

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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IMPACT OF AIDS WORSENS AFRICAN FAMINE

**EPIDEMIC SPREADING RAPIDLY IN NEW AREAS OF THE WORLD,
SAYS NEW REPORT
DESPITE PREVENTION SUCCESSES, GLOBAL RESPONSE
STILL UNDERFUNDED**

The HIV/AIDS epidemic is fuelling a widening and increasingly deadly famine in southern Africa, according to a new report "AIDS Epidemic Update 2002". The comprehensive new update on the global HIV/AIDS epidemic was issued today by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), in advance of the upcoming December 1 commemoration of World AIDS Day.

According to the new report, the African famine is a clear example of how the impact of HIV/AIDS reaches beyond the loss of life and health care costs traditionally associated with disease. More than 14 million people are now at risk of starvation in Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe. All six of these predominantly agricultural societies are battling serious AIDS epidemics, with more than 5 million adults currently living with HIV/AIDS in these countries, out of a total adult population of some 26 million. These six countries also have a total of 600,000 children under 15 living with HIV. The new report details how the impact of AIDS in farm communities has greatly decreased the capacity of these communities to survive the famine.

"The famine in southern Africa brings the world face-to-face with the deep and devastating impact of AIDS," said Dr Peter Piot, Executive Director of UNAIDS. "What we are seeing today in a number of countries of sub-Saharan Africa is an HIV epidemic that is overwhelming the coping resources of entire communities. We must act now, on a much larger scale than anything we have done before, not only to assist those nations already hard-hit, but also to stop the explosive growth of AIDS in the parts of the world where the epidemic is newly emerging."

Epidemic Expanding Rapidly in Asia and Eastern Europe in 2002

The report shows a rapidly expanding epidemic in new areas. The world's fastest growing HIV/AIDS epidemic is located today in Eastern Europe and the Central Asian Republics. In 2002, there were an estimated 250,000 new infections there, bringing the total for the region to 1.2 million people living with HIV/AIDS. In some countries, the epidemic's growth is startling; in Uzbekistan, for example, there were almost as many new infections reported in the first six months of 2002 as in the entire previous decade.

Several countries in Asia and the Pacific, including China, Indonesia and Papua New Guinea, may also face huge growth in their epidemics. UNAIDS warns that 11 million more people will acquire HIV in Asia by 2007, unless concerted and effective action is taken to increase access to HIV prevention and care in the region, where the epidemic is still in its early phases.

"We know there is a point in every country's AIDS crisis where the epidemic breaks out from especially vulnerable groups into the wider population," says Dr Gro Harlem Brundtland, Director-General of the World Health Organization. "This is a critical moment of opportunity and danger. Unless we see national prevention initiatives championed by the highest level of government, the growth in infections can be unstoppable. We are at this critical moment today in a number of countries in Eastern Europe, central, south and eastern Asia."

Globally, the report finds that 42 million people are now living with HIV, 5 million were newly-infected in 2002, and 3.1 million people were killed by AIDS this year. In

sub-Saharan Africa, the epidemic continues to expand. An estimated 3.5 million new infections occurred in 2002, and 2.4 million Africans died of the disease. In Asia, 7.2 million people are now living with HIV.

AIDS Fuels Famine in Southern Africa

Today's report details the manner in which HIV/AIDS is fuelling other crises, most notably the famine in southern Africa. There, AIDS is combining with other factors-including droughts, floods and in some cases short-sighted national and international policies-to cause a steady fall in agricultural production and to cut deep into household income.

AIDS-related deaths in a farm household cause crop output to plummet-often by up to 60%. A 2002 study in central Malawi, for example, has shown that about 70% of surveyed households had suffered labour losses due to sickness. Household incomes also shrink, leaving people with less money to buy food.

The report indicates that 7 million agricultural workers in 25 African countries have died of AIDS since 1985. In 2001 alone, AIDS killed nearly 500,000 people in the six predominantly agricultural countries threatened with famine, most of who were in their productive prime.

"The famine is a tragic example of how this epidemic combines with other crises to create even greater catastrophes," noted Dr Piot. "What is happening today in southern Africa illustrates that AIDS cannot be addressed in isolation. Responses to AIDS must take into account that the epidemic has an impact in every economic and social sector."

