

# 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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Press release

# UNAIDS ANNOUNCES NEW POLICY POSITION PAPER ON HIV PREVENTION

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Governing Board strongly endorses new policies for prevention

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**Geneva, 1 July 2005** - In response to the urgent need for action to reduce the growing numbers of HIV infections, the board of the Joint United Nations Programme on HIV/AIDS (UNAIDS), unanimously approved a new policy approach to intensify HIV prevention this week. This policy position paper outlines essential principles, policy and programmatic actions that are needed to get ahead of the HIV epidemic.

"Member states recognize the crucial need for intensified HIV prevention efforts. With five million new infections each year it is only through a comprehensive and scaled up approach that we will reverse the spread of HIV," said Executive Director Dr Peter Piot.

The primary goal of the position paper - which was developed through an inclusive consultative process with donors, national governments, non-governmental and community-based organizations and other partners - is to energize a strengthening of HIV prevention with an ultimate aim of universal access to HIV prevention and

treatment. Currently, only one in five people needing HIV prevention have access to prevention programmes and only one in ten people have been tested for HIV. This gap has contributed to rising numbers of people living with HIV and particularly mounting rates of infection among women -who currently constitute just under half of all people living with HIV - and young people. Poor planning, inappropriate prioritization and low capacity combined with cultural, social and personal reluctance to discuss issues on sex, sexuality and drug use are some of the factors holding back efforts to scale up HIV prevention resulting in a major gap between the need and availability of HIV prevention services.

The position paper is grounded in a number of essential principles crucial to the success of any effective HIV prevention effort. These include that all prevention programmes should be comprehensive in scope, evidence informed and must be fundamentally grounded in respect for human rights (including gender equality). Programmes should be adapted to local environments

and be sustainable at a coverage, scale and intensity that is enough to make a critical difference. Community participation is central to all programme planning and implementation.

"We know what works, and all HIV prevention programmes must be informed by scientific evidence. To be successful, HIV prevention must make use of all approaches known to be effective, not implementing exclusively one or a few select actions in isolation," said UNAIDS Director of Policy, Evidence and Partnerships Department, Dr Purnima Mane. "We also know that there is no 'quick fix' and that prevention programmes must be carefully adapted to relevant settings," she added.

The paper underlines the gaps in existing HIV prevention actions and outlines essential policy and programmatic actions that must be taken to scale to bridge these gaps. Key to all HIV prevention efforts, the paper says, is that they should be 'nationally owned and led'.

With the endorsement of the governing board, UNAIDS will strengthen its own response to support both global and national HIV prevention efforts. In line with its five core functions<sup>1</sup> UNAIDS will focus on advocacy on HIV

prevention; policy development in areas critical for HIV prevention; technical support and capacity building for implementation of scaled up HIV prevention programmes; coordination and harmonization of HIV prevention efforts; and tracking, monitoring and evaluation of HIV prevention programmes.

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<sup>1</sup> The five core functions of UNAIDS as endorsed by the PCB in 2002 in Lisbon are, (i) leadership and advocacy for effective action on the epidemic; (ii) strategic information to guide efforts against AIDS worldwide; (iii) tracking, monitoring and evaluation of the epidemic and of responses to it; (iv) civil society engagement and partnership development; and (v) mobilization of resources to support an effective response.

The Policy Paper mentioned can be download at :  
[http://www.unaids.org/html/pub/governance/pcb04/pcb\\_17\\_05\\_03\\_en.pdf](http://www.unaids.org/html/pub/governance/pcb04/pcb_17_05_03_en.pdf)

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# WHO: "LEADING BY DOING" IS KEY TO ACHIEVING UNIVERSAL ACCESS TO HIV/AIDS PREVENTION AND TREATMENT

To achieve universal access to HIV prevention and treatment, the scientific and public health community must respond quickly to developments on the ground to narrow the gap between discovery and intervention.

