

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

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WE CAN BEAT AIDS, TB AND MALARIA, UN AGENCIES SAY

Geneva / New York, 22 April 2002 - A new joint report by UNAIDS, UNICEF and the World Health Organization (WHO) released today says that with the right intervention at the right time AIDS, TB and malaria can be prevented and treated.

Crucially the agencies report that many of the interventions are not expensive and the prices of others are rapidly falling. The main challenge is to take these interventions to a global scale.

The report is released as the Global Fund to Fight AIDS, TB and Malaria meets in New York. It takes stock of what progress has been made in the fight against AIDS, TB and malaria and the challenges the world now faces in tackling them. The report draws on experience from a number of countries.

"A worldwide consensus has emerged to respond to AIDS, TB and malaria," the report says. The momentum of political will arises at the same time as evidence has built a technical consensus supporting a set of tools that are effective against these diseases. Targets have been set. Monitoring systems are being strengthened to identify progress and warn of failures.

"These three diseases hit children the hardest," said Carol Bellamy, Executive Director of UNICEF. "We know what to do to overcome them. What we need now is the leadership and resources to reach out to all children."

"Any effective effort to reduce the burden of diseases

faced by the world's poorest people must concentrate on AIDS, TB and malaria," says Dr Gro Harlem Brundtland, Director-General of WHO. "We know this will not only save millions of lives - it will contribute to economic development and poverty reduction."

"The scale of devastation caused by HIV/AIDS is unmatched," says Peter Piot, Executive Director of UNAIDS. "But I believe even the world's poorest countries are on the brink of making substantial progress with quality treatment and effective prevention programmes - and it is up to the international community to redouble our support for their efforts."

Coordinates 2002 is the first consolidated view of the extent of the three diseases, how they interact to worsen their impact and the effectiveness of current response efforts.

Among the main points of the report are:

- "Half of all new HIV infections are occurring among young people;
- "While Sub-Saharan Africa has the highest HIV prevalence followed by the Caribbean, the most rapid spread of the diseases is in Eastern Europe and central Asia;
- HIV and tuberculosis form a lethal combination, with 15% of all deaths of HIV-infected people due to TB and with HIV causing a steep rise in TB cases in Africa over the past decade;

- 40% of the world's population is at risk from malaria. In some areas of Africa, more than 80% of children are infected with malaria parasites;
- The most effective interventions against all three diseases rely on a combination of prevention and treatment;
- Young people in developing countries still have far too little knowledge about HIV/AIDS and how it is transmitted. At least 30% of young people in 22 surveyed countries had never heard of AIDS and how it is transmitted. Up to 87% of 15-19 year olds do not believe they are at risk;
- Fewer than 5% of the people who need treatment for AIDS in the developing world have access to the medicines they need;
- Only one fifth of all TB cases globally receive high-quality treatment, yet pioneering countries like Vietnam and Peru have reached targets for detection and cure, showing it is possible to achieve the targets set;
- In 28 African countries, half of the current antimalarial medicines on the market are ineffective due to bad quality or drug resistance;
- A low estimate from the Commission on Macroeconomics and Health shows that a minimum of US\$8.1 billion annually in additional resources is needed to reduce the three diseases in developing countries;
- A majority of the countries highly affected by AIDS, TB and malaria are ready with plans and programmes which need immediate funding;
- Current resources of the Global Fund Against AIDS, TB and Malaria make up 11% of total needs.

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Dr. WY WAN

HARM REDUCTION

MEDIA CAMPAIGN IN HONG KONG 2002

Harm reduction literally means the reduction of harm caused by drug abuse. It is a practical strategy aiming at reducing harm to both individual and society at large. UNDCP (United Nations International Drug Control Programme, now under the umbrella of ODCCP - United Nations Office for Drug Control and Crime Prevention), as the global leader in drug control, takes harm reduction to cover activities that aim at reducing the health and social consequences of drug abuse. More specifically, the harm reduction principles should include provision of substitution treatment, outreaching injection drug users, and discouraging the sharing of contaminated equipment. Harm reduction should be complementary to supply reduction and demand reduction as the cornerstone of drug control activities nowadays.

Looking around our locality, the harm reduction concept has still a long way to go. In China, sharing needles and syringes is reported to be common practice among drug users in various regions, and the transmission of AIDS among drug users in Yunnan, Xinjiang and Guangxi is especially worrisome. Currently there are no national policies that focus on harm reduction. Anti-drug activities are concentrated on supply reduction and demand reduction, with an emphasis on detoxification programme in the rehabilitation centres, while methadone maintenance therapy is adopted

in some small pilot programmes only. Similarly, in Macau, harm reduction concept is yet to be established and the use of methadone is at present not permitted.

