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

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Geneva, 18 March 2009
Press release

UNAIDS promotes combination HIV prevention towards universal access goals

Geneva, 18 March 2009 –
UNAIDS' number one priority is universal access to HIV prevention, treatment, care and support.

With more than 7400 new HIV infections each day the world can not stop the AIDS epidemic without stopping new HIV infections. Countries must know their epidemic and tailor their response to it. UNAIDS advocates for and supports comprehensive approaches to HIV prevention through combination strategies.

Condoms are an essential part of combination prevention which includes among other elements: access to information about HIV, access to treatment, harm reduction measures, waiting longer to become sexually active, being faithful, reducing multiple partners and concurrent relationships, male circumcision, ensuring human rights and the reduction of stigma.

Countries need to use all available strategies and methods that are informed by evidence and grounded in human rights. As was reported in the most recent edition of the UNAIDS' Report on the global AIDS epidemic, substantial increases in HIV prevention and treatment efforts are producing results in several countries.

In some of the countries most affected by HIV, condom use is increasing for young people with multiple partners. These countries include Benin, Burkina Faso, Cameroon, Chad, Ghana, Haiti, Kenya Malawi, Namibia, Uganda, Tanzania and Zambia.

An HIV prevention approach based solely on one element does not work and can hinder the AIDS response. There is no single magic bullet for HIV prevention. Countries need to use a mix of behavioural, biomedical and structural HIV prevention actions and tactics to suit their actual epidemic and the needs of those most at risk, just as the right combination and proportions of drugs for antiretroviral treatment is now saving millions of lives.

UNAIDS works with partners governments and civil society including networks of people living with HIV, the private sector, faith based groups and others in helping countries achieve universal access to comprehensive HIV prevention, treatment, care and support.

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UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland—with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

UNAIDS China, 2 April 2009
Press release

Tuberculosis (TB) - An Avoidable Tragedy

Although it is mostly preventable and curable, tuberculosis (TB) is one of the leading causes of death among people living with HIV globally. Of the 33 million people who are living with HIV, only about 20% know their status, and although a third of them are likely to be infected with TB and at greatly increased risk of developing TB disease, only a tiny fraction, 2%, were screened for TB in 2007. TB is a respiratory infection that spreads like the common cold. It exploits an immune system already weakened by HIV.

In China an estimated 700,000 people are living with HIV. TB remains one of the most common causes of illness and death among people living with HIV in China. Therefore it is important that all people living with HIV have universal access to quality TB prevention, diagnosis and treatment. Out of the 700,000, only 2.4% are reported to have been screened for TB. Of those screened, nearly 900 PLHIV (5%) were found to have active TB and started on treatment.

However, there are an estimated 1,300,000 new tuberculosis (TB) cases (incident cases) in China. Of these, nearly 2% are estimated to have occurred in people living with HIV. Overall, around 1,050,000 tuberculosis patients were registered on TB treatment in China in 2007 and of these nearly 35,000 (3.3%) were tested for HIV, of whom, nearly 1,200 (3.4%) were reported to have tested HIV positive. HIV testing means that TB patients can access the HIV prevention and treatment services they need. Of those TB patients co-infected with HIV, nearly 60% were reported to have started on cotrimoxazole preventive therapy (CPT), and a little more than 40% were reported to have started on antiretroviral therapy (ART).

Recently, a new report "Global Tuberculosis Control 2009" was launched, which provides an up-to-date assessment of the TB epidemic and progress in controlling the disease. It notes that globally only 16% of TB patients know their HIV status and so the majority of HIV-positive TB patients do not know that they are living with HIV and are not accessing HIV treatment.

However, there has been progress in this area with increased HIV testing among people being treated for TB, especially in Africa. In 2004, just 4% of TB patients in that region were tested for HIV; in 2007 that number rose to 37%, and in some countries over 70% of all TB patients know their HIV status.

Because of increased testing for HIV among TB patients, more people are getting appropriate treatment though the numbers still remain a small fraction of those in need. In 2007, 200,000 HIV-positive TB patients were enrolled on co-trimoxazole treatment to prevent opportunistic infections and 100,000 were on antiretroviral therapy.