Injecting drug use drives AIDS expansion

Injecting drug use is the main mode of HIV transmission in Eastern Europe, as well as in several countries in Asia, the Middle East and North Africa.

"Unsafe injecting drug use drives very rapid expansion of the epidemic," noted Dr Brundtland, "but it does not take long before the sexual partners of injecting drug users become part of a steadily widening epidemic".

Indonesia, where injecting drug use was virtually unknown ten years ago, is seeing a sharp rise in injecting drug use-and with it, the risk of a major AIDS epidemic. The country now has as many as 200,000 injecting drug users-and rates of HIV infection are rocketing among them. Data indicate that up to 50% of injecting drug users in Jakarta may be HIV-positive, compared to 0% in 1998. This route of transmission could account for more than 80% of the country's HIV infections in the year ahead.

The report cites evidence from Brazil that prevention efforts, including drug treatment and needle exchange, can lower HIV prevalence among injecting drug users. But it warns also that such "targeted" interventions alone will not halt the

epidemic. More extensive HIV/AIDS programmes that reach the general population are essential.

"It is critical that drug users, and other groups who are particularly vulnerable to infection, gain access to prevention services," said Dr Brundtland. Programmes targeted to these very vulnerable populations, as well as national initiatives that reach in particular young people, must be urgently scaled up.

Early Signs of Success in Some Countries, But More Resources Needed

The report identifies several successes in the fight against AIDS. Evidence from South Africa and Ethiopia indicates that the awareness campaigns and prevention programmes that have been launched in recent years are starting to have an impact, particularly among young people. In South Africa, the number of pregnant women under age 20 who are HIV-positive fell to 15.4% in 2001, compared to 21% in 1998. In Ethiopia, the HIV rate also appears to be in decline among young inner-city women in the capital, Addis Ababa.

These trends follow the reporting of similar findings in Zambia. Uganda also continues to demonstrate success in 2002 in reducing new HIV infections in several parts of the country.

In Asia, rates of HIV infection are levelling off in Cambodia, the country in the region with the highest proportion of adults living with HIV. This trend is again a direct result of a sustained national prevention programme. In a significant success, Cambodia reports that HIV infections among sex workers declined from 42% in 1998 to 29% in 2002. The decline was most dramatic among sex workers under the age of 20. In the Caribbean region, there are signs that the epidemic may be stabilizing in the Dominican Republic.

"There is strong evidence from around the world that the AIDS epidemic does yield, in some cases dramatically, to determined human intervention," concluded Dr. Piot. "We can prevent 29 million new HIV infections this decade if we implement a full prevention package globally by 2005. Over the past two years the international community has come to recognize what is needed, in terms of resources and political leadership, to combat the pandemic. But we cannot say that in either category we are anywhere near where we need to be to have a significant impact on the epidemic.

UNAIDS calculates that effective prevention and care programmes in low- and middle-income countries will require US\$10.5 billion by 2005. Funding needs will then rise significantly so that by 2007 some US\$15 billion a year will be needed to successfully combat AIDS - and that level would have to be maintained for at least a decade thereafter.

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A DELEGATION FROM NEPAL, FAMILY HEALTH INTERNATIONAL



Sponsored by the Family Health International (FHI), a delegation from Nepal visited Hong Kong and shared the Hong Kong experience of harm reduction with a view of implementing a new harm reduction programme in Nepal.

HIV epidemic in different population tells a different story related to its own background and routes of transmission. In Nepal, where the HIV/AIDS epidemic is relentlessly fuelled by the high proportion of needle-sharers among the injecting drug users (IDU), Family Health International (FHI), which is an international non-government organisation, has coordinated a number of harm reduction works for IDU on AIDS prevention. The organisation had sponsored a delegation from Nepal to visit Hong Kong from 11 to 15 November 2002. The aim of the visit was to share the Hong Kong experience of harm reduction for IDU, with a view of implementing a new harm reduction programme in Nepal.

The delegation includes a mix of managers for methadone programme and local health policy makers as well as academia. There were seven members in the group, including Dr. Shyam S. Mishra, Director, Ministry of Health, Teku, Mr. Manoj K. Menyangbo, Former Mayor, Dharan, Dr. Dhurba M. Shrestha, Senior Psychiatrist, Mental Hospital, Patan, Dr. Mahendra K. Nepal, Psychiatrist, Teaching Hospital Teaching Hospital, Kathmandu, Dr. Pramod Shyangwa, Assistant Professor, BP Koirala Institute of Health Sciences, Dharan, Mr. Surendra Gautam, Director, INF/Release, Pokhara, and Ms. Asha Basnyat, Associate Director, FHI.

Upon request of the FHI, Nepal, a special five-day workshop was organised by the Red Ribbon Centre (RRC). The delegation showed much interests in the diversity of the work of the RRC as a resource centre, and the experience of the Yaumatei Voluntary Counselling and Testing Service was especially relevant to them as they were also planning for similar service soon. The group also visited the Integrated Treatment Centre as a model of HIV treatment.

To capture the diversity of the multifaceted work of local harm reduction services, the delegation was also introduced to various related governmental and non-governmental agencies. The Narcotics Division of the Security Bureau showed them the Hong Kong Jockey Club Drugs Infocenter, which is open to the public to deliver information on drug addiction. The Society for the AID and Rehabilitation of Drug Abusers (SARDA) introduced the Phoenix Project, which is an outreach programme employing ex-drug user volunteers as peer educators. The visit to Sister Aquinas Memorial Women's Treatment Centre was introduced as an example of residential drug treatment and rehabilitation service, and the Robert Black Methadone Clinic was part of the local territory-wide low-threshold outpatient treatment initiative, which bore contrasting characteristics to the existing pilot methadone programmes in Nepal.

In contrast to Hong Kong, Nepal has a multi-ethnic, multi-cultural, multi-religious and multi-linguistic background with a rich repertoire of customs and traditions which would demand her own unique local solution to the growing HIV epidemic. However, there was one quotation from Martin Luther King Jr, "All life is inter-related. We are all caught in an inescapable network of mutuality, tied into a single garment of destiny. Whatever affect one directly, affect all indirectly." The quotation resounds with increasing validity nowadays as problems of global dimension unfold, with drug and HIV epidemic being just two examples. The five-day exchange between HK and Nepal reaffirms the commitment of the RRC to share the best practices crystallised from local experiences, and the need of collaboration between different societies with different background.



Dr Wan Wai Yee of Special Preventive Programme introduced the Official AIDS Website www.aids.gov.hk to the delegates from Nepal.

"BUILDING UP OUR TIES TO FIGHT HIV / AIDS"



The Third Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was held in Shenzhen between 7th and 9th of November 2002.

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Background

While we are witnessing increase in collaboration between Hong Kong and its hinterland in the areas of trades and tourism in recent years, progress has been made in establishing ways of exchanging information and sharing experience in HIV/AIDS. Many health care professionals and academicians working in the fields of HIV prevention and treatment from major cities of the region, including Hong Kong and Macao, are now contributing to this process.

Recognising that acquiring quality surveillance information on HIV/AIDS in this region is pivotal in planning effective HIV prevention programmes, many forums and meetings, whether they are specific to epidemiology of HIV/AIDS or those touch upon the related subjects, have been organised. One of the first formal meetings on a large scale could be traced back to 1996, when the Hong Kong Advisory Council on AIDS (ACA) hosted the First Hong Kong AIDS Conference. Participants to this conference had included people from both local and many other cities in the Pearl River Delta region. The overwhelming success of this conference provided the impetus to this kind of forums from then on.

Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region

As a result of the growing cross border traffics among

major cities in the Pearl River Delta Region over the past decade, there are impending needs to obtain updated and timely information on HIV epidemiology in this region. Dialogues between epidemiologists and health care professionals have therefore become increasingly essential.

Aiming to bring the regional professionals together in sharing their expertise and experience, a technical workshop involving both experts and frontline workers in the areas of HIV surveillance and epidemiology was held in Macao in 1998. With an open and non-judgmental atmosphere being adopted throughout the meeting, the workshop was very well received. Subsequently, the demand for such meeting to be held regularly was realised and the workshop has become a biennial meeting. The second workshop was held in Hong Kong in 2000.

