

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 RELEASE

Global leaders commit to ending the AIDS epidemic in cities by 2030

MELBOURNE, 20 July 2014 — In a meeting initiated by UNAIDS and hosted by the city of Melbourne, Australia, global leaders agreed that cities and local leadership are the key to ending the AIDS epidemic by 2030. The inaugural Cities for Social Transformation meeting took place on the sidelines of the 20th International AIDS Conference. Mayors and representatives of 18 cities, governors, senior members of parliament, health ministers, a Head of State and senior health professionals attended the event.

The leaders committed to a rapid scale-up of prevention, treatment, care and support programmes, as well as addressing the needs of people at higher risk of HIV infection.

“It’s time to focus on local epidemics and city governments will be the driving force for change. They have the resources and the architecture to deliver essential social and health services,” said Michel Sidibé, Executive Director of UNAIDS. “They are the catalyst for forging new partnerships between communities, civil society and government. We will not end the AIDS epidemic without harnessing the power of cities.”

Ratu Epeli Nailatikau, the President of Fiji, Nafsiah Mboi, the Health Minister of Indonesia, Powes Parkop, the Governor of Papua New Guinea’s capital Port Moresby, Dhlomo Sibongiseni, the Health Minister of KwaZulu-Natal Province in South Africa, and Robert Doyle, Lord Mayor of Melbourne, shared their experiences.

“It’s an honour to be hosting this inaugural cities

initiative mayors’ meeting. This is an important moment because I believe the world’s cities—our cities—have a pivotal role to play in leading the HIV response ... and fulfilling the vision of an HIV-free generation,” said the Lord Mayor of Melbourne.

Current data show that 15 countries account for 75% of global HIV infections, with the majority found in urban centres. It is estimated that 220 cities globally account for over a third of HIV prevalence. In the Asia and the Pacific region, 30 cities account for over a million people living with HIV.

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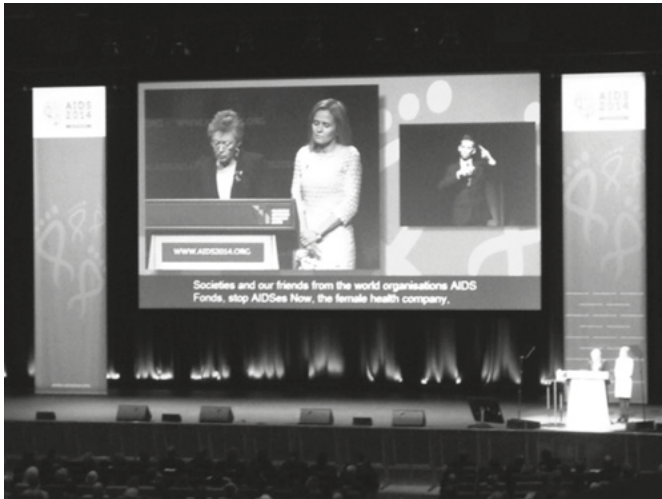
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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.

Report back on the 20th International AIDS Conference

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Special Preventive Programme, Department of Health.



Over 10,000 participants from all over the world attended the 20th International AIDS Conference (AIDS 2014) held between 20 and 25 July this year in Melbourne. Around 20 participants from Hong Kong also joined the meeting with two posters from the Department of Health (DH) exhibited during the event.

Stepping up the Pace, and No one left behind

This year, the conference committee has chosen **“Stepping up the Pace”** as the theme of the event. They called upon global effort to capture the optimism that has recently emerged in the past decade, and step up the pace to reverse the trajectory of the epidemic. As the needs of some vulnerable groups were still being ignored, namely the lesbians, gay, bisexuals, and trans-genders populations, sex workers, injecting drugs users, women, