

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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Joint press release

NEW AGREEMENTS AIM TO MAKE LOWEST-COST AIDS DRUGS AND DIAGNOSTICS AVAILABLE TO HUNDREDS OF THOUSANDS IN DEVELOPING WORLD

*GLOBAL FUND, WORLD BANK AND UNICEF JOIN WITH THE CLINTON FOUNDATION
TO EXTEND DEEP PRICE REDUCTIONS UNDER CLINTON-BROKERED AGREEMENTS*

GENEVA/NEW YORK/WASHINGTON, 6 April 2004 - The Global Fund, the World Bank, UNICEF and the Clinton Foundation today announced agreements that will make it possible for developing countries to purchase high-quality AIDS medicines and diagnostics at the lowest available prices, in many cases for more than fifty percent less than is currently available.

Today's agreements will pave the way for countries supported by the Global Fund, the World Bank and UNICEF to gain access to drug and diagnostic prices negotiated by the Clinton Foundation. As provided for under the Clinton Foundation agreements with its suppliers, beneficiaries of Global Fund and World Bank grants who are interested in accessing these agreements should contact the Clinton Foundation to initiate the process. Countries will be required to provide guarantees of payment, to conduct long term tenders and to ensure the security of drug distribution. The Global Fund, World Bank and UNICEF will support their funding recipients in complying with these terms, as consistent with their policies and existing practices.

The Global Fund and the World Bank are among the world's largest sources of funding commitments to AIDS treatment. The Global Fund focuses more than 60 percent of the \$2.1 billion committed for two years to 122 countries to the fight against AIDS. The World Bank has currently committed

\$1.6 billion to fight AIDS through the Multi-country HIV/AIDS Programs (MAP) and other AIDS operations, including grants for the poorest countries. UNICEF spent \$111 million during 2003 in the fight against AIDS and is rapidly accelerating the procurement of antiretroviral medicines (ARVs) and AIDS diagnostic equipment and tests for developing countries.

The prices have been negotiated by the Clinton Foundation with five manufacturers of ARVs and five manufacturers of HIV/AIDS diagnostic tests. These prices were announced originally in October 2003 and January 2004, and to date they have been available to the 16 countries in the Caribbean and Africa where the Clinton Foundation's HIV/AIDS Initiative is active.

The drugs in these agreements include individual formulations and two- and three-drug fixed dose combinations which have been pre-qualified by the World Health Organization to assure quality and efficacy. This standard is a prerequisite for procurement under Global Fund, World Bank and UNICEF policies.

These medicines are critical components of the four regimens recommended by the World Health Organization as "first line" treatment for AIDS in its 3x5 initiative. In developing countries outside of Brazil, such life-sustaining

therapy is available to fewer than 200,000 people living with the virus, though almost six million require it. Recent commitments of financial support for treatment, along with these lower prices for drugs and tests, can expand this coverage significantly.

The pharmaceutical manufacturers included in these agreements are Aspen Pharmacare Holdings in South Africa; Cipla in India; Hetero Drugs Limited in India, Ranbaxy Laboratories in India; and Matrix Laboratories in India. The price for the most common first line formulation under these agreements is as low as \$140 per person per year, one-third to one-half of the lowest price otherwise available in most settings.

The diagnostic tests included in these agreements are offered by five leading medical technology companies and include CD4 tests from Beckman Coulter, Inc. and BD (Becton Dickinson and Company) and viral load tests from Bayer Diagnostics, bioMerieux and Roche Diagnostics. The prices available for these tests under the agreement include machines, training, reagents and maintenance and are up to 80% cheaper than otherwise available in the market.

Speaking about these agreements, former U.S. President William J. Clinton said, "I am grateful for this collective effort, which will soon help many hundreds of thousands of people, and eventually millions of people, live longer, healthier lives. With these agreements, we are one step closer to making sure future generations can live without the scourge of AIDS. We are hopeful that developing countries and those who support them in the fight against AIDS will take full advantage of this agreement and act quickly to do all they can to help in this fight."

