

# 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

# GLOBAL AIDS EPIDEMIC CONTINUES TO GROW

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New data also show HIV prevention programmes getting better results if focused on reaching people most at risk and adapted to changing national epidemics

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**Geneva, 21 November 2006** – The global AIDS epidemic continues to grow and there is concerning evidence that some countries are seeing a resurgence in new HIV infection rates which were previously stable or declining. However, declines in infection rates are also being observed in some countries, as well as positive trends in young people's sexual behaviours.

According to the latest figures published today in the UNAIDS/WHO 2006 AIDS Epidemic Update, an estimated 39.5 million people are living with HIV. There were 4.3 million new infections in 2006 with 2.8 million (65%) of these occurring in sub-Saharan

Africa and important increases in Eastern Europe and Central Asia, where there are some indications that infection rates have risen by more than 50% since 2004. In 2006, 2.9 million people died of AIDS-related illnesses.

New data suggest that where HIV prevention programmes have not been sustained and/or adapted as epidemics have changed—infection rates in some countries are staying the same or going back up.

In North America and Western Europe, HIV prevention programmes have often not been

sustained and the number of new infections has remained the same. Similarly in low-and middle-income countries, there are only a few examples of countries that have actually reduced new infections. And some countries that had showed earlier successes in reducing new infections, such as Uganda, have either slowed or are now experiencing increasing infection rates.

“This is worrying—as we know increased HIV prevention programmes in these countries have shown progress in the past—Uganda being a prime example. This means that countries are not moving at the same speed as their epidemics,” said UNAIDS Executive Director Dr Peter Piot. “We need to greatly intensify life-saving prevention efforts while we expand HIV treatment programmes.”

### **HIV prevention works but needs to be focused and sustained**

New data from the report show that increased HIV prevention programmes that are focused and adapted to reach those most at risk of HIV infection are making inroads.

Positive trends in young people’s sexual behaviours—increased use of condoms, delay of sexual debut, and fewer sexual partners—have taken place over the past decade in many countries with generalized epidemics. Declines in HIV prevalence among young people between 2000 and 2005 are evident in Botswana, Burundi, Cote d’Ivoire, Kenya, Malawi, Rwanda, Tanzania and Zimbabwe.

In other countries, even limited resources are showing high returns when investments are focused on the needs of people most likely to be exposed to HIV. In China, there are some examples of focused

programmes for sex workers that have seen marked increases in condom use and decreases in rates of sexually transmitted infections, and programmes with injecting drug users are also showing progress in some regions. And in Portugal, HIV diagnoses among drug injectors were almost one third (31%) lower in 2005, compared with 2001, following the implementation of special prevention programmes focused on HIV and drug use.

### **Addressing the challenges: Know your epidemic**

In many countries, HIV prevention programmes are not reaching the people most at risk of infection, such as young people, women and girls, men who have sex with men, sex workers and their clients, injecting drug users, and ethnic and cultural minorities. The report outlines how the issue of women and girls within the AIDS epidemic needs continued and increased attention. In sub-Saharan Africa for example, women continue to be more likely than men to be infected with HIV and in most countries in the region they are also more likely to be the ones caring for people infected with HIV.

According to the report, there is increasing evidence of HIV outbreaks among men who have sex with men in Cambodia, China, India, Nepal, Pakistan, Thailand and Viet Nam as well as across Latin America but most national AIDS programmes fail to address the specific needs of these people. New data also show that HIV prevention programmes are failing to address the overlap between injecting drug use and sex work within the epidemics of Latin America, Eastern Europe and particularly Asia.

“It is imperative that we continue to increase

investment in both HIV prevention and treatment services to reduce unnecessary deaths and illness from this disease,” said WHO Acting Director-General, Dr Anders Nordstrom. “In sub-Saharan Africa, the worst affected region, life expectancy at birth is now just 47 years, which is 30 years less than most highincome countries.”

The *AIDS Epidemic Update* underlines how weak HIV surveillance in several regions including Latin America, the Caribbean, the Middle East, and North Africa often means that people at highest risk—men who have sex with men, sex workers, and injecting drug users—are not adequately reached through HIV prevention and treatment strategies because not enough is known about their particular situations and realities.

The report also highlights that levels of knowledge of safe sex and HIV remain low in many countries, as well as perception of personal risk. Even in countries where the epidemic has a very high impact, such as Swaziland and South Africa, a large proportion of the population do not believe they are at risk of becoming infected.

“Knowing your epidemic and understanding the drivers of the epidemic such as inequality between men and women and homophobia is absolutely fundamental to the long-term response to AIDS. Action must not only be increased dramatically, but must also be strategic, focused and sustainable to ensure that the money reaches those who need it most,” said Dr Piot.

