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

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PRESS STATEMENT

UNAIDS applauds China's decision to fill its HIV resource gap

China calls for shared responsibility in achieving zero new HIV infections, zero discrimination, zero AIDS-related deaths

BEIJING/GENEVA, 1 December 2011—China has pledged to fill its HIV resource gap by increasing domestic investments. This pledge was made China's Premier H.E. Wen Jiabao at a World AIDS Day event in Beijing. The Premier also called on the international community to fully meet its commitments and achieve a world with zero new HIV infections, zero discrimination and zero AIDS-related deaths.

"I see no reason for the Global Fund to withdraw its support to China," said Premier Wen Jiabao at the AIDS roundtable in Beijing. "I have asked the Minister of Finance to close the gap left by the Global Fund. We will rely on our own efforts."

This new commitment from China comes at a crucial moment as resources for AIDS are declining and the Global Fund to Fight AIDS, Tuberculosis, and Malaria is facing a major setback in resource mobilization, leading to the cancellation of its next call for country proposals (Round 11), putting millions of lives at risk.

"China's voice could not have come at a more critical time in the AIDS response. We are in a period of high risk and welcome this bold decision," said Michel Sidibé, Executive Director of UNAIDS, when thanking the Premier of China. "I am confident that a new socially sustainable agenda can be forged that promotes country ownership and shared responsibility."

More than 6.6 million people are on HIV treatment in low- and middle-income countries and rates of new HIV infections have fallen in most parts of the world. Domestic investments have steadily increased, but the magnitude of the epidemic in Africa means that continued international solidarity and investments are vital.

"Getting Round 11 back on track is a top priority especially as Africa is leading the world in reducing new HIV infections and AIDS-related deaths. Its international partners must come forward and help countries multiply their success," said Mr Sidibé. "This call is not just about shared responsibility but also of shared values."

China has scaled up its AIDS response in a short timespan, including its evidence-informed HIV prevention services. By rapidly scaling up access to drug substitution therapies, it has reduced new HIV infections among people using these services to close to zero. China has also made important advances in its anti-discrimination programmes and support for civil society organizations.

"To defeat AIDS, it will take the whole society," said Premier Wen Jiabao. "China is willing to play its part." China's rapid scale up model can be replicated in other countries—especially in strengthening the capacity of community health workers to deliver

HIV services. In addition, China can provide vital technology transfer in key areas of innovation of HIV treatment, including development of new antiretroviral medicines, investing in research and development, telecommunications, e-health infrastructure and supply chain management.

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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 unaids.org.

The 19th Conference on Retroviruses and Opportunistic Infections (CROI), 2012

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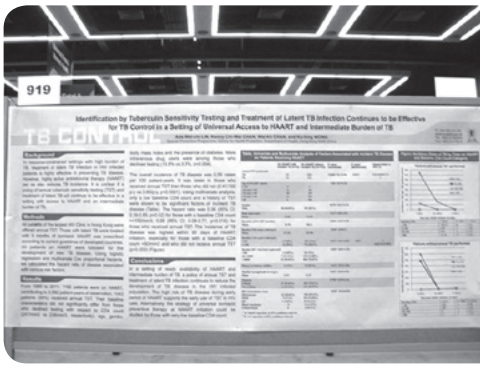

CROI 2012, the annual Conference on Retroviruses and Opportunistic Infections, was held from 5th to 8th of March 2012 at the Washington State Convention Center in Seattle. CROI is a scientifically focused meeting, which provides a platform for scientists and clinical researchers to present and discuss their work in the field of HIV/AIDS. The ultimate goal of CROI is to translate scientific research into effort and progress against the AIDS epidemic.

Although Seattle has a reputation for frequent rain, the Meeting took place under four days of wonderful weather. As in previous years, the Meeting has attracted researchers all over the world to participate, many of whom are world-leading researchers in the field. This year, over 4,000 participants have gathered in this four-day meeting to share their work in Seattle, and 1,076 abstracts (poster and oral presentations) were presented in the Meeting. The subject areas were various, from basic science to clinical trials for intervention and prevention.

The first day of the Meeting started with a lecture on the potential for developing an HIV vaccine based on neutralizing antibodies, together with several workshops on laboratory science and design of clinical trials. It was followed on the second day with the topics on HIV prevention, treatment in children and breakthroughs in hepatitis C virus (HCV) treatment in HIV-HCV coinfected patients. Researchers found that administration of antiretroviral drugs to HIV-negative people in a heterosexual relationship appeared to reduce their risk of infection from the HIV-infected partners. The benefit of early treatment in HIV-infected infants on preservation of the immune system and healthy brain development was presented. In addition, there were promising early data on the use of hepatitis C virus (HCV) protease inhibitors

on top of the traditional treatment of HCV (pegylated interferon plus ribavirin) in HIV-HCV coinfected patients. On the third day, the area on the elimination of mother-to-child-transmission (MTCT) of HIV was discussed, particularly on the existing global efforts and challenges in this area. On the last day, the highlight was on the new developments in diagnosis, treatment and prevention of tuberculosis (TB) in HIV-infected population.