In Hong Kong, the Methadone Treatment Programme (MTP) has been introduced since 1972, and there are 20 Methadone Clinics in operation now. However, over the last three decades, there are still profound differences of opinion about how to reconcile the harm reduction concept with the programme. The drug treatment model which focuses exclusively on abstinence as the sole acceptable outcome, would render some harm reduction components, such as maintenance programme and needle exchange programme, contradictory. Therefore there is still a need for further promoting the harm reduction concept locally.

The Harm Reduction Media Campaign 2002 (the Campaign) is organised by the Department of Health, in collaboration with the Narcotics Division, Security Bureau, with the support of the Information Services Department, the Government of Hong Kong SAR. The Campaign will last for the period from May to October 2002. It aims to introduce the concept of harm reduction to the general public. The Campaign would also appeal to the drug users, which are considered marginalized or hard-to-reach population.

The Campaign consists of three different components. First of all, a Chinese slogan "緩減毒害", abbreviated as "緩害" in a new logo, corresponding to English equivalent of "harm reduction", is introduced in this Campaign to the public. There are also specific formulae of harm reduction introduced (please refer to Box 1). Secondly, a series of media mix of the Campaign, of which the television announcements of public interest (TV APIs) and radio APIs are essential components. Banners outside public buildings, bus body, tram body, bus shelters and roving exhibitions are used as publicity platforms. Last but not the least, information support including numerous pamphlets, premiums, mini-posters and posters are produced, together with a harm reduction hotline (852-2112 9977), and a harm reduction web page (www.harmreduction-hk.com) to ensure a wide access of information to the public.

While the main aim of the Harm Reduction Media Campaign is to introduce the concept of harm reduction to the general public, it is also considered as an effective means of advising hard-to-reach populations, such as the drug users. It is hoped that the Campaign can make a genuine step forward, setting the agenda for the acceptance of harm reduction concept in the local drug policy arena.

With increased communication and collaboration, the reinforcement of the harm reduction strategy in Hong Kong will have a positive influence on the drug policy in our region, especially China.

Box 1:

The four formulae of harm reduction strategy introduced in the Harm Reduction Media Campaign 2002.

By following the formulae of harm reduction, drug users can reduce the harm caused by drug abuse.

- ☞ **(1) Formula 1 : Methadone does it**
Discontinue using drugs and take Methadone instead.
- ☞ **(2) Formula 2 : Break the needle habit**
When drug use is unavoidable, do not inject.
- ☞ **(3) Formula 3 : Do not share needles**
If injection is unavoidable, do not share needles, but do use disposable needle each and every time.
- ☞ **(4) Formula 4 : Disinfect the needles and syringes**
If sharing needles is unavoidable, disinfect the needle thoroughly to prevent the transmission of blood-borne diseases such as HIV, Hepatitis B, Hepatitis C, STD and Tetanus.

Dr. K. LOW

SHARING OUR EXPERIENCE WITH THE JIANGXI DELEGATES

Jiangxi province has a population of around 40 million and Nanchang is its capital. It is six times more populous and over 160 times vaster than Hong Kong. For HIV infection in the province, there was a total of 60 cases reported in recent years, with most of them being injection drug users. Despite the pattern of infection is different from that in Hong Kong where our majority of HIV infected people contracted the virus through sexual contacts, preventing the spread of HIV remains the main focus of the infection control in both places.

During the months of April and May this year, two study groups with a total of 22 officials from different government agencies of the Jiangxi province had spent a week in Hong Kong and visited many local organisations that involve in HIV prevention and care.

Blood safety is identified as a crucial component in effective HIV prevention by the delegates. A better understanding of the operation in the Hong Kong Red Cross

Blood Transfusion Service (HKRCBTS) becomes one of their main focuses. Each study group had spent half a day at the blood collection service and the laboratory in order to get a first hand experience in our voluntary non-remunerated blood donation programme. They were particularly impressed with the quality assurance throughout the course, from the beginning of blood collection to blood processing and finally to the storage and distribution maintained by the HKRCBTS.



Our Methadone Maintenance and Treatment Programme, which is unique in this region, has showed the delegates a wider dimension on effective drug and HIV control in a drug taking population.



The work of the Family Planning Association and the Social Hygiene Service has also stimulated great interests by the delegates, especially those who are experts in the field of sexual health.

