified treatment formulary for use in resource-poor countries.

On 19 and 20 November of the same year, the Interim WHO ARV (antiretroviral) Treatment Working Group met in Geneva to determine the most robust regimens and the indications from their use in low resource circumstances. The Working Group was a huge one comprising over 100 experts and representatives from various agencies. The 2-day meeting

was filled with debates and suggestions on how to move closer to the new goal. The final conclusion was to develop a new guidelines on HAART in resource poor countries. There's optimism as HAART has already been widely used in countries like Brazil; and some pilot schemes in Senegal and Uganda looked promising. There's the sense of urgency, too. In Kenya, for example, where millions of people are living with the infection and hundreds dying daily, any small steps made in providing treatment would result in reduced mortality and morbidity. There's the added impact of reducing HIV transmission if HIV viral load can be reduced, on a population scale, by the widespread use of ARV.

The plan was to have the guidelines written up, consulted and revised over the following months so that the document could be confirmed in early 2002. Members of the Working Group were reminded of the goal of translating science-based clinical protocol into a public health policy. Current treatment regimens are far from perfect, and there's the need to find a right balance between simplicity and flexibility, without risking a quality standard to be developed. The year 2002 is a critical moment in human history. We'll soon see if efforts of humanity could turn the tide of the epidemic.

MOVING INTO THE NEXT PHASE - CHINA'S RESP

The First National Meeting

Since 2001, the Chinese Government was seen putting AIDS on the agenda. A five-year plan titled "China action Plan to contain, prevent and control HIV/AIDS (2001-2005)" was formulated and released by the Ministry of Health in June 2001. Later, there was the official announcement of China's HIV/AIDS problem to the World by Dr. Yin Daiku, the Vice Minister of Health.

From 13th to 16th November 2001, a historic *First China AIDS and STD Conference* was held in Beijing, China. Specifically, the Conference aims to : (a) explore means of preventing and control HIV/AIDS, (b) offer an opportunity to exchange experiences, and (c) develop consensus in facing the future challenges.

The enthusiastic response of AIDS workers from various provinces of the country was clear. Initially planned to have less than one thousand participants, the Conference was oversubscribed so much so that some 1800 delegates registered, with over 2000 finally turned up at the Conference Centre. Most of them were from different parts of Mainland China, while some were from Hong Kong, Macau, Taiwan and overseas countries.

The Conference began with an Opening Ceremony on 13th November. Dr. Zhang Wen-kang, Minister of Health, PR China, Dr. Peter Piot, Executive Director of UNAIDS, and representatives from international organisation and Beijing Municipal Government gave their speeches. The following 3 days were occupied with daily plenary sessions, as well as concurrent sessions and satellite meetings. A diverse spectrum of HIV/AIDS from basic science, clinical science, social care, epidemiology, preventive interventions and policy

development was covered. There was also exhibits of commercial firms and presentations of various provinces.

Reflections from the Conference

HIV/AIDS has been with China for over 15 years, since the detection of its very first cases in 1985. Thusfar, China's response to the epidemic has understandably been as diverse and heterogeneous as the places across the huge country. There were undoubtedly strengths in its tackling AIDS, as witnessed for China through the Conference.

Unlike some countries, China is more open in admitting the presence and seriousness of HIV/AIDS. AIDS experts in China estimated that there were currently over 600,000 HIV infections in China. Injecting drug use remained the most common mode of transmission for the reported cases, accounting for some two-thirds. However, there is the worry that a heterosexual epidemic would take off. Also, infections in homosexuals and that related to blood donation or blood transfusion are not clear.

China has mobilised many different Ministries and departments in its response to AIDS, albeit the effectiveness of which was too early to tell. As AIDS touches diverse disciplines impacting prevention, care and control, a multi-sectoral involvement is indispensable. In this regard, China is at least in the right direction.

Targeted interventions are key to HIV prevention in vulnerable community groups, e.g. sex workers and their clients. It was noted that some places of China were bold enough in piloting such preventive interventions. A pilot 100% condom programme involving four provincial sites has been started lately. Effecting intervention programmes for the most

ONSE TO AIDS

vulnerable people is likely to have the biggest impact, especially when China is still having a low general HIV prevalence.

The Conference emphasised greatly on non-discrimination, acceptance and compassion for people living with HIV/AIDS. It is heartening to see that China is moving towards HIV care, after so many years of concentrating only on "control". The importance of addressing the needs of infected people within a comprehensive AIDS programme cannot be underscored.