The annual AIDS Epidemic Update reports on the latest developments in the global AIDS epidemic. With maps and regional estimates, the 2006

edition provides the most recent estimates on the epidemic’s scope and human toll and explores new trends in the epidemic’s evolution. The report is available at [www.unaids.org](http://www.unaids.org)

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS Secretariat works on the ground in more than 75 countries worldwide.

As the directing and coordinating authority on international health work, the World Health Organization (WHO) takes the lead within the UN system in the global health sector response to HIV/AIDS. WHO provides technical, evidence-based support to Member States to help strengthen health systems to provide a comprehensive and sustainable response to HIV/AIDS including treatment, care, support and prevention services through the health sector.

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## Contact

**Yasmine Topor** | UNAIDS Geneva | +41 22 791 3501 | [topory@unaids.org](mailto:topory@unaids.org)

**Beth Magne-Watts** | UNAIDS Geneva | +41 22 791 5074 | [magnewatts@unaids.org](mailto:magnewatts@unaids.org)

**Sophie Barton-Knott** | UNAIDS Geneva | +41 22 791 1967 | [bartonknotts@unaids.org](mailto:bartonknotts@unaids.org)

**Iqbal Nandra** | WHO Geneva | + 41 22 791 5589 | [nandrai@who.int](mailto:nandrai@who.int)



# A Warm EXPERIENCE IN BEIJING

It is now December, but the weather in Hong Kong is still warm. If one is strong enough, a short-sleeved top will be enough. But for those in Beijing-China, the cool weather started earlier in November. The day temperature was only 15°C to 16°C. People going to Beijing from Hong Kong would need time to accustom to the weather.

On the morning of 13 November, is my first time to go to work with my hand luggage. Because I had the opportunity to take an afternoon flight to Beijing and gave a lecture to the nurses of the Compound Hospital in Beijing on the topic "HIV/AIDS knowledge and occupational protection". This trip was aimed at explaining the pathology of AIDS and the skills of handling patients' emotional and mental conditions. This time, I was fortunately to be an auditor, and simultaneously exchanged the ideas on effective infection control and occupational protection.

This was my first time to deliver a lesson to 30 people in Putonghua. I was worried about the communication problems, however, my worries were finally unfounded. To my surprise, the students had excellent comprehensive abilities. They understood my meanings, even sometimes I pronounced the sentences or words inaccurately. During the entire lecture, the most impressive issue was their learning attitudes. They were very responsive despite of the communication problems. They were eager to ask questions and share their feelings on AIDS and the difficulties encountered in their work. The two-day lecture was eventually finished in an interactive and relaxing atmosphere.

Two days' time passed very quickly. As we prepared to leave Beijing, the weather was still cool. But, the research and learning atmosphere in the classroom was still warm and enthusiastic. As a whole, their positive learning attitudes were most impressive and gratifying.



Such an enthusiastic learning atmosphere! All students actively participated in the seminar.

# Voluntary Attachment in Red Ribbon Center

For the past three weeks, I have had the privilege to join the Red Ribbon Center (RRC) as voluntary attachment. I have come from halfway around the world to see for myself not only the differences in culture but also, with the help of the RRC, the differences in the treatment and prevention of HIV/AIDS.



Jason and the staff in Red Ribbon Centre

My original goal in coming to Hong Kong was simply to learn more about this global epidemic. Quite honestly, I had no idea what to expect prior to my first day at the RRC. After these three weeks, not only have I learned more about this disease medically, I have also come to realize that the HIV/AIDS problem is far more than simply a medical problem. It is a combination of social issues and economic issues, and pertains not only to HIV/AIDS patients but to the general public as well.

Because the number of HIV/AIDS cases has had a resurgence in recent years, the RRC is one of the governmental organizations involved in promoting public awareness to this disease, through putting up posters in bars and public transports, and launch large scale programs such as the World AIDS Day Ceremony, which unfortunately, I was unable to see for myself. In my own home, Canada, there really does not seem to have such an emphasis on promoting public awareness about HIV/AIDS, in part because it is much less of a problem in Canada than it is here

in Hong Kong. However, the Canadian government tends to send blanket warnings that are often left unheeded, while the philosophy of Hong Kong are catered for each target audience's interests. Even in Vancouver, with its world renowned diversity, public awareness messages

do not seem to match Hong Kong's large scale, yet very specific projects, such as the awareness projects aimed towards the MSM community, for example.

Aside from the MSM community, another at risk group that is often discussed is injecting drug users, or IDUs. With HIV/AIDS spread through blood contact, the practice of sharing needles can be a huge problem. Although the majority of HIV transmissions in Hong Kong are not through blood contact, harm reduction programs in methadone clinics are promoted in order to lessen the possibility for IDUs to contract HIV. Personally, I had never even heard of methadone prior to my visit to the Robert Black Methadone Clinic, as although it may be prescribed in Canada, there are no actual methadone clinics to my knowledge.

