

# 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

Toronto, 14 August 2006  
Press release

# Uniting for HIV Prevention

UNAIDS, civil society, treatment activists, private sector and governments call for 'out of the ordinary partnerships' to intensify HIV prevention efforts.

**Toronto, 14 August 2006** – The Joint United Nations Programme on HIV/AIDS (UNAIDS) is 'uniting for HIV prevention' with civil society, treatment activists, the private sector and governments to call for the global community to mobilize an alliance for HIV prevention.

Representatives from the International Council of AIDS Service Organizations (ICASO), the Treatment Action Campaign (TAC), the governments of India and Sweden and Merck pharmaceuticals outlined the concept of 'uniting for HIV prevention' at a press conference on the second day of the XVI International AIDS Conference, taking place in Toronto, Canada.

"There is an urgent need to build on good work already taking place and mobilize an alliance for HIV prevention that goes 'beyond the converted' involving more than 'the usual suspects', and with strong links to HIV treatment activism," said UNAIDS Executive Director Peter Piot.

"We need an alliance that is united by commitment to

the goal of saving lives, even if we may have different tactics. We need an alliance that draws in the best and brightest minds of our generations, and that is a partnership between governments, people living with HIV, the most vulnerable groups, civil society, faith-based organizations, business and international institutions," he said.

Across the world, a small but growing number of countries have reduced HIV prevalence through sound prevention efforts. However, in 2005, there were still 4.1 million new HIV infections with over 40% of new adult infections occurring among young people aged 15-24. According to latest estimates, HIV prevention services reach only one in ten of those in need.

'Uniting for HIV prevention' is a consolidation of existing advocacy and public mobilization efforts around HIV prevention and hopes to harness the collective strengths of organizations in bringing about a sustainable response to HIV epidemic.

The UNAIDS policy position paper on intensifying HIV

prevention provides a common ground around which advocacy for scaling up HIV prevention is based.

Uniting for HIV prevention will focus attention on five major areas:

- Scaling up HIV prevention as part of the movement towards universal access to HIV treatment, prevention, care and support. Simultaneously promoting increased access to HIV prevention as well as HIV treatment.
- Removing barriers to HIV prevention — which will involve the full implementation of policy and programmatic actions agreed in the UNAIDS policy position paper on intensifying HIV prevention.
- Resource mobilization for HIV prevention - working to ensure fully funded national HIV prevention plans.

## Uniting the world against AIDS

- Capacity building for HIV prevention - building capacity of the public and private sector in order to sustain HIV prevention programmes.
- Evidence informed prioritization of HIV prevention programmes - ensuring that evidence-informed prevention programmes reach those who need them most, including populations most at risk, marginalized and vulnerable to HIV infection.

The broad and inclusive grouping of organizations ‘uniting for prevention’ will seek to influence policy makers as well as generate public opinion on the need to bridge the HIV prevention gap. Together, they seek to shape a movement that will support the realization of universal access to HIV prevention, treatment, care and support.

## ‘Uniting for Prevention’ – the players and their roles

### **Civil society**

The movement will bring together a large number of civil society organizations that work on different facets of the AIDS response across different sectors and with a variety of community groups. These include networks of people living with HIV, young people, women’s groups, human rights organizations, faith-based organizations, AIDS service organizations and

community groups. They can bring pressure on their constituencies to prioritize HIV prevention.

### **Governments**

The movement will bring together government leaders to push for greater acceleration and resource allocation for HIV prevention efforts.

### **Treatment activists**

As the forerunner of treatment activism, their push for HIV prevention is a wake-up call to the world on how gains made in treatment will not be sustained if the rate of scale up of HIV prevention does not dramatically increase in the next few years.

### **Private sector**

The growth of the private sector is dependent upon a healthy and vibrant workforce and a healthy population that can propel economic growth. The private sector can also help in lending their expertise to rapidly scale up HIV prevention efforts and invest in innovations that can make HIV prevention simpler.

### **UNAIDS**

UNAIDS will unite the various stakeholders involved in global HIV prevention efforts, and lead advocacy programmes for realizing a comprehensive, scaled up and fully funded HIV prevention response.