Most importantly, both study groups had the opportunity to discuss policy issues including HIV prevention and care strategies with our Chairman of the Advisory Council on AIDS, Dr. Homer Tso, during their visits. Furthermore, Rev. Chu Yiu Ming and Mr. Lo Chiu Fai of the Red Ribbon Centre had met with the delegates and shared their experience on community development basing on the Red Ribbon Centre model. All in all, we have good and positive feedbacks from all the participants and hopefully there will be more of this kind of exchanges in the coming future.

During their stay in Hong Kong, the Red Ribbon Centre had organised visits to many healthcare facilities including the Methadone clinics, the Social Hygiene Clinics and the Integrated Treatment Centre in Kowloon Bay; as well as other organisations including the Hong Kong Red Cross Blood Transfusion Service, the Family Planning Association, the Education Department and the AIDS Voluntary Counselling Testing & Service. In addition, the delegates were arranged to meet with Dr. Homer Tso, the Chairman of the Advisory Council on AIDS, and discuss the development of the Hong Kong HIV/AIDS prevention strategies and the formulation of related policies; They were also arranged to meet with Rev. Chu Yiu Ming and Mr. Lo Chiu Fai, the Chairman and member of the Management Advisory Committee of Red Ribbon Centre, to share experiences in HIV/AIDS prevention.



NEW REFERENCE GROUP INAUGURATED

Dr S S Lee

On 4 and 5 Jul, shortly before the year's International AIDS Conference, a new reference group was inaugurated to advise the UNAIDS secretariat and co-sponsors on effective HIV/AIDS prevention and care among injection drug users (IDUs). This was the third reference group formed by UNAIDS, the other two addressing epidemiology and economics respectively.

The reference groups are technical in nature. The Reference Group on HIV Prevention and Care among IDU would function through reviewing, analyzing, summarizing and disseminating evidence on and identifying and addressing gaps in knowledge of effective approaches, and assisting countries in their efforts to develop relevant programmes.

At the inaugural meeting, the Reference Group assessed the HIV situation in IDUs and the responses around the world - East Asia, South Asia, Central and Eastern Europe, Middle East, South America, and Africa. Both programmatic and research gaps were identified. One clearly defective area was the availability indicators for evaluating the situations and programmes in a standardized manner. This was particularly true for drug treatment service and the rising demand to determine their capacities in addressing HIV/AIDS. In the long run it would be useful if a staging system could be formulated to classify HIV/IDU situations according to both epidemiological patterns and response

mechanisms.

The Reference Group noted that effective intervention programmes were the keys to minimizing the spread of HIV and to ensure that drug users, like other people with HIV, are receiving optimal care. Review of HIV treatment models (other than antiretrovirals) was urgently needed and the study of their applications to resource-poor communities would need to be determined. In scaling up effective programmes, the promotion of best practices was considered desirable.

Understandably there were still considerable knowledge gaps in such areas as the inter-relationship between commercial sex and injection drug use, and the complexities in IDU in prison settings. Further studies would be necessary. A research agenda was proposed to enable timely examination of contemporary issues and the translation of effective intervention into practice.

The Reference Group on HIV Prevention and Care among Drug Users would meet yearly. Priority issues would be further examined by the Group's secretariat at the Imperial College of Science, Technology and Medicine in London. In between meetings, electronic means of communication would be established to facilitate the processes of addressing the gaps in existing programmes around the world.

THE "TITANIC" DAY

On 27 June, the UN Theme Group on HIV/AIDS in China launched the 2001 update report on the country's AIDS situation and needs assessment at an open meeting in Beijing. Titled "HIV/AIDS: China's Titanic Peril", the report was introduced by Ms Siri Tellier, the UNFPA Representative and the Chair of the UN Theme Group on HIV/AIDS in China. The Report featured the assessment of the HIV/AIDS situation since the last report "China responds to AIDS" released in 1997. Injection drug use has remained the most important route of HIV spread in China, and all indications have pointed to the brink of an explosive epidemic.

In the discussion that followed, there was the concern of the scale of the problem, and how interventions could be effectively implemented in the provinces and the rural areas. With the rising number of people detected to be living with the infection, the new dimension of HIV treatment of care was becoming a real challenge to public health authorities. The resource and capacity needs were genuine. While the role of international aid agencies was acknowledged, their efforts would need to be translated into sustainable interventions.

Before the release of the report, Dr S S Lee of the Red Ribbon Centre discussed his views of capacity-building in HIV prevention and care. The challenge was to build expertise to ensure the development of a sustainable programme while effective programmes are normally founded on existing strengths, there should be the opportunities to convert learning points into generic

knowledge base. He continued to introduce the plan to set up a diploma course in HIV management, an initiative that might also be of relevance to professionals from Mainland China. HIV management incorporates the skills in clinical, public health and information management, infection control and the social contexts of the infection.

