

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

New York, 2 June 2005

Press release



Implementing the Declaration of Commitment on HIV/AIDS
Global Crisis Global Action



AIDS EPIDEMIC STILL OUTPACING RESPONSE

Report by UN Secretary-General calls on governments to expand access to HIV prevention and treatment

United Nations, New York, 2 June 2005 – Despite encouraging signs that the AIDS epidemic is beginning to be contained in a small but growing number of countries, the epidemic continues to expand worldwide, according to a report released by UN Secretary-General Kofi Annan.

The report was prepared for a high-level UN ministerial gathering today that will assess progress towards meeting the targets set four years ago at a historic UN General Assembly Special Session on HIV/AIDS.

"We are seeing real signs of progress in tackling AIDS at the community level, but it is still not enough," said UN Secretary-General Kofi Annan. "It is time for Governments to translate commitment into concrete action. In September, world leaders will meet at the United Nations to assess progress in implementing the Millennium Declaration, and to chart the road ahead. How we fare in the fight against AIDS is crucial. Halting the spread is not only a Millennium Development Goal in itself; it is a prerequisite for reaching most of the others."

While progress has been made, the report emphasizes the need for an increased global response in order to meet the 2005 goals agreed to by all UN Member States at the UN Special Session in 2001. These goals, contained in the Declaration of Commitment on HIV/AIDS, focus on the rapid expansion of HIV prevention, care, treatment and impact alleviation programmes. They are 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 that by the end of 2005, HIV prevalence among young men and women aged 15 to 24 in the most affected countries should be at least 25% lower than in 2001. The reality is that young people continue to represent one half of all new HIV infections worldwide, and often do not have access to life-saving prevention services.

"The AIDS epidemic has entered a new and critical phase, and so must the response," said Dr Peter Piot, UNAIDS Executive Director. "The only way we will get ahead of the epidemic is if there is universal access to HIV prevention and treatment. This needs to be the world's immediate goal."

UN Member States participating in today's General Assembly High-Level Meeting on HIV/AIDS will review progress made towards achieving the UN goals, and will outline solutions and policies needed to meet the targets and roll back the epidemic.

According to the Secretary-General's report, progress has been made on several fronts since 2001. Worldwide, the number of people receiving counselling and testing services has doubled over the past four years. The number of women accessing services to prevent mother-to-child HIV transmission has increased by 70%, and the number of young people who have received AIDS education has doubled.

Funding for AIDS in developing countries has also increased dramatically - from US\$2 billion in 2001 to an estimated US\$8 billion in 2005. But resources still fall short of what is needed to effectively turn back the epidemic.

Despite encouraging signs, the report also outlines serious challenges that need urgent attention in order to achieve the intended goal of reversing the epidemic. Access to HIV treatment and prevention services remains low. As of end 2004, only 12% of the 6 million people who need HIV treatment worldwide had access to it. Globally, only one in five people has access to prevention services. And targeted prevention services in 2003 reached only 16% of sex workers, 11% of men who have sex with men, 20% of street children, and less than 5% of the world's 13 million injecting drug users.

The report makes specific recommendations for scaling up prevention and treatment efforts, expanding services to orphans and children made vulnerable by AIDS, ensuring gender equality, and mobilizing additional resources for fighting AIDS. These include making HIV testing services more widely available, integrating HIV prevention into treatment scale up efforts, promoting universal free education for boys and girls, and combating violence against women.

About the UN Secretary-General's Report

The report of the UN Secretary-General presented to the General Assembly today is based on country data from various sources, including national data on key AIDS indicators from 17 countries in Africa, Asia, the Caribbean and Eastern Europe, other national surveys, commissioned

studies and evidence-based estimates of coverage for key AIDS interventions. In 2006, the UN Secretary-General will release a more comprehensive report on meeting the 2005 goals based on end 2005 data on all global and country indicators. The indicators measure the progress towards implementing the targets and goals of the Declaration of Commitment on HIV/AIDS. The indicators are broken down as follows:

- **Global-level indicators** (e.g., international spending, policies and advocacy efforts)
- **National commitment and action indicators** (e.g., domestic government spending; country-level policy development and implementation)
- **National programme and behaviour indicators** (e.g., access of vulnerable groups to key services; risk behaviour changes)
- **National impact indicators** (e.g., rate of new infections among young people, high-risk groups and infants born to HIV-infected mothers)

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Project Manager Anita PAK

SOMEWHERE OUT THERE

In the Capital city of Cambodia, Phnom Penh, we have witnessed a 2-storey worn-out building in the Preah Ket Mealea Hospital (Military Hospital) refurbished and transformed into a lively and colourful "House of Rainbow Bridge". It all happened in less than one year. It is the direct result of funds donated by warm-hearted Hong Kong citizens, channeled through the Happy Tree Social Services (HK) and in collaboration with the Military Hospital of Cambodia. The first floor of the building is specifically assigned to admit children suffering from AIDS often in their last-stage of life. The House of Rainbow Bridge provides palliative therapy; deliver care, accompany, arrange recreational activities,



The litter girl SR had spastic limbs when she was sent to the House in Dec 2004.