Richard Feachem, Executive Director of the Global Fund, affirmed that, "Access to HIV treatment for all who need it is a moral imperative and now the target of growing financial commitments. Today's agreements build on sound science, agreed policy and market economics to maximize the reach of those commitments. As a result, hundreds of thousands of additional people will receive the drugs they need to stay alive and remain healthy."

According to the agreements announced today, the governments and NGOs supported by Global Fund, World Bank and UNICEF policies will be able to use the resources of these organizations to procure drugs and tests available under the Clinton Foundation arrangements. These agreements are consistent with existing policies of all three international organizations.

World Bank President James Wolfensohn said of today's announcement, "We regard AIDS as being the single most

important issue at the moment in Africa because of the devastating effect that it has had throughout the Continent, and it is not something that is deferrable to discussions of economic or other issues. The emerging epidemic in Asia, Europe and Central Asia and the Caribbean is also a tremendous concern. This initiative will help to get treatment to those most in need - the world's poorest people. The World Bank is pleased to be a partner in the program and fully supports it."

The Executive Director of UNICEF, Carol Bellamy, added, "This new partnership works to break down some of the barriers - - such as price, supply and demand - - that are impeding access to life-saving AIDS medicines and diagnostics in developing countries. UNICEF is very proud to be part of this creative initiative that promises to save lives and bring hope to millions of children and families around the world."

The Clinton Foundation, Global Fund, World Bank and UNICEF are committed to exploring additional forms of cooperation to expand treatment access.

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The **Global Fund** is a unique and independent global public-private partnership dedicated to attracting and disbursing additional resources to prevent and treat AIDS, tuberculosis and malaria. This partnership between governments, civil society, the private sector and affected communities represents a new approach to international health financing. The Global Fund works in close collaboration with other bilateral and multilateral organizations to supplement existing efforts dealing with the three diseases.

In 2003 the **World Bank** provided \$18.5 billion and worked in more than 100 developing countries, bringing finance and/or technical expertise toward helping them reduce poverty. In addition to financial assistance, the Bank is also a major provider of implementation support for HIV/AIDS programs through direct provision of expertise (especially fiduciary), dissemination of good practice and lessons learned, and sponsorship of country-to-country learning. The World Bank is also working with all major stakeholders in scaling up antiretroviral therapy and its recently issued technical guide, "HIV/AIDS Medicines and Related Supplies: Contemporary Context and Procurement" sets out principles and advice to countries and has generated many messages of support and appreciation from UN agencies, donors, policymakers, and NGOs. For more on the Bank's work in the area of HIV/AIDS, visit: www.worldbank.org/aids

UNICEF works in 158 countries to ensure that all children

survive and thrive through adolescence. UNICEF's efforts on the ground emphasize immunization and micronutrients; the best start in life, including safe water and sanitation, basic health and nutrition, and loving interaction; education for all children; fighting HIV/AIDS and caring for children orphaned by the disease; and a protective environment that shields children from abuse, exploitation and violence. UNICEF is funded entirely by voluntary contributions from governments, foundations, businesses and individuals.

The Clinton Foundation HIV/AIDS Initiative has been at work for more than a year helping individual governments in Africa and the Caribbean to develop scalable AIDS care, treatment and prevention strategies. In the Caribbean, the Foundation is working with nine countries and three territories which together have over 90% of people living with AIDS in the Caribbean. In Africa, the

Foundation is working with Mozambique, Rwanda, South Africa and Tanzania which together have about 33% of all people living with AIDS in Africa. The Foundation is also working to change the economics of HIV/AIDS care and treatment. The first agreements it has brokered have dramatically reduced the prices of ARVs and AIDS diagnostics.

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INFECTION CONTROL – TOWARDS QUALITY CARE

SARS, Avian Influenza and other emerging infections had brought renewed interest of more than 700 delegates participated in the 2nd International Congress of the Asia Pacific Society of Infection Control on 14 - 17 March 2004 in Singapore. They were coming from Australia, Canada, China including Hong Kong and Macau, India, Indonesia, Japan, Malaysia, Saudi Arabia, Switzerland, Taiwan, UK and USA. Hong Kong alone had more than 80 health care workers attended the Congress, the majority of them being infection control nurses (ICN) from Hospital Authority, private hospitals and Department of Health. The theme of the Congress was 'Infection Control - Towards Quality Care'. Its objective was to provide the opportunity for exchange of thoughts, experience and information on today's issue in the field of infection control and infectious diseases in the Asia Pacific Region. It's being my first ever participation in an infection control congress. I made extraordinary efforts to attend as many sessions as possible and learn from the tremendous experiences of the ICNs during hospital visits arranged by the Hong Kong Infection Control Nurses' Association.