Dr Charlie Gilks, head of treatment, prevention and scale up at the World Health Organization's (WHO) HIV/AIDS Department, stressed the need to "learn by doing" at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment, a biennial scientific meeting, in Rio de Janeiro, Brazil. Gilks stressed that the scientific community must be committed to applying the results of scientific studies quickly to AIDS programmes while they are being implemented.

The goal of achieving as close as possible to universal access to HIV treatment by 2010 was recently endorsed by G8 leaders in Gleneagles, Scotland at their annual

meeting. Achieving this goal will require a significant new investment of resources and effort in research, says Gilks, who cited new formulations of HIV drugs for children and simpler tests to diagnose and monitor patients as major research priorities for scaling up treatment in resource-limited settings.

"The list of research questions is long," said Gilks. "But if we are going to achieve universal access, we will need to invest in applied research and move new products and approaches quickly into the field."

Gilks remains confident that the scientific community can meet this challenge, and that prospects for rewarding scientific work in the field of HIV/AIDS have never been better. "We have the knowledge to answer many of these questions", he said. "In fact, I would argue that in no other field are the opportunities to translate evidence into action

so great, as they currently are in HIV/AIDS. Not only can researchers have direct impact on policy and practice, they can reduce inequities by helping to make scientific advances available more quickly to the millions of people who need treatment".

The Rio conference brings together leading AIDS researchers, activists and policy makers to discuss recent advances in HIV/AIDS research and ways of translating research findings into practice.

The WHO and UNAIDS strategy to ensure treatment for three million people living with HIV/AIDS in low- and middle-income countries by the end of 2005 (the "3 by 5" ) has been a major catalyst for mobilizing support and action and was an important first step towards the goal of universal access. Access to antiretroviral treatment in developing countries has expanded significantly. Since the initiative started in 2003, the number of countries establishing national treatment targets has risen from four to 40, and the number of countries that have developed national plans to scale up antiretroviral treatment now numbers 34, up from only three. In the last 12 months, more than 50 countries have doubled the number of people who are on treatment. The recent G8 endorsement of achieving as close as possible to universal access to treatment by 2010 is seen as a major boost to

continuing this effort.

Gilks emphasized the importance of research on HIV prevention in addition to more effective ways to deliver treatment. "While we work to keep people alive and healthy with the tools we have now, we also need to ensure that future generations will have access to better prevention technologies," said Gilks, referring to the importance of vaccine and microbicide research.

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Dr Darwin MAK

# "Network of **HK based AIDS programmes** in **Mainland China** and **neighbouring countries**" ( **N H A P C** )



Hong Kong based organizations working on HIV/AIDS in Mainland China and neighbouring countries formed a network named "Network of HK based AIDS programmes in Mainland China and neighbouring countries" (NHAPC) to facilitate a closer connection and information exchange. The objective of the network is to provide an information sharing platform for Hong Kong based organisations or individuals working on HIV/AIDS in China and to build the capacity of members. Red Ribbon Centre will serve as the contact point of the network.

The network will employ three channels to improve the communication between members, namely the contact

list, NHAPC section at "The Node" and annual sharing session. Red Ribbon Centre will maintain a contact list of the network. The contact persons of HIV/AIDS projects in Mainland China and neighbouring countries and their email will be distributed to members to facilitate information exchange. Besides, a new section at "The Node" will be launched. Members of NHAPC will share the current situation of their projects. Actually, one of the members, Happy Tree, has contributed an article in the July issue. Two sharing sessions was held in 2004 and 2005. The schedule of sharing session is now regularised and will be held at Red Ribbon Centre on the first Saturday of October every year. Members and interested

parties can sit together and exchange their views on current situation in the region. The coming meeting will be held on 14 October 2006.

Any Hong Kong based organisations with AIDS programme in Mainland China and neighbouring countries can contact Red Ribbon Centre (**mc@dh.gov.hk**) to join the network. Other organisations or individuals, who are planning to launch projects or interested in HIV/AIDS efforts in Mainland China or neighbouring countries, may also contact Red Ribbon Centre for further information.



