

# 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

Press Statement 31 March 2011

## UN Secretary-General outlines new recommendations to reach 2015 goals for AIDS response

*In lead-up to June High Level Meeting, progress report presents overview of efforts needed to help countries achieve universal access to HIV services and zero new HIV infections, discrimination and AIDS-related deaths*

**NAIROBI, 31 March 2011**—Thirty years into the AIDS epidemic, investments in the AIDS response are yielding results, according to a new report released today by United Nations Secretary-General Ban Ki-moon. Titled *Uniting for universal access: towards zero new HIV infections, zero discrimination and zero AIDS-related deaths*, the report highlights that the global rate of new HIV infections is declining, treatment access is expanding and the world has made significant strides in reducing HIV transmission from mother to child.

Between 2001 and 2009, the rate of new HIV infections in 33 countries—including 22 in sub-Saharan Africa—fell by at least 25%. By the end of 2010, more than 6 million people were on antiretroviral treatment in low- and middle-income countries. And for the first time, in 2009, global coverage of services to prevent mother-to-child transmission of HIV exceeded 50%.

But despite the recent achievements, the report underscores that the gains are fragile. For every person who starts antiretroviral treatment, two

people become newly infected with HIV. Every day 7 000 people are newly infected, including 1 000 children. Weak national infrastructures, financing shortfalls and discrimination against vulnerable populations are among the factors that continue to impede access to HIV prevention, treatment, care and support services.

The Secretary-General's report, based on data submitted by 182 countries, provides five key recommendations that will be reviewed by global leaders at a UN General Assembly High Level Meeting on AIDS, 8–10 June 2011.

“World leaders have a unique opportunity at this critical moment to evaluate achievements and gaps in the global AIDS response,” said Secretary-General Ban Ki-moon at the press briefing in the Kenyan capital. “We must take bold decisions that will dramatically transform the AIDS response and help us move towards an HIV-free generation.”

“Thirty years into the epidemic, it is imperative for us to re-energise the response today for success in the years ahead,” said UNAIDS Executive Director

Michel Sidibé, who joined Mr Ban for the launch of the report. “Gains in HIV prevention and antiretroviral treatment are significant, but we need to do more to stop people from becoming infected—an HIV prevention revolution is needed now more than ever.”

Rebecca Auma Awiti, a mother living with HIV and field coordinator with the non-governmental organization Women Fighting AIDS in Kenya told her story at the press conference. “Thanks to the universal access movement, my three children were born HIV-free and I am able to see them grow up because of treatment access,” she said.

### **Mobilizing for impact**

In the report there are five recommendations made by the UN Secretary-General to strengthen the AIDS response:

- Harness the energy of young people for an HIV prevention revolution;
- Revitalize the push towards achieving universal access to HIV prevention, treatment, care and support by 2015;
- Work with countries to make HIV programmes more cost effective, efficient and sustainable;
- Promote the health, human rights and dignity of women and girls; and
- Ensure mutual accountability in the AIDS response to translate commitments into action.

The Secretary-General calls upon all stakeholders to support the recommendations in the report and use them to work towards realizing six global targets:

- Reduce by 50% the sexual transmission of HIV—including among key populations, such as young people, men who have sex with men, in the context of sex work; and prevent all new HIV infections as a result of injecting drug use;
- Eliminate HIV transmission from mother to child;
- Reduce by 50% tuberculosis deaths in people living with HIV;
- Ensure HIV treatment for 13 million people;
- Reduce by 50% the number of countries with HIV-related restrictions on entry, stay and residence; and
- Ensure equal access to education for children orphaned and made vulnerable by AIDS.

As international funding for HIV assistance declined for the first time in 2009, the report encourages countries to prioritize funding for HIV programmes, including low- and middle-income countries that have the ability to cover their own HIV-related costs. It also stresses the importance of shared responsibility and accountability to ensure the AIDS response has sufficient resources for the coming years.

