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(Excerpts)

IMPLEMENTING THE DECLARATION OF COMMITMENT ON HIV/AIDS

TWO YEARS AFTER HISTORIC UN SESSION ON HIV/AIDS, NEW REPORTS SHOW PROGRESS BUT MEMBER NATIONS FALL SHORT OF GOALS

Two years after a historic Special Session of the United Nations General Assembly on HIV/AIDS, despite considerable progress, many UN Member States will not meet basic AIDS prevention and care goals established at the 2001 meeting unless efforts are dramatically scaled up, according to reports released today by the UN Secretary-General and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

"We have come a long way, but not far enough," said UN Secretary-General Kofi Annan. "Clearly, we will have to work harder to ensure that our commitment to the fight against AIDS is matched by the necessary resources and action."

The reports clearly state that the current pace of country activity on HIV/AIDS is insufficient to meet the 2005 goals agreed to by all nations at the Special Session. Those goals, which focus on the rapid expansion of HIV prevention, care and impact alleviation programmes, are seen as a vital foundation to achieving the UN Millennium Development Goal of halting and reversing the epidemic by 2015. For example, one of the goals is to ensure that by 2005 at least 80% of pregnant women have access to information, counseling and treatment to prevent HIV transmission to their children. But today these services remain virtually non-existent in countries worst-affected by HIV/AIDS.

"Today's reports are a dramatic wake-up call to the world," said Dr. Peter Piot, UNAIDS Executive Director. "The goals,

set by the Member States themselves two years ago, must be met if we are going to have any realistic chance of reversing this devastating epidemic. While there has been some concrete progress, the current pace and scope of the world's response to HIV/AIDS remains wholly insufficient. The 2005 goals can still be met, but only if significantly greater and sustained commitments to the global HIV/AIDS epidemic are realized."

Although the reports highlight countries' lack of response in many key areas, they do point to progress on some fronts. Of the 103 countries surveyed, 93% have set up comprehensive national HIV/AIDS strategies and national bodies coordinating the response and 88% have increased public awareness of HIV/AIDS through media campaigns, school-based AIDS education and peer education programmes. The amount of funding for AIDS in low- and middle- income countries has also increased substantially in the last year.

Key Report Findings: Funding

Almost all countries surveyed reported improvements in the availability of financial resources to address HIV/AIDS since 2001:

- ❖ Spending on HIV/AIDS programmes in low- and middle-income countries will amount to US\$4.7 billion in 2003 – a 20% increase over 2002 funding levels. It is expected that 57% of this funding will come from non-

domestic sources.

❖ In 2002, total domestic government spending in 58 low- and middle-income countries was estimated to be US\$995 million, a doubling of the amount documented in 1999.

However, despite the improvement, current spending is less than half of the US\$10 billion that will be required for an effective response to AIDS in 2005 alone.

Regarding biomedical research, the reports note that despite significant increases since 2001 in funding for research on HIV-related vaccines and microbicides, these important prevention measures still only account for a small fraction of overall public sector research investment.

Prevention

Turning to prevention, the reports indicate that, while most countries have developed strategic frameworks for HIV prevention, only a fraction of people at risk have meaningful access to basic prevention services.

❖ Services to prevent mother-to-child transmission of HIV (PMTCT) remain virtually non-existent in many heavily affected countries. With the exception of Botswana, less than 1% of pregnant women in these countries receive information and treatment that would help them avoid transmitting HIV to their children.

- Of 17 countries in sub-Saharan Africa reporting on PMTCT, 12 countries, with HIV prevalence rates among newborn babies reaching 25%, have no antiretroviral prophylaxis programme.

❖ Only one quarter of sub-Saharan African countries report that at least 50% of patients with sexually transmitted infections are appropriately diagnosed, counseled and treated. Improved STD diagnosis and treatment is considered to be key to identifying people at increased risk for or already infected with HIV.

❖ Fewer than 5% of injecting drug users receive recommended HIV prevention services.

Treatment

Two years after the Special Session on HIV/AIDS, antiretroviral therapy coverage for people in low- and middle-income countries remains extremely low, with only 300,000 receiving medication in 2002, out of an estimated 5-6 million people who need therapy.

While 80% of responding countries reported having a policy in place to improve or ensure access to HIV-related drugs, more than one-third of countries in the Asia-Pacific region, home to more than 7 million people with HIV/AIDS, have yet to adopt treatment access policies. No country in this region reported treatment coverage above 5%.

In sub-Saharan Africa, only an estimated 50,000 people had access to antiretroviral treatment at the end of 2002, or about 1% of the 4.1 million people in need.

Orphans

Globally more than 14 million children under the age of 15 have lost one or both parents to HIV/AIDS - a number projected to increase to 25 million by 2010. Yet 39% of countries with generalized epidemics have no national policy in place to provide essential support to children orphaned or made vulnerable by AIDS. While four of these countries - Cambodia, Namibia, Tanzania, and Uganda - are in the process of developing such policies, one-quarter of respondent countries reportedly have no plans at present to develop orphan support strategies.

Discrimination

HIV stigma and discrimination is recognized as a key obstacle to implementing the targets in the Declaration of Commitment - yet 38% of countries, including almost half of those in sub-Saharan Africa, have yet to adopt anti-discrimination legislation to protect people living with HIV/AIDS, and only 36% of countries have instituted legal measures to prohibit discrimination against populations that are especially vulnerable to HIV/AIDS, such as injecting drug users and sex workers.

Of particular concern, the reports indicate that nearly one-third of countries lack policies that ensure women's equal access to prevention and care services, despite the fact that women account for close to 50% of all people living with HIV/AIDS worldwide as of December 2002.

Key Recommendations

While noting the important progress made in many areas since 2001, the reports also clearly indicate that greatly increased action against AIDS will be required to meet the 2005 goals. Specifically, the reports state that meeting the previously agreed HIV/AIDS reduction goals will require that:

❖ Countries take swift and high-level action to ensure that their HIV policies and programmes comply with the Declaration's provisions for 2003, and involve key

constituencies in this process, including people living with HIV/AIDS.

- ❖ More political leaders become directly involved in anti-AIDS efforts, especially in the regions of Asia, the Pacific, and Eastern Europe, where effective action is immediately needed to prevent a major expansion of the epidemic.

- ❖ Resources to address AIDS in low- and middle-income countries be doubled by 2005, and tripled by 2007. While the costs of scaling prevention programmes are high, delays are even more costly.

- ❖ Countries implement a comprehensive package of HIV prevention services that guarantee access to vulnerable groups.

- ❖ National strategies be devised to ensure the delivery of treatment and care to people with HIV/AIDS, and to

support the global community's target that 3 million people with HIV/AIDS receive antiretroviral therapy by 2005.

- ❖ As set out in the Declaration, countries adopt, implement and enforce national policies that prevent discrimination against and protect the human rights of people living with HIV/AIDS and vulnerable populations.

- ❖ Governments, including donors, should assess and address laws, policies and practices that increase the vulnerability of women and girls to HIV/AIDS.

For more information, please contact Mark Aurigemma, UNAIDS, New York, tel (+1 212) 584 5017 or mobile (+1 917) 6029192, Dominique De Santis, UNAIDS, Geneva, (+41 22) 791 4509 or mobile (+41 79) 254 6803, Anne Winter, UNAIDS, Nairobi, (+41 79) 213 43 12, Rolando Gomez, United Nations, New York, tel (+1 212) 963-2744 or Pragati Pascale, United Nations, New York, tel (+1 212) 963-6870, e-mail mediainfo@un.org. You may also visit the following websites for more information: <http://www.unaids.org/www.unaids.org> and www.un.org/ga.

Dr. Kenny Chan

WHEN THE ECONOMIST TALKS AIDS, I LISTEN



Hong Kong addresses ESCAP on HIV prevention

It was a most unusual meeting. From Sep 1 to 4, 2003, the United Nations Economic and Social Commission for Asia and the Pacific, also known as ESCAP, convened its 59th session on AIDS in Bangkok. I was part of the two-man delegation representing Hong Kong.