Dr. Krystal LEE

## THIRD CONFERENCE ON HIV/AIDS INTERNATIONAL COOPERATION PROJECTS IN CHINA

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The Third Conference on HIV/AIDS International Cooperation Projects in China was held in Kunming, Yunnan on 3 and 4 September 2005. Sponsored by the Ministry of Health of People's Republic of China and UN Theme Group on HIV/AIDS in China, the conference was undertaken by Chinese Center for Disease Control and Prevention and Yunnan Provincial Department of Health. Through critical reviews of the HIV/AIDS international cooperation projects in China, some 250 plus participants joined together for intense discussions aiming to promote international cooperation and to strengthen domestic coordination on its prevention and control programmes. The participants included representatives from the Ministry of Health, AusAID, Clinton Foundation, DFID, Family Health International, Marie Stopes, MSF, Save the Children UK, WHO, UNICEF, UNAIDS China Office, UNFP, USAID GAP, World Bank.

The Conference officially opened by a series of theatrical performance and keynote address by Dr WANG Longde, Vice Minister of Ministry of Health. Dr WANG's speech summarized the China HIV situation, accomplishments in prevention and control, challenges ahead and upcoming workplan. This was followed by presentations on various projects collaborated by local government and international NGO, such as the AusAIDS's harm reduction programme in Xinjiang, DFID's capacity building programme in Sichuan,

UNFPA's sexual risk reduction programme in Liaoning. On the second day of the conference, parallel sessions were conducted which themed on surveillance and testing, behavioural interventions, treatment and care and health education and advocacy. And in the afternoon, the participants went on to discuss the issue of joint planning, information and resource sharing on international cooperation projects, before the closing remarks given by Dr SHEN Jie, Director of National Center for HIV/AIDS Prevention and Control.

As of June 2005, there have been more than 120,000 HIV cases reported in China. Estimated total infected population amounted to 840,000. Some 12000 patients are receiving ART, and various policies such as the Four Frees and One Care Policy and Control of Illegal blood donation and supply has been in placed. Over the past few years, the Chinese Government has taken a leap forward in response to the HIV epidemic. The President Hu Jintao's visit of patients with HIV infection just before the World AIDS Days in 2004 marked the establishment of a government led top down approach to deal with the HIV epidemic in China. The national budget on HIV increased exponentially from negligible in 2000, 100 million in 2002 to 800 million in 2004. At the same time, a flock of international donors also invest billions of dollars trying to halt the epidemic and help those already infected. Yunnan, Sichuan, Guangxi and Xinjiang are the provinces that are relatively poorer with more HIV

infections and they receive the largest support in terms of money spent.

The huge sum of foreign money not only bring in a resource for prevention and care projects, but also a series of difficulties as to how to turn the dollar sign into action and impact, and how to deal with different opinions and expectations from people of different organizations and cultural background. Problems such as programme management, central coordination to prevent duplicating efforts and slow release of grants are important concerns for the players in the cooperation projects in China. The fact that one participant has successfully sought funding for the pediatric formulary of AZT and the heated debate on massive mandatory screening between international and national experts occurred during the conference were

some cases to illustrate the above.

The conference took place in the Spring City of China, Kunming in Yunnan. Yet, the province has the highest number of reports of HIV infection in country. About half the drug users is HIV positive and I was told that in some parts of the province a day of heroin costs as little as only one renmenbi. The largest sum of foreign money for HIV projects was also spent in Yunnan. Outside the conference hotel, flocks of young ladies are working very hard to approach each and every men passing by all round the clock. Two blocks away was where an abortion clinic situated, in there I could see a young lady lying on the coach while the people in white were having their dinner. Were there any HIV education materials inside?



Tiffany LU and Yui Ting SIN

# THANK YOU RED RIBBON CENTRE!



Thank you for their splendid arrangement of this internship program. It is my pleasure to work in Red Ribbon Centre as an intern this summer.

