

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



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

New York, 29 July 2008  
Press release

## SUBSTANTIAL INCREASES IN HIV PREVENTION EFFORTS PRODUCING RESULTS, BUT NOT ENOUGH TO TURN BACK THE EPIDEMIC

New HIV infections and AIDS-related deaths declining—however  
AIDS epidemic not over in any part of the world

**New York, 29 July 2008** – According to new data in the UNAIDS 2008 Report on the global AIDS epidemic there have been significant gains in preventing new HIV infections in a number of heavily-affected countries. In Rwanda and Zimbabwe, changes in sexual behaviour have been followed by declines in the number of new HIV infections.

Condom use is increasing among young people with multiple partners in many countries. Another encouraging sign is that young people are waiting longer to have sexual intercourse. This has been seen in seven of the most affected countries: Burkina Faso, Cameroon, Ethiopia, Ghana, Malawi, Uganda and Zambia. In Cameroon the percentage of young people

having sex before the age of 15 has gone down from 35% to 14%.

From 2005 to 2007 the percentage of HIV positive pregnant women receiving antiretroviral drugs to prevent mother-to-child transmission (PMTCT) went up from 14% to 33%. In this same period the number of new infections among children fell from 410,000 to 370,000.

Several countries such as Argentina, the Bahamas, Barbados, Belarus, Botswana, Cuba, Georgia, Moldova, the Russian Federation and Thailand have achieved close to universal access with more than 75% coverage of PMTCT.

The report shows that the combined will and efforts of governments, donors, civil society and affected communities can make a difference.

Some 105 countries have set goals and targets towards achieving universal access to HIV prevention, treatment, care and support by 2010.

“Gains in saving lives by preventing new infections and providing treatment to people living with HIV must be sustained over the long term,” said UNAIDS Executive Director Dr Peter Piot. “Short-term gains should serve as a platform for reinvigorating combination HIV prevention and treatment efforts and not spur complacency”.

## **The epidemic globally Uniting the world against AIDS**

From 2001 new HIV infections declined from 3 million to 2.7 million in 2007 [ranges: 2.6 –3.5 million to 2.2 – 3.2 million]. Although the number of new HIV infections has fallen in several countries the AIDS epidemic is not over in any part of the world.

Rates of new HIV infections are rising in many countries such as China, Indonesia, Kenya, Mozambique, Papua New Guinea, the Russian Federation, Ukraine, and Vietnam. Increases in new HIV infections are also being seen in some older epidemics and HIV incidence is increasing in countries such as Germany, the United Kingdom and Australia.

- An estimated 33.0 million (30.3 – 36.1 million) living with HIV worldwide
- 2.7 million ( 2.2 million to 3.2 million ) newly infected in 2007
- 2.0 million (1.8 million – 2.3 million) died of AIDS in 2007

The global epidemic has levelled off in terms of the percentage of people infected (prevalence) while the total number of people living with HIV has increased to 33 million people globally with nearly 7,500 new infections each day.

## **Treatment is saving lives**

As reported earlier in 2008, some 3 million people are

now receiving antiretroviral treatment in low- and middle-income countries. Namibia scaled up treatment from 1% in 2003 to 88% in 2007. Similarly Cambodia scaled up treatment from 14% in 2004 to 67% in 2007. Other countries that have come close to achieving universal access to treatment are Botswana, Brazil, Chile, Costa Rica, Cuba and Lao People’s Democratic Republic. In most parts of the world more women are receiving antiretroviral treatment than men.

In part as a result of the scaling up in the past two years AIDS-related deaths have declined from 2.2 million to 2 million in 2007 [ranges: 1.9 - 2.6 million to 1.8 - 2.3 million].

However, AIDS continues to be the leading cause of death in Africa which is home to 67% of all people living with HIV. In Africa, 60% of people living with HIV in the region are women and three out of four young people living with HIV are female.

## **More attention for people most at risk**

Since 2005 there has been a tripling of HIV prevention efforts focused on sex workers, men who have sex with men and injecting drug users. For example, of the 39 countries reporting on access to HIV-prevention services for sex workers, there was a 60% average coverage rate. Nearly 50% of people who inject drugs in 15 countries and 40% of men who have sex with men in 27 countries had access to HIV-prevention services.

In virtually all regions outside of sub-Saharan Africa, HIV infections have disproportionately affected injecting drug users, men who have sex with men, and sex workers. People most at risk have better access to HIV prevention services in countries that have laws to protect them against discrimination.

‘Knowing your local epidemic’ remains critical to effective prevention efforts. Over time trends have changed within regions and within countries. In Thailand the main mode of transmission was sex work and injecting drug use and now the main mode of transmission is among married couples.

“Countries need to focus HIV prevention programmes to where the new infections are occurring,” said UNFPA

Executive Director Dr Thoraya Obaid. “Knowing the epidemic and choosing the right combination of interventions are critical for an effective response. In many contexts, young people and women need special attention.”