In 2002, the Third Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region was organised and held in Shenzhen. It was officiated by government officials, community leaders and technical experts. There were over one hundred delegates from 13 cities of the region attended this 3-day workshop between 7th and 9th of November. As in the previous two workshops, the recent trends of HIV situation in respective cities took the centre stage. This time, of the 13 participating cities including Baoan, Dongguan, Foshan, Guangzhou, Hong Kong, Huizhou, Jiangmen, Macao, Qingyuan, Shenzhen, Shuende, Zhongshan and Zhuhai, most

had provided detailed account on their local HIV epidemiology during the meeting. The relatively low HIV prevalence in the general population but a rising trend of HIV infections among injection drug users in some cities in the region have highlighted the crucial needs of such surveillance information to be analysed in a wider geographical context.

In addition to the discussions on HIV situation, the implications of the sex and drug use as the major risk factors and the experience from methadone treatment programme, there were some new elements in the Third Workshop. Topics pertinent to HIV epidemiology such as opportunistic infections, including tuberculosis and penicillium marneffei infection (a unique fungal infection prevalent among HIV infected people in South-east Asia) and programmes to prevent mother-to-child transmission of HIV as well as the use of molecular tools in HIV epidemiology, were being introduced. All of these topics were presented by local experts in our region.

The Way forward

This biennial workshop, which has an ultimate aim to enhance HIV surveillance and epidemiology, does facilitate collaboration and acts very effectively as a channel of communication in the Pearl River Delta region. However, it is also recognised that the current system of sharing surveillance information can be substantially improved if the Internet technology is to be incorporated in it.

Our way forward should therefore build on the existing information sharing structure. One option is to design a framework to ensure timely data collection and deliverance of information to those required to know. Most importantly, this framework will rely on the regular input of HIV prevalence data from cities in the region. It will capture only currently available routine HIV prevalence information. Whether the data should be deposited on a common accessible area in the Internet or by other means could be worked out among all participants in the future.



The delegates of the 13 participating cities provided detail account on the recent trends of HIV situation in their local cities during the workshop.

TRAINING WORKSHOP ON METHADONE TREATMENT FOR HIV PREVENTION

Training Workshop on Methadone Treatment for HIV Prevention is meant for health professionals who are involved in (or planning to develop) methadone treatment programmes for achieving HIV prevention. The objectives of this capacity building programme on methadone maintenance for HIV prevention are - a) to provide a forum for exchanging views and information on the roles, effectiveness and organisation of methadone treatment programmes, b) to identify and promulgate best practices in methadone maintenance treatment, and c) to stimulate collaboration for enhancing the effectiveness of substitution treatment in harm reduction.

The Workshop is organised by United Nations Regional Task Force on Drugs Use and HIV Vulnerability, in

collaboration with UNAIDS South East Asia and Pacific Inter-country Team, WHO Regional Office for the Western Pacific, UNDCP Regional Centre for East Asia and the Pacific, and Red Ribbon Centre - UNAIDS Collaborating Centre for Technical Support.

Registration of the Workshop has closed on 2 February 2003. The Workshop will be conducted at Lam Woo International Conference Centre, Hong Kong (Address : 34, Renfrew Road, Kowloon Tong, Kowloon Hong Kong) from 2nd to 4th April 2003.

For further information, please visit the Harm Reduction Website at <http://www.harmreduction-hk.com>

VISIT FOR DELEGATION OF OFFICIALS FROM UZBEKISTAN

Opiates have been traded along the Silk Road for centuries, and are certainly not new phenomena to Central Asia. However, the scourge of the IDU has rolled back, claiming increasing toll as the burden of problem is compounded with the spread of HIV/AIDS. Uzbekistan is one of the former-Soviet Central Asian states, situated in Central Asia, north of Afghanistan. Sitting on major drug trafficking route, places the country at risk of growing IDU population and increasing HIV cases, but there is definite government commitment to fight the drug problem, which is the key motivation for a delegation comprising key officials of the Ministry of Health from Uzbekistan to visit Hong Kong from 10 to 16 December 2002.

The delegation included Mr Damin Asadov, First Deputy Minister of Health, Mr Kamol Dusmetov, Deputy Chairman, State Commission on Drug Control, Director of National Centre for Drug Control, and Mr Iskandar Ismailov, Programme Director, Open Society Institute-Uzbekistan. The visit was organised by the Narcotics Division of the Security Bureau and Department of Health of the Hong Kong SAR Government to share the Hong Kong experience in tackling drug problems and HIV/AIDS.

