2011 Nov. Vol. 13 No. 3

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 26 August 2011

New UNAIDS report shows HIV epidemic at critical juncture in Asia-Pacific region

Impressive gains across the region, but most countries need greater and sustained efforts to 'get to zero'

BUSAN, South Korea, 26 August 2011—The AIDS epidemic in Asia and the Pacific is at a crossroads, according to a new report from the Joint United Nations Programme on HIV/AIDS (UNAIDS). While the region has seen impressive gains—including a 20% drop in new HIV infections since 2001 and a three-fold increase in access to antiretroviral therapy since 2006—progress is threatened by an inadequate focus on key populations at higher risk of HIV infection and insufficient funding from both domestic and international sources.

Launched at the 2011 International Congress on AIDS in Asia and the Pacific (ICAAP), the report, titled *HIV in Asia and the Pacific: Getting to Zero*, found that more people than ever before have access to HIV services across the region. However, most countries in the region are a long way from achieving universal access goals for HIV prevention, treatment, care and support.

"Getting to zero new HIV infections in Asia and the Pacific will demand national responses based on science and the best available evidence," said UNAIDS Executive Director Michel Sidibé. "HIV programmes must be sufficiently resourced and solidly focused on key populations. Investments made today will pay off many-fold in the future."

Gains in the regional HIV response, but progress is fragile

According to the report, an estimated 4.9 million [4.5 million–5.5 million] people were living with HIV in Asia and the Pacific in 2009, a figure that has remained relatively stable since 2005. The majority of people living with HIV in the region are in 11 countries: Cambodia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Thailand and Viet Nam.

Across Asia and the Pacific, there was a 20% decline in new HIV infections between 2001 and 2009—from 450 000 [410 000–510 000] to 360 000 [300 000–440 000]. Cambodia, India, Myanmar and Thailand have reduced their HIV infection rates significantly with intensive, wide reaching HIV prevention programmes for people who buy and sell sex.

The number of people accessing life-saving antiretroviral treatment in the region has tripled since 2006, reaching some 740 000 people at the end of 2009. Cambodia is one of only eight countries in the world to provide antiretroviral therapy to more than 80% of the people eligible for it. However, as of end-2009, more than 60% of people in Asia and the Pacific who were eligible for treatment still could not access it.

The report found an estimated 15% decrease in new HIV infections among children since 2006. But regional coverage of HIV services to prevent new HIV infections in children continues to lag behind global averages, particularly in South Asia.

According to the report, HIV epidemics can emerge even in countries where HIV prevalence was previously low. After a more than 20-year 'low and slow' HIV epidemic in the Philippines, for example, the country now has a rapidly expanding epidemic among key populations. In the city of Cebu, HIV prevalence among people who inject drugs increased from 0.6% to 53% between 2009 and 2011. In Manila and Cebu, HIV prevalence among men who have sex with men is estimated at 5%.

Key populations at higher risk of HIV infection

According to the report, new HIV infections in the region remain concentrated among key populations: people who buy and sell sex, people who inject drugs, men who have sex with men, and transgender people. Most programmes to protect key populations and their intimate partners from HIV infection are inadequate in size and scale.

Across the region, stigma and discrimination against people living with HIV and populations at higher risk of infection remain rife. About 90% of the countries in the region retain punitive laws and policies that effectively prevent people living with HIV and key populations from accessing life-saving HIV services.

Data suggest that a significant proportion of new HIV infections within key populations are among young people under the age of 25. In most settings, HIV prevention programmes are failing to sufficiently reach young people most at risk.

More AIDS resources urgently needed

The AIDS response in Asia and the Pacific is underfunded, the report found. In 2009, an estimated US$ 1.1 billion was spent on the AIDS response in 30 countries across the region—approximately one third of the funding needed to achieve universal access goals to HIV services.

Though China, Malaysia, Pakistan, Samoa and Thailand are funding the bulk of their HIV response from domestic resources, many countries in Asia and the Pacific depend heavily on foreign funding, particularly for the provision of antiretroviral therapy. Increased investment of domestic resources, especially in middle-income countries, is critical for the ongoing regional response to HIV.

Funding cutbacks from international donors also threaten progress in the regional AIDS response. In 2009, international assistance for the global AIDS response leveled off for the first time in a decade, and in 2010 it declined.

According to the report, investments to protect key populations from HIV remain insufficient. Among countries reporting detailed expenditure data in 2010, only 8% of total AIDS spending in South Asia and 20% in Southeast Asia focused on HIV prevention among key populations at higher risk of HIV infection.