## Looking ahead

The new report is being launched ahead of the XVII International AIDS Conference in Mexico. This event will bring together leaders, policymakers, academics, activists, community groups and other key stakeholders to review lessons learnt and build momentum towards achieving universal access goals by 2010 and the Millennium Development Goals by 2015.

“Responding to AIDS is an important Millennium Development Goal which also has a direct impact on meeting the other Goals by 2015,” said UNDP Administrator Kemal Dervis. “The progress we make in addressing AIDS will contribute to our efforts to reducing poverty and child mortality, and to improving nutrition and maternal health. At the same time, progress towards the other Goals, such as tackling gender inequality and promoting education, is required if we are to halt and reverse the spread of AIDS.”

## Long-term response

AIDS is a long-term issue and that requires a response that is grounded in evidence and human rights. It requires strong leadership that can sustain commitments over

time. The report calls for leaders to approach issues of human sexuality and drug use with a human rights perspective.

HIV responses require long-term sustained financing. As more people go on treatment and live longer, budgets for HIV will have to increase over the next few decades. Donors will have to provide the majority of the funding required for the AIDS responses in low- and some middle-income countries, even as domestic spending on HIV has increased in these countries. The response will be helped by commitments such as the recent reauthorization of US\$ 48 billion by the United States Government. The G8 at its recent summit in Japan also agreed to honour in full its commitments to continue working towards the goal of universal access to HIV prevention and treatment by 2010.

“The scaling up of the AIDS response towards universal access must be based on four key values—a rights-based approach, multisectoralism, results for people, and community engagement. These are not negotiable,” said Dr Piot.

---

## Contact

### UNAIDS Geneva

Sophie Barton-Knott | bartonknotts@unaids.org | tel. +41 22 791 1697

### UNAIDS New York

Jonathan Rich | jonathan@jcrcommunications.com | tel. +1 347 262 9115



# **“Stop AIDS • Keep the Promise”** is the theme for **World AIDS Campaign 2008**

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 2008 is now put on the web, you are welcomed to visit the UNAIDS website at <http://www.worldaidscampaign.info> for details.

# Report on XVII International AIDS Conference

(Dr. Darwin Mak)

The XVII International AIDS Conference was held on 3-8 August 2008 in Mexico City, Mexico. The theme of the conference was “Universal Action Now!” Over 22,000 delegates from different parts of the world attended this conference, which was the first time held in Latin America and the Caribbean. In 2005, world leaders acting through the United Nations committed to the goal of providing universal access to HIV prevention, treatment, care and support to all those in need by 2010. The conference aimed to evaluate the progress towards this goal and identify strategies for accelerating prevention and treatment scale up.

It was reported that the coverage of antiretrovirals (ARV) was improving, especially in Africa. Nevertheless, the number of new HIV infections still exceeded the number of people starting on ARV. One of the key discussions in the conference was strengthening HIV prevention in the world to reduce the number of new HIV infections. The conference attendees called for a combination approach to HIV prevention. People in prevention field and treatment field were working separately. Several speakers said that “prevention and treatment needed to get married”.

Combination prevention package, which consist of biomedical, behavioural, and structural approaches based on sound evidence, was suggested. For biomedical approach, reducing infectiousness of HIV-infected individuals was the key biomedical prevention strategy. The conference concluded that male condoms, male circumcision and prophylactic ARV to prevent mother-to-child transmission were proven biomedical HIV



prevention methods. Male circumcision has been shown to reduce the risk of male HIV acquisition by 58%, and studies so far suggested that while some men increased their risky behaviour afterwards thinking they were safer, others do not. Studies on oral and vaginal ARV for both pre-exposure prophylaxis and to reduce infectiousness among HIV-positive individuals showed some promise. However, trials assessing herpes treatment to prevent HIV acquisition had so far not shown any conclusive benefit.

Several plenary speakers commented that no single “magic bullet” would be found for prevention. Radical behavioural changes must be part of a comprehensive combination prevention package for the strategies to have any chance of success. One of the challenges was that many people did not know they are infected. One of the major tasks for HIV prevention was to increase the number of people knowing their status.

On the other hand, speakers also invited attention on structural factors that affect vulnerability and risk in order to successfully prevent as many HIV infections as possible. Studies have shown a meaningful association between HIV risk and structural factors, such as income and relative wealth, gender inequality, exposure to domestic violence. The issue of homophobia and HIV prevention in MSM raised lots of discussion in the conference, including the opening addresses. However, there was no single blueprint that will work everywhere for structural approach. Understanding of the local social and epidemiological context was important.

4



Prevention strategies will only work if they were implemented completely, with appropriate resources and benchmarks, and with a view toward sustainability. However, the fundamentals of HIV prevention was just not agreed upon, funded, implemented, measured, and achieved at present in many places. Speakers commented that most countries were not targeting their HIV resources effectively and such discrepancies were not just in the province of developing countries. The prevention resources should be allocated in populations which the epidemic was concentrated.

While some countries rightly allocated their resources to

the populations with most new infections, the programmes could fail to deliver because of poor management. Some speakers stressed that managerial capacity of prevention programmes must be strengthened, and the cost and quality of services must be continuously measured and assessed at the facility level.

“If combination prevention was intensified as rapidly as possible from today, then some 12 million fewer HIV infections will occur if incidence at today’s levels remains constant, and the annual number of new infections in 2015 will have reduced by two-thirds,” Dr. Peter Piot, Executive Director of UNAIDS said.

---

# WORLD SOCIAL MARKETING CONFERENCE 2008

Ms. S. K. Cheng (Nursing Officer)



Marketing is the technique to sell a product in accordance with the wants and needs of consumers, while Social Marketing is the systematic application of marketing concepts and techniques to achieve specific behavioural goals for a social good.

The World Social Marketing Conference 2008 was held at the Hilton Brighton Metropole from 29 to 30 September in Brighton conference venue, England. The hotel is a red brick Victorian style building at a scenic beachfront location.

The two-day conference had a packed agenda and tight schedule. Around 650 participants from all over the world gathered in the Hilton Brighton Metropole for the conference. They were enthusiastic to take part in the main plenary, keynote presentations, breakout sessions and visit the rich variety of poster exhibitions. We were busily shuttling between different conference rooms and

exhibition halls of the grand hotel.

Speakers from around the world, through presentations of theories and case studies, shared with the participants their experience in applying Social Marketing, and gave us a better picture of the implementation of such idea in different parts of the world. Dr. Regina Ching, Assistant Director of Health (Health Promotion), Department of Health of Hong Kong, was one of the speakers who presented “How Social Marketing may contribute to health improvement in Hong Kong” and shared her experience in the application of Social Marketing in the “EatSmart@school.hk” Campaign.

In the evening on 29 September, the organiser arranged a guided tour of Brighton for us. We took the chance to learn more about the city, accompanied by the fascinating coastal view and a beautiful sunset. As the trip came to an end, we expressed our appreciation of this tightly scheduled conference for its success in enhancing our understanding of the theory and application of Social Marketing.



# RED RIBBON CENTRE VISITED BY STUDENTS FROM *CUHK and Yale University*

(Connie & Monica)

This summer, Connie Ho from CUHK and Monica from Yale University came to Hong Kong for a four-week student attachment through the Yale-China/New Asia College Public Service Exchange Program. We were both interested in investigating the addresses of the AIDS pandemic issue in both places - Hong Kong and the United States. Therefore, we visited Red Ribbon Centre during the attachment.

Since AIDS is a broad topic, we had to narrow down the scope. We ended up choosing the AIDS prevention programs targeted men who have sex with men (MSM). The MSM community is a higher group for HIV/AIDS transmission which has long been showing rising infection rates. Thus, lots of HIV/ AIDS prevention campaigns targeting MSM have been carried out by different Non-governmental Organisations (NGOs) in Hong Kong. Yet, communication between them is insufficient. It is hoped that the compilation and evaluation of those programs would be useful for the NGOs in the future.

To complete the task, our main work was to understand the related programs through researches and conduct interviews with the staff of NGOs concerned to get the firsthand information of the programs in a deeper sense like the ideas, rationales behind, obstacles faced, etc. With the coordination from the Red Ribbon Centre, we had a precious opportunity to tour various NGOs, getting a thorough comprehension of their different visions, services conducted and the wide range of target groups they hope to serve. Although MSM, which is double stigmatized by the general public, is still bearing the blame



of two less than acceptable topics - homosexuality and HIV/ AIDS in society in Hong Kong, they are not deserted by all people. It is so encouraging to know that there is a variety of organisations which hope to help them out. Finally, we finished a report summarizing the programs

and the visited NGOs. Besides the basic information for the programs, the obstacles they have faced as well as the solutions and improvements being made are also included in the report. At the end of our student attachment, we presented the report to key stakeholders. After digesting the knowledge we have got from the project, we also voiced our opinions on the cooperation between the NGOs, in the hope of facilitating their work.

Before the month being in Hong Kong, we also had an internship at Leeway, an AIDS nursing home in New Haven, the United States. We directly interact with the AIDS patients involving with the palliative care there. This is my first time to do this kind of voluntary work. From the personal experience, many of our built preconceptions had been altered. This is definitely an invaluable memory which I may never have again in my whole life. What we have learnt from this internship is not only concrete knowledge, but also the attitudes towards life and the consideration for the minorities in the world. In the future, Monica will become a health professional in the United States and I will continue my study in psychology. Our heart to serve people does not end with the end of the program, we hope that we can utilize the diversity of experience we gained from this program, and to contribute to human's health, both physical and mental, one day.