The report and more information about the High Level Meeting on AIDS can be found online at: [unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/](http://unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/)

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### **Contacts**

UNAIDS Geneva | Sophie Barton-Knott |  
+41 22 791 1697 | [bartonknotts@unaids.org](mailto:bartonknotts@unaids.org)

UNAIDS Nairobi | Saira Stewart |  
+41 79 467 2013 | [stewarts@unaids.org](mailto:stewarts@unaids.org)

UNAIDS Nairobi | Esther Gathiri-Kimotho |  
+254 20 762 6718 | [gathirikimothoe@unaids.org](mailto:gathirikimothoe@unaids.org)

UN Department of Public Information New York |  
Vikram Sura | +1 212 963 8274 | [sura@un.org](mailto:sura@un.org)

UN Department of Public Information New York |  
Pragati Pascale | +1 212 963 6870 | [pascale@un.org](mailto:pascale@un.org)

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# Expert Forum on Harm Reduction and HIV Prevention / Control

Dr Raymond LEUNG (Senior Medical Officer)  
Special Preventive Programme, Department of Health

“減低傷害及愛滋病防控”專家論壇

Fórum sobre “A minimização dos danos e prevenção e controlo da infeção VIH/SIDA”

2011.3.11

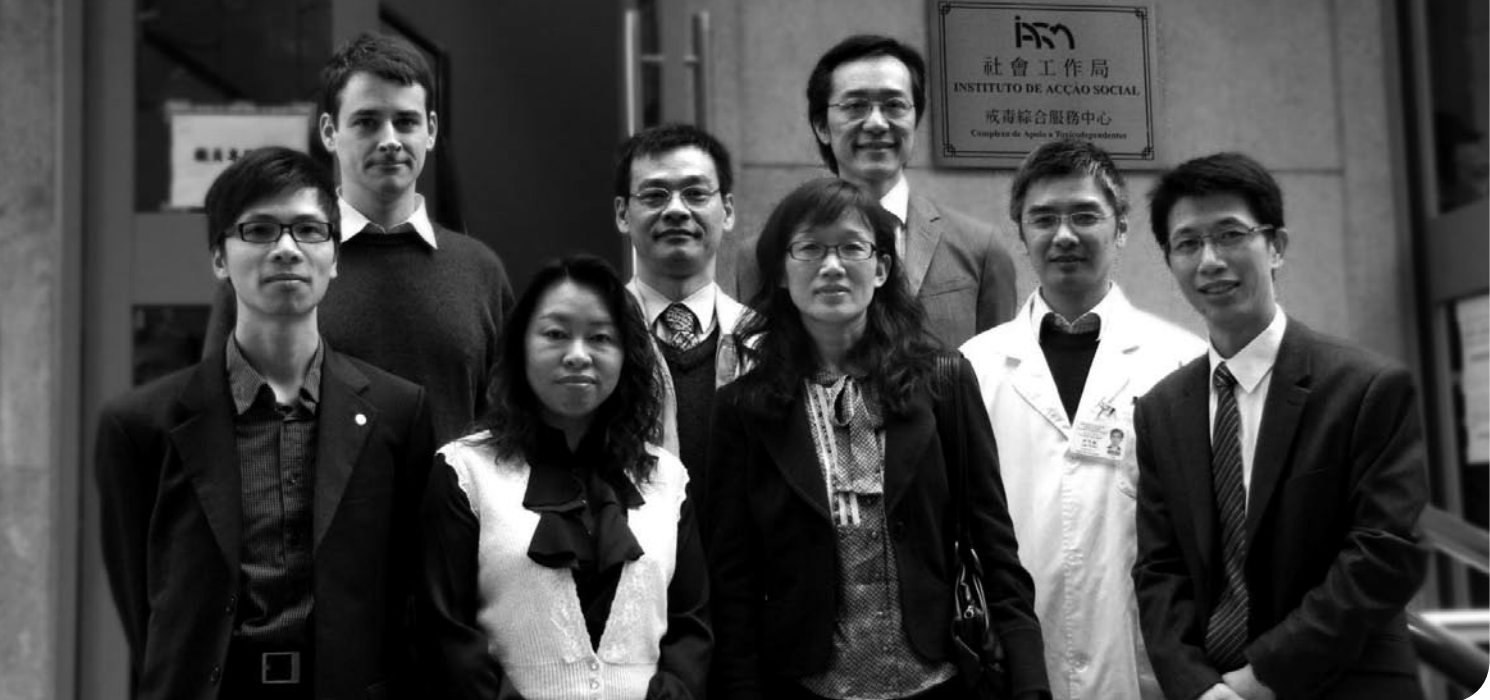


The Social Welfare Bureau and Health Bureau of Macau Special Administrative Region jointly organized an expert forum on harm reduction and HIV prevention / control on 11 March 2011. The Forum was the first of its kind in Macau to promote the concept of harm reduction, which is relatively new to workers in healthcare and social sector there. More than 200 participants from the two sectors took part. Speakers from Mainland China, Taiwan, Hong Kong and Macau were invited. There was active exchange of experience and interesting discussion among the co-workers.

Mr Guy Taylor (Programme Associate for Advocacy and Information Management of UNAIDS China) first talked about the concept of universal access to HIV treatment, prevention, care and support. He mentioned that China has made substantial progress in the past few years and boldly set nine specific universal access targets in its new Action Plan for Prevention and Control of HIV/AIDS. Notwithstanding this, problems existed in reaching a consensus on the size estimate of key affected populations, obtaining representative figures of such populations beyond those covered by interventions, estimating the precise number of people who require antiretroviral and measuring intervention coverage.

Mr Taylor indicated that there were challenges in raising the utilization and retention of methadone users, reaching out hidden sex workers and men who have sex with men, abandoning non-conductive law enforcement and discrimination practices against marginalized populations, upholding privacy of people living with HIV, increasing access to antiretroviral and management of HIV/TB co-infection, elucidating transmission between intimate partner, integrating different services and assuring their quality, and enhancing the mobilisation of the civil society in offering interventions which meet the needs of affected populations.

Ms PANG Lin (Research Associate of National Center for AIDS/STD Control and Prevention, China CDC) then discussed the latest HIV epidemiology in China. Although sexual transmission has surpassed drug injection as the most common route of HIV infection among all reported HIV cases since 2007, the latter still accounted for one fourth (25.8%) of the annual reports in 2009. The methadone treatment programme (MTP) in China has expanded to 701 clinics in 28 provinces as at 2010, with an extra of 200 extended delivery points. Ms Pang said that the evolvement of MTP can be traced back to 2001. She went on to explain the relevant parts in the previous two 5-year national action plans on HIV/AIDS, the law on HIV/AIDS prevention & control and the law on national control of illicit drugs which was enacted in 2006 and 2008 respectively, and two administrative circulars of the Central People's Government released in 2004 and 2010. There was multi-sectoral involvement comprising health, public security, drug administration and center for disease control in the organisation of MTP at different hierarchy from the central to the local Government. Major upgrades have been made to the integrated surveillance and management information system



of MTP since its development in 2004. As a result, there was evidence of decreasing new HIV infections among attendants of MTP from year 2006 to 2010.

Professor Tony Szu-Hsien LEE (Department of Health Promotion and Education, National Taiwan Normal University) presented the harm reduction strategy in Taiwan, which include MTP and needle exchange/provision programme, and a follow-up study evaluating the public health impact of MTP in northern Taiwan. The MTP in Taiwan has seen a rapid expansion since its intensive promotion in 2005, and covered as much as 14,000 drug users by almost 100 healthcare institutions. The study comprised 599 MTP attendants in 4 clinics were followed up at 6-months, 12-months and 18-months with information collected on retention, craving, quality of life, employment, recidivism, HIV incidence, and survival. The proportion of subjects who were lost to follow up at 6-months was 20%, and that at 12-months and 18-months was about 40%. An intention-to-treat analysis was adopted. The results indicated that retention in MTP ranged from 40% to 58%. Significantly more subjects retained in MTP were morphine free in urine screening than that of the drop outs (45% vs 20%) at 18-months. Among those retained in MTP, the scores for quality of life in different aspects had increased generally and markedly less of them had reported sharing needles at follow-ups, only one new HIV infection was found among the subjects at 18-months, better survival was seen among subjects negative of HIV

than the infected, and less had committed crime in comparison to a previous study. However, no substantial changes were noted in the income level of subjects. Based on cost saving from imprisonment of prisoners reduced and their potential contribution in the employment market, the study estimated that TWD \$13.7 could be saved from every \$1 invested in MTP.

Mr HON Wai (Acting Head of Department of Prevention and Treatment for Drug Dependence, Macau SWB) introduced the MTP in Macau which was started a few years ago. The clinic was situated conveniently in the central part of the city, and came along with innovative features such as a comprehensive clinical information system with updated photo of recipients, regular health screening programme, choices of drinks that can be mixed with methadone, a transparent chamber for drinking methadone which locked automatically upon entrance and unlocked by clients through a voice-activated control system. The needle exchange programme recently developed by a local NGO had proved to be successful in reaching a considerable number of injecting drug users, and getting the support of the local community.