As all would agree, the anti-narcotic war would comprise multifaceted efforts and inter-departmental collaboration. The delegation visited various government departments during their stay in Hong Kong, including the Narcotics Division of the Security Bureau, some law enforcement bodies on drug-related

crimes and border control, and some compulsory as well as voluntary residential treatment programmes. The Methadone Treatment Programme, which had operated in Hong Kong since 1972, was introduced as a model of the harm reduction strategy, and the site visit of a methadone clinic demonstrated how a high patient load was managed in a small facility.

The delegation visited the Red Ribbon Centre (RRC) on the 16 December 2002. The overview of the HIV/AIDS preventive strategies was deliberated by Dr. Kelvin Low of the Special Preventive Programme, followed by Dr. WY Wan giving an introduction of the role of RRC as an education and resource centre and as the UNAIDS collaborating Centre. The harm reduction work by the RRC was highlighted. The delegation showed much interest in the territory-wide harm reduction media campaign which had utilised various platforms to address not just drug users but general public.

The last but not the least, the delegation was reminded that there would be a regional workshop held in Hong Kong on the topic of "Training Workshop on Methadone Treatment for HIV Prevention" in April. With improved transportation, the world is getting smaller and Uzbekistan is no longer as far and remote to Hong Kong as it used to be. Many regional countries are expected to participate in the workshop and each and every one of them will enrich and season the experience sharing. The RRC are expecting some happy reunions with old friends from countries which had visited us before – now this would include our new Uzbek friends of course!



Organised by the Narcotics Division of the Security Bureau and Department of Health of the Hong Kong SAR Government, a delegation comprising key officials of the Ministry of Health from Uzbekistan visited Hong Kong to share the Hong Kong experience in tackling drug problems and HIV/AIDS.



Staff of Red Ribbon Centre introduced various resource materials to the delegates.

A DELEGATION FROM GANSU AND GUANGXI, WORLD VISION, CHINA

The World Vision China Office had organised a delegation of health officials working on tuberculosis from the Gansu and Guangxi provinces of China to visit Hong Kong from 6 to 13 December 2002. With HIV/AIDS being an increasingly important problem, the group also visited various HIV/AIDS programmes in Hong Kong.

The delegation consisted of twelve and six health workers from Gansu and Guangxi respectively; they visited the Red Ribbon Centre, the Integrated Treatment Centre and the Voluntary Counselling and Testing service on 10 December 2002. Most of the members were first-timers to Hong Kong and they showed a lot of interests in the integrated approach of the Special Preventive Programme, and the commitment of the Hong Kong Government to fight HIV/AIDS.

The visit of the delegation also opened up an opportunity for the World Vision, China office to visit the Red Ribbon Centre, and they include Christy Fong, Health Technical Consultant; Ernest Ng, Area Coordinator of Northwest Facilitating Office; Victoria Wen, Program Office in-charge-of TB and HIV projects of Guangxi/Guizhou Area Facilitating Office; Tan Yin, Health Worker of Guangxi/Guizhou Area Facilitating Office; and

Dr. Ho Wai Yip, National Health Advisor.

While the Red Ribbon Centre has been drawing experience from international non-government organisations like the World Vision which has its expertise built in China for many years, exchange forum like this may open up opportunities for collaboration in future.



Dr Wan Wai Yee of Special Preventive Programme introduced the Hong Kong AIDS Programme to the delegates from Gansu and Guangxi provinces of China.

SCALE UP HARM REDUCTION

In Vietnam, over 100,000 drug users were known to the Government. Drug crimes had been increasing by 10-20% per year. Drug related cases accounted for 60 to 70% of all criminal offences. More recently, there was the increasing trend of methamphetamine abuse by young people. Up to 30 October 2002, over 50,000 HIV infections had been recorded, of which 8,451 had progressed to AIDS. IDU accounted for 60% of all HIV cases. The HIV prevalence had increased rapidly from almost zero in the 80s, to 18% in 1994 to over 30% in 2001. In pregnant women the HIV prevalence was 0.34% in 2001. In 2002 there were an estimated 150,000 persons infected with the virus.