“Here today we have representatives from all corners of the AIDS response. We are calling for others to join us, quickly, because AIDS needs an exceptional response where every partnership matters,” said Dr Piot.

UNAIDS and partners will further discuss issues surrounding ‘uniting for prevention’ at a satellite session entitled ‘Intensifying prevention-leveraging the global community’ that will take place on Thursday 17 August. The satellite panel will bring together perspectives of various stakeholders on galvanizing and strengthening HIV prevention efforts to explore the challenges of scaling up HIV prevention and bridging the HIV prevention gap.

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# Gansu – Side story

From 11 to 15 July this year, Dr Kenny Chan, Senior Medical Officer, and I visited Gansu for a five-day “Consultancy Visit to Gansu Province on HIV Clinical Programme” on behalf of the Centre for Health Protection of the Department of Health.

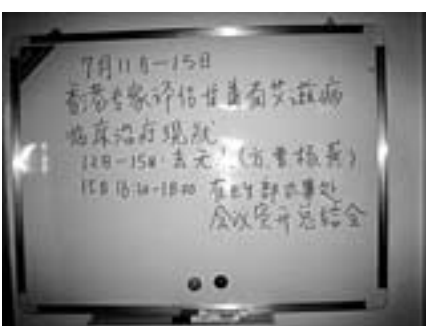
This consultancy visit was part of the “Gansu Red Ribbon Project” jointly organised by the Gansu Provincial Center for Disease Control and Prevention and World Vision China. We were honoured to have been invited by Gansu Provincial Department of Health and received by the project sponsor from World Vision China, which helped to make this trip a success.

This article is not about the consultancy report because I do not intend to discuss such a serious issue here. Rather, I would like to share with you what I have seen and experienced, so that you can be introduced to Gansu in a lighter mood, either the “AIDS issue” or leaving behind “AIDS”.

Gansu Province is located in the western part of China and is known as “Long”. It is situated around the upper reaches of the Yellow River and occupies a large area. It is bordered by Shaanxi to the east, Sichuan to the south, Qinghai and Xinjiang to the west and Inner Mongolia and Ningxia to the north and is demarcated from the People’s Republic of Mongolia. There are 5 provincial cities, 7 regions and two autonomous regions in the province. The destinations we visited included Lanzhou City and Tianshui City. Coming out of Lanzhou Zhongchuan Airport, we met Dr. Christy Fong from World Vision, who picked us up and arranged transportation for us to Lanzhou. On the way, she told us about the geographical environment and recounted snippets of life in Gansu. On both sides of the road there were small, bare hills and the weather was dry and comfortable, which was completely different from the “steamer-like” conditions in Hong Kong. Of course, the main topic of our conversation was still on “AIDS”.

Due to our tight schedule, we headed towards the Gansu Provincial Center for Disease Control and Prevention soon after lunch. We met Mr. Teng Gui Ming, Head of the Provincial Department of Health and Mr. Liu, Head of the Department of Medical Affairs, Mr. Zhang Jian Wei, Secretary of the Provincial Center for Disease Control and Prevention, and other important officials. The meeting was chaired by Dr Xi Cang Hai, Director of the AIDS and Sexually Transmitted Infections, Department of Gansu Provincial Centre for Disease Control and Prevention. Dr Xi participated in the “Lions Red Ribbon Fellowship Scheme” co-organized by the Red Ribbon Centre and Lions Club International – District 303 (Hong Kong and Macau) in 2003 and he, therefore, has some understanding of the AIDS situation in Hong Kong. Dr. Fong from World Vision has also visited the Red Ribbon Centre and understands that Hong Kong has maintained a low infection rate of AIDS. Mr. Xi and Dr. Fong are the chief promoters of this visit. During the first day of our visit, both parties exchanged information on the existing situation with AIDS in “Long” and Hong





Kong, and the day ended with our visit to the virology laboratory of the Centre for Disease Control and Prevention and the newly-built Disease Control and Prevention Building.

On the second day of our trip, we visited Lanzhou Chest Hospital and Prison Hospital and discussed the clinical treatment of AIDS with the chief physician, nurse practitioners and administrative officials. Dr Chan also gave his opinions on the treatment of the cases they put forward. From what was seen in the infectious disease wards, the infection control measures they have adopted have reached a certain standard.