All in all, CROI 2012 was an insightful and enjoyable experience to me. Having the opportunity to present a poster on behalf of Special Preventive Programme related to the prevention of TB in HIV-infected patients in Hong Kong, I have not only presented our local experience in this regard, but also gained a lot from exchanging knowledge and ideas from other participants around the world in the Meeting in many aspects. CROI 2012 has definitely served as an excellent training forum for clinicians and researchers in the field of HIV/AIDS.

Losing Ground

How funding shortfalls and the cancellations of the Global Fund's Round 11 are jeopardizing the fight against HIV

Médecins Sans Frontières (MSF)

We are in an historic time in the fight against HIV/AIDS. Thanks to scientific research on the benefits of expanded antiretroviral treatment (ART), we now know that if treatment providers take certain specific steps - known collectively as "accelerated treatment" - and combine these with proven prevention strategies and medical interventions such as medical circumcision, we have an excellent window of opportunity in the next several years to stem and even reverse the AIDS epidemic.

However, after a disappointing replenishment conference and after donors scaled back their pledges, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) took the unprecedented step in November 2011 of cancelling a round of funding grants. Without "Round 11", no new grants for scale-up will be disbursed until 2014, leaving countries unable to aggressively tackle their epidemics.

In such a grim funding landscape, MSF teams are witnessing countries such as Malawi, Mozambique, Uganda, and Zimbabwe delaying or dropping ambitions to implement strategies for accelerated treatment. MSF doctors see how in countries where ART is already extremely limited, such as the Democratic Republic of Congo (DRC) and Myanmar, where coverage is under 25%, initiation rates are being capped and treatment is rationed.

Scaling up of HIV treatment curbed

Despite overwhelming evidence of the benefits of putting more people on ART earlier, dozens of countries have been thwarted in their efforts to do just that, mostly due to lack of funding.

In DRC, an estimated 1 million people are living with HIV. Around 15,000 people are already on the waiting list for HIV treatment and 300,000 are projected to be in need of ART nationwide. The lack of access to timely ART leads to higher morbidity and mortality. By the time patients arrive at MSF-supported clinics, which treat approximately 5,600 patients throughout the country, they are often extremely ill and struggling to overcome medical complications reminiscent of the pre-ART era, which have become rare in sub-Saharan Africa. In 2011, only 2,000 additional patients started ART nationwide, one-fifth of the previous year's total. Treatment providers are reluctant to initiate treatment because funding for drugs to treat those found eligible for ART is not assured. The initial aim of reaching 82,000 people by the end of 2014 will potentially be reduced by as many as 28,000 people.

Prevention of mother-to-child transmission less possible

Mother-to-child transmission (MTCT) of HIV is almost non-existent in industrialised countries

because HIV-positive women have access to ART that almost completely eliminates the chances of transmitting the virus to their babies. The situation in low-and middle-income countries, where infections from MTCT may account for 20% or more of new infections, is dramatically different.

In Malawi, new national guidelines include life-long treatment for all HIV positive expectant mothers. This is expected to decrease the MTCT rate, which in 2010 was estimated to be as high as 42%. The countries remain almost entirely dependent on external funding for its HIV response, particularly the Global Fund, which is responsible for most of the country's HIV test kits and drugs. Malawi had hoped to pay for its national plan of scaling up prevention of mother-to-child transmission (PMTCT) and ART by increasing availability at more than 600 health facilities across the country with the Global Fund Round 11 grants.

Use of better first-line drugs hindered

Prices for the antiretroviral drug tenofovir (TDF) have fallen dramatically as a result of generic competition between 2008 and 2011. Thanks to this drop, according to WHO, almost all low-and middle-income countries have changed their guidelines to shift away from stavudine (d4T) due to its toxicity. MSF found in a 2011 survey of 16 countries where we work that roughly half opted for a TDF-based first-line treatment and the other half chose zidovudine (AZT).

TDF is preferable to AZT that it does not cause anaemia, and is available as a once-daily dose combination, which has been associated with better patient adherence compared to multiple pills or twice daily regimens.

Because of growing concerns of the anaemia suffered by patients on AZT and the drop in price of TDF, Mozambique is considering a switch to the better-tolerated TDF-based regimens, though implementation is dependent on securing greater funding. But rules put in place last year due to low funding levels at the Global Fund made it ineligible to apply for Round 11 grants.

HIV-positive children left undiagnosed and untreated

With the development of early infant diagnosis testing, infants can now be diagnosed as early as six weeks of age, which means they can get on life-saving treatment earlier and are much less likely to be lost during follow up care. Without ART, half of HIV-positive children will die before their second birthday. WHO recommended ART for all HIV-positive children under 2 years of age in its 2010 guidelines, but countries haven't been able to follow suit: only 23% of children in need of ART receive it as opposed to nearly half of adults.

With the funding problems, the modest gains in ART coverage for children are vulnerable and because of the Global Fund cuts, many more children living with HIV will die undiagnosed.

Conclusion

The strength of the evidence showing the potential of accelerated treatment has never been greater, but the funding situation has never been so grim. To put the epidemic into reverse, hard-earned progress must not be undone and ambitions for further scale-up cannot be put on hold until 2014.

MSF calls on the international community to make a renewed and re-invigorated commitment to turning the tide on the HIV/AIDS epidemic over the next decade, by fully committing to providing the funding need to implement the knowledge, tools and strategies to realise this ambition.