

# 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



Johnannesburg, 25 April 2010  
Press Statement

## South Africa launches massive HIV prevention and treatment campaign

JOHANNESBURG, 25 April 2010 - President Zuma today launched an ambitious campaign that could alter the face of the AIDS epidemic, in South Africa and globally. The campaign aims to test 15 million people for HIV by the year 2011, up from 2.5 million in 2009 - a six-fold increase in just two years. Through the campaign, 1.5 million people will receive antiretroviral treatment by June 2011, up from about 1 million in 2009.

"South Africa can break the trajectory of the HIV epidemic," said UNAIDS Executive Director Michel Sidibé, who attended the national launch event in Gauteng with South African leaders. "This campaign promises to be the equivalent of 'Truth and Reconciliation' for the country's AIDS response." South Africa has the world's largest population of people living with HIV; an estimated 5.7 million people in the country are living with HIV,

representing nearly one sixth of the global disease burden. Some 18% of adults in South Africa are infected with HIV. HIV testing provides a critical entry point for conversations around a range of difficult issues, including sexuality, violence against women and intergenerational sex. Through the campaign, for example, each individual tested for HIV will also receive 100 condoms, opening a new dialogue about HIV prevention and safer sex across communities.

Prices for most antiretroviral drugs in South Africa are at least 25-30% higher than the average international prices for these medicines - a key challenge in the country's efforts to expand treatment. UNAIDS welcomes a recent shift in policy by the Government of South Africa that aims to reduce the cost of providing antiretroviral treatment.

"This is the first time any one country plans to scale up

HIV prevention and treatment so quickly for so many people," said UNAIDS Executive Director Michel Sidibé. "I congratulate South Africa on this courageous initiative." South Africa funds more than two thirds of its AIDS response. In 2010, South African leaders committed \$1 billion US dollars to the AIDS response - a 30% increase over the previous year.

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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. The Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Contributing to achieving global commitments to universal access to comprehensive interventions for HIV prevention, treatment, care and support is the number one priority for UNAIDS.

Visit the UNAIDS Web site at [www.unaids.org](http://www.unaids.org)



# Gansu - Side Story..... the sequel to the consultancy

**Ms. Victoria KWONG (SNO),  
Special Preventive Programme, Department of Health**

Integrated Treatment Centre (ITC) of Special Preventive Programme under the auspice of Centre for Health Protection of the Department of Health in Hong Kong, has been developing connection with the Gansu Provincial Center for Disease Control and Prevention (CDC) since 2006. In July 2006, Dr Kenny Chan, Senior Medical Officer of ITC, and I visited Gansu to systematically appraise its HIV/AIDS clinical programme by examining, evaluating and recommending on HIV care delivery; including provision of guidance on medical consultation to patients, sharing of experience in the treatment response to HIV/AIDS, optimal use of antiretrovirals and clinical referrals (please refer to The Node Vol. 8 No.3 published in November 2006).

During the period between 2007 and 2009, with the sponsorship from World Vision China "Gansu Red Ribbon Project", a total of forty-five HIV clinical doctors, infectious disease nurses and public health officials from Gansu Provincial Health Department and Hospital Administration, CDC, Lanzhou University Hospital,

Lanzhou Chest Hospital etc., came to Hong Kong for exchange and further training in ITC. These professionals, who were specialized in either areas of respiratory diseases, sexually transmitted infections, obstetrics & gynaecology, pediatrics, dermatology, and infectious diseases, assuming the role of clinical fellows, Lions Red Ribbon Fellows or as participants of study tours, learned the one-stop service model of HIV/AIDS management in Hong Kong combining surveillance, prevention, care, application of public health concept in clinical service, cooperation between doctors, nurses and patients in treatment process in particular the partnership between doctors and nurses in consultation, counselling and the use of antiretrovirals; that had promoted effectiveness in patients' drug adherence and behavioural changes e.g. safer sex practice and harm reduction.

At the same time, the "Gansu Province Advisory Committee on AIDS Clinical Expert Panel" was set up by the Gansu Provincial Health Department. With well defined terms of references, the Committee organised

regular meetings to design plans on demand of antiretrovirals and opportunistic infections treatments on provincial level, and on promotion of training of clinical doctors in Mainland and Hong Kong. Moreover, the Clinical Expert Panel performed joint consultation to patients under care by medical units at different provincial levels. These patients were suffering from severe drug side effects and / or rare opportunistic infections. The Expert Panel devised treatment / alternative plans with an aim to provide better management to them. Based on these developments, Gansu Provincial CDC and the Project sponsor World Vision China, once again invited Dr Chan and I to visit Gansu in between 28 and 31 March 2010 to re-evaluate its AIDS clinical services and prevention and control work. Together with us was Ms Ada Lee, the Nursing Officer of ITC, whose objective was to provide relevant training to nurses of Lanzhou Chest Hospital.



The plane landed Lanzhou at nightfall. Dr Chan and I was both familiar with Lanzhou. As soon as we came out of the airport, we were welcomed by two familiar faces - Gong and Xiao Cao. On the way to city centre, we notified Lanzhou had changed tremendously in just four years. More high buildings were seen and dazzling lights were all around. Even the hotel which we stayed before had been renovated. At 11pm in the evening, we were still discussing our schedule for the next two days with Dr. Christy Fong of World Vision China. We felt quite excited to reunite with people whom we had worked with for many years, despite the tiring journey.

We truly felt the power of sand storm at the onset of the second day. The black trousers and jackets were all covered with a layer of yellow dust. Even with ultra moisturizing lipstick, our lips still could not resist the dry weather. The spicy food made the cracked lips even worst.



We started our work by exchanging the latest HIV/AIDS situations with officials from the Gansu Provincial Health Department and CDC in the morning. Without geographical boundary, Gansu had also experienced an upward trend in MSM HIV infected cases since 2008. The number of reported HIV infected cases rose from 278 in 2006 to 932 in 2009, and that AIDS patients from 84 to 299. About one third of the cases were detected in the hospital. With regard to the application of antiretrovirals, the Expert Panel was handling it flexibly with a patient's CD4 count dropping to 350.





With this background information, Dr Chan was able to give salient advice on the use of antiretrovirals, clinical diagnosis and treatment during joint consultation with the Expert Panel in the afternoon in Lanzhou Chest Hospital. Meanwhile, Ms Lee and I delivered a lecture to the Hospital's Infectious Diseases nurses. The session focused on the importance of patients' drug adherence, the significance of nurses' attitudes and nurse-patient relationship; with special emphasis on mother-to-child transmission, family planning and role of nurse counsellor in HIV management.



The work on the third day was to participate in the "Gansu Provincial CDC and World Vision Gansu Red Ribbon Project Wrap-up". Following the opening ceremony officiated by Dr Meng Lei, Director of Gansu Provincial CDC, and the opening remarks by Dr Chen Ying, speeches were delivered by members of the Expert Panel, including a report by Professor Yuan Hong on the function of the Expert Panel; a report by Dr Wang Jianhong on experiences learned at ITC and the setting up and operation of an AIDS Clinic in the Chest Hospital, the number of patients seen and treatment plans offered. After that, a report by Senior Nurse Huang Qiulan on case management and counselling to HIV-infected patients in AIDS Clinic was presented. Lastly, Dr. Fong gave a comprehensive progress report of the "Gansu Red Ribbon Project". This made us clear that the coverage of the Project was not only including clinical treatment and management, but also HIV/AIDS education for school children and adolescents. As commonly known, caring for children and adolescents had been precisely a vision of the World Vision.

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Dr Chan had a busy afternoon after lunch. He made three presentations including "The Application of Isoniazid and HARTT in Tuberculosis Prevention", "Updates on HAART" and "Prevention Strategies for MSM in Hong Kong". The session hence became a platform for empowerment as the attending Panel members and clinical doctors were overwhelmed by thriving and fruitful discussion and experience sharing on different subjects.

On this trip to Gansu, I did not only see the changes in Lanzhou city, but also felt the Panel members' enthusiasm and devotion to HIV/AIDS prevention, care and control. Among them, the officials from the Gansu Provincial Health Department and CDC had made great efforts. Their commitment and the vigor in work, together with their tireless spirit had set a paragon for all of us. And let us not forget Dr. Fong from World Vision China, whose boundless energy, unshakeable faith and imperishable confidence did gain a lot of respect from Dr Chan and me.



The fight against AIDS needs our persistent effort.

We witnessed the initial outcome of the AIDS Project development in Gansu and realized the difficulties of setting up such Project there. However, the most important thing of all is to maintain the sustainability of the Project, and to continuously improve to consolidate the quality of, as well as to develop new elements for the Project. This should go along with incessant professional development, maintenance and quality assurance in order to keep abreast of the world and face challenges ahead.

With mutual support, let's overcome farther challenges!





# A reflection on our external consultant: Dr. Tim Brown's vision for Hong Kong HIV situation

**Dr. Kenneth CHAN (MO),  
Special Preventive Programme, Department of Health**

An influential consultant, a renowned HIV epidemiologist...it is simply beyond words to describe our close partnership with Dr. Tim Brown in the battle against HIV in Hong Kong since 1998. Dr. Brown has been working to address HIV epidemics in the Asia-Pacific region as early as 1988. His earliest work with the Thai Red Cross Society contributed to preliminary HIV modelling efforts in Thailand. He was an early advocate for focused prevention efforts and he has since worked on HIV-related modelling and policy analysis in almost every country in Asia. After being an external reviewer of the Hong Kong response, he has regularly been consulted on ways to improve HIV responses in Hong Kong.

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On 15 to 29 March 2010, we were so honoured to have his visit to us again, addressing some important objectives, which included: reviewing the latest HIV/AIDS surveillance and epidemiologic data and preparation for the new strategies for Hong Kong Advisory Committee on AIDS (ACA); advising in reconstruction of the HIV risks of reported cases without exposure information; providing training to AIDS workers, including community organizations and other stakeholders; supporting NGOs in developing indicators and data collection methodologies in order to improve evaluation on programs as well as wider Hong Kong response.

It was rather a tight schedule for him. With that said, however, quite a few important issues have been addressed. For example, he was farsighted to point out some important gaps in our HIV epidemiologic information after reviewing some up-to-date surveillance data, including ongoing risks associated with lower condom use with regular MSM partners and myths about MSM sample not reached by venues and those refused to response to survey; sex workers still left inaccessible for prevention such as those in karaoke and nightclubs and myths about other forms of "sex workers" e.g. private clubhouse, "compensated dating"; new pattern of drug abuse in injecting drug users which pose HIV risk etc. To better paint a complete HIV picture, despite reports without exposure information, he used analytic approach to successfully reassign those reports with exposure categories, which helped to understand the various mode of transmission contributing to recent epidemic. He also identified a few central issues which have clear relevance to ACA and AIDS Trust Fund, like the need to address existing program weakness in order to understand more hidden at risk communities, as well as to strengthen internal monitoring and evaluation (M&E) of program impact, coverage and costs...his visions and thoughts are too rich that it is impossible to be exhaustive in this article but I am sure those got the chance to meet Dr. Brown would be inspired a lot by him, through the group discussion and public lecture which he devoted to.