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UNAIDS

UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention treatment care and support. Learn more at www.unaids.org

A pilgrimage to the 6th IAS Conference in Rome, 17-20 July 2011

Dr Kenny Chan (Senior Medical Officer)
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Going to Rome

Many a Catholic makes pilgrimages to Rome, venerating its many religious relics and holy shrines. It is thought that such experience inspires oneself in one's spiritual pursuit. Many also believe that one's prayer would be more likely answered if it were done in a place of sanctity such as the St Peter's Basilica. It is up to anyone's guess if these were the reasons behind holding the International AIDS Society (IAS) Conference in Rome. But if they were, I tip my hat to such brilliant clairvoyance.

Now in its 6th incarnation, the IAS Conference had become a popular destination of pilgrimage by workers in the field. Its focus was more limited to clinical science, thus differing from the International AIDS Conference which was more inclusive of social and behavioural sciences. And unlike the Conference on Retroviruses and Opportunistic Infections which restricts the audience, the IAS meeting entertains a wider spectrum of basic scientists, public health specialists, and clinical providers.

The pivotal HPTN 052

Rome was my first experience with the IAS Conference. Earlier in April, the preliminary results of a pivotal trial, HPTN 052, had been released, vouching for the effectiveness of antiretroviral therapy in preventing HIV transmission. This finding not only served as a fortuitous prelude, but, as it happened, provided the major impetus of a new paradigm emerging from this meeting.

HPTN 052 was a randomised clinical trial with a relatively straightforward design. Serodiscordant couples of CD4 between 350 and 550 were randomised into those who started antiretroviral treatment (ART) and those who delayed until the CD4 count dropped below 250. Not surprisingly, the trial was able to confirm that early treatment led to a better clinical outcome. However, it was also able to show that ART reduced 96% of HIV transmission. Of note, all patients in the trial were advised to use the condom for HIV prevention.

In the Conference, a special session was convened in which the lead investigator, Dr Myron Cohen, reported the results in details. It was received by a rousing standing ovation. This outpouring of excitement was unanticipated but actually understandable. Never had a prevention method been proven so convincingly with a randomised clinical trial. The magnitude of effect was also way above that of condom alone (80%), male circumcision (60% for circumcised men but no effect on female partners of infected men), and behavioural counselling (20% and wanes with time). The euphoria called to mind

the reception in 1996 in Vancouver when initial reports of highly active antiretroviral therapy were made.

In the same session, results of two other studies were also released. They challenged to push the envelope of using treatment for prevention to another dimension. *Partners* and *TDF2* studied using tenofovir or Truvada in HIV-uninfected persons. Both studies showed effectiveness in the 60% range. This finding echoed that of a similar study done previously for men who have sex with men, the iPrEX study. Currently, ART is approved for the HIV uninfected only in those who have been exposed and only for a short period of time. The prospects of using ART for the long term for whatever reasons are bound to invite controversy.

Thus the new concept of using treatment for prevention, T4P, was born. There is no longer any doubt that it works, at least in a clinical trial setting. And in this new paradigm, treatment is not confined to those infected. The uninfected also benefits from preexposure prophylaxis, PrEP.

The plaudit meets the naysayer

In 1994, the finding of ACTG 076 was published that mother-to-child transmission could be interrupted by zidovudine. This was of monumental significance but the subsequent process of translating the scientific discovery into community action was long and contentious. It was not until 2001 when Hong Kong, already the forerunner, was able to implement universal antenatal testing.

The debate on the road ahead for T4P was initiated right at the same reporting session of HPTN 052. After the standing ovation, the first question from the floor raised the spectre of people abandoning the use of condom *en masse*. Indeed there were other questions galore. Would T4P result in a paradoxical rise in HIV infections because of behavioural disinhibition? Who would prescribe and who would fund T4P, including PrEP? What were the risks vs benefits of PrEP? Who were the priority targets for T4P? Would the resources for treating the infected be threatened? What were the safeguards against abuse? And what about the other study, FEM-PrEP which did not show effectiveness of oral PrEP in women? ...

In fact, a full session was dedicated to examining some of these questions. In one interesting presentation, it was shown that whereas one pill of brand name Truvada cost US$23, the price of an equivalent generic pill was only US $0.23. Indeed, were the cost of drugs to substantially decrease, our conclusions as to the way forward with T4P could be very different. Another speaker attempted to explain the failure of oral PrEP in women by the failure of the drug to reach the vagina. If such was the case, then T4P or PrEP might not be a one-size-fit-all strategy but one that demanded expert knowledge and careful prescribing according to patient characteristics. These were but two of the many considerations in a debate that should be intense in the years to come.