Yet, I am not just writing the thankfulness for my own sake; moreover, I would like to take this opportunity to express gratitude on behalf of all Hong Kong citizens. As a member of Hong Kong society, thanks to my internship experience in Red Ribbon Centre that gives me a better picture on Hong Kong's HIV/AIDS related units and policy, I think that Hong Kong people are very lucky to have such a highly professional medical team which fight HIV/AIDS on the front line, while there is another crew

working really hard in order to prevent the spread of HIV. With the efforts of all different parties, HIV infection rate of Hong Kong remains in a relatively low level; the steady HIV infection growth rate further confirms the strategic success of health promotion and AIDS education campaigns launched by Red Ribbon Centre, as a core institution, which enhances public's awareness of HIV/AIDS in Hong Kong and guards the front door in HIV/AIDS prevention. I am proud to be a part of the service in Red Ribbon Centre even though my internship program only lasted for a month.

Before I worked in Red Ribbon Centre, all I know about HIV/AIDS situation in

Hong Kong is pretty general; but since I had been an intern in Red Ribbon Centre this summer, during the orientation week, by visiting the major governmental domains which tackles the HIV/AIDS problems in different aspects, as well as meeting the Non-Governmental Organizations (NGO), my horizon over the intricate issue is broadened. For instance, the visit to Integrated Treatment Centre impressed me so much. Not only do I have a deeper understanding on the clinical work of HIV/AIDS in Hong Kong, but it is also a precious moment for me, as a non-medical student, to have a rather in-depth communication with the medical team as well as a closer look at the facility there. Also, it was an



exciting experience and a valuable opportunity to meet the chairperson of Advisory Council on AIDS. And we did learn a lot from Dr. Tso, now the former Chairperson of Advisory Council on AIDS. He told us the HIV/AIDS strategies in Hong Kong over the decades in details, Dr. Tso also shared the challenges and opportunities of HIV/AIDS prevention and policy development faced by Hong Kong under current circumstances with us. Listening to Dr. Tso was definitely a useful and enjoyable lesson. Thank you Red Ribbon Center of those fabulous arrangements for me

Apart from visiting the governmental parties, we got to know another vital force in HIV/AIDS prevention in Hong Kong, i.e. Non-Governmental Organization, NGOs in short, which include AIDS Concern, Hong Kong AIDS Foundation, The Society for AIDS Care, etc. It takes two to tango. With the single effort from government, HIV/AIDS will never be under control. Nevertheless, those NGOs will not survive without the support from government, but most importantly, from we, the public. Throughout my internship period, I acknowledged that joint force from government, NGOs and the public is crucial in tackling the HIV/AIDS problem.

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Frankly speaking, working in Red Ribbon Centre is more than just a job. Day to day, I got to learn something new, and inspired from my work. I feel like what I learnt from my work is far more than what we have contributed. My memory is still fresh about one of the task- an evaluation for Project Sunny, which is a health promotion project in sex industry held by a NGO named C.H.O.I.C.E. (Community Health Organization for Intervention, Care and Empowerment Ltd). Though it is not my first time to get in touch with the sex workers, I have never worked that close with a NGO in organizing the counseling work for the sex workers and their clients. Sex industry is always a taboo among Hong Kong people, so as HIV/AIDS, as a result, there is a "Double Taboo" towards the AIDS situation in that fields. Ironically, sex industry is regarded as a serious breeding ground of HIV/AIDS. As HIV/AIDS never discriminates, people living in the same roof have possibility to be infected; that's why we have no excuse to turn blind eyes over those at-risk populations in HIV infection, in spite of their social identity is classified as "socially inferior" group. All of us have the undeniable responsibility to help improving the situation.

After several visits to C.H.O.I.C.E and outreach sessions with its staffs, I have a strong feeling that how lucky we are to have some whole-hearted people with strong will who work consistently against HIV/AIDS, despite the fact that their work is not commonly recognized. But we, the public, also have a key role in this, probably, life-long battle with HIV/AIDS. Though we are not pioneer

standing in the frontline, our support to the government and the NGOs is absolutely critical. Our little effort does help big! Attitude of us, and so the entire society, towards the controversial topic is significant too! Ignorance and prejudice only brings us to a disaster. When work speaks louder than words, being a member of our society, we should acquire correct knowledge of HIV/AIDS, a proper sense of public health and awareness of self-hygiene, the first step to guard ourselves and so our family before we take one step closer to the ultimate victory against this "terrifying disease". We should never underestimate our power.