Two renowned speakers Dr Teresa C Horan of Centers for Disease Control and Prevention, USA, and Professor Didier Pittet of Infection Control Program, The University of Geneva

Hospitals, Switzerland updated us on the contemporary and conventional practice of infection control. Their lectures were so captivating that the participants tried to track them down in subsequent lectures and symposia.

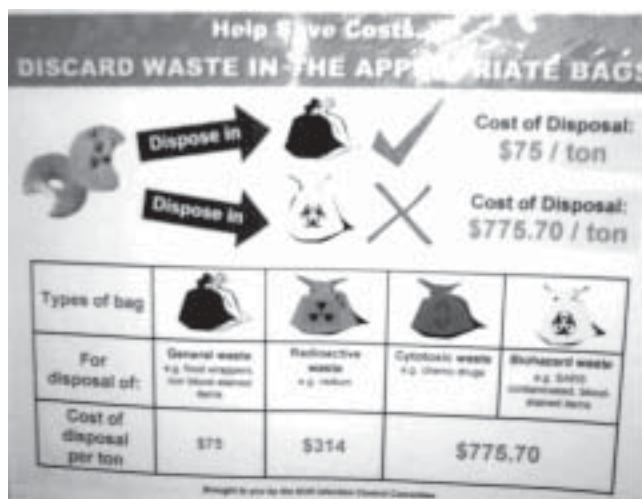
Using the National Nosocomial Infections Surveillance System (NNIS)⁽¹⁾ as an example, Dr Horan proved to the participants that putting the surveillance system in place and



Five nurses from the Department of Health departed for the 2nd International Congress of the Asia Pacific Society in Singapore on 12 March 2004. They were Ms CHAN Toi Lan, Ms FONG Oi Wah, Ms Phoebe LAM (front row from left), Ms Victoria KWONG (middle row from left), and Ms Elsie CHU (third person at back row from left).

on-going control efforts helped to protect our patients from contracting nosocomial infections, promote quality health care and reduce cost. However, this powerful system which only involved the acute care hospitals had yet to face the challenge of expanding to settings such as rehabilitation, mental health, and nursing homes. To achieve this level of prevention, Dr Horan suggested the need of continuing improvement of the NNIS so that more representative data could be obtained. This would include the assessment of the sensitivity and specificity of the surveillance case definitions, and the need to develop systems for surveillance of nosocomial infections that occurred out of the hospital, where as much, if not more, health care was delivered.

Professor Didier Pittet perpetually emphasized the 'hand hygiene' message to the participants. He demonstrated that with the compliance of hand hygiene by health care workers, a significant reduction in hospital cross infections resulted, which would lead to a sustained reduction in patient morbidity, mortality and associated financial costs⁽²⁾. He also stated that hand hygiene, although simple in concept, yet entailed complex dynamics of behavioural change. To this end, Professor Pittet recommended that education be one of the cornerstones for improvement in infection control practices and must be promoted among health care workers at all levels of experience. A hospital-wide promotional campaign targeted the hospital health care professionals with a key component of hand hygiene education programme focused on the availability, accessibility and acceptability of an alcohol based hand antiseptic was implemented in his hospital. It reviewed behavioural theories and secondary interventions could primarily influenced individual workers yet insufficient to produce sustained change. Adherence to hand hygiene should involve strategies with principles of societal marketing methods, methods to secure senior management



During the hospital visit, posters propagandising saving of cost for appropriate disposal of hospital waste were conspicuously seen hanging on the walls of wards.

support, and the evaluation of the impact of different components of multi-modal programmes to promote optimal infection control practices.⁽³⁾

The message of improvement in the design of invasive devices had contributed to infection control was also stressed in the Congress. Given the marked frequency of device-associated blood stream infections (BSI), this was particularly important with the development of non-invasive monitoring devices and minimally invasive surgical techniques, BSI could probably be further avoided.