Make no mistake. I have not jumped ship from being a doctor to an economist yet, although the AIDS virus knows no such boundary. Its trail of devastation has not only been tracked by pain and suffering, but by economic losses in a

scale only eclipsed by plagues like, well, the Great Plague. Maybe the only difference between them is one of slow, tormented agony as opposed to quick death. Either way, they are expensive, says the economist.

Globally, 42 million people are living with HIV/AIDS. 3 million have died. Despite all the prevention work, a startling 5 million new infections were acquired in 2002. Africa bore the brunt; many think Asia is next. A lot of Southeast Asian countries are already hurting. Imagine this, a staggering 2 percent of the whole Cambodian population is now infected. HIV is squeaking in, and China, the most populous country in the world, is in the spotlight. It does not take an economist to calculate what is 2 percent of one billion

Effective treatment exists, but it is available to the fortunate few countries where paradoxically AIDS has plateaued. Forget about compulsory licensing or generic drugs. Laudable are these attempts to drive down prices; it will still take a miracle to get effective anti-HIV drugs for US \$1 a year, the health budget of some African countries.

Let me be honest. I had been skeptical of how ambassadors, economists, or ministers of foreign affairs could convene in a tourist haven and seriously tackle a medical problem. Do they understand what is CD4 count? What is antiretroviral therapy, or what is safer sex to an economist? Do they use condoms?



The Vanuatuans say "discrimination spreads AIDS"

The story began in 2000 when the United Nations made the Millennium Declaration, urging all governments to reverse the spread of HIV/AIDS in 2015. A Declaration of Commitment was subsequently adopted by the General Assembly. In 2001, ESCAP passed resolution 57/1 to call for actions to implement the commitment. Now time was due for governments to hand out their report cards. No, there would not be a Q&A session; nor was there any scoring. But you know the feeling when people give you a dirty look.

The meeting consisted of a series of sessions where ambassadors or the like presented their policy statements. In between there were exhibitions on various aspects of HIV/AIDS. UNAIDS had an impressive booth with all its publications on the subject. A documentary on the suffering of people with HIV in Thailand was shown. However, what impressed me was a play by a group from Vanuatu, a Pacific Island country, on discrimination and how the taboo of AIDS ironically led to its spread.

The series of policy statements lasted a day and a half. I could not help but nod off a bit when some ambassadors managed to make it boring. I wondered how they became politicians in the first place. Nevertheless, there were gems I have to share with you.

The Chinese had a 20-member delegation. And their status as a leading country in Asia was obvious. However, what jolted me from my trance was how forthright and politically correct they were. There was no empty slogan. It was a matter-of-fact statement, and this was how it should be. Shen Guofeng, the spokesman of the Chinese Government when Chris Patten was our governor, was now the head of the Chinese Delegation. He 'confessed' there could be 1 million or more PLHA in China although only 40,000 had been reported. The Chinese response had consisted of a national, inter-departmental coordinating mechanism. One

hundred demonstration zones for prevention and treatment were being set up. New laws would be passed. And prevention messages would be spread to the most rural parts of the country. All these represented a national commitment. I began to have hopes that the doomsday many had predicted for China would remain just that, prediction.

Thailand's speech was too lengthy for my taste, but it was with good reasons. It outlined their extensive experience and their success in halting the epidemic in the country. Remarkable was how, with limited resources, they were able to make an effective and comprehensive response, ranging from anti-discrimination to treatment. Their statement almost read like a textbook on AIDS prevention. This was also experience Hong Kong had to learn from. Do not be complacent that we have a lower HIV prevalence, and, to borrow from the economist, a higher GDP. Money does not guarantee success. AIDS turns any rich country to a poor one, says the economist again.

Parallel with gems are stones. I will not name names, but a few countries present statements boasting their economic achievements, and only in the last minute do they mention they are active in AIDS prevention work. Hardly convincing. Not surprisingly, these are also countries boasting some of the most rapid increases in HIV rate. It takes about 10 years for a person to progress to full blown AIDS. I guess it may take longer for a country to shift to panic gear. By then, it may be too late.