We set off to Tianshui City after lunch for a journey which would normally only take around 3 hours but since the highway to Tianshui City had collapsed after pouring rain, our cars had to head for the destination by taking other routes around the hills. The cars went up the rugged hills on narrow and winding roads. The fact that the roads had collapsed and were blocked meant that we had to take other routes where we could appreciate the beautiful views in the mountainous regions – the green terraced fields and little houses built from yellow soil, and the herds of sheep grazing leisurely on the hillsides. All these constituted a series of serene and comfortable pictures. We had been driving for half the day and by the time we arrived at Tianshui City, it was nearly 8 pm. After dinner we soon went to bed.

On the third day of our visit, we headed off from Tianshui City to Jin Ji Township Clinic in Qing Shui County travelling via hilly roads. We met with the local frontline workers. The persons-in-charge of the Center for Disease Control and Prevention of Qing Shui County and the Jin Ji Township Clinic had invited a total of 4 HIV-infected patients (villagers) from Jin Quan village and Feng Wang village. Mr. Li, Head the Township Clinic gave an account of the transmission routes of the patients, their CD4 counts and the treatment given. With regard to the treatment of patients by the State, Dr Chan put forward proposals on clinical diagnosis and treatment, the use of antiretrovirals and laboratory investigations, and discussed with all the working staff the feasibility of the proposals. My emphasis was more on the psychosocial aspects of the patients and their adherence to drug taking. Since the number of infected patients is not substantial, the Center for Disease Control and Prevention employ health inspectors at village level to take charge of the anti-epidemic and patient management work. They visit the patients everyday, urge them to take drugs, monitor their clinical conditions and report to the Township Clinic when necessary. In the morning, we carried out in-depth discussions and exchanges on the topic of AIDS and gained a thorough understanding of the management of AIDS in Gansu. This is the first time I have met and talked with patients amidst the crowing of cocks, the barking of dogs, mooing of cows and baaing of sheep. Besides, the innocence and the sincerity of the patients (villagers), their obvious trust in the doctors and the hope on their faces left a deep impression on me.

In the afternoon, we visited the Center for Disease Control and Prevention of Qinzhou and met with Mr. Zhang, Director-general of Qinzhou Department of Health, and Dr Zhou and Dr Dong of the Center for Disease Control and Prevention. Dr Zhou presented 3 cases and Dr Chan



gave his opinions on the treatment of those cases. We discussed and exchanged opinions on issues such as guidelines on occupational exposure and the HIV infected health care workers. With the consent of the two patients, we had the opportunity to visit them in Qinzhou.

During the afternoon of the fourth day, Dr Chan and I were scheduled to chair the seminar for relevant departments / units of the Province in the Conference Room at Lanzhou University. Therefore, we set out from Tianshui City for Lanzhou City at 9:00 a.m. Although we had heard that the collapsed roads might have been reopened, yet the actual time for this action had not been finalized. So, we had to wind our way through the hilly roads again and by the time we reached Lanzhou, it was 1:30 p.m. A bowl of Lanzhou beef and noodles was especially delicious when we

were so hungry. At 5:00 p.m., the seminar came to a satisfactory close. We went to the hotel immediately and left our luggage there. After dinner, we concluded our discussions with Dr Xi and Dr. Fong. We were kept very busy with visits during these few days.

On the fifth day, Dr Chan and I finalized the main points of the trip on the return flight. We all agreed that we had had exceptional visits. We felt that everybody was sincere and put their trust in each other, and overall this Gansu trip turned out to be a great success.

Throughout the entire trip, officials and working staff always said, "You are all working very hard!" It is true that this was not a relaxing trip, however, with our enthusiasm and sense of responsibility, we had the capability and endurance to overcome all the difficulties!



Dr. Albert Au

Male Sexual Health and HIV in Asia and the Pacific International Consultation

## “Risks & Responsibilities” in New Delhi

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In recognition of the need for building and strengthening interventions addressing HIV-related vulnerabilities of men who have sex with men (MSM) in Asia and the Pacific, a Male Sexual Health and HIV in Asia and the Pacific International Consultation “Risks & Responsibilities” was being hosted by the National AIDS Control Organization of the Ministry of Health and Family Welfare of the Indian Government and Naz Foundation International. It was held in New Delhi, India from September 23 to 26, 2006.

This international consultation brought together a ‘tripartite’ of representatives from governments, donors, international and in-country non-government agencies as well as community-based organizations working with MSM, gay men and transgender people, in the areas of HIV prevention, treatment, care and support, to explore knowledge gaps, obstacles and challenges, and discuss opportunities for moving forward towards universal access to these services for these marginalized sexualities. The estimated number of delegates attending the meeting was around 300. Five delegates from Hong Kong attended this consultative meeting, including Dr. KH Wong (黃加慶)



India Conference - The main theme of the International Consultation in New Delhi in 2006 is “Risks and Responsibilities”

and Dr. Albert Au (歐家榮) from the Special Preventive Programme of the Hong Kong Department of Health, Mr. Chung Lau (劉志聰) from AIDS Concern, Mr. Chung To (杜聰) from Chi Heng Foundation and Mr. Barry Lee (李文偉) from Hong Kong AIDS Foundation.

On the first day, four parallel sessions of community mobilising meetings were held, including MSM living

with HIV, religion and MSM, gender variants and HIV and sex work and HIV. In the opening ceremony, Dr. Nafis Sadik, Special Advisor to the United Nations Secretary-General and Special Envoy for HIV and AIDS in Asia and the Pacific presented the strategies in removing obstacles and addressing challenges in scaling up prevention programmes targeting MSM. Mr. JVR Prasada Rao, Director of the Regional Support Team of UNAIDS, stressed that MSM is the missing link in national responses to HIV and AIDS in Asia and the Pacific region and most of the MSM and transgender people did not have access to targeted prevention programmes. Actions from national authorities must be taken immediately. Anglican Archbishop Emeritus of Cape Town, Desmond M Tutu also highlighted the importance of an enabling environments provided by society and supported by law in protecting sexual minorities.

The morning plenary sessions touched upon epidemiology, social anthropology, legal and human rights issues related to HIV risk in MSM and transgenders. It was clearly presented that male-male sex occurs in all countries and cultures. MSM is a significant and growing component of the Asia-pacific HIV epidemic, which was partly driven by stigma, discrimination, homophobia and violence against sexual minorities. There is urgent need for co-ordinated and sustained responses. In the three days of consultation, delegates were divided into country and regional groups to discuss on the obstacles, challenges and opportunities in HIV prevention among MSM and transgenders and recommendations were made.

On the final day, “The Delhi Declaration of Collaboration” was drafted, which call up on the tripartite of governments, civil society/community and international donors/multilateral institutions throughout Asia and the Pacific to come together in a spirit of partnership and collaboration to work together for HIV prevention among MSM. It is universally agreed that massive scale-up of HIV programmes for MSM and transgenders is urgently needed. In pursuit of these strategies and actions in the declaration, the participants have agreed to work in ‘tripartite’ partnership through “Principles of Good Practice” and towards the formation of an “Asia and the Pacific Coalition on HIV and STI” for and by MSM, gay men and transgender people, to ensure moving towards universal access of HIV and STI prevention, treatment, care and support services for MSM, gay men and transgender people.

Delegates agree on a set of principles of good practice, including:

- bridging the knowledge gap, using evidence-based approaches;
- focusing on participatory interventions;
- promoting ownership and an enabling environment;
- fostering organizational development and strengthening;
- improving access to appropriate and affordable STI treatment services and appropriate HIV voluntary counseling and testing, treatment and care services;
- improving access to affordable condoms and lubricants;
- improving access to appropriate communication;
- providing long term financial support;
- advocacy on legal, judicial and social impediments to promoting HIV prevention and sexual health for MSM and transgenders;
- mainstreaming risky sex between men; and
- practicing transparent governance and accountability to the MSM and transgender communities and constituencies.

Consensus was also reached in establishing the Asia and Pacific Coalition on MSM and transgender organizations working with HIV Prevention, treatment, care and support. This will comprise of an alliance of civil society groups, HIV and AIDS organizations, MSM and transgender groups and other agencies. The coalition will provide support to national and sub-regional networks; work across the whole region to advocate for improved HIV and AIDS programming for MSM and transgenders; and to share information on good practice in HIV prevention, treatment, care and support for MSM and transgenders. The guiding principles will be human rights and social justice, strengthen-based responses, sex positive approach, empowerment, involvement of MSM and transgenders and increased resources.

In the closing ceremony, Dr. Peter Piot, Executive Director of UNAIDS, concluded in his closing address that we have to ensure that one of the highest priorities of every national AIDS effort is to reach all MSM with comprehensive HIV services tailored to their needs and concerns. The commitment should not be just rhetorical, but have to be backed by participation in national AIDS bodies, substantial funding and translation into reality on the ground.

# Summer Intern Programme at Red Ribbon Centre



Yale students - Sarah Kellner and Liu Jinghan completed the Summer Intern Programme at Red Ribbon Centre in 2006

This summer, Jinghan and I participated in a summer intern programme hosted by Red Ribbon Centre in Hong Kong. Through this programme, both of us learned many lessons about HIV/AIDS education and sharing effort across borders. While I had done some HIV/AIDS advocacy in the United States, seeing firsthand how Hong Kong is (very successfully) educating its population and stemming the spread of HIV/AIDS. These experiences will further inspire and drive my fight as I return to the issues in the United States. This programme transfer the information and ideas across political and cultural borders that makes it so wonderful and unique. That's why Red Ribbon Centre has been so important to my summer and my future in global public health advocacy.

I sincerely believe that working together to fight this issue on global terms is the only way to defeat the virus. In such an interconnected, jet-setting society, almost just as easily as an e-mail sent across the world, a virus can transfer from one place to another in today's world. Hence, programmes like this one, made possible by the generous support of the Red Ribbon Centre, are increasingly crucial. We must share not only our cultures to understand one another, but also our ideas and experiences in the field of healthcare. HIV knows no difference in terms of race and culture,

making this experience extremely crucial in the global fight against HIV/AIDS.

Beyond the transfer of ideas about stopping the spread of HIV/AIDS, our internship at Red Ribbon Centre make us expose to a hardworking group whom committed to the goal of their organization. Working as a team with these professionals was an invaluable experience to increase our awareness in public health .During our one-month attachment in Red Ribbon Centre, we had done two main projects - 1. Designing a new campaign for World AIDS Day 2. Assisting the New Era (a group of Nepalese ex-drug users) to apply for the Red Ribbon in Action Funding Scheme.

Through these projects, Red Ribbon Centre helped us use our creativity and become

intimately acquainted with the HIV/AIDS situation and programmes in Hong Kong. Besides, we were able to meet with two very interesting HIV/AIDS prevention groups for ex-drug users, the Pui Hong Organization and the New Era. These meetings arranged by Red Ribbon Centre provided an opportunity for us to gain expert opinions and references for designing our own projects.

However, Red Ribbon Centre's support extended beyond simply the working day. As a new visitor to Hong Kong, all the staff showed welcome and introduced me to this amazing city. We are extremely grateful for all of these warmth and support. Also, the knowledgeable staff spent much of their busy time patiently explaining the HIV/AIDS situation in Hong Kong so that we could really understand both the needs and accomplishments of the local population.

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#### Remarks:

Sarah Kellner and Liu Jinghan 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 June, 2006.

# XVI International AIDS Conference

# Time To Deliver



Dr. Raymond Ho, Senior Medical Officer and Ms. Victoria Kwong, Senior Nursing Officer of Special Preventive Programme, Department of Health attended the XVI International AIDS Conference at Toronto, Canada

The main theme of the XVI International AIDS Conference is “Time to deliver”, which echoed the urgency of the slogan used in World AIDS Campaign 2005-2010 - “Stop AIDS. Keep the promise.” Some people or even nations once questioned the urgency of tackling the AIDS epidemic head on. Looking at the most recent published UNAIDS statistics in 2006, there were around 39 million people living with HIV/AIDS in the world, an estimated 4.1 million people with new infections and an estimated 2.8 million deaths per year. After 25 years of AIDS, there is a widespread belief that nations can turn the AIDS epidemic around with sufficient political commitment and resources. What is to be delivered and by whom? What will be the main challenges faced by Hong Kong in the future? Were there any new HIV prevention strategy and idea on the horizon to defeat HIV/AIDS one day? Did the conference meet the expectation of the sponsors and the delegates?

The Conference was held in the Metropolitan Toronto Conference Centre in downtown Toronto, Ontario, Canada from 13-18 Aug 2006. The estimated number of delegates attending the conference was around 25,000 – 30,000 depending on the source

of information. The world’s largest AIDS conference provides an international, open and independent forum for the exchange of ideas, knowledge and research which will inform HIV/AIDS programmes and strengthen prevention, treatment and care efforts worldwide. The programme includes abstract driven oral and poster sessions, controversies and common ground sessions, bridging sessions, symposia and skills building workshops, along with innovative mechanisms to broaden the reach and impact of the event. Apart from the academic programme, there was a

Cultural Programme, a Youth Programme, Pre-Conference Meetings including an important meeting on HIV and Men who have sex with Men (MSM) “Advancing a Global Agenda for Gay Men”, and a Global Village for marginalized communities to raise their priority issues and advocate for change on key challenges they faced.

There was a strong representation from Hong Kong at the conference including academics, researchers, healthcare providers, political, community and business leaders, government, non-government and intergovernmental representatives, and people living with HIV/AIDS.

It was mentioned earlier that with political will and resources, we can make a difference. For many delegates, in particular those from our host country, they were disappointed that the Canadian Prime Minister did not attend the Conference at all. This was made up partly by the political commitment and resources pledged by the “Double Bill” – ex- US president Bill Clinton and Microsoft boss Bill Gates. Mr. Richard Gere, the Hollywood film star’s commitment to raise HIV awareness and promote acceptance in



India was also highly admirable, and few would forget the powerful rally speeches at the Opening Ceremony from the Conference Co-Chairpersons – Dr Mark Wainberg and Dr Helene Gayle, Dr Peter Piot of UNAIDS and Ms Frika Chia Iskandar, who had been a leading advocate for persons living with HIV after she was tested positive a few years ago. It was also heartening to witness the scaling up of resources to fund HIV prevention research by government and charitable organizations such as the Global Fund and the Bill and Melinda Gates Foundation.

“Time to deliver” focused on the delivery of adequate financial resources to support programmes on the frontline. There should be long term sustainability of HIV prevention programmes and the setting of priorities in addressing the drivers of the HIV epidemic, especially the low status of women, homophobia, HIV-related stigma, racism and inequality. The call for universal access to antiretroviral treatment is one such pressing issue on a global scale. Although the World Health Organization missed the global target of reaching 3 million persons living with HIV by end of 2005, 1.6 million beneficiaries from middle and low income countries received life-saving antiretroviral treatment up to now.

The pre-Conference HIV and MSM meeting (10-11 August 2006) called for a Global Forum to coordinate a global response to enormous gaps in funding and services that currently exist for MSM living with and at-risk for HIV/AIDS. Speaking at the closing session of the MSM & HIV: Advancing a Global Agenda for Gay Men and Other MSM meeting at AIDS 2006, Dr Peter Piot of UNAIDS was deeply concerned that some gay groups were distancing themselves from the urgency to fight HIV/AIDS as it took them many years to move away from stigma and discrimination once generated with AIDS. However, an effective HIV response will never materialize without the concerted effort of the MSM community. It is estimated that 1 in 10 MSM have access to basic HIV/AIDS prevention services and even fewer have access to HIV/AIDS care and support. After the meeting, it has become crystal clear that there had been a growing HIV epidemic in MSM in Asia, with each nation starting at different position in the timeline. Recent prevalence surveys suggested that HIV affected almost 3 in 10 MSM in Bangkok, Thailand. Alarm bells were ringing for the first time that Hong Kong would be facing a rapid growth of HIV cases in MSM in the next few years. Based on the local epidemiological data, Dr Tim Brown (Senior Fellow, East West Centre, Hawaii, USA) projected that Hong Kong would be heading for the same scale

of HIV epidemic in MSM in Bangkok by 2020 unless we scaled up safer sex and prevention programmes immediately. New HIV infections in MSM would dominate the new infections that occurred in Hong Kong and the rising trend was also in keeping with a regional trend of serious and growing HIV epidemic in MSM. The costs of inaction will be high in both human and financial costs.