It would however be partial if the needs of China in augmenting its AIDS response were not addressed. Again, glimpsing at the happenings of the Conference did shed some light. Facing the epidemic is the right first step. Yet, a determined will to carry things forward would be the next more important step. Without true actions, prevention and care could not be achieved. Wills at both political and implementation levels are needed.

For China, more infected patients will be falling sick in the coming future. With the moving target of HIV care in the developing world, it is natural that the same demand will be seen in China. Frankly, the current state of HIV care in China is rudimentary. The basics of treatment and prevention of opportunistic infections are lacking in many places, let alone antiretroviral therapy. While a total engraftment of western care model may not be applicable for China, a good locally-relevant framework is badly and urgently needed.

Experience of other countries in the last two decades can be invaluable reference for China in its expansion of AIDS response. There were many "best practices" that can be modeled upon. For example, good prevention projects with scientific evidence of their effectiveness were available. On

the contrary, some programmes were shown not to work or even have detrimental effect. International experience must be tapped into and seriously considered.

Lastly, capacity of the workers and the system need to be enhanced. Without technically competent people, effective programmes cannot be delivered. At present, there was great variability of capacity of workers across the country. To optimise the response, capacity of the whole nation has to be brought up to a certain level. Technical expertise from within and outside the country shall be sought to achieve this. In parallel, the infrastructure shall be improved and system streamlined.

What next

The population of China is now close to 1.3 billion. With this sheer astronomical size, a small increase in the HIV prevalence could mean millions of infections and lives. Thus, like many other arenas, China can certainly have a great impact on the global AIDS scene. Acknowledging all these, both its HIV/AIDS situation and China's response to AIDS have evolved significantly in the past few years.

The Conference enlightened us that things can be worked out if there is the determination. The Conference was most meaningful in providing a good chance for the participants to share and exchange views and ideas, learn from each other and establish contacts. This was especially useful for the workers from less-developed parts of China, who have never attended international programmes on AIDS. Widening of perspective and exposure to "new" initiatives are pre-requisite for churning out self-needed things. It seemed that local health officials are able to identify problems, as well as set objectives and work targets. Despite a late start, it is hoped that, with time, those provinces can catch up.

THE FIRST CHINA AIDS AND STD CONFERENCE

Titbits

Please be seated

The conference, originally meant for 800 people, was overwhelmed with enthusiastic participants. At last the conference had to cater for up to 2 thousand people. As such, participants had to sit on the floor.



Photo :
Conference slogan cap "Together, we can".

exhibition boards of various Provinces. The Health Department of individual Province introduced their HIV/AIDS prevention and health education activities. These were carried out not only in urban areas but also at villages. Training of health care workers, prevention education were their main focus. Many of them had adopted similar approach as we were in Hong Kong.

Fluttering Red Ribbon

In the evening of the Opening, the Ministry of Health and other Ministries organised a Large-scale Public Performance "Fluttering Red Ribbon". The performers were famous artists and singers of Mainland and Overseas. Among them was our



Photo :
The Fluttering Red Ribbon.

Getting too tired

Within three and a half hours from 8:30 am to 12 noon, twelve presentations were arranged. In addition, some speakers had run out of time. The tight schedule made participants really tired.

The blooming information on AIDS prevention and care

At the conference, the 4th Exhibition Hall displayed



Photo :
Actors and Singer Mr Guo Feng, Mr Gu Juji and Miss Zu Hai were appointed to be the Country's AIDS Prevention spokespersons.

Hong Kong UNAIDS Ambassador Miss Miriam Yeung. The theme of the show is love and acceptances toward HIV/AIDS.

The Home of Care

Dr. Xu Lian Zhi, the pioneer in caring for HIV/AIDS patients in China, was awarded at the Special Feedback Seminar. Dr. Xu is the founder of 'The Home of Love' of Beijing You An Hospital. At the Presentation Ceremony, she and the Nursing Officer Ms. Fu Yan shared their experiences in caring AIDS patients. They stressed that only with love can people's negative attitude toward HIV/AIDS patients be changed.



Photo :
Standing on the left is the AIDS prevention spokesman Mr Pu Cunxin. Next to him are the two caring health professional openly commended by the Government: Dr Xu Lian Zhi and Ms Fu Yan of Beijing You An Hospital.