Afterthought

Obviously, the 6th IAS Conference was more than HPTN 052. There were results of studies involving new HIV drugs such as elvitegravir and rilpivarine. Another study reported on the treatment of primary HIV infection. There was also the announcement that IAS would set the agenda for research on HIV cure. These were news that normally should have grabbed the limelight. But instead, we were all mesmerized by the emergence of a new concept that was poised to fundamentally change the landscape of HIV prevention. Hopefully, it would also provide the missing link in our efforts to alter the very direction of the HIV epidemic.

Personal sharing on the 10th International Congress on AIDS in Asia and the Pacific

Mr. CHAN, Ka-wai
Member of Red Ribbon Centre Management Advisory Committee

I thank the Red Ribbon Centre Management Advisory Committee for its kind nomination of attending the 10th International Congress on AIDS in Asia and the Pacific (the conference) which was held on August 26-30, 2011 in BEXCO, Busan, Republic of Korea. I also thank the Council for the AIDS Trust Fund for its generous sponsorship of the trip and the related expense. As a person from non-governmental organization (NGO), I would like to share more many reflections from NGO perspective.

1. Polices related to AIDS issue

1.1 In the conference, many participants from various countries called for policy change in dealing with HIV/AIDS issue. In some countries, particularly the Islamic countries, AIDS patients suffer double jeopardy from traditional values and religious laws. Governments do not want to change the policies because they favour to maintain status quo.

1.2 NGOs urge not to use criminal laws to enforce moral punishment. They demand stop criminalization of HIV transmission.

1.3 In Pakistan, sex work is seen as equal to sex trafficking. In Burma, sex work project must be run by sex workers, cannot be organized by voluntary groups. State violence on sex workers is even more than clients' violence.

1.4 In Malaysia, transgender (TG) persons cannot find a job although they are educated.

1.5 All of the said problems may not occur in Hong Kong, but we still need to think of some problems related to our existing policies or values.

1.6 A court appeal of HIV +ve in China. Most mass media support the AIDS patient to resume teaching post, but people in internet forum oppose the patient to take back the teaching post. This teacher like many AIDS patients suffers from the following problems:

1. Social indifference to AIDS issues, not much attention
2. Moral criticism
3. Stigma of HIV
4. Ignorant discrimination

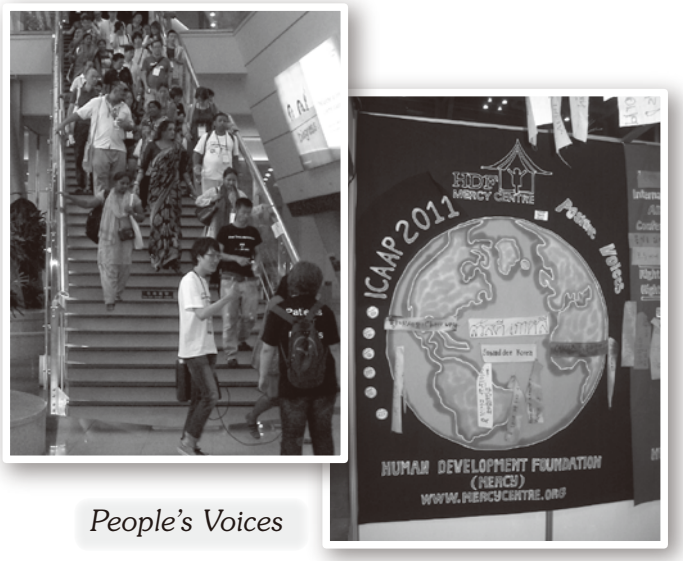
The abovementioned four problems are also our problems facing the AIDS patients today in Hong Kong.

1.7 In Bali, around 2,000 sex workers had been involved in the Periodic Presumptive Treatment, but sex workers think that it is not a kind of empowerment for sex workers. They rather demand the right to organize themselves. It is an authentic way of empowerment. Although Hong Kong sex workers have demanded self-organizing, it does not receive great echoes, because we have never regarded sex work as a kind of work. Many AIDS NGOs in Hong Kong

have indeed provided services to sex workers, but have seldom thought about their organizing.

1.8 Men who have sex with men (MSM) is a matter of gender performance, rather than sexual orientation. TG persons think they are neither male nor female. They are the third gender. Main issue is whether we can accept alterative sexualities to different persons. It is not only a moral issue, but also a legal matter, but it is not much discussed in Hong Kong. Of course, we may argue that the issue is not serious and prominent in Hong Kong, so the community will easily ignore the issue, but how about the AIDS groups (both governmental groups and NGOs)?