Without a shadow of a doubt, this intern program would be one of my fruitful experiences in my life. In the past, I learnt the issue of HIV/AIDS from textual materials, but working in Red Ribbon Centre is totally different, it is real! Standing on the same line with the staffs in Red Ribbon Centre, and also NGO such as C.H.O.I.C.E, I started to understand the challenges they face in reality, though I am only an intern, and what I knew and understood is still quite shallow. But I always hope I can learn more.

Actually, HIV/AIDS is not simply a medical problem, but also a social issue and even a global matter. I know that the battle with HIV/AIDS is never be easy; there is still a winding road with enormous stumbling stones on it. But I firmly believe, Hong Kong, being equipped with advanced medical teams and many professional social institutions, either in governmental or non-governmental aspects, once combined with social concern and support poured from her peoples, HIV/AIDS will never be a barrier to the healthy development of Hong Kong society.

A trouble is like a pebble. Hold it too close to your eyes and it fills the whole world and puts everything out of focus. Hold it at a proper distance and it can be examined and properly classified. I think this is probably a fundamental attitude when we examine the issue of HIV/AIDS.

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Remarks:

Tiffany LU and Yui Ting SIN are students from Yale University and New Asia College, Chinese University of Hong Kong. They joined an exchange programme by Yale-China and New Asia College and completed their internship at Red Ribbon Centre in May, 2005. They evaluated Sunny Project, an outreach project targeting commercial sex workers and their clients, and conducted a survey on workplace HIV policy in Hong Kong.

# REPORT ON THE 7TH INTERNATIONAL CONGRESS ON AIDS IN THE ASIA PACIFIC REGION



*Delegation from Hong Kong, which led by ACA Chairman Prof. CN Chen (third from left) and immediate past ACA Chairman Dr. Homer Tso (centre), attended the opening ceremony of the 7th ICAAP.*

The International Congress on AIDS in Asia and the Pacific (ICAAP) organized biennially is the largest forum on AIDS in the Asia Pacific region. Because of the SARS outbreak, the meeting in 2003 was postponed till this year, and the 7th ICAAP was held from 1 to 5 July this year in Kobe, Japan, after the 6th one in Melbourne in 2001.

It seemed that the time bought did not make the congress be a better one. The main theme of this Congress in Kobe is "Bridging Science and Community". The congress worked to foster a sense of solidarity in the fight against HIV/AIDS in the Asia-Pacific region. The congress called for active ownership of the communities at a local level to make the effective and decentralized response to HIV/AIDS be possible. As any other international conventions, the congress consisted of symposia, workshops, poster presentations and exhibitions. However, no visit to local HIV/AIDS service was arranged. The participations of local HIV/AIDS NGOs were limited and were mainly in the exhibition hall only. It wasted a chance for the conferees to learn from the experience of HIV prevention and care in Japan.

Maybe due to the high price index in Japan, the number of participants was less. The rough estimate was about

2000 participants from the Asia and Pacific Region. Lots of speakers could not attend the conference. Some sessions had only half of the speakers presented which left plenty of time for the platform discussion. The situation of poster presentation was even worse. About only 25% of the posters were put on in the poster presentation hall, leaving lots of blank boards. The variety of participating organisations of exhibition was also less. Some of the organization in developing countries complained that they could not get the scholarship and did not have enough money to attend the conference even though their papers/presentations were accepted by the congress. These compromised the knowledge and experience exchange between HIV workers in the region.

Anyway, this was my first time to attend an international conference on HIV/AIDS. It was still a very good experience for me. The congress provided a change for me to build up an international network with other HIV workers in the region. A workshop on a new sample method -Response Driven Sampling - provided a new surveillance tool for those hard-to-reach populations.

