

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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NEW REPORT FROM LEADING AIDS EXPERTS DOCUMENTS

LARGE GAP BETWEEN HIV PREVENTION NEEDS AND CURRENT EFFORTS

- CURRENT ANNUAL PREVENTION SPENDING FALLS NEARLY \$4 BILLION SHORT OF NEED
- ACCESS TO PREVENTION INTERVENTIONS SEVERELY LIMITED IN EVERY REGION



Fewer than one in five people at risk of HIV infection today have access to prevention programs, and annual global spending on prevention falls \$3.8 billion short of what will be needed by 2005, according to a new report released today by the Global HIV Prevention Working Group.

The report, *Access to HIV Prevention: Closing the Gap*, is the first-ever analysis of the gap between HIV prevention needs and current efforts, and provides recommendations for expanding access to information and services that could help save lives and reverse the global epidemic.

"Twenty years into the AIDS epidemic, most people in the world still don't have access to effective HIV prevention," said Helene D. Gayle, M.D., M.P.H., director of the Bill & Melinda Gates Foundation's global HIV/AIDS program and co-chair of the Working Group. "A dramatic scaling up of

HIV prevention, combined with increased access to treatment for the millions already infected, can control and ultimately reverse AIDS."

The Global HIV Prevention Working Group is composed of nearly 40 leaders in public health, clinical care, biomedical, behavioral, and social research, and people affected by HIV/AIDS from around the world. It was convened in 2002 by the Bill & Melinda Gates Foundation and the Henry J. Kaiser Family Foundation to inform global HIV prevention policy-making and program planning.

According to the report, most people at greatest risk do not have access to proven prevention interventions, and access varies widely depending on the region and the intervention. For examples, globally only 12% of people have access to voluntary HIV counseling and testing, 19% of

injecting drug users have access to harm reduction programs, and 24% of people at high risk have access to AIDS education.

Access to treatment is even more limited, and both prevention and treatment will need to be scaled up simultaneously. Careful integration of prevention and treatment services will help ensure those who test positive are quickly linked to treatment, and that those in treatment have the tools necessary to protect others from infection.

The report found that current HIV prevention spending in 2002 totaled \$1.9 billion, far short of the \$5.7 billion that UNAIDS estimates will be needed annually by 2005, and the \$6.6 billion that will be needed by 2007. UNAIDS and WHO estimate that these resource levels could avert 29 million of the 45 million infections projected to occur by 2010.

The Working Group estimates that in 2002 developing countries contributed \$782 million to prevention, donor governments \$780 million, foundations and non-governmental organizations \$160 million, the United Nations system \$100 million, and the World Bank \$64 million.

The report identifies key prevention priorities in each region. For Asia and the Pacific, the diverse epidemics of Asia require expansion of a broad range of approaches, including behavior-change programs targeted at high-risk groups such as sex workers and men who have sex with men, new efforts to curb rising STD rates, harm reduction programs for injection drug users, and interventions to address the gender inequities that often drive the epidemic.

Based on its analysis, the Working Group made the following 6 recommendations.

1. Global spending on HIV prevention activities from all sources should increase three-fold by 2005 to \$5.7 billion, and to \$6.6 billion by 2007. Donor

governments should increase spending on HIV prevention to 0.02 percent of national GDP.

2. Prevention scale-up must be a central priority in every region, focusing on especially cost-effective, high-impact interventions, such as behavior change programs to delay the initiation of sexual activity, reduce the number of sexual partners, and promote the use of condoms, voluntary counseling and testing, STD control, and prevention of mother-to-child transmission, among other proven strategies.
3. As both prevention and treatment programs are brought to scale, these initiatives should be carefully integrated to ensure those who test positive are quickly linked to treatment, and to ensure those in treatment have the tools necessary to protect others from infection.
4. Donors should provide extensive additional support to build long-term human capacity and infrastructure in addition to funding for prevention interventions.
5. Policy reforms and international aid should address the social and economic conditions - such as gender inequality, stigma, and poverty - that increase vulnerability to, and facilitate the rapid spread of, HIV/AIDS.
6. Research into new prevention strategies and technologies should be significantly accelerated.

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UNITED NATIONS REGIONAL TASK FORCE ON DRUG USE AND HIV VULNERABILITY HAS ANNOUNCED TO POSTPONE THE "TRAINING WORKSHOP ON METHADONE TREATMENT FOR HIV PREVENTION".

THE co-conveners of the UN Regional Task Force on Drug Use and HIV Vulnerability have decided to indefinitely postpone the Training Workshop on Methadone Treatment for HIV Prevention because of the Severe Acute Respiratory Syndrome (SARS) that has been affecting many countries, including Hong Kong.

The Training Workshop on Methadone Treatment for HIV Prevention was originally scheduled to last for three days between 2 and 4 April, at the Lam Woo International

Conference Centre, featuring state-of-art presentation and visits to methadone clinics and Red Ribbon Centre.

Other information about the workshop is available from the Harm Reduction website:

<http://www.harmreduction-hk.com> .

