

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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(Excerpts)

WORLD HEALTH ORGANIZATION AND UNAIDS UNVEIL PLAN TO GET 3 MILLION AIDS PATIENTS ON TREATMENT BY 2005

COMPREHENSIVE APPROACH TO HIV/AIDS TREATMENT AND PREVENTION

NEW AIDS MEDICINE AND DIAGNOSTICS SERVICE

SIMPLE TREATMENT REGIMENS PUBLISHED

TRAINING TENS OF THOUSANDS OF PEOPLE TO SUPPORT AIDS TREATMENT AND PREVENTION

1 December 2003 GENEVA – The World Health Organization (WHO) and UNAIDS today release a detailed and concrete plan to reach the 3 by 5 target of providing antiretroviral treatment to three million people living with AIDS in developing countries and those in transition by the end of 2005. This is a vital step towards the ultimate goal of providing universal access to AIDS treatment to all those who need it.

The 3 by 5 initiative complements the groundbreaking commitments made by the United States under President Bush's HIV/AIDS Initiatives (\$15 billion dollars for an enhanced AIDS response), the pathfinding work of NGOs (like MSF) and faith-based groups, the efforts of pharmaceutical companies to reduce the prices of AIDS treatment, the contribution of international foundations like the Bill and Melinda Gates Foundation, the initiative and hard work of many national and international agencies, and, critically, the courageous contributions of nations increasing their people's access to AIDS treatment.

"Preventing and treating AIDS may be the toughest health assignment the world has ever faced, but it is also the most urgent," said Dr. LEE Jong-wook, Director-General of the World Health Organization. "The lives of millions of people are at stake. This strategy demands massive and unconventional efforts to make sure they stay alive."

UNAIDS announced last week that 40 million people around the world are infected with HIV, and that the global AIDS epidemic shows no signs of abating. Five million people became infected with HIV worldwide and 3 million died this year alone – that's 8,000 people every day. WHO estimates that six million people worldwide are in immediate need of AIDS treatment. This strategy outlines the steps needed to deliver treatment of half of them within two years.

The strategy is a key element in a combined programme of accelerating HIV/AIDS prevention and treatment. Much has already been done by countries, by UNAIDS, the World Bank, foundations, WHO and many other groups. After twenty years of fighting the epidemic, it is now clear that a comprehensive approach to HIV/AIDS must include prevention, treatment and care.

"The lack of HIV treatment is without a doubt a global emergency," said Dr Peter Piot, UNAIDS Executive Director. "We firmly believe that we stand no chance of halting this epidemic unless we dramatically scale up access to HIV care. Treatment and prevention are the two pillars of a truly effective comprehensive AIDS strategy."

3 by 5 Strategy

To each the 3 by 5 target, WHO and UNAIDS will focus

on five critical areas:

- ❖ Simplified, standardized tools to deliver antiretroviral therapy
- ❖ A new service to ensure an effective, reliable supply of medicines and diagnostics
- ❖ Rapid identification, dissemination and application of new knowledge and successful strategies
- ❖ Urgent, sustained support for countries
- ❖ Global leadership, strong partnership and advocacy

Simplified Treatment Recommended

The strategy has greatly simplified the recommendations for AIDS treatment regimens. The number of such WHO-recommended regimens has been cut to four from 35. ALL four are equally effective. The selection of an individual regimen for a patient will be based on a combination of individual needs, together with the availability and suitability of a particular regimen in a country. The strategy also recommends the use of quality-assured “fixed dose combinations” or easy-to use blister packs of medicine whenever they are available. The aim is to ensure that all people living with AIDS, even in the poorest settings, have access to treatment through this simplified approach.

The strategy also includes the global AIDS medicines and Diagnostics Service (AMDS), which will ensure that poor countries have access to quality medicines and diagnostic tools at the best prices. The service, which will be operated by WHO, UNICEF and other partners, will help countries to forecast and manage supply and delivery of necessary products for the treatment and monitoring of AIDS. Through the WHO Prequalification Project, AMDS will also include a medicines and diagnostics evaluation component which will ensure that manufacturers, products, procurement agencies and laboratories meet international quality, safety and efficacy standards.

Treatment Action in Countries Already Under Way

Antiretroviral therapy programmes can only be expanded if there is coordinated, scaled-up action in countries, particularly those hardest-hit by AIDS. Countries are at the heart of the 3 to 5 strategy and will be the focus of all efforts to meet the 3 by 5 target. Many countries have already demonstrated their commitment to this target. Immediately following the declaration of a global AIDS treatment emergency, more than 20 countries requested collaboration and input from WHO, UNAIDS and other partners.