So much for the Congress highlights. While we congratulate the organisers of the Congress on its responding success, we shall also start thinking of what we should do to work towards quality care. With the inception of the Centre for Health Protection (CHP), two of its branches - the Infection Control Branch (ICB) and the Surveillance and Epidemiology Branch (SEB) will have an integrating role in strengthening disease surveillance and standardisation of infection control protocols in various settings. In partnership with Hospital Authority, the ICB will function to develop, promulgate, and evaluate best practices in infection control in healthcare and non-healthcare settings. While the SEB will be responsible for disease surveillance, epidemiological investigations and outbreak control, it will also seek to develop enhanced disease surveillance systems, improve disease intelligence gathering and fortify epidemiological expertise and surge capacity (the ability to expand rapidly beyond normal service) in outbreak investigations and control.

With the coordinating effort of CHP, Hospital Authority, the academias and other Departments, health of people of Hong Kong is safeguarded. The Special Preventive Programme, under the Public Health Branch of CHP, will also continue to serve our clients with quality care and implement quality infection control measures to safeguard our clients from contracting other infectious diseases.

The learning from this Congress was constructive, and the knowledge gained was itself an empowerment process towards the ultimate goal of quality care.

- (1) Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/ncidod/hip/NNIS@nnis.htm> NNIS.
- (2) John M. Boyce, M.D. Hospital of Saint Raphael New Haven, Connecticut, Didier Pittet, M.D. University of Geneva Geneva, Switzerland. <http://www.cdc.gov/handhygiene/> Guideline for Hand Hygiene in Health-Care Settings Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force.
- (3) O'Boyle CA, Henly SJ, Larson E (2001). Understanding adherence to hand hygiene recommendations: the theory of planned behavior. *Am J Infect Control*, 29:352-60.

LIONS RED RIBBON FELLOWSHIP SCHEME 2004

A total of 18 applications for the Lions Red Ribbon Fellowship Scheme 2004 have been received. Nine of them belong to single applicants and nine belong to paired up applicants. It is encouraging to know that we are receiving applications from a variety of provinces in the Mainland. These include Guangdong, Yunnan, Shandong, Anhui,

Beijing, Tianjin, Shanxi, Shaanxi, Xinjiang and Heilongjian. Members of the Red Ribbon Centre Management Advisory Committee have finished the vetting procedure and results have been released to the six successful applications (consisting of 5 individual and 1 paired up applicants). We are looking forward to their arrival and exchange.

Dr Krystal Lee

EXPERIENCES SHARING WITH DELEGATES FROM GUIZHOU



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

It is exciting to know that methadone treatment programmes will soon be implemented in various pilot sites in China. The Red Ribbon Centre has received a delegation from Guizhou province in the last week of April this year and shared with them the Hong Kong's experience in preventing the spread of HIV infection among drug users.

Headed by Ms. Zhou Huiming, the Deputy-Director of Guizhou Health Bureau, the delegate consisted of eleven professionals from the public security, drug administrative and health bureau. They were introduced to the HIV programme by staff of the Red Ribbon Centre, and methadone treatment programme by Dr Mak YW and Dr Yeung HT, senior medical officers of the methadone clinics. HIV prevention will not be possible without the active participation of different non governmental organizations, especially when the targeted population is often hard to reach.

The delegation has visited AIDS Concern, The Hong Kong AIDS Foundation and The Society for the AIDS and Rehabilitation of Drug Abusers to know and understand their HIV preventive programmes. The delegation also had the opportunity to observe how volunteers outreached to the vicinity of methadone clinics and spread the health messages to methadone users.

We know that HIV epidemiology differs from province to province in China. In some areas of Guizhou, HIV infection rate in drug users is increasing dramatically. This characteristic has been well documented from catastrophes around the globe, yet it is sad to know that history repeats itself with no exception. Let's wish colleagues in Guizhou successful in curbing the epidemic.