In the last session, Hong Kong got to present its own. For some reason, a sense of pride crept in. Hong Kong did have a low prevalence of HIV at <0.1%, but I knew the Hong Kong was beset with factors that could create a full blown epidemic. Hong Kong had state of the art anti-HIV treatment available practically for free, but I knew that once there was an epidemic, such free treatment would not be there. I was proud of the fact that we could have extensive and coherent HIV prevention and surveillance, *notwithstanding* a low HIV prevalence. Hong Kong might be an underdog economically, but we are a state of power in HIV prevention.

After dinner, the whole delegation, a government statistician and I, took a cab back to the hotel. The cab driver was nice, talkative and certainly friendly. He showed us pictures and recommended us massage. We politely declined. When we were about to step out, he showed us the pictures again and said 'last chance'. How right he was. On the brink of disaster, all of Asia has but one last chance to work together to ward off a deadly enemy. The Vanuatuans have got the message, have you ?



LIONS RED RIBBON FELLOWS 2003

With the sponsorship from the Lions Club International District 303 (Hong Kong and Macau), the first group of Lions Red Ribbon Fellows of this year has finished their two-week attachment in Hong Kong in mid-September. They were Dr Hu X.Y. from Hubei, Dr Cao G.H. from Henan and Professor Gao Y.N. from Shanghai Fudan University.

Dr Hu is currently carrying out a project on safe injection in Zhigui, Hubei. Seemingly a 'common sense' to most health care workers in Hong Kong, the concept of safe injection has not been widely publicized in Hubei, particularly in its rural areas. The objectives of the project, namely to avoid unnecessary injections and to inject safely will be achieved through conducting a variety of training activities and campaigns. During his stay in Hong Kong, the infection control nurse of the Special Preventive Programme shared with Dr Hu our experiences on training and education of prevention of blood-borne illness in health care settings. The same issue was also discussed during his visit to the Hong Kong Red Cross Transfusion Service. He also learnt much about the local experience in health promotion through discussions with representatives from the Department's Central Health Education Unit and the use of mass media in health promotion through visiting the Radio Television Hong Kong.



Photo from left to right: Dr Homer TSO Chairman of the Hong Kong Advisory Council on AIDS and Lions Red Ribbon Fellow Dr Hu X.Y. from Hubei.

Dr Cao and Professor Gao have been working closely on the same project in the region hardest hit by the HIV/AIDS epidemic during the plasma selling fad in the early nineties. At present, some of the HIV infected villagers are becoming symptomatic and in need of appropriate treatment. Some have already succumbed from the disease, leaving the orphans and the elderly behind. The two fellows are now cooperating to improve the psychosocial support to those patients and their family members. Their objective of this study tour was to examine the support services available to HIV infected patients in Hong Kong. With the kind arrangement by Chi Heng Foundation, the two fellows visited Hong Kong AIDS Foundation and AIDS Concern to learn how patients' needs are taken care of. They also had discussion with the nurse counsellors and doctors from the Integrated Treatment Centre, focusing on ways to improve the adherence of taking the highly active antiretroviral therapy (HAART), which is now available in China.

The three fellows conducted a seminar on the 26th of September and shared their experience and the HIV situation in their homeland with local workers. Let's hope they can translate the lessons learnt in Hong Kong into their practice in China.



Dr Cao G.H. from Henan (Left) and Professor Gao Y.N. from Shanghai Fudan University (right) shared with our fellow their research project during the seminar held in Red Ribbon Centre.

Dr WY WAN

STANDING ON THE SHOULDERS OF GIANTS - Remembering Dr Jonathan Mann (1947 – 1998)

September 2003 marks the fifth anniversary of the tragic deaths of Jonathan M. Mann and his wife Mary Lou Clements in a plane accident. The couple were onboard a plane travelling to Geneva, where they were heading to WHO and UNAIDS, to the missions which they had dedicated their lives – to fight the global AIDS pandemic through development of international health strategies deeply rooted in human right protection.