Teams have already travelled to Kenya, Burkina Faso, Malawi and Zambia. Other teams have done preparatory work in Ukraine, India and Sudan. In each case, the teams will be working with governments to identify and help remove obstacles, so that antiretroviral medicines can be provided quickly to the people who need them most. Many other countries, including Russia and Djibouti, have also requested assistance.

Training of health workers is an urgent need in all countries involved. Many of the countries with the highest numbers of people living with HIV/AIDS have very few doctors or other trained health staff. Many of these health workers have died as a result of untreated AIDS; others have moved to seek better pay and job security in wealthier countries.

Thousands of community workers to be trained

One of the most innovative aspects of the 3 to 5 strategy is a method for urgently training tens of thousands of community health workers to support the delivery and monitoring of HIV/AIDS treatment. An intensive training programme would enable these health workers to evaluate and monitor patients, and make sure they receive and are taking their medicines.

There is also good evidence that treatment can have an accelerating effect on prevention efforts. “We know from experience that the availability of treatment encourages people to learn their HIV status and receive counselling,” said Dr Paulo Teixeira, Director of the HIV/AIDS Department at WHO. “We also know that the availability of treatment reduces stigma for people living with AIDS. People living with AIDS have a right to treatment and we must find a way to deliver.”

Reaching the 3 by 5 target will require substantial new funding for AIDS treatment from all sources – countries, donor governments and multilateral funding agencies. WHO has estimated that the extra funding required amounts to approximately \$5.5 billion over the next two years.

“We know what to do but what we urgently need now are the resources to do it,” said Dr Lee. We must waste no time in building strong alliances immediately to implement this strategy. Three million people are counting on it.”

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WALKING TOGETHER IN LOVE UNDER THE SUN

With the increasing collaboration between Mainland China and Hong Kong on all fronts, the Red Ribbon Centre has been working since the beginning of the year 2003, towards the development of a joint project with the Ministry of Health, PRC (MoH) and Radio Television Hong Kong (RTHK) to mark the 2003 World AIDS Day (WAD).

The WAD 2003 publicity project, named "Love under the Sun", carried three main components: An education film, a theme song on HIV/AIDS, and a premiere-cum-concert of the education film to be staged in Beijing.

The 13-minute education film on HIV education had been the landmark in the history of making of any publicity efforts for health promotion, as it boasted many "firsts" for its kind. It was the first joint publicity project by MoH, DH and RTHK. It had the most heavyweight combination, led by international renowned producer Johnnie To and director Andy Lau, and cast by 38 artists from both Mainland and HK. The music in the film was made by the strongest backstage lineup, including Lin Xi for lyric, Peter Kam for music and Chan Hing-kai for the script. The theme song "Walk together" was the first time for Andy Lau and Sammi Cheng to jointly perform in a song. All these have one goal in common: to promote awareness of HIV/AIDS and acceptance of people living with HIV/AIDS (PLAs) in Mainland and HK.

The premiere-cum-concert was staged in Beijing on 27 Nov 2003. The event was hosted by the MoH. Red ribbons were worn by more than 10,000 audiences in the full-housed Capital Stadium to symbolize the warm sunlight for the acceptance of PLAs. Nine Hong Kong and six Mainland artists performed in the show. At the end of the show, two PLAs entered the spot-light to shake hands with Andy Lau. The show was broadcast on television and radio in both

Mainland and HK, and was the first public event that was live broadcast by high-definition multimedia technology to reach audiences by broadband internet, 3G phone, HD digital theatres and digital TV channels in different provinces in China.

Every two years, the World AIDS Campaign (WAC) brings a topic of international concern to the forestage. "Live and let live" is the theme for WAC 2002-2003, and it focuses on eliminating stigma and discrimination as the major obstacle to effective HIV/AIDS prevention and care globally.

In the coming months, the education film and theme song, which are now made into VCDs and DVDs, will be distributed to different organizations in Mainland and Hong Kong – as appropriately described by the name of the theme song - "Tong Xing", the closing of the WAD 2003 marks another round of collaboration projects, not just between Hong Kong and the Mainland, but also between Red Ribbon Centre and other organizations working on HIV /AIDS in Hong Kong.



Guests of premiere-cum-concert at Beijing on 27 November 2003.

Dr Krystal LEE

LIONS RED RIBBON FELLOWSHIP

Four HIV workers from Mainland China had completed the Lions Red Ribbon Fellowship in last November. They were Dr Wang and Dr Xi from Centre for Disease Control of Gansu Province, and Ms Zhang and Ms Mao from Henan Red Cross.