Following the release of the situation report, Xiao Li, a young person living with HIV/AIDS, presented his perspective of HIV prevention and care. He introduced a recently created "Mangrove support Group" project and showed a quilt constructed in the course of the project. He appealed to giving a human face to the infection, and highlighted the importance of training to bring together people living with HIV/AIDS in the country.

The meeting was attended by over 200 representatives of local agencies, the media and the international community. There was active discussions on how to prevent the avoidable disaster, before it becomes too late.



STIGMA AND DISCRIMINATION WORLD AIDS CAMPAIGN 2002-2003

Stigma and discrimination is the theme of the two-year World AIDS Campaign 2002-2003

Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be turned away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. In some cases they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to

HIV/AIDS may extend into the next generation, placing an emotional burden on children who may also be trying to cope with the death of their parents from AIDS.

With its focus on stigma and discrimination, the Campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

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COMMITMENT To ACTION

On behalf of the Red Ribbon Centre, I attended the XIV International AIDS Conference 2002 in Barcelona. This was the first time that I participated in an international AIDS conference. I was excited, not just because of having a chance to meet Nelson Mandela and Bill Clinton, but to learn new knowledge of HIV/AIDS in all aspects. I must say that this is the biggest conference that I have ever joined (with at least 14,000 delegates). I have been joining many international conferences since I joined the City University in 1989. Criminological and social work conferences that I used to attending are around the size of 300 to 500. The biggest one that I had participated was an International Conference in Child Abuse; the size was around 3,500. Thus, the question that flows to my mind is why do so many people join the AIDS Conference? Perhaps, it is a matter of life and death.

AIDS is not just a matter of one nation, but a global issue.

My excited feelings motivated me to attend as many sessions and workshops as I could. As far as I have heard, this Conference talked about the global impact of the HIV/AIDS epidemic, new HIV vaccines and drug treatment methods, women's vulnerability and empowerment, preventive measures and intervention programs, harm reduction strategies, prevention tactics for mother to child transmission, risk behaviour and reproductive health education among young people and in schools, relationships between STD, Hepatitis, and HIV/AIDS, program effectiveness and evaluation, local advocacy and capacity building, human rights for people living with HIV/AIDS, reducing stigma and discrimination, and issues related to homosexuality and MSM. You may imagine that not all of the above topics are relevant to a social work scholar, like me. However, to my surprise, I really learn a lot from this Conference.

First, I have learnt many abbreviations such as ART (Anti-retroviral Therapy), BCC (Behavior Change Communication), IDU (Injection Drug Users), MSM (Men who have sex with Men), PLWHA (People living with HIV/AIDS), KTC (Killer T-cell), and most excitingly, the GCAN

(Global Chinese AIDS Network). Although I am not sure whether GCAN can achieve her objectives given the various inherent limitations, I am pretty sure that the people who initiated this network seem to have a "beautiful mind".

Second, I have known many new friends who are deeply involved in fighting against HIV/AIDS in Hong Kong, China, and international communities. The people in Hong Kong include doctors, social workers, pastors and related professionals who are working dedicatedly in this field, such as Department of Health, Queen Elizabeth Hospital, Hong Kong AIDS Foundation, AIDS Concern, Hong Kong Council of Social Service, Action for Reach Out, and St John's Cathedral. My feeling towards these new friends is very positive. I really hope to see a highly coordinated action at a citywide level shall be launched to prevent HIV/AIDS before the epidemic condition really begins in Hong Kong. In addition, I would like to see a stronger connection between those who work in Hong Kong, Macau, Taiwan, and the Mainland China, in promoting HIV/AIDS research and good practice sharing.

Third, I feel from the bottom of my heart that I should acquire more knowledge about HIV/AIDS in all aspects. Influenced by 14,000 delegates from all over the world, I am ready to commit myself for action against AIDS in Hong Kong with people mentioned previously and those that could not come to this Conference including friends from Teen AIDS, and other relevant organizations. For example, prevention of infection and transmission of HIV/AIDS will be one of my foci. I think the focus of prevention should not just pinpoint on people with AIDS, sex workers, health care professionals, truck drivers and MSM, but normal children and adolescents, sexually active people (including husband and wife), parents, teachers and people with religion. To prevent the infection, re-infection, transmission and widespread of HIV/AIDS, we definitely need to build capacity among us by breaking the ice and sometimes hostility between AIDS-related agencies, and between NGOs and Government bodies. Let's work hand in hand to fight against HIV/AIDS.

Dr. Dennis S W Wong

Written in Barcelona, July 12, 2002

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