Dr Mann had worked closely with many AIDS workers in Hong Kong. In 1993, he visited Hong Kong and delivered a thoughtful presentation at the Health Services Panel of the Legislative Council. He was also the honorary adviser of Hong Kong Community Charter on AIDS in 1994. He had supported our local programmes through useful advice and discussions. In the months before his death, he had agreed to be the advisor for re-launching of Community Charter on

AIDS in 1998, which had promoted *leadership, partnership* and *community support* as its official values.

His vision abounds with wisdom, and has stood the test of time. His pursuit of universal human rights is still a much sought-after priority today, in a world which AIDS still claims its heaviest toll among the most deprived. In preparing this article, I came across a Hong Kong College of Community Medicine lecture delivered by Dr Mann in November 1993, titled “Responding to AIDS”. After an analysis of AIDS situation in different countries, he suggested that (1) “AIDS is much about people and society as it is about a virus”; (2) “to the extent that societies can reduce discrimination and promote respect for rights and dignity of all their members, they will be increasingly successful in preventing HIV transmission”; and that (3) the disease is “inextricably a part of broader health concerns rather than a separate and unique phenomenon”.

Quoted below is the conclusion of his speech, as a

salutation for the giant fighter against AIDS and protecting human rights. Dr Mann, in his own words, reminds the Asian AIDS workers of our priority, and that we will never be alone, standing on the shoulders of giants, in combating AIDS:

“The challenge of linking Asian wisdom with Western wisdom – recognising that no nation and no culture has a monopoly on wisdom – to re-cast African and European lessons from AIDS into innovative and creative Asian responses to this global epidemic – this is the critical issue – and our inescapable responsibility. Even more, this dawning capacity to join experience and knowledge with tolerance and wisdom – towards ourselves and each other may ultimately be our most important task.”

“When history of AIDS and of our time is written, our most precious contribution may be the forging of a global vision of health and solidarity – health, human rights and dignity – our contribution to the human spirit, our gift to peace.”

Dr. SS LEE

REDUCING VULNERABILITY



Picture: On the right is Dr. Nick Croft, co-convenor of the UN Regional Task Force on Mobility and HIV Vulnerability Reduction and the Task Force on Drug and HIV Vulnerability at the meeting in Chiangrai.

The importance of human mobility and injection drug use in the spread of HIV in Asia were highlighted in the meetings of two United Nations (UN) regional task forces in summer.

On 15 and 16 July 2003, the UN Regional Task Force on Mobility and HIV Vulnerability Reduction and the Task Force on Drug and HIV Vulnerability met to examine technical issues relating to the reduction of vulnerability in South East Asia and the Pacific, home to millions of people on the move. The meetings were held in Chiang Rai, Thailand.

The two task forces began with a joint session to review the situation. It was noted that the size of the mobile population is enormous in Asia. The Philippines, for example is the largest supplier of seafarers in the world. In China alone, 100 million were moving between rural and urban areas on a yearly basis. Professor Li Dun from the Tsing Hua University discussed the legal framework on HIV, drug use and mobility in the country. Mr Jacques Guernsey highlighted the importance of establishing an early warning rapid response system. He quoted Ruili as a example of the complex dynamics involved in human mobility and HIV transmission. The progresses of various international agencies in addressing human mobility in specific projects were updated.

The Task Force on Drug use and HIV Vulnerability had focussed on Thailand's response to the problem of drug use and HIV, and cautioned about the neglect of HIV spread in drug users as well as the inertia in introducing harm reduction. The change of policy from criminalizing drug users to the fostering of a more sympathetic attitude was however welcomed by the Task Force. On a regional level, there was discussion about the hidden problem of HIV vulnerability in prisons. The Task Force resolved to collect the necessary data for facilitating future study in a regional context. The need for having a harm reduction workforce in place was acknowledged. Finally, the importance of informing national authorities of the Task Force's recommendations was reiterated, with the demand for routing the resolutions to

the UN theme groups, which are working on a national level.