1.9 The conference urges that we need more strong leaders to lead the movements among the affected groups, but it seems that it is absent in Hong Kong.



People's Voices

2. International trade

2.1 In the conference's opening ceremony, when the Health Minister of South Korea made her address, a group of Korean protestors came to the front to protest against the Free Trade Agreement (FTA) signed by the Korean Government with other governments to further open the Korean domestic market. They think that it will threaten the interests of the poor, particularly the poor AIDS patients.

2.2 Social activists complain that FTA and World Trade Organization (WTO)'s Trade-Related Aspects of Intellectual Property Rights (TRIPS) have impeded treatment access to the poor. Some medicines are expensive and become unaffordable to common people due to their property rights, and parts of medical services become privatized due to WTO's agreements.

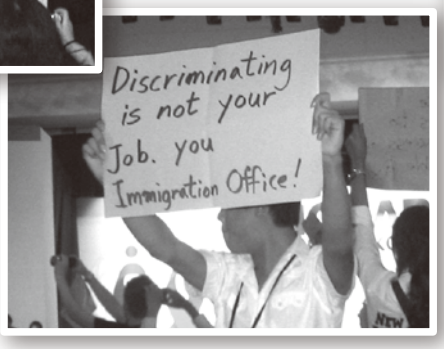
2.3 The free global market and free trade have greatly influenced the medical treatments to the AIDS patients in many Asian countries. It is not only in the developing countries, but also in the developed countries.

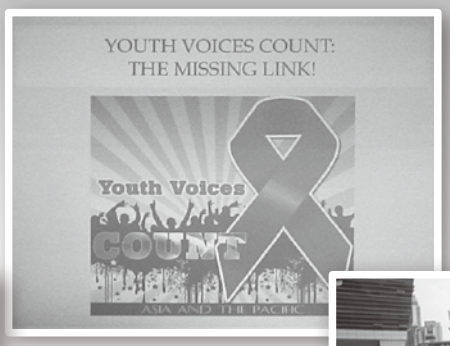
2.4 South Korea is a developed economy. Social activists are still worried that FTA will endanger the lives of common Korean people, particularly the medical charges for the poor.

2.5 Hong Kong has long promoted the market economic and free trade, and has thought that it is good to Hong Kong's economic development. Free market, however, has caused huge poor population in Hong Kong. In fact, many poor people are working hard, but they still cannot earn enough for their and their families' livings. Continuous increase in the working poor population (the poor who are working) is a clear alarm to our society.

2.6 Hong Kong has joined the WTO. We are bounded by the TRIPS. Rapid growth of medical charges, however, has troubled both the Hong Kong Government and the Hong Kong public. Intellectual property rights on drugs have greatly burdened public medical expenses in Hong Kong. The HIV/AIDS infected population only shares <0.1% of the total population in Hong Kong. It is still a small population. However, there is a constant growth of the infected population, particularly among MSM. It seems that Hong Kong has never discussed how global free trade affects the HIV/AIDS works. There have been hot debates in many social groups in Hong Kong on how global free trade affects the poor and their welfares, including the medical services, but it seems that it is not yet an agenda among AIDS groups in Hong Kong.

The Demonstration in the Opening Ceremony





Youth voices

3. Youth voice

3.1 Youth is very common to complain that their voices are not heard in international conferences. Two days before the conference, there was a youth conference, in which young participants could discuss among themselves about the AIDS movements. Their representatives also had a good presentation in the opening ceremony. However, in the protest in the opening ceremony and in the daily programs, youth still complained that their voices were not heard. They even said, "Nothing about us, without us." It seems that there is no good communication between the elder generation and the younger generation.

3.2 One of their complaints was that youth could not participate in the decision process. They think that the program was designed and imposed on them by adults.

3.3 In Hong Kong, most AIDS groups' staffs are very young. This is the culture of Hong Kong social movements. Social activists are young, but do they also think that their voices are marginalized? Moreover, how about the youth in Hong Kong. Most Hong Kong's AIDS groups have programs for young people, but most are educational programs. Advocacy programs are limited. It is even rare to encourage the youth to participate in the HIV/AIDS movement. It seems that the youth are objects to be taught, rather than the subject to give their inputs.

4. Local community support

4.1 Social indifference is a big problem in protection of the rights of HIV/AIDS infected groups and those highly risky groups. However, several countries have introduced new programs to promote safe sex, public education and services to the infected groups or highly risky groups. One of the key points for the success is the involvements of local governments. There are reports from poor countries, such as North Thailand, Laos, how their local governments are deeply involved in the AIDS works. That may be resulted from the widespread of HIV/AIDS in the poor countries, especially the sex industry in the rural areas of the developing countries. In Japan, however, there are also such AIDS programs in which the local governments are highly involved.