Two Senior Medical Officers in Hong Kong Department of Health (Dr Samuel YEUNG and Dr Raymond LEUNG) were also invited to share the experience of MTP and related HIV prevention activities in Hong Kong, which had the longest history in the region. The low-cost, easily accessible,

integrated and quality-assured services had achieved a high coverage of heroin drug users and won international recognition. Universal urine screening of HIV, linkage to treatment and psychosocial support rendered to positive cases had successfully made use of the existing platform in methadone clinics to monitor and control HIV transmission among drug users. Nevertheless, the speakers highlighted the ongoing challenges by illustrating a recent case of gaining community support in relocating a clinic and sustaining the high coverage of the universal HIV screening programme.



## ***Engaging Vulnerable Communities for the Formulation of AIDS Strategies***

**Dr Francis WONG and Dr Raymond LEUNG**  
**Special Preventive Programme, Department of Health**

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The Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO) jointly organized a Community Stakeholders' Consultation Meeting (Meeting) comprising nine sessions from 26 January to 1 February 2011. This pivotal meeting has drawn extensive community discussions and inputs towards the formulation of the Recommended Hong Kong HIV/AIDS Strategies 2012-2016 by the Advisory Council on AIDS (ACA). Specific objectives of the Meeting include –

- (a) envisioning the HIV situation in Hong Kong after 5 years;
- (b) articulating the gaps of current response among the key populations;
- (c) identifying multi-sectoral collaborations, human

capacity and other resources which need to be sustained, strengthened or mobilized; and

- (d) devising strategies which need to be continued and added.

The Meeting was steered by a working group formed by CFA and HKCASO. An inclusive approach was adopted to plan and conduct the discussion, communicate with, and prepare, community members by providing necessary background information; address concerns and group dynamics of the participants; and facilitate documentation of the process and prioritization of the resulting recommendations for further elaboration and comments by ACA. The Meeting focused on eight key populations which are more vulnerable to HIV locally as well as matters related to resources for local AIDS response. Initiatives for promoting

participation of target stakeholders through NGO networks by means of social and electronic platforms were proved to be effective. All these could not have been accomplished without the coordinated efforts of the Working Group, AIDS NGOs, the Meeting facilitator, the Meeting rapporteur, resource persons, table hosts and note takers from different organisations, as well as the secretariat support of the Department of Health.

Prior to the Meeting, participants were briefed on the meeting format by the facilitator and background information was made available to them through a designated webpage. Three generic questions were imposed to the meeting participants in each session through a World Café process so that population-specific as well as cross-cutting issues could be brought out by them effectively within a relatively short period of time.

The Meeting had a total of 248 attendants comprising individuals and community stakeholders from diverse backgrounds, which was a significant breakthrough as consultations in the past engaged mainly service providers. A total of 114 recommendations were generated. Recommendations brought out in each session were prioritized into three groups through voting by participants. A wide range of opinions / suggestions related to enhancement of sex education, cross-border higher risk sex behaviours, supportive legal and social environment, tackling of stigma and

discrimination, harnessing the impact of new media etc were raised. The recommendations can be categorized into seven areas, namely -

- (1) scaling up HIV prevention;
- (2) providing comprehensive and integrated treatment, care and support;
- (3) fostering an enabling environment;
- (4) strengthening leadership by government and other stakeholders;
- (5) promoting supportive legal framework and public policy;
- (6) enhancing strategic information; and
- (7) mobilizing resources.

Some key principles underpinning policy, strategy, programmes and services were shared across all communities with emphasis on respecting individual rights and difference, adopting diversified approaches for subgroups in each population and enhancing community participation.

Feedback from participants generally indicated that they were satisfied with the process of registration, information provided for discussion, performance of the facilitator, the significance of their involvement and strategic recommendations generated from each session, but less so with the size of participants group, the venue (for sessions held in the Public Health Laboratory Centre), amount of time allowed for discussion and duration of prior notice before the Meeting.

On the whole, the Meeting had succeeded in drawing the active participation of community members and generating insights that are owned by them. We believe everyone taking part in the process should be proud of their contribution towards the Meeting, and satisfactory engagement of vulnerable communities would lead to a higher chance of developing transparent, effective and widely acceptable HIV/AIDS strategies.

