

The Node *... where a leaf arises from a stem*



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Press release

AIDS remains the leading cause of death and lost work days in the most productive age groups in Asia

Countries need to craft a new response -
calls the Independent Commission on AIDS in Asia

New York, 26 March 2008 - Even after two decades, AIDS remains the most likely cause of death and work days lost among 15-44 years-olds in Asia warns the independent Commission on AIDS in Asia. These findings were released today in a report entitled "Redefining AIDS in Asia - Crafting an effective response" by an independent Commission, consisting of nine members across Asia and led by Dr C. Rangarajan, Chief Economic Adviser to the Prime Minister of India.

The report was presented to the United Nations Secretary-General Ban Ki-moon. The Secretary General commended the Commission on this unique achievement, and appealed to the Governments and civil societies of Asian

countries to adopt the Report and implement its recommendations seriously. "Asia is home to some of the fastest-growing economies in the world, and holds the key to social and economic emancipation and development for millions of poor people," the Secretary-General said. "But we will never see equitable progress if some parts of the population are still denied basic health and human rights - people living with HIV, sex workers, men who have sex with men, and young people who inject drugs. I look to Asian Governments to amend outdated laws criminalizing the most vulnerable sections of society, and take all the measures needed to ensure they live in dignity. By implementing the recommendations of the Commission, Asian countries can avert massive increases in infections

and death, prevent economic losses, and save millions of people from poverty. Such leadership is critical in Asia today.”

Nearly five million people are living with HIV in Asia, with 440,000 people acquiring the infection in 2007 and 300,000 dying from AIDS related illness in the same year. At this rate, the study contends, an additional eight million people will become newly infected by 2020.

Dr. Rangarajan underscored the importance of the Commission’s findings and recommendations. “Over the past 18 months, the Commission has collected, reviewed and synthesized the scientific evidence surrounding the epidemics in Asia to recommend a more effective response.” The Chairman went on to highlight three central findings to the Commission’s work. First, the Commission found that the existing global classification of low, concentrated and generalised epidemics does not reflect the situation in Asian countries, and recommended formulation of a new classification, which describes epidemics according to the biological and behavioural trends. Dr. Rangarajan also highlighted that the current allocation of the existing resources has not focused on effective priority interventions which can have an impact on the epidemic and reduce new infections. The Commission recommends that an annual investment of only \$0.30 per capita on focussed prevention programmes can reverse the epidemics. Finally, despite the significant household-level impact of AIDS, the Commission found that impact mitigation programmes for affected households were absent from most country level responses in Asia.

Welcoming the report, Dr Peter Piot, Executive Director of the Joint United Nations Programme

on HIV/AIDS (UNAIDS) expressed his appreciation for the Commission’s efforts to bring a new perspective on the Asian epidemic, including its pragmatic recommendations. “The findings of this report demonstrate the diversity of the AIDS epidemics in Asia and the need for countries to understand what is driving their epidemics and how to reach populations most at risk of HIV infection,” said Dr Piot. “Focused prevention efforts are an essential part of scaling up to universal access to HIV prevention, treatment, care and support.”

According to the report, if Asian countries fail to mount a largely scaled up priority response in Asia they will have to incur dramatic costs due to their inaction. This will mean that:

- Almost 8 million adults and children in Asia-Pacific will be newly infected between 2008 and 2020.
- The annual death toll will increase to almost 500,000 by 2020.

“The Report of the Commission defines a new role for civil society irrespective of the political structure in Asian countries. Community organisations of People Living with HIV and marginalised groups like sex workers, drug users, men who have sex with men and transgenders must be involved not just in delivery of services but at policy making level” says Frika Iskandar, AIDS activist in Asia and an HIV-positive woman, sitting on the Commission. During the proceedings of the Commission, Iskandar led a civil society survey, which synthesized on-line responses from hundreds of representatives of community groups who were involved in AIDS related work throughout Asia. “I am speaking for 600 individuals and organisations in the community, who have responded enthusiastically to the Commission’s call,” she explained.

Striking an optimistic note the Commission observes that if Asian leaders implement a priority program right away:

- The number of people newly infected by 2020 can be kept to 3 million, less than half the number of new infections expected otherwise.
- The death toll can be kept to less than 300,000 in 2020, saving the lives of more than 200,000 people each year.

By spending between half a dollar to one dollar per capita, depending on the prevalence rate in the country, 80% coverage of HIV prevention, treatment, care and livelihood security

programs can be achieved, the Commission observes. Asian countries have the resources, the technology and organisational capacity for a vastly scaled up response to the AIDS epidemic. What is required is political will of the Governments in Asia and meaningful involvement of community-based organisations in the response.

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Promotional activity on World AIDS DAY 2007 (1/12/2007)

A New Member joining the journey to fight AIDS

Maria Fatima Tse

(President of Macao AIDS Care Association)

Macao AIDS Care Association was founded in 2007. Initially, few frontline workers gathered to share their feelings and support each other. During the work and sharing, we aware that the AIDS care in Macao was insufficient and rather spindly. AIDS care was only a medical section in the Government Medical Centre, not yet developed into Specialty. In the local organisations, there was only an academic

association and one affiliate of a nursing student association compatible with AIDS care.

Facing with clients every day, we gradually understand their feelings and needs. In addition, after the reconstruction of AIDS Prevention and Control Commission, she actively involved in the development of AIDS work. She organised

training courses for teachers and medical practitioners. A group of over twenty members trained by Hong Kong AIDS Foundation founded the Macao AIDS Care Association in the middle of 2007. Without any professional experience and full-time staff, we can only groping forward to run the association under a tough environment.

Nowadays, we focused not only on the members' internal training, but also on the establishment of "AIDS Hotline" service. The training course will start in the late August. Members would become the hotline volunteers after five theoretical and practical lessons, and two on-site practical training. Owing to the lack of manpower and experience, we would increase our service hour steadily to avoid giving too much pressure to the members.

4 Some people says that Macao is a place where full of humanness and care. Of course, it is true! Our Association was rapidly built up relationship with local government and AIDS non-governmental organisations within one year. Fortunately, we were greatly supported by the Centre for Disease Control and Prevention of Zhuhai, and let us realize their local epidemic situation and share their valuable experience. Moreover, we were honour

to join the World AIDS Day symposium held by ZHCATV, and gained some precious experiences. In addition, Hong Kong AIDS Foundation supported us for teaching and guidance. Such two neighbouring organisations gave us a lot of care, like caring a new born baby.

The objectives of Macao AIDS Care Association:

1. Increase public knowledge on HIV prevention by education programmes
2. Promote human fights and equality to HIV-infected patients
3. Minimize discrimination, increase public acceptance and care for people living with HIV

The objectives of our Association look very concise and precise, but in fact are difficult to practise. Although we are not experienced in such area, we still have incomparably confident. We believe that we would receive guidance from precursors, as we are under the same sky and sharing the same dream - "The journey to fight AIDS". We would strive for the local AIDS services and build up network with different AIDS organisations, and let our services grow - like a beautiful flower in Macao.

Condom distribution at Macau border (12/2007)



15th Conference on Retroviruses and Opportunistic Infections (CROI)

Dr. F. Alvarez-Bognar
Special Preventive Programme

In February, more than 3,800 researchers and clinicians from around the world convened in Boston for the 15th annual Conference on Retroviruses and Opportunistic Infections. CROI is a scientifically focused meeting of the world's leading researchers working to understand, prevent and treat HIV/AIDS and its complications. Several key symposia addressed new studies linked to HIV transmission and prevention.

In 2007, Lancet published the conclusive results of two clinical trials which showed that male circumcision reduces the risk of HIV acquisition by approximately 60 percent. But at CROI this year, results from a randomized clinical trial conducted in Uganda failed to prove circumcision could decrease risk of HIV transmission. In this study HIV positive men were randomized to immediate circumcision or no intervention. Married men were asked to invite their spouses for evaluation and enrolment into the study. One hundred and sixty five HIV discordant couples were identified. Unfortunately, wives of HIV positive men who were circumcised were found to be at higher risk for HIV transmission than wives from the control group. By looking at existing data, we can conclude that circumcision still plays an important role as a preventive measure in the fight against HIV. It is disappointing to learn that circumcision could not provide further benefits as it was expected in this study. Further research will be needed to validate these findings.

Besides, we know herpes simplex virus type 2 (HSV-2) plays an important role in the acquisition and transmission of HIV. In some regions up to 80%

of the population has been infected with HSV-2. In the search for new strategies for the prevention of HIV infection, it has been postulated that by providing daily treatment for HSV-2, the risk of a person with herpes becoming HIV infected could be reduced. In a study presented at this conference, a group of HIV negative HSV-2 positive MSM from the United States and Peru, and women from Africa were randomized to oral Acyclovir 400 mg twice daily or placebo. Results from this study validate prior findings where Acyclovir did not reduce the risk of HIV acquisition.

Another topic in the conference: Is the practice of offering a child pre-masticated (pre-chew) food a possible unrecognized risk factor for HIV transmission? A paper presented at CROI described three cases of HIV transmission in two cities in the United States possibly related to this practice. A thorough investigation was conducted to rule out alternative modes of HIV transmission. Three children, ages 9, 15 and 39 months were diagnosed with HIV infection. In two of the cases the HIV infected mother and in one the HIV infected aunt reported the practice of feeding the child pre-masticated food. The cases described in this series suggest that HIV may be transmitted through consumption of food contaminated with virus by pre-mastication. This route of HIV transmission has not been previously reported. Until the risk of pre-mastication and modifying factors are better understood, it is recommend that children's caregivers and expecting parents who are HIV infected or at high risk of HIV infection should avoid this practice.

Shenzhen Workshop for HIV Prevention and Care 2008

Dr. Lau Kai Cheung
(Special Preventive Programme)

On 13th March 2008, Dr. Wong Ka Hing, Consultant of Special Preventive Programme, Department of Health, attended the Shenzhen Workshop for HIV Prevention and Care 2008. The Workshop was organised by Shenzhen Center for Disease Control and Prevention.

The main objective of this Workshop is to enhance communication and co-operation of different departments in Shenzhen to prevent and control HIV through exchange of information in HIV/AIDS epidemic. It also highlighted the reporting system and preventive measures in maternal and child transmission. Officials from different disciplines in Shenzhen were invited to attend the Workshop, such as Narcotics Control Commission, Municipal Public Security Bureau, Shenzhen Drug Administration, Shenzhen Entry-Exit Inspection and Quarantine Bureau and Shenzhen Custody and Re-education Facilities.

The Workshop was officially declared open by Mr. Zhang Dan, Deputy Director of Bureau of Health of Shenzhen Municipality. He said that more work would be needed to strengthen collaboration between Shenzhen, Macau and Hong Kong. During his speech, he emphasized that HIV prevention was highlight as one the most important work. He also encouraged all participants raise their opinions in order to enhance and foster the HIV preventive intervention. After the Opening Speech, a report on "HIV epidemic in China" was made by Professor Wang Ning, Deputy Director of China Center for Disease Control and Prevention and "HIV prevention work in Guangdong" was presented by Lam Pang, Director of HIV Surveillance



Office, Guangdong Center for Disease Control and Prevention.

Afterwards, reports on HIV situation in Hong Kong and Macau were made by Dr. Wong Ka Hing (Consultant of Special Preventive Programme, Department of Health) and Dr. Lei Wau Kei (Centre for Disease Control and Prevention, Health Bureau, Macao SAR) respectively.

For the presentations on HIV prevention and situation in Shenzhen, there was "Prevention work on sexually transmitted infections and syphilis through maternal-to-child-transmission" by Dr. Feng Tie Jian (Deputy Director of the Shenzhen Chronic Disease Prevention and Control Center), "HIV Prevention and Control measures" by Dr. Chen Lin; "HIV Surveillance report 2007 and Proposal on HIV prevention and control 2008" by Dr. Tan Jing Guang; "A behavioral study on men having sex with men" by Dr. Cai Wen De and "Anti-retroviral treatment to people living with HIV" by Dr. Wang Fai.



Finally, all speakers shared their opinions and experiences with participants and this Workshop could appeal their closer collaboration in HIV Prevention and Control in the future.