In Gansu, the number of HIV reports remained low but an increasing trend has been observed. Most infections were transmitted through injecting drug use or contact with

infected blood/ blood products. Dr Wang and Dr Xi would like to take reference from the Hong Kong's model to further consolidate HIV prevention work in Gansu. Apart from visits to the Red Ribbon Centre and voluntary counselling and testing service of the Special Preventive Programme in Hong Kong, they also visited other related agencies. These included the Social Hygiene Service, Methadone Clinics and Drug Info Centre of the government organisations and other AIDS non-governmental

organizations. They were particularly impressed by the commitment of the Hong Kong Government in combating against HIV epidemic.

Ms Zhang and Ms Mao were involved in HIV prevention work among youths in Henan. In addition to visiting various related organizations such as the Family Planning Association, they had the unique opportunity to join the Youth Health Promotion (HIV/AIDS) Training Camp organized by the Hong Kong Red Cross and experienced the HIV education work locally. The variety of health promotion activities undertaken by different agencies have provided them with new inspirations to develop their work back in Henan.

The fellows also met the chairman, Dr Homer Tso of the Advisory Council on AIDS and attended the quarterly press conference to disseminate the latest HIV surveillance data to the public. They conducted a seminar in Red Ribbon Centre to share their experience related to HIV work. More than 20 local HIV workers attended.



The four Lions Red Ribbon Fellows from Mainland China (left to right): Dr Xi and Dr Wang from Centre for Disease Control of Gansu Province, and Ms Zhang and Ms Mao from Henan Red Cross.



LIONS RED RIBBON FELLOWSHIP SCHEME 2004

now open to application. Application forms can be download from

<http://www.info.gov.hk/aids/english/news.htm>

WORLD AIDS CAMPAIGN 2004

The theme of World AIDS Campaign 2004 is 'Women, Girls, HIV and AIDS', please visit website at <http://www.unaids.org/en/events/campaigns.asp> for detail.

Dr Andrew Byrne

TRAINING WORKSHOP ON METHADONE TREATMENT FOR HIV PREVENTION

This very successful event attracted over 100 doctors and other health care workers from China, Vietnam, Nepal, India, Thailand, Burma (Myanmar) and USA.

The HIV epidemic has brought renewed interest in methadone treatment as a means of reducing needle use and avoiding the spread of viral diseases. There is a dramatic contrast in HIV rates between countries with and without harm reduction measures such as methadone treatment and needle services. Like Australia, Hong Kong has had easy-access (low threshold) methadone treatment for 30 years. The HIV rate among Hong Kong injectors is around 1%, in stark contrast to neighbouring regions with much higher rates. For example, in Vietnam it has been estimated that around 35% are HIV positive. Despite the difficulties in reporting on the prevalence of HIV infection amongst drug

users, over 60% of HIV infections in Burma (Myanmar), China, Malaysia and Vietnam are thought to be directly related to IV drug use. In prisons, the prevalence is up to 50% among injectors. Medication for prisoners in Hong Kong is still very restricted, as in most other countries. It would appear that New South Wales, Australia is one of the few jurisdictions with methadone traditionally available in its prisons.

The prominence accorded to the subjects of HIV and drug treatment was demonstrated with the event's formal opening ceremony by Director of Health, Dr PY Lam, Mr Sandro Calvani (UNAIDS), Mrs Rosanna Ure, Narcotics Commissioner, Mr Gray Sattler (WHO) and Conference Convenor Dr S.S. Lee (Red Ribbon Centre). Over the next three days Dr Robert Newman (US), Dr C.N. Chen (HK),

Dr DSW Wong (HK), Gray Sattler (Aust/WHO), Dr Y.W. Mak and Dr S.S. Lee(HK) joined by myself and the organisers, interpreters and support staff to produce what should make a seeding of harm reduction for the delegates in their countries of origin. Originally delayed by finances and then the SARS epidemic, this conference/workshop had lately become of increased interest to Mainland Chinese authorities which is most gratifying. The HIV problem needs to be confronted using all effective means, including needle programs and methadone treatment. It is to the credit of Dr S.S. Lee that the program was comprehensive, utilizing lectures and workshops to complement separate methadone and harm reduction clinic visits locally. It was an old colonial administration almost 30 years ago which engaged Dr R.G. Newman from New York to advise on setting up a series of methadone clinics across the territory. Mr Peter Lee, the ex-Commissioner for Narcotics, now aged 87, was reintroduced to Dr Newman. Together they deserve credit for averting an epidemic in the territory and thus improving the lives of countless individuals over the years. A dinner was given by Director of Health, Dr PY Lam at the Hong Kong Academy of Medicine to honour Dr R.G. Newman in recognition of his services to Hong Kong. He continues to be a vocal advocate for humane and effective treatment interventions, including detoxification facilities, buprenorphine, mental health measures, etc for all who need them. The three day conference/workshop was highly successful by all reports. The final day was as well attended as the first. The main message of the conference was that methadone treatment can be implemented in a variety of ways using both dedicated facilities as well as existing services. The more diverse and flexible the approaches, the more effective the overall outcomes will be in reducing or eliminating injecting behaviour. The issues occupying most time were: dose levels, inductions, degree of supervision, staffing, provision of take-home doses as well as