4.2 To my observation, AIDS work in Hong Kong may concern the concerned divisions in the Health Department only. It even cannot go beyond the Health Department to other government departments. I personally do not see any close cooperation across government departments for AIDS work promotion and advocacy.

4.3 Policy inconsistencies among government departments on HIV/AIDS related works and departments' indifference have been seriously complained in the conferences as a big obstacle to promote and safeguard the rights of the HIV/AIDS infected population and the highly risky groups. It may come true in Hong Kong.

The works of Hong Kong's AIDS group

4.4 District Councils also have seldom put the AIDS work in their agenda. Upon the request of the Health Department, the Councils may do some superficial things. Social indifference and bias are clear.

4.5 Active involvement of local governments has concerned me very much in the whole conference. Hong Kong may be still a safe place in term of HIV transmission. Government departments do not see the urgency to promote the HIV/AIDS works, and do not see it as a part of their mission. It will only make the problem worse.

Promoting Political leaders and Youth participation in HIV prevention and care

Ms Panda Cheung (Programme Director)
& Ms Yuki Lee (Prevention Officer)
AIDS Concern

Hong Kong is reputable for its low HIV prevalence and high quality of treatment and medical service among Asia Pacific region. Despite the world-class medical care of Hong Kong, being highly recognized within the region, HIV response in Hong Kong can further pursue excellence by striving higher level of participation of political leaders and youth.

Political leadership and HIV response

The Fiji president, Ratu Epeli Nailatikau, shared his thoughts how political leaders' participation contribute to effective HIV prevention.

'.....stakeholder involvement is to create demand for better governance.'

'.....some leaders act early to keep HIV at low level, while other leaders allow HIV epidemic to overtake the response.....'

'.....We cannot stop HIV transmission if we don't stop stigma, discrimination and gender inequality. The marginalized groups often carry the heaviest burden.'

Ratu Epeli Nailatikau, ICAAP 10th

Under the leadership of Ratu Epeli Nailatikau, Fiji, a low middle-income country situated in the southern Pacific Ocean[1], has gone through series of legal reforms and institutional changes in the past 2 years as to create a supportive environment to People Living with HIV (PLHIV) and other key affected communities. The establishment of HIV/ AIDS decree is probably the most encouraging measure. The decree criminalizes discriminatory act against PLHIV or affected population, such as their relatives/ colleagues/ members of same religion. Institutionalized impediments and stigma obstructing PLHIV from participating in labour market, access to public /private service/ social life are deemed as unlawful and can be punished under the new decree. To support the implementation of HIV/AIDS decree, Fiji has also appointed HIV Board to drive policy, eg advice the Minister on HIV/ADS matter in Fiji, to make sure other public policies aligning with the decree. Removal of travel restriction on PLHIV and decriminalization of homosexuality together with the HIV/AIDS decree are big steps forward to more inclusive social environment for PLHIV and affected communities in Fiji. The president said all these could not be realized without the active participation of political leaders and community stakeholders during the processes. Indeed, political leaders have indispensable responsibility to create the climate in which AIDS could be talked about with increasing openness. In Hong Kong, HIV stigma creates a big hurdle for people to get tested / access proper treatment earlier. However, effort on promoting an inclusive social environment for PLHIV/ vulnerable communities is not sufficient. Political leaders, including government officials, legislative / district councilors actually can effect their influence on arousing public's awareness on the acceptance on PLHIV and vulnerable communities simply through increasing their visibility in the society. As an AIDS worker, I anticipate to see the candidates of HKSAR CE to say something about HIV in their election pledges. Writing at the era that reversing the HIV epidemic seems possible with bigger investment, what are put in front of us are the drying up of AIDS Trust Fund, lack of integration of HIV/AIDS education in school curriculum, limited protection against discrimination of homosexuality, ordinance that criminalize sex trade and activity related to it and the still low level of understanding of HIV/AIDS and acceptance towards PLHIV among general public. It may be the good time for the government officials, legislative / district councilors to rethink their role and increase their involvement in HIV/AIDS issue.

We look forward to seeing HKSAR CE, government officials, legislative councilors and district councilors to pin red ribbon on their shirt on the coming World AIDS Day.

Facilitate youth leadership in sexual health programme

Youth do not necessarily mean naïve nor passive. They are passionate, energetic and creative individuals who can develop innovative means to carry out intervention to the youth community. Whereas in Hong Kong, participation rate of youth into sexual health intervention is not low. This is likely caused by prevalence of adultism in youth work. Programmes with heavily focus on adult's role in providing guidance and growth may not be able to promote higher level of youth participation.