It was against such background of alarming numbers that the UN (United Nations) Regional Task Force on Drugs Use and HIV Vulnerability met in Hanoi on 12 to 13 December 2002. The group examined the HIV situation in countries in South East Asia and the Pacific, and took note of the progress

in the programmes targeting injection drug users (IDU). The first day's meeting was devoted to sharing information and views on the HIV situations and challenges faced by the Vietnamese. The Task Force heard that peer education was introduced in many provinces, while methadone and needle exchange programmes had been piloted in small scales in the country.

Vietnam was in such critical condition that assistance was urgently required to develop effective prevention activities and treatment services. In closing, the Task Force reiterated the key principles of harm reduction, and advised that strategies founded on the very principles be developed to prevent further deterioration of the HIV condition in drug users. Methadone maintenance, alongside needle exchanges and outreaching, were advocated as the effective means to face up the challenge of HIV infection in drug users. It was resolved that the international communities should support initiatives to build capacity of Vietnam in scaling up its harm reduction efforts.

LIONS RED RIBBON FELLOWSHIP SCHEME 2002

Dr Cheng Yimin, the sixth Lions Red Ribbon Fellow of the year 2002, is a senior researcher of Department of Social Medicine, National Research Institute for Family Planning. He had just finished a study on the use of condoms among sex workers in China prior to setting out a two-week study tour to Hong Kong in November, 2002.

Dr Cheng successfully carried out his research project titled 'Methods and ways of promoting male/female condom among female sex workers and their clients in Hong Kong' with input from various organisations. We are grateful to Dr Abdullah from The University of Hong Kong and Prof J Lau from The Chinese University of Hong Kong, who kindly shared with our fellow their precious experience in

related research in Hong Kong.

To broaden his perspective, a number of government services and non-governmental organizations with related work on promoting safe sex among sex workers were arranged for him, such as the Social Hygiene Service and The Family Planning Association. He was especially impressed with the efforts our local outreach workers spent on promoting safety sex among commercial sex workers and their clients, and was particularly thankful for the special arrangement by AIDS Concern so that attachment to their outreach programmes were possible. A seminar on his research project in China with a comprehensive and vivid description of his study finding in Hong Kong was held on 28th November at the Red Ribbon Centre.



Lions Red Ribbon Fellow Dr Cheng Yimin shared with our fellow his research project during the seminar held in Red Ribbon Centre.

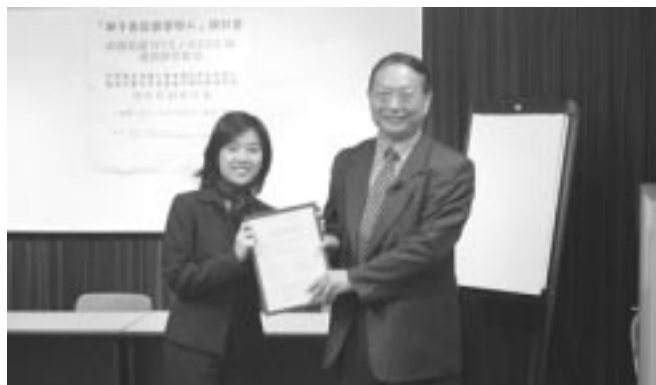


Photo from left to right: Special Preventive Programme Dr Wan Wai Yee and Lions Red Ribbon Fellow Dr Cheng Yimin.

LIONS RED RIBBON FELLOWSHIP SCHEME 2003

NOW OPEN TO APPLICATION

Sponsored by the Lions Clubs International Hong Kong and Macau District 303 and organised by the Red Ribbon Centre, the Lions Red Ribbon Fellowship Scheme 2003 is now open for application. Its objectives are to facilitate experience sharing, enhance technical exchange on HIV/AIDS control, and encourage collaboration and networking between the mainland and local workers.

Applicants must be health care professionals working on HIV/AIDS related projects in China and would like to acquire

specific knowledge or skills on HIV/AIDS control and prevention from Hong Kong's experience so as to facilitate their projects in China. For successful application, a sum of HK\$8500 for a single applicant or HK\$15000 for 2 applicants working on the same project in China would be awarded for a two-week study tour in Hong Kong. The closing date for application will be on 31st of March 2003. Application forms can be download from <http://www.info.gov.hk/aids/english/news.htm>