psychosocial supports. There was also some discussion of the place of substitution treatment and the need to be clearly focused on the need for drug dependence to be correctly placed and dealt with as a medical condition, requiring treatment. In countries that are now looking at the need for drug treatment, in the face of explosive growths in HIV infection, this issue is again being played out. On the Thursday evening there was a reception for all delegates, hosted by Dr Homer Tso of the Advisory Council on AIDS. There were also two sessions at the nearby Red Ribbon Centre, one on an on-going media campaign in HIV prevention and the other on outreach experiences. The Centre has designed attractive information brochures for safe injecting messages. These messages of prevention of overdose and viral infection have been translated into several other languages including Nepali and Thai.

Congratulations to the organisers of this seminal workshop. Comments by Andrew Byrne. (who was a paid delegate to this event and found modern Hong Kong to be fast, stylish and a good-value destination for the traveller).



Mr Sandro Calvani addresses the "Training Workshop on Methadone Treatment for HIV Prevention".

DR Krystal Lee

WHAT ARE THE PARTICIPANTS' COMMENTS ON 'THE TRAINING WORKSHOP ON METHADONE TREATMENT FOR HIV PREVENTION'?

Evaluation of the workshop was conducted by means of a questionnaire survey. It aimed to assess participants' satisfaction level about the workshop's administration, format and content, and provide evidence for better development of future capacity building programmes on methadone treatment.

Sixty-three completed questionnaires were received and analyzed, representing 77% of the total participants.

Majority of the respondents were either public health professionals, psychiatrists or staff of drug control/public security units. Respondents included academic, policy makers, programme managers, clinicians and other frontline officers from both governmental and non-governmental organizations.

The results of the evaluation are shown in the following tables. In brief, around ninety percent of the respondents

expressed that the administrative arrangement, provision of simultaneous interpretation and audiovisual facilities were good or excellent (Table 1). Eighty to ninety percent of the respondents rated the contents 'good or excellent'.

The ratings for visits to the Red Ribbon Centre and Methadone Clinics were particularly favourable with more than half of the respondents indicating 'excellent', the top on a four-point scale (Table 2).

Table 1. Respondents' satisfaction on administration of the workshop

| | Poor/ Fair | Good | Excellent |
|-----------------------------|------------|------|-----------|
| Administrative arrangement | 11% | 52% | 37% |
| Simultaneous interpretation | 11% | 43% | 45% |
| Audiovisual facilities | 3% | 31% | 66% |

Table 2. Respondent's satisfaction on contents of the workshop

| | Poor/ Fair | Good | Excellent |
|--|------------|------|-----------|
| Lecture Sessions* | | | |
| Overview | 6% | 56% | 30% |
| Choosing the Right Model | 8% | 46% | 37% |
| The Right Dose | 10% | 56% | 27% |
| Startup a Methadone Programme | 16% | 52% | 24% |
| Getting the Best out of a Methadone Programme | 11% | 43% | 33% |
| Panel Discussions | | | |
| Is there a standard dose? | 14% | 43% | 31% |
| Programme planning, management, monitoring and evaluation | 3% | 48% | 18% |
| Tutorial Sessions | | | |
| Nuts and bolts of a methadone treatment programme | 8% | 52% | 30% |
| Visits | | | |
| Red Ribbon Centre - Introduction of campaigns and publicity materials on methadone treatment | 5% | 39% | 55% |
| Outreach project | 10% | 49% | 41% |
| Methadone Clinics | 3% | 36% | 60% |

* Percentage has expressed as the average of individual lectures of the session

Suggestions were collected which could contribute to the structure and content of future workshops of similar nature, if there are any. The most common suggestions were, the possibility of: including the subject of methadone treatment in developing countries; increasing discussion sessions; and incorporating experience sharing from different participating countries, and increasing the role of methadone users in the workshop.

Results of the questionnaire survey have been most encouraging. Most participants were pleased with the Workshop's administration and contents. The small group discussions and visits to Methadone Clinics and Red Ribbon Centre were particularly well-received. It would be desirable if the above comments would be taken into consideration by organizers of harm reduction training activities in future.

Readers can know more about the workshop and its

evaluation in this website.

<http://www.info.gov.hk/aids/harmreduction/workshop2003>



Participants at the 'Training Workshop on Methadone Treatment for HIV Prevention'