Staff of the Red Ribbon Centre & Executive Director of the society for the AIDS and Rehabilitation of Drug Abusers introduced the HIV programme to a delegation of tour from Guizhou.

HARM REDUCTION IN CLOSED SETTINGS

On 19 April 2004, the United Nations Regional Task Force for Drug Use and HIV Vulnerability held a joint session with the World Health Organisation (WHO) Bi-Regional Partners on Harm Reduction. The meeting focused on an area of common interest - the HIV risk associated with incarceration. It was noted that a significant proportion of prisoners were themselves drug users. Some 50% to 75% had injected drugs before admission; 25%-50% continued to do so after imprisonment. While injection might have decreased during incarceration, risk taking behaviours like the sharing of injection equipment has increased.

A series of presentations were delivered, centering on the dynamics of HIV prevention in closed settings. Dr Parviz Afshar, the Iranian Prisons Chief Medical Officer described how his country developed positive policy in the management of incarceration of drug users, with the adoption of a harm reduction strategy. Inspector General Made Mangku Pastila, the Bali Police Chief, explained how his department had been working closely with the health sector to facilitate the introduction of harm reduction services. With an audience of about 100 from different Asian countries, the Iranian and Indonesian experiences were particularly appealing in supporting a more pragmatic approach in addressing the complex dual problem of HIV and IDU, in an Asian context.

In concluding the joint session, Wayne Bazant of UNODC Regional Centre for East Asia and the Pacific reiterated the urgency of continuing to understand the issue of HIV in closed setting. While a whole range of activities have been organized in response to the new crisis, substantial scaling up is still not in sight. Gray Sattler, WHO Technical Adviser in the Western Pacific and meeting co-chair, echoed by highlighting the importance of collecting evidence while piloting new initiatives.

The UN Regional Task Force on Drug Use and HIV Vulnerability was formed in 1998. It supports the South East Asia and the Asia Pacific Intercountry Team (SEAPICT) by identifying priorities, proposing strategies, guidelines and options for collaborative activities on drug use and HIV vulnerability in the region. The phenomenon of HIV spread in IDUs has been growing in importance in Asian countries. One positive sign, though, was the rising number of personnel and agencies that have brought on harm reduction as a key strategy in the prevention of HIV in drug users. The specific need of people in closed settings reflect an important subset of this unique population. The joint meeting with WHO was held in Melbourne prior to the International Harm Reduction Conference. The Task Force also reviewed the progress of recommendations made at the Chiang Mai meeting a year ago, and followed up on the methadone training workshop conducted in Hong Kong in late 2003.

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.

UN SYMPOSIUM IN HONG KONG

For the first time, the United Nations (UN) Country Team in China held a meeting in Hong Kong on 11 June 2004 to explore means of building partnership of the Special Administrative Region. Titled "UN Partnership Symposium" the forum was officiated by the Honourable Tung Chee Hwa, Chief Executive of the Hong Kong SAR Government and Mr Yang Wenchang, Commissioner of the Ministry of Foreign Affairs in Hong Kong. The UN delegation was headed by Mr Khalid Malik, UN Resident Coordinator in China.

The one-day meeting featured presentations covering the subjects of the Millennium Development Goals, sustainable development, UN conventions and norms and HIV/AIDS. The challenges of HIV/AIDS was introduced by Mr Christian Voumard, UNICEF representative and Chairman of the UN

Theme Group on HIV/AIDS in China. He reviewed the HIV situation in the country, highlighting the spread of the epidemic in the general population, increasing AIDS deaths and the growing socio-economic impacts. Efforts of the UN system in the development of a joint assessment was presented. Key areas were identified and were covered by respective UN agencies. Mr Voumard was encouraged by the sharing of best practices between Hong Kong and mainland, remarking that there's the need for the provision of technical support and the mobilization of additional resources.

Dr Homer Tso, Advisory Council Chairman, Dr SS Lee of the Centre for Health protection (and secretary to the Council) and Miss OC Lin, Chief Executive of the Hong Kong AIDS Foundation, were in the audience.