The plenary sessions provided some hints of the coming important issues in the region. Harm reduction was the focus in the congress and will be a hot issue in Asia next year. In many countries, such as China, Indonesia, Nepal and Viet Nam, rapid recent rises in HIV infection among drug injectors appear to have spurred subsequent rises in HIV infection among non-injectors who have sexual risk behaviours. Several countries have committed to launch methadone programmes.

The congress also urged the government of the region to adopt preventive measures to control the number of newly infected cases. Without immediate and extraordinary action on AIDS, it is believed that the Asia Pacific region will see 12 million new HIV infections in the next five years. This echoed the theme of World AIDS Campaign 2005 "Stop AIDS, Keep the promise". The result of harm reduction programmes and Asian governments' commitment will be testified in the next ICAAP in Sri Lanka.

# STOP AIDS KEEP THE PROMISE IS THE THEME FOR "WORLD AIDS CAMPAIGN 2005"

The World AIDS Campaign 2005 advocates for the fulfilment of the UN Declaration of Commitment on HIV/AIDS and subsequent policy commitments on AIDS under the theme "Stop AIDS. Keep the Promise." The Campaign aims to hold the world community accountable to the commitments they make, while at the same time highlighting the Declaration of Commitment on HIV/AIDS as an important tool for ensuring a comprehensive response to the epidemic.

Everyone has a role to play in responding to HIV and AIDS. We hope you will be inspired by these commitments and will support the World AIDS Campaign 2005 to ensure that everyone "Keeps the Promise".

Information for the theme of World AIDS Campaign, 2005 is now put on the web, you are welcomed to visit the UNAIDS website at <http://www.unaids.org/en/events/campaigns.asp> for details.



Dr. WONG Ka Hing

## CHINESE COMMUNITY HEALTH FORUM 2005

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Health professionals, academics and community leaders working on HIV/AIDS from Mainland China, Taiwan and Hong Kong met and exchange at the Chinese Community Health Forum held at Xi'an from 12 to 15 October 2005. A total of 15 people presented, on areas ranging from HIV surveillance and epidemiology, drug use and HIV, harm reduction programmes, laboratory testing, health impact of antiretroviral therapy to social implications.

The HIV situation and surveillance systems differ. While Mainland China all along has an injection drug use driven epidemic, Taiwan experienced explosive outbreaks among drug users starting 2004. As of September 2005, injecting drug use has rapidly increased to account for 25% of the cumulative 9324 native infections. So far, sexual contact remains the important mode of transmission in Hong Kong. The estimated numbers of HIV infections in Mainland China and Taiwan are 840,000 and 22,000 respectively.

Started in 1970s for security reasons, the methadone treatment programme, being one major component of harm reduction, has contributed to HIV prevention among drug users in Hong Kong over the years. In response to the escalating HIV-drug epidemic, besides strengthening supply and demand reduction of drugs, Mainland has piloted and Taiwan is preparing for methadone substitution programmes. Syringe exchange programme has also been implemented in rural areas of

China and Taiwan is considering as well.

HIV treatment and care is all along available in Taiwan and Hong Kong, largely subsidised by the public health care budget. Mainland China has expanded its antiretroviral therapy programme through its "four free, one care" policy in place since 2004. Through collaborating with international agencies, treatment access to special groups in China is further widened lately; one such example is paediatric antiretroviral treatment. Various researches pertaining to HIV diagnosis and care have been conducted in the three places, including vaccine study, determination of recent infections, molecular epidemiology, traditional Chinese medicine, disease progression with or without treatment, and resistance profile.

Despite differing HIV epidemic and environment, common principles are observed in the AIDS responses across the places. Understandably each place has its uniqueness and specificities in the interventions and control measures, partially related to the differences and similarities of cultural attributes and social systems. It is no doubt that interactions amongst the three places and also Macau will only be increasingly close in the future. Regular communication, sharing, exchange and collaboration between the workers will be beneficial to the concerted efforts towards the common goal of HIV/AIDS prevention, care and control.