Care and love provided by the House was rewarded with SR's smiling face.

educational program and spiritual peace with final dignify burial.

The House of Rainbow Bridge began its service in November, 2004 with the Happy Tree Social Services bearing its Administrative Costs. A local doctor is in-charge of the House and he leads a team of local nurses, Healthcare Assistants and other staff to care for these needy children. The Happy Tree (HK) has also employed a local on-site administrator, Mr. Ly Huy who speaks fluent Khmer, Putonghua and English. Not only has he facilitated the commissioning of the opening (indeed the needs for

simultaneous interpretation and written translation were so heavy and intense), he also will be responsible for the day to day administrative duties and with regular submission of reports, in both the Khmer and English, to the Military Hospital as well as to the Happy Tree Social Services (HK). He is indeed a remarkable asset to The House of Rainbow Bridge!

The children were usually sent over from other NGOs and from Provincial officials. We noticed that most of them were weak and are suffering from mal-nutrition upon their arrival. Some of the children were carried to the House of Rainbow Bridge by their parent or grand-parents assisted by the NGO staff. Often the children show complete lack of facial expression. It is certainly a result of their difficult living, having to endure both hunger and uncertain future and was then brought to this strange place. To look at their depressive state really does hurt one's feeling. We have admitted a 4+year-old girl, SR, brought in by local officials accompanied by her father. They took a long bus ride from a far away Province. Her father's AIDS symptoms were in advanced state and her mother was so ill that she could not even get off bed to come with them.

SR showed symptoms of Fever with cough, her back was arched and limbs were spastic. Her eyes were staring with focus on nowhere. She was suffering from great pain and the tears rolled down her face in dismay. Dr. SARO provisionally diagnosed she had Tuberculosis with suspected Meningitis. In fact, her general condition deteriorated drastically 2 days later and she was sent to another specialized Children Hospital for investigations and treatment.

She was confirmed to have TB Meningitis and was admitted for a week. (The House would have to arrange personal care for the admitted child.) SR is now very much improved after commencement of the TB Drug treatment. Due to missing of the scheduled home-return bus on the day of arrival, her father delayed his return and stayed with her until the next afternoon. I know that it would be very difficult for SR's parents to visit her again and they do not have a telephone at home to make further contact with her. The father and daughter have literally bid 'Farewell' to each other.

Whenever I think of this farewell scene, I feel an immense responsibility of The House of Rainbow Bridge. We are carrying truly meaningful duties. We hope the House can bring colour to SR's life during her stay here. We do not just provide a shelter from storm with food and comfort, more importantly, we offer her a chance to play; learn like other normal children and to grow in Love. It would be most rewarding to see her smiling in her dreams. What is more pressing is for her parents to be able to visit her again and to share some precious moments together.

Is my dream too good to be true? Well, perhaps you should take a closer look at the new home then to give us your generous comments.

Please contact us - the Happy Tree Social Services (HK) for how to help

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Dr Darwin Mak

DELEGATION FROM GUANGZHOU AND GUANGXI

A group of visitors from Guangzhou and Guangxi visited Hong Kong on 17-18 March 2005 to study the HIV treatment and care programme in Hong Kong, under the exchange programme of AIDS Care China, Chi Heng Foundation and Medecins Sans Frontieres. They came from AIDS Care China, Nanning People Hospital No.4, Guangxi CDC and Guangzhou People Hospital No. 8.

They visited Kowloon Bay Integrated Treatment Centre, Department of Health and studied the HIV situation in Hong Kong. Dr. Krystal Lee briefed them on the HIV services available and the structure of care services for people living with HIV in Hong Kong. Nurses in Integrated Treatment Centre introduced the treatment programme and the various drug therapies in Hong Kong. The adherence programme was also introduced. They, then, met medical social workers and discussed the support and care to the



The group had a fruitful information exchange on HIV treatment and care in their discussion.

people living with HIV. Finally, nursing officer introduced the four public health programmes in Integrated Treatment Centre - HIV related pregnancy monitoring programme, sexual risk & STI assessment, partner counselling and referral services, and risk reduction programme for HIV infected drug users.