Need for integrated TB and HIV services

For many years efforts to tackle TB and HIV have been largely separate, despite the overlapping epidemiology. Improved collaboration between TB and HIV programmes will lead to more effective prevention and treatment of TB among people living with HIV and to significant public health gains.

Globally, there were an estimated 9.27 million incident cases of TB in 2007. This is an increase from 9.24 million cases in 2006, 8.3 million cases in 2000 and 6.6 million cases in 1990. Most of the estimated number of cases in 2007 were in Asia (55%) and Africa (31%). The five countries that rank first to fifth in terms of total numbers of cases in 2007 are India (2.0 million), China (1.3 million), Indonesia (0.53 million), Nigeria (0.46 million) and South Africa (0.46 million). Of the 9.27 million incident cases in 2007, an estimated 1.37 million (14%) were HIV-positive; 79% of these HIV-positive cases were in the African Region and 11% were in the Asia Pacific Region.

There were an estimated 0.5 million cases of multidrug-resistant TB (MDR-TB) in 2007. The countries that rank first to fifth in terms of total numbers of MDR-TB cases are India (131 000), China (112 000), the Russian Federation (43 000), South Africa (16 000) and Bangladesh (15 000). By the end of 2008, 55 countries and territories had reported at least one case of extensively drug-resistant TB (XDR-TB).

Key Points of the global report:
English: http://www.who.int/tb/publications/global_report/2009/key_points/en/index.html
Chinese: http://www.who.int/tb/publications/global_report/2009/key_points/zh/index.html

Highlight of visit from Russian delegation

Dr Raymond Ho *(SMO)*
Special Preventive Programme, Department of Health

There was a study tour of 15-membered Russian delegation visiting Hong Kong from 28 March – 1 April 2009. This was jointly organized by United Nations Office of Drug and Crime and UNAIDS China. The main objective of the study tour is to study the methadone progammes in China including HKSAR for planning of scaling-up access to effective HIV/AIDS prevention, treatment and care programmes among injecting drug users and in prison settings in Russia.

The delegation included members from the Federal Drug Control Service of the Russian Federation (FDCS), the Ministry of Health and Social Development of the Russian Federation (MoHSD) and the UNODC Regional Office for Russia and Belarus. It was a multi-disciplinary delegation comprising policy makers, lawyers, HIV physicians, police officers and researchers. Mr. Forward Chin, SPP Liaison Officer, was responsible for the coordination of the tour.

Red Ribbon Centre, with the help of local AIDS stakeholders, put together a 2-day programme to introduce the harm reduction model of methadone clinics in Hong Kong. The Russian delegation spent their first day at the Red Ribbon Centre to learn about the HIV prevention programme for injecting drug users attending methadone clinics. Dr Raymond Ho and Dr Darwin Mak introduced the Hong Kong model and shared with them our experiences of operating the HIV prevention programme for methadone clinic attendees in Hong Kong. The harm reduction approach has significantly reduced HIV risk behaviour among injecting drug users, in particular of contracting blood borne diseases through needle-sharing. We were deeply honoured to be joined by Mr. Eddie Lau and 3 Phoenix Project volunteers who had remained drug-free from 4-20 years. They provided outreach service for street drug-users and encouraged them to attend methadone clinics as well as providing health promotion messages such as safer sex and "Break the needle habit, methadone does it".

Since 2004, the Department of Health introduced a universal HIV(urine) screening programme for methadone clinic attendees. HIV prevalence among methadone clinic attendees has been kept at reasonably low levels between 0.2-0.4 percent over the past few years. Recently, the methadone clinics also introduced a methadone information and technology system to improve the timeliness and accuracy of collecting service statistics and epidemiological information from their clients.