In ICAAP 10th, youth delegates from other Asian countries told us that youth can be more than recipients. Youth actually can function as opinion providers, advocators, researchers, facilitators and leaders in youth sexual health policies. All they need is just an equal opportunity to participate in decision-making process as adult. 7 Sisters, a youth advocacy alliance, is advocating youth to have higher level of involvement in their sexual health programme. They

invite youth to participate in project management and adopt their views in the programme design, implementation and evaluation. According to the youth delegates, their involvement has improved the programmes' effectiveness and efficiency. Both youth and adult benefit from this kind of collaboration, in terms of enriching adult's understandings of youth reproductive and sexual issues, and increasing leadership role of youth. Delegates remind that youth shall pay effort to overcome barriers that adult may have in the collaboration. Most adult are not used to working in partnership with young people. Therefore, uncertainty and misunderstanding on youth are common at the beginning of the collaboration. Patience and encouragement should be given to them to experiment suitable ways to communicate with young people. Criticism is a usual way for adult to show disapproval to one's idea. It does not mean condescension or not value other people's contribution. A sincere reminder can help them to review the impact of such communication. Sometime, adult may not aware of youth's capacity on preforming management duties because of their inexperience with youth. Youth can frankly let adult know trust is essential ingredient to cultivate a successful collaboration. Staying mature and being competent to accomplish designated duties are the ways to make adult feel less insecure. Indeed, not all adult can be decisive in decision-making process. Youth have the responsibility to remind adult/ themselves to give enough room for both parties to look for best decision. Adult tend to use jargons and professional terms in their daily work. Youth shall ask for clarification to ensure the messages are well-understood across the group.

The delegates provide some guidelines[2] for building the collaboration between adult and youth. They include:

a) Values changes: treat youth/adult as partners;
b) Establish high expectation;
c) Capacity building to both youth and adult; and
d) Enough time and effort to develop a good relationship;

The suggested collaboration is not very common in Hong Kong. Lack of trust is the major constraint to develop the collaboration between workers and youth. This may also explain the low level of participation of youth in HIV/AIDS prevention which youth is just a token or a labour. They are doing the monotonous duties repeatedly, like condom distribution, persuading friends to come for test. High drop out rate of youth in HIV/STI prevention is also observed. Adult may defend that youth shall have basic knowledge on programme implementation before they can manage the project together with adult. The mistrust on the capacity of youth prevents them to have high level of participation. In fact, adult workers may never experience same vulnerabilities as their youth target. In this sense, how they can promote an effective behavior change intervention to youth. Why we impose so much stigma on our youth partner? We think it is the time for us to put aside our prejudice and embrace the dynamic youth collaboration.

Last but not the least, we hope youth workers can treasure every moment working with youth. They are the individuals that we shall work with, not the individuals we shall work on.

Reflection

We totally agree what Vienna AIDS Conference's participant said in the report back session of Vienna AIDS Conference. Attending AIDS Conference is an experience that one should experience once in a lifetime.

1 WHO(2010): www.who.int/hiv/data/tuapr2010_annex7.xls

2 Center for Population Options: http://www.advocatesforyouth.org/publications/961?task=view

Social Media as a Platform for United Action

Ms Krystal Yiu (Senior Communications Officer)
Hong Kong AIDS Foundation

As a novice AIDS worker in the field for only a few months, I was very pleased to have the opportunity to attend the 10th International Congress on AIDS in Asia and the Pacific (ICAAP) with the support of Hong Kong AIDS Foundation and the scholarship from the Congress Organiser. The Congress, which was attended by over 3,000 participants across the region and packed with various programmes, was an eye-widening experience for me. Among other things, I have learned a lot about the latest developments of the epidemic in the region.

At the Congress, I was given the chance to make an oral presentation on how to reach certain key populations at higher risk to HIV infection through the use of social media, sharing the Foundation's experience with delegates from different sectors and places. In Hong Kong, according to the "Thematic Household Survey Report - Report No.36" done by Census and Statistics Department of the Government in 2007, it was estimated around 70% of the total population would spend time on internet surfing every day. Indeed online forums, networking sites like facebook and twitter, instant messenger and other online platforms are no longer strangers to most people. In recent years, it has been an increasing trend for youth with risk behaviour, MSM, sex workers and other key populations at higher risk to use these online platforms to look for partners. As a result, dating sites and forums are gradually flooded with advertisements related to sex activities, making the cyber world an ideal site for HIV intervention and prevention.