They also visited methadone clinic and understood the principles of methadone treatment and the concept of harm reduction. The visit to methadone clinic facilitated the exchange of experiences in the management of injecting drug users in Hong Kong, Guangdong and Guangxi.

At the last station, representatives from AIDS Concern, Hong Kong AIDS Foundation and The Society for AIDS Care joined in their discussion in Red Ribbon Centre. Hong Kong AIDS Foundation described their prevention and education efforts in Hong Kong and China. AIDS Concern shared their experiences adopting Greater Involvement of People living with HIV/AIDS (GIPA) approach in HIV prevention and care. The Society for AIDS Care introduced their community nursing service and other supporting services for people living with HIV, e.g. physiotherapy.

The delegates found this exchange programme useful despite the tight schedule. They wish they could learn more about the management of opportunistic infections and nutrient support and have a deeper discussion on the HAART management and adherence programme in the future visit.

REPORT ON UNAIDS TRAINING WORKSHOP IN BANGKOK, THAILAND 25-27 APRIL 2005

Within 4 weeks after my posting to the Special Preventive Programme (SPP), I represented the Department of Health to attend my first HIV/AIDS training workshop on global HIV/AIDS and STI surveillance. This was a 3-day Workshop on HIV/AIDS Estimates and Projections, which was at the Thai Ministry of Public Health, Bangkok, Thailand from 25-27 April 2005. The workshop is part of a larger series, organized by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO/Headquarters), in collaboration with WHO Regional Offices, the Centers for Disease Control and Prevention (CDC), the East-West Center (EWC), Family Health International (FHI) and the Futures Group International.

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The main aim of the workshop is for participants to learn about epidemiological models to estimate current prevalence of HIV/AIDS epidemic in their own countries. UNAIDS and WHO continue to work with countries, partner organizations and experts to improve data collection in a systemic manner. These efforts will ensure that the best possible estimates are available to assist governments, non-governmental organizations and others in gauging the status of the HIV/AIDS epidemic and monitoring the effectiveness of prevention and care efforts.

The workshop was run by experienced scientists such as Dr Tim Brown and Dr Neff Walker, who developed computer software packages for HIV/AIDS estimates and projections. There were over 40 participants and facilitators in the workshop with country representatives from countries such as Mongolia, the Republic of Korea, Vietnam, Fiji, Malaysia, Brunei Darussalam, Phillipines and Mainland China. Participants were taught the use of 3 computer softwares namely Workbook Method, Estimation and Projection Package (EPP), and Spectrum to facilitate the estimation of current HIV prevalence and the projection of HIV/AIDS epidemic for the next 5 years. Based on the level (concentrated or generalized) of HIV/AIDS epidemic, assumptions made on HIV transmissions and local data from the existing surveillance system, the Workbook Method could evaluate the HIV prevalence by summing up HIV

infections from both the Populations at Higher Risk and Populations at Lower Risk to come up with a HIV prevalence. The Populations at Higher Risk includes the intravenous drug users, male who have sex with male, commercial sex workers and clients of commercial sex workers. The Populations at Lower Risk was the general population such as women attending antenatal clinic. EPP is a computer software which allowed using several prevalence figures over time to construct a possible epidemic curve of a country. Spectrum is useful software that allowed epidemiologists to assess the impact of HIV/AIDS epidemic in a country. Apart from acquiring technical skills in the use of software, the workshop provides an ideal opportunity to share experiences in combating the HIV/AIDS epidemic during formal sessions and informal exchanges over meals.

From the last UNAIDS workshop in 2003, participants fed information for the UNAIDS biannual Report on the global AIDS epidemic, which was published in 2004. Nearly 40 million people globally were estimated to be living with HIV. The AIDS epidemic claimed more than 3 million lives and close to 5 million people acquired the human immunodeficiency virus (HIV) in 2004. Regarding the distribution of these cases, Sub-Saharan Africa is worst hit by the epidemic with over 25 million persons living with HIV. South and South-East Asia registers the second highest total of 7 million persons living with HIV. Hong Kong is part of the South and South-East Asia Epidemic, although HIV infection has remained at low levels in Hong Kong. Since the first HIV case report in 1984, Hong Kong has registered 2577 HIV cases as at 31 March 2005.

After our return from the workshop, the participants will assist with preparing the new round of HIV/AIDS estimates in their own countries, which will be aimed for release in 2006. Although Hong Kong is still experiencing a low level of HIV epidemic, we have to step up our surveillance work in additional to ongoing efforts in HIV prevention, treatment and care programmes to maintain the local HIV infection rate at low levels.