Postpone

DR. Wan Wai-yee

THE 14TH INTERNATIONAL CONFERENCE ON THE REDUCTION OF DRUG RELATED HARM (IHRC) IN CHIANG MAI, THAILAND

The long-awaited Methadone Treatment Workshop in Hong Kong has fallen victim of the SARS epidemic. To the disappointment of over eighty intended participants all over the SE Asia, the United Nations Regional Task Force on Drug Use and HIV Vulnerability postponed the "Training Workshop on Methadone Treatment for HIV Prevention", which was supposed to be held from 2 to 4 April 2003 in Hong Kong.

Luckily, the delegates have not been let down, by joining the 14th International Conference on the Reduction of Drug Related Harm (IHRC), which was held in Chiang Mai, Thailand, from 6 to 10 April 2003. In the conference, there were close to a thousand delegates from 63 countries, and it has promoted the mixing and exchange of ideas of the East and the West, and the sharing of the best practices that have been established in different societal context.

The IHRC theme, "Strengthening Partnerships for a Safer Future", aims to "bring to the fore the many challenges of reducing drug-related harms in a context of rapid social change and competition for scarce resources". The conference theme is important, as explained by Tariq Zafar, Executive Chairman, Asian Harm Reduction Network, that "there are plenty of good

practices and expertise in harm reduction in the region. Why should we reinvent the wheel? Instead, we should be working in partnership with others so that their successful approaches can be replicated."

It was not by sheer chance that the Conference was decided to be held in Chiang Mai this year. As stated in the welcome message by Patrick O'Hare, Executive Director, International Harm Reduction Association, it was "only the second time in its 14 year history, that the International Conference on the Reduction of Drug Related Harm has taken place in Asia". Where the conference was held, Thailand is situated in the Golden Triangle which produces much of the world's opium and heroin, and the country is estimated to have between two and three million drug users. It is reported that Methamphetamine is now overwhelmingly the drug of choice and there are also an estimated 40,000 opiate drug users of whom about 90% inject. Yet, Thailand is one but many of the countries in the region that has suffered the scourge of AIDS. The AIDS epidemic developed first among the injecting drug users quickly over-spilled to the general populations in not just Thailand, but Myanmar and Manipur State in North-East India.

In fact, the last decade has seen enormous changes in the profile in the use of drugs, alcohol and tobacco in the region. The conference had given a special emphasis on young people, who are now growing up in a very different context from that of previous generations, and drug usage among them is worrisome. Added to the crisis are the vast number of mobile or misplaced population in the area, and underdevelopment of the social and economic infrastructure, which set the scene of the unique societal need for harm reduction initiatives in Asia, the most populous region in the world.

"The concept of harm reduction is now becoming accepted in more and more countries. The quicker this is translated into policies and programmes, the quicker we can alter the course of the AIDS epidemic in this part of the world which would benefit hundreds of millions of people", stated Patrick O'Hare.

In the 4-day conference, there were plenary and major sessions, symposia, roundtables, skills building, and thematic poster sessions, together with 70 sessions and 350 speakers that would satisfy the need of all the different delegates. A drug user who rose up to testify the stigma and discrimination that were faced by the drug users in the opening ceremony of

the conference, protested that "until drug users are treated with dignity and respect, and are seen as part of the solution rather than part of the problem, harm reduction programmes will never succeed!". There were also representatives of young people, PLWA, and workers from methadone treatment programmes who had spoken, with an enthusiastic atmosphere for NGOs to share experiences of best practices in various countries. Calling for low-cost antiretroviral therapy was also an ongoing issue that resounded throughout.

The conference had a special emphasis on harm reduction advocacy, implementation and scaling up. It followed the success of the 13th conference in Slovenia which focused on social change, inclusion and exclusion, and the 12th conference in India where community development for harm reduction was the theme. For those who have missed this precious occasion, we have to wait for the next International Conference on the Reduction of Drug Related Harm, to be held in Melbourne, Australia, 21-25 April 2004.

Health & Development Networks has covered the details of the 14th IHRC through their on-site Key Correspondent Team. Please visit the www.hdnet.org for special issues of their On Track News Daily Newspaper dedicated to the Conference.

THE LIONS RED RIBBON

FELLOWSHIP SCHEME 2003

The enthusiastic application to the "Lions Red Ribbon Fellowship Scheme 2003" reflects the enormous training needs for AIDS workers in the Mainland, but also probably recognises the accomplishment of the Fellows in the past. Entering 2003, the five years into the Scheme, we are glad to announce that there are six groups of successful applications

in this round: three of them belong to applicants on individual basis, and three are based on project with participants coming in pairs. Hopefully the participants will bring their projects back to their homelands which ranged from Shanxi, Shanghai, Henan, Hubei, Gansu and Sichuan.

THE SECOND

CHINA AIDS AND STD CONFERENCE, NANJING, CHINA CALL FOR ABSTRACTS

The Second China AIDS and STD Conference will take place in Nanjing on 27th to 30th October 2003. The organizer of the conference is The Ministry of Health, with the collaboration of Chinese Center for Disease Control and Prevention, Chinese Academy of Medical Sciences, Chinese Association of STD & AIDS Prevention and Control · Jiangsu Government Department of Health, and Nanjing Municipal

Government. The conference welcomes the participation of organizations working on STD/AIDS prevention and treatment in China. Abstract submission details, please visit the National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention Website at "<http://www.chinaids.org.cn>"