The UN Office on Drugs and Crime (UNODC) and United Nations Development Programme (UNDP) provided secretariat support to the two task forces. The joint session

was opened by Mr Robert England, UN Resident Coordinator and UN Theme Group on HIV/AIDS chair for 2003, Thailand. On the last day, Dr Sandro Calvani, representative of the UNODC Regional Centre for East Asia and the Pacific hosted the press conference to conclude the meetings.

A TRIP TO BEIJING



On 15 August 2003, staff of Red Ribbon Centre and Radio 2 RTHK travelled to Beijing for a 2003 World AIDS Campaign Planning Meeting. They took a picture with the Officials of Chinese Center for Disease Control and Prevention, National Institute on Health Education (NIHE) after the meeting. (From left to right: Ms Ying, Ms Victoria Kwong, Dr WY Wan, Dr Hou Peisen, Dr SS Lee, Mr JT Lee, Ms Wendy Lee, Ms W Yim, Mr KF Chow and Ms Wang Xinlun.)



Led by Mr Hao Yang *Head of Chinese Health Ministry's Department of Disease Control* and Mr Hou Peisen *Director of NIHE* (Front right and left), the working group had a fruitful information exchange and discussion on the joint programme of 2003 World AIDS Campaign.



The staff of Red Ribbon Centre specially visited UNAIDS China Office during their stay in Beijing. (From left to right: Ms Fan Yuhua, *National Programme Assistant*, Dr WY Wan, Ms Victoria Kwong and Mr Li, *China Office staff*.)



A staff from Marie Stopes China demonstrated their internet project to Dr WY Wan and Ms Victoria Kwong.

STIGMA AND DISCRIMINATION IS THE THEME FOR "WORLD AIDS CAMPAIGN 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 of AIDS or from acknowledging their HIV status publicly.

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." Publication for the theme of World AIDS Campaign 2004 is coming soon on the website of UNAIDS. If you are interested to know the theme, you can visit the UNAIDS website on the Internet for more information. The address of the website is <http://unaids.org>

Dr. Krystal LEE

EXPERIENCES SHARING WITH DELEGATES FROM SEOUL

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'HIV is a statutory notifiable disease in Seoul, a conservative yet rapidly transforming city. The number of reports of HIV infection has almost doubled in these two years to more than two thousand. More than 90% of the cases are sexually transmitted. People living with HIV/AIDS are still facing lots of unjustified stigmatization and discrimination in the health care system, in the workplace and even within their own families. There is no specialized HIV clinic for them' said Mr Lee Sang Eun, the chief director of the Korean Alliance to Defeat AIDS (KADA), Seoul branch.

In mid-September this year, the Red Ribbon Centre arranged a two-day study tour to a delegation of four from Seoul. The group comprised of representatives from the Korean Alliance to Defeat AIDS (KADA), Seoul branch and the Communicable Disease Control Division of Seoul Metropolitan City Government. They would like to learn how other cities are coping with the HIV epidemic.

The introductory session in the Red Ribbon Centre overran for almost 2 hours. The delegates have shown their biggest interest in different aspects of HIV programme in Hong Kong. For example, simply the display of our HIV prevention messages in most public premises is in fact very difficult to be done in Seoul and it is a wish they have been longing for.

The group was also fascinated by our clinical services through visiting the Integrated Treatment Centre and they would like to model their care programme on it if possible. The delegation also visited the Voluntary Counselling and

Testing Services and the Methadone Clinic.

Finally, an experience sharing session with three AIDS non-governmental organizations was held just before their departure. Representatives from the Hong Kong AIDS Foundation, AIDS Concern and the Society for AIDS Care participated and sincerely discussed various related issues. Attention has been mainly focused on the issue of HIV related stigma and discrimination.

After the tightly scheduled two-day stay in Hong Kong, the delegation would fly to Malaysia and then Taiwan to continue their study tour. Let's hope this tour could open their eyes to many possibilities to improve the quality of care and support to and lessen the discrimination against the HIV positive people in Korea.



Picture: Staff of the Red Ribbon Centre arranged a two-day study tour to a delegation of four from Seoul.