On the second day, the Russian delegation visited Robert Black Methadone Clinic. Dr KW Chow (SMO NDA Kowloon Region) was responsible for showing them around and sharing with them our experiences in the operation of methadone clinics in a community setting. After lunch, the delegation visited the Society for the Aid and Rehabilitation of Drug Abusers, the main sub-vented organization in providing social support and treatment services for injecting drug users in the community. To wrap up the visit, the delegation was received by Professor SS Lee, who provided them with an international perspective about the harm reduction programme using methadone in community settings.

Meeting on HIV Infection in MSM: Research agenda to improve Prevention, Care and Treatment

Ms HO Choi Fung *(Nursing Officer)*
Special Preventive Programme, Department of Health

Chiang Mai is a large city in northern Thailand. It is a city with beautiful landscape and nice weather throughout the year. Chiang Mai is a popular tourist spot with tourists from all over the world. Unlike Bangkok, apart from hotels, there are not many high-rise buildings in Chiang Mai. Most of the buildings are two to three storey buildings, among which many are wooden structured temples and one can occasionally see some ancient buildings. In this city, people are friendly and they live at a leisure pace of life. It is hard to imagine since last year, a number of large scale anti government demonstrations have been held in Thailand. This meeting was originally scheduled to take place in December last year. However, protestors occupied the Bangkok Airport leading to a standstill of the air traffic of the entire Thailand in November. The organiser therefore postponed the meeting to 5th to 7th March 2009. Although the situation seemed to quite down when I set off to Thailand, my husband and son still reminded me to be vigilant. When I look back now, their worries are not unfounded. The situation in Bangkok deteriorated quickly again in April and the Hong Kong Government issued a travel warning to urge Hong Kong residents not to go to Bangkok.

The event organiser was The Fogarty AIDS International Training and Research Program of the Johns Hopkins Bloomberg School of Public Health. The Research Institute for Health Sciences of the Chiang Mai University, and The Centre for Health Behaviors Research of the School of Public Health, CUHK were the two co-organisers. There were about 60 participants came from USA, China, India, Laos, Vietnam and the hosting country, Thailand.

To accommodate the participants coming from different countries, the meeting on the first day was scheduled to begin at 5 pm. When the meeting started, Professor Suwat of the hosting unit, The Chiang Mai University delivered the welcoming speech, followed by the introduction by the professors of the Johns Hopkins Bloomberg School on the current global situation of HIV infection among men who have sex with men (MSM) and HIV prevention intervention for MSM. After the introduction, there was a traditional welcoming dance performed by the members from the Thai MSM community. The performers were not afraid to reveal their identity and sexual orientation to the public. They followed the music and danced confidently and graciously, showing the multiculturalism of Thailand. It was a pity that this harmony did not exist in the society with Chinese as the majority. At the end of dance performance, a group photograph was taken.

At 8:30 am the next morning, a tight schedule started. Five regional representatives talked about the HIV situation in MSM in their own region. Professors from the Johns Hopkins Bloomberg School then introduced some practical sampling methods used in recruiting members of the hard to reach social groups, such as MSM, for surveillance purpose and research. Before lunch, another three speakers shared the unique problems of HIV prevention programme in their own country arising from regional and cultural disparities. In the afternoon, following the presentation of two randomized trials of programme for HIV prevention, the participants were then divided into three groups for group discussion. Then after the round-up, the meeting on the second day ended at 5:15 pm. In the evening, a dinner reception was held by the organiser at the Sunflower Chinese Restaurant of the hotel. Delegates from Mainland China and Hong Kong sat together and had a relaxed and enjoyable evening.

The third day of the meeting was Saturday. The programme with a tight schedule started at 8:30 am. However, as one speaker was unable to attend the meeting and some participants had to leave to catch the flight in the afternoon, the third day was then turned into a more relaxing schedule. In the afternoon, a "square table" meeting was held and a voting was conducted for the more urgent priorities topics on research. The event ended after the hosting representative drew a conclusion of the meeting. In summary, although most of the topics for research voted by the participants are not suitable for Hong Kong, communications with nearby regions can help us to strength the co-operation with our neighbouring countries. Furthermore, the sampling methods used for the hard to reach social group brought up in the meeting are extremely practical and can be used as reference for Hong Kong in the future.