VISIT OF THE FIRST LADY OF THE REPUBLIC OF RWANDA

Dr H Y WONG

Mrs Jeannette Kagame, the First Lady of the Republic of Rwanda, and the delegation of the Technical Adviser Office of the First Lady, visited the Red Ribbon Centre on the morning of 16 November 2001. Mrs Kagame is the Patron of Anti HIV/AIDS Initiative in Rwanda, which is responsible for the prevention interventions in the country. The Republic of Rwanda, one of the Central African countries hardest hit by the AIDS epidemic, has a prevalence of HIV infection among the general population of more than 10%.

Mr. Lo Chiu Fai, District Council Member and Member of Red Ribbon Centre Management Advisory Committee; and Dr. KM Ho, Senior Medical Officer of the Integrated Treatment Centre briefed Mrs Kagame on the overall HIV/AIDS Programme and the treatment services provided to HIV-infected patients in Hong Kong. Mrs. Kagame was

particularly interested in the experience of the local HIV/AIDS prevention programmes targeted at the youth. She was very impressed with the work of Robbi-the-bunny, a cartoon figure who was appointed as an Ambassador of Hong Kong Community Charter on AIDS in June 2001 and has been actively promoting the acceptance of people living with HIV/AIDS among children ever since.

Mrs. Kagame was later shown around the Centre and was amazed by the comprehensiveness of the collection of HIV/AIDS-related materials at the Red Ribbon Centre library. Finally, Mrs. Kagame was presented with a Robbi-the-bunny as a souvenir and the delegation exchanged email addresses with the Red Ribbon Centre so that they can share experiences of HIV prevention programmes in the future.



NEW FUNDING SUPPORT TO FIGHT THREE MAJOR INFECTIOUS DISEASES

One of the key recommendations of the United Nations General Assembly on HIV/AIDS in New York 2001 was the establishment of a global fund to support HIV activities in the poor countries. The suggestion has led to the setting up of the Global Fund to fight AIDS, tuberculosis and Malaria (GFATM). China is one of the members of the Fund's Governing Board, representing the Western Pacific Region.

The Ministry of Health of the People's Republic of China hosted the Asia Pacific Bi-Regional Workshop on Global Fund to Fight AIDS, Tuberculosis and Malaria on 7-9 February 2002 in Beijing. Attended by over 100 participants from government agencies, international organisations and community-based organisations, the Workshop carried a number of objectives. It aimed to provide information about the current status of the GFATM, help potential beneficiary countries to prepare draft proposals, and brainstorm on the development of sound proposals to meet the deadline of the first round of application (10 March 2002).

The Workshop featured plenary sessions that explained what the Fund was all about, its modus operandi, characteristics of sound proposals, eligibility of applicants, criteria of assessment, and the timeline leading to the granting of successful projects. To be eligible for applications, country coordinated proposals (CCP) should have the endorsement of the country coordinated mechanism (CCM). The latter would

require the active participation of NGOs and public-private partnership. Priority would go to countries with (a) high disease burden, (b) little available resources and (c) high potential risk of further spread of the infections. All aspects of prevention, care and control could be covered, on not just HIV/AIDS, but also Malaria and tuberculosis. Cross-cutting projects or those on one infection would be welcomed.

Both plenary and small group sessions had gone into debates on what constituted a CCM, and the concern for the lack of community participation in disease control programmes relating to tuberculosis and malaria. There was much discussion during small group sessions on the preparation of proposals. Resource persons provided advice from their perspectives. Some draft proposals from countries like China, Vietnam, Tonga, Sri Lanka and consortium of countries in the Mekong region were presented, and advice was sought.

While countries would be busy preparing their proposals to meet the deadline of the first round of applications, a Technical Review Panel was in the process of being established. A Secretariat was being set up, to be based in Geneva. Very soon we would see a new means of support taking shape to "fight AIDS TB and Malaria", as implied in the name of the Fund.

LIONS RED RIBBON FELLOWSHIP SCHEME 2002 NOW OPEN TO APPLICATION

Lions Red Ribbon Fellowship Scheme 2002 is now open to application. This Fellowship Scheme is established by the Red Ribbon Centre, Hong Kong, under the sponsorship of the Lions Club International - District 303 (Hong Kong and Macau) with a view to supporting mainland professionals to further their professional development or research in Hong Kong on HIV/AIDS control. The Scheme aims

to facilitate experience sharing between the mainland and local workers, to enhance technical exchange on HIV/AIDS control, and to encourage collaboration and networking. The maximum award consists of a sum of HK\$12,500 for a period of two weeks in Hong Kong. For further details, please visit our Virtual AIDS Office homepage at www.aids.gov.hk.