To make the best use of technologies for HIV prevention, the Foundation has started to post information on HIV prevention and our helpline, AIDS mailbox and VCT testing service on websites which are popular among the vulnerable groups and surfed frequently by them. Our experience has shown that users of these readily accessible and anonymous online platforms are more comfortable and willing to express their feelings and views and seek advice from the workers. As a result, these effective channels have made it possible for the Foundation to reach out to more of its target populations.

Using social media for education and intervention is not something new or pioneering; it is an inevitable and irresistible trend instead. At the Congress, other delegates also shared their experience in utilising such media. For example, in Malaysia, there was a campaign called "AIDSAware"[1] on Facebook that mobilised young people and celebrities to spread the message of love, care and support for PLHIV by taking a picture of themselves, their friends or their family members holding a message related to HIV/AIDS on a piece of paper or card and posting that picture on their own Facebook page to share within their network. As Facebook is a highly interactive site, a comment from one person on that post will be seen by other friends within their network and easily go viral. The campaign succeeded in engaging thousands of people in the community and creating more awareness of HIV prevention.

In the absence of a cure, prevention through education is one of the keys to curb the spread of HIV/AIDS. In the past, it was not easy to reach certain key populations at higher risk for HIV education and prevention. Today, technological advancement has enabled us to use the social media for reaching the key populations, opening up now and in the future yet another inexpensive but effective platform for HIV prevention and united action.

1 For more information of the "AIDSAware" campaign, please refer to http://www.facebook.com/aidsaware?sk=info

The 10th International Congress on AIDS in Asia and the Pacific
Getting to Zero-UNAIDS 2011-2015 Strategy

Dr. Silvia LAM (Scientific Officer)(Med)(Programme Mgt)
Centre for Health Protection, Department of Health

Background

The 10th International Congress on AIDS in Asia and the Pacific was held on 26 to 30 August 2011 in Busan. More than 2,500 delegates from 64 countries are to visit the BEXCO convention center at the heart of the southern port city, to navigate a number of well-organized segments including five plenary sessions, 47 oral sessions, 11 symposia, 34 satellite meeting and 28 skill-building workshops. Participants can also browse and join some 1,000 poster presentations.

The slogan of the 2011 congress is "Diverse Voices, United Action", which aims to promote regional collaboration by exploring fresh perspectives and helping the stakeholders join forces to combat the AIDS. It is believed that by working together as governments, civil society, affected populations, the private sector and faith-based communities, with maximizing our resources, connections and influence, we would make a positive impact on this epidemic.

Getting to Zero

During the meeting, Mr Steve Kraus the Director of the UNAIDS Regional Support Team for Asia and the Pacific gave a presentation on "Getting to Zero" in Asia and the Pacific. Here I would like to summarize the three strategic directions proposed by the UNAIDS for a renewed global HIV response.

HIV in Asia and the Pacific

In 2009, an estimated 4.9 million people in Asia were living with HIV, including 360,000 newly infected patients. Although the region has seen impressive gains, including a 20% reduction in new HIV infections since 2001, the epidemic still outpaces the response.

The vast majority of people living with HIV are in 11 countries: Cambodia, China, India, Indonesia, Malaysia, Myanmar, Nepal, Pakistan, Papua New Guinea, Thailand and Viet Nam. There are people living with HIV in almost all the other countries in the region, and epidemics can emerge even in countries where HIV levels were previously low such as the Philippines.

New HIV infections remain concentrated among key populations at risk which include sex worker and their clients, people with inject drugs, men who have sex with men and transgender people. Data also suggest that a significant proportion of new HIV infections within key population at risk are among young people under the age of 25.

Three strategic directions

For the region to reach zero new HIV infections, zero discrimination and zero AIDS related deaths, the UNAIDS proposed three strategic directions to the countries for action, which include: 1) make high-impact HIV prevention a top priority; 2) speed up and sustain access to antiretroviral treatment; 3) advance human rights and gender equality.

Revolutionize HIV prevention

A revolution in prevention polities, policies and practices is critically needed. This can be achieved by fostering political incentives for commitment and

catalyzing transformative social movements regarding sexuality, drug use and HIV education for all, led by people living with HIV and affected communities, women and young people. It is also critical to target epidemic hot spots, particularly in megacities, and to ensure equitable access to high-quality, cost-effective HIV prevention programmes that include rapid adoption of scientific breakthroughs.