Harm reduction is another topic that often stands out when discussing the HIV/AIDS prevention program in Hong Kong. Although it is one thing to tell drug users to stop using drugs and HIV positive patients to stop engaging in unsafe sexual activity, it is not

easy to get these people to actually do this. For this reason, the philosophy of harm reduction is used, essentially sending the message: if you are going to do something, do it safely. For IDUs, harm reduction means using methadone or at least using clean needles when injecting, a message spread by programs such as the SARDA Phoenix project. For sex workers, as well as the general public, outreach programs by the CHOICE, encourage the practice of safe sex. Harm reduction is a highly non-judgemental system, taking into account that there are so many social issues that influence each person's decisions. As a result, there will almost always be social workers on hand to counsel IDUs and HIV positive patients. Rather than condemn

drug users or HIV positive patients, there is a very high level of tolerance, one that is encouraged for the general public to adopt as well.

As I mentioned earlier, my original goal in coming to Hong Kong was merely to learn about HIV/AIDS, and in this respect, I feel that I have succeeded. My once in a lifetime experience with the RRC has truly been an eye-opening one, one that has been expanded to include a much larger scope than I ever would have expected. For this opportunity, I really would like to thank everyone at the RRC for making my stay not only informative and interesting, but for also making it an enjoyable and unforgettable one.



Cedar Fund

# UNDYING LOVE AMIDST RAMPANT VIRUS

The prodigal son flung the money distributed by his father on anything and everything; not only was he living promiscuously, he was also addicted to drugs and his lifestyle landed him with HIV/AIDS. With not a penny left and a diseased body, he slept rough and was looked down upon. Covering at a street corner, he remembered his elderly father, and overcome by remorse, he staggered up and started walking, 'I am going home....'

When the staff member who played the Prodigal Son was walking haltingly to and fro on the stage, an engrossed elderly lady amongst the audience rose and took his hand and croaked, 'Child, come here.' Other trainees also got up and embraced the Prodigal Son; many were crying. This moving scene took place in Yunnan during a training session jointly held by the Provincial Christian Council and Small Group Against Narcotics and Prevention of HIV/AIDS (referred below as 'the Group').



## Talking with elderly pastors about AIDS and sex

In the past three years, the Group has gone through different parts of Yunnan and provided training to over one thousand pastoral workers on HIV/AIDS and related knowledge on hygiene and medical care simply and concretely through pictures, games and drama. 'At the beginning everything was about sex – I could not take it!... Now I am more aware of the

importance of sex education – it is not only helpful in preventing HIV/AIDS, it can also reduce family-related problems.’

### **A gift of hope for the hopeless**

Yunnan is China’s HIV/AIDS disaster zone, and numerous youths in the province contracted the disease from drug taking or prostitution. The Group toured many villages within Yunnan’s Dehong Dai and Jingpo Autonomous Prefecture and found that two-thirds of male inhabitants aged 35-50 had passed away leaving behind ailing widows and orphans; other widows remarried and forsook their children and elderly relatives.

To give hope to deprived families, CEDAR works with the Yunnan Provincial Christian Council to promote HIV/AIDS prevention and education amongst pastoral staff. This enhances the churches’ thrust in prevention of HIV/AIDS and their ability to care for HIV/AIDS sufferers and their families. Further, CEDAR stresses prevention and care of HIV/AIDS sufferers in secondary schools in Manhai and Manla county.

### **Reaching out to high-risk migrant workers**

HIV/AIDS is not only rampant along the Chinese borders but also a great threat to the major cities. The Ministry of Health listed university students and migrant workers coming into cities as high-risk groups in the spread of HIV/AIDS. The ‘black-listed’ migrant workers often turn to prostitution to ease their sense

of loneliness in foreign surroundings, thus increasing their chances of contracting the virus; the high labour turnover rate means that the workers could carry the virus to their home villages or other districts.

CEDAR’s partner ADRA brings awareness of HIV/AIDS through ‘prevention shows’ performed at work-sites in Mongolia. Another partner World Relief has set up a resource centre in Beijing which provides training and counselling services for HIV/AIDS sufferers and their families; it is also training local churches in Hunan and Hubei, helping them to promote prevention of HIV/AIDS amongst youths and caring for affected families.

HIV/AIDS is a serious threat to China. The UN estimates that, unless the nation takes decisive measures, the number of HIV carriers in China will quickly grow to ten million, the population size of a small European country. Let’s fight against HIV/AIDS with people in China together.

Besides China, CEDAR works with many other partners to provide HIV/AIDS preventive education and network nationwide churches and Christians to fight against AIDS in India; care for AIDS affected families and teaches biblical values to children in Cambodia; and provides home-based care and basic needs to orphans affected by the deadly disease in Kenya and Zimbabwe.