While we are facing a growing HIV epidemic globally, there are glimpses of hope that we may defeat HIV one day. Scientists expressed optimism on long road to HIV vaccine, which was described as a major challenge making modest advances. The challenge to find an effective vaccine is often hampered by the fast mutation of HIV in the body. Though many candidate vaccines have entered human trials, none has proved effective so far. Against this background, the Bill and Melinda Gates Foundation donated US\$500 million to the Global Fund to speed up the fight against AIDS. There was also an urgency to accelerate research on promising new HIV prevention methods and the discovery of an effective microbicide or oral prevention drug that could mark a turning point in the epidemic. Promising HIV prevention methods have been discussed extensively at the Conference including circumcision, cervical barriers such as diaphragms, daily administration of antiretroviral currently used for HIV treatment, suppression of herpes, topical microbicides and last but not least the HIV vaccine. However, the importance of promoting condoms for safer sex should never be undermined by the availability of new technologies which have yet to prove their efficacy. When these new prevention technologies are rolled out, it is essential that public health officials should develop education campaigns that emphasize the importance of using new prevention approaches in combination with existing prevention strategies – such as behaviour change, condoms, HIV testing, and treatment for other sexually transmitted diseases.

At the conference, delegates learned valuable lessons which may provide foundation for a unified future. The drivers of the HIV epidemic must be addressed especially homophobia, the low status of women, HIV-related stigma, and inequality. Credible HIV prevention, treatment and care programmes must be adequately funded. To get real success, we must target our limited resources at those who are most vulnerable, in particular MSM, sex workers and clients, and injecting drug users. Finally, I hope that all of us in the field will be united to fight this epidemic.



# AIDS projects of **China Unit, Oxfam Hong Kong**

## (A). Mission goals

Poverty is the primary factor behind the spread of AIDS in the developing world. Many peasants in China have been infected with AIDS after selling their blood for money. Poverty related diseases are extremely common in rural China. Sex workers are highly vulnerable to HIV/AIDS. The underlying causes are poverty and gender discrimination. The Chinese government and the international community have been paying more attention to the AIDS epidemic in recent years. Tremendous amounts of government and non-government funding have been injected into various AIDS programmes, but the mission strategies have not been able to fully meet the needs of the target groups. Since establishment in 2004, Oxfam's AIDS projects have aimed to reduce poverty and prevent AIDS. Our main goals include:

- Influencing the Office of Poverty Alleviation Development to allocate more resources in AIDS prevalent regions, in order to ease the poverty burden on AIDS patients.
- Providing a safe working environment for sex workers. Sex workers and highly mobile populations are prone to sexual violence. A well organized aid network and mutual help mechanisms can strengthen their AIDS-preventive capability.
- Making access to affordable and suitable treatment available to patients. Increase public awareness of the protection of civil rights and seek improvement of the problem.

## (B). Projects

### 1) *Infected Populations in Poor Rural Areas Project*

- Motivate the whole village and utilize resources to solve poverty problems of AIDS patients
- Influence the Office of Poverty Alleviation Development to inject more resources into AIDS prevalent regions
- Advocate the establishment of AIDS support groups in the community

### 2) *Sex Workers Project*

- Support the establishment of a National Mobile Population Advisory Centre
- Legal and policy research
- Advocate the establishment of sex workers support groups

### 3) *Medication, Treatment and Civil Rights Project*

- Establish special task forces to ensure patients' access to medication
- Carry out systemic investigation on policies implementation and provide suggestions
- Provide legal aid to patients whose civil rights have been violated

## World AIDS Campaign 2006

# “Stop AIDS. Keep the Promise”

This year's World AIDS Campaign will continue on the theme “Stop AIDS. Keep the Promise”. On that day, AIDS workers and AIDS-related organizations around the world will hold different AIDS preventive activities. The aims are to enrich public knowledge on AIDS, and to foster a supportive environment to people living with HIV/AIDS. Information for the theme of World AIDS Campaign 2006 is now put on the web, you are welcomed to visit the UNAIDS website at <http://www.worldaidscampaign.info/> for details.