Speed up and sustain access to antiretroviral treatment

Access to treatment for all who need it can come about through simpler, more affordable and more effective drug regimens and delivery systems. Grater links between antiretroviral therapy services and primary health, maternal and child health, TB and sexual and reproductive health services will further reduce costs and contribute to greater efficiencies. Enhanced capacity for rapid registration will increase access to medicines, as will countries' abilities to make use of TRIPS flexibilities. Nutritional support and social protection services must be strengthened for people living with and affected by HIV, including orphans and vulnerable children, through the use of social and cash transfers and the expansion of social insurance schemes.

Advance human rights and gender equality for the HIV response

Countries must make greater efforts: to realize and protect HIV-related human rights, including the rights of women and girls; to implement protective legal environments for people living with HIV and populations at higher risk for HIV infection; and to ensure HIV coverage for the most underserved and vulnerable communities. People living with and at higher irk of HIV should know their HIV – related rights and be supported to mobilize around them. Much greater investment should be made to address the intersections between HIV vulnerability, gender inequality and violence against women and girls.

It will not be easy

As expressed by Mr Michel Sidibé the Executive Director of UNAIDS at the opening remarks that: It will not be easy or comfortable. The successful implementation of the strategies could not be possible without the commitment of political leadership, strong national ownership, and the partnerships that include people living with HIV and key affected population. Lets' work together to achieve our vision: Zero new infection, Zero discrimination, Zero AIDS-related deaths.

The Busan ICAAP in 2011 – the perspective from one Hong Kong delegate

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There are quite a number of important international events concerning HIV/AIDS that I have been looking up to since I joined Special Preventive Programme in 2009, and one of which is the International Congress on AIDS in Asia and the Pacific (ICAAP). ICAAP has been known as the largest HIV/AIDS forum in Asia and the Pacific Region and the second largest in the world. The one held in August 26 – 30, 2011 was the first one I ever participated. Once you entered into venue, you would soon realize the theme of this year's ICAAP – "Diverse Voices, United Action" which

was truly exemplified by the almost untold numbers of abstracts, papers, posters, presentations, and participants involved, across different countries in the region. And yes, it did provide the opportunities for greater regional collaboration, sharing of ideas among people infected and affected by the HIV/AIDS epidemics from across the region, with hopes to enhance the mutual contributions in response to HIV/AIDS by regional and national organizations, governments and individual stakeholders.

Other than the quantities of materials and people in the congress that impressed me, the commitment from high-level participants was also very striking, and among them were UNAIDS executive director Michel Sidibé, WHO Western Pacific regional director Shin Young-soo, Australian Ambassador for HIV Murray Proctor and the Fiji President Ratu Epeli Nailatikau, who not only stayed for the entire programme, sharing Fiji's experience in the battle against HIV/AIDS, but also acted as a lobbyist highlighting safer sex as one important preventive measures whichever platform he attended during the congress, which underscored the importance of political commitment to the success of any campaign.

With background of working for the surveillance office, I have special interest in studies concerning the evolving epidemiology of HIV in Asia and the Pacific. There were quite a few salient features that caught my attentions. For example, in Pakistan, the HIV prevalence nearly doubled from 11% in 2005 to 21% in 2008, in just 3 years, where the greatest source of the spread was believed to be the use of drug injections, given one in five people who injected drugs there were HIV positive. That is enough to drive up the whole epidemic, and also a lesson learnt for the importance of keeping the HIV prevalence in injecting drug abusers low as in Hong Kong by strengthening our efforts. Among men who have sex with men (MSM) & transgender people, there recorded an increasing HIV prevalence to over 5% across cities including Chengdu, Cebu, Bangkok and Hanoi in recent 2 years, which are still worrying in comparison to the overall declines in the HIV prevalence among sex workers in the cities.

There were also some emerging issues, among which were the data on rape and violence as a route of HIV transmission. For example, in Papua New Guinea, some survey estimated more than half of the MSM there were raped in the past one year. Given such a high level of sexual violence, HIV transmission would definitely be an issue to address for MSM in the country. While we were there to share our findings over MSM internet survey, we also saw a growing interest across many countries in the region using cyber-epidemiology as a way to generate research findings and I would foresee a comparable growth in terms of study robustness when the methodology is becoming more mature with time and experience. As highlighted in the congress wrap-up, rigorously collected large scale data was still missing in the ICAAP platform, and so was the epidemiology of HIV among the elderly, because of the relatively longer life expectancy resulting from more stable societal structures and better anti-retroviral coverage in this region, as opposed to the settings in Africa for example. People were also expecting more research over molecular epidemiology so as to enrich the programme with more laboratory based data.

As a whole, the overall epidemiological trend is clearer in this region, where HIV epidemic is stabilizing with declining new infections and deaths are leveling off. What remains a challenge would be the pockets of localized epidemic in certain countries, where efforts for HIV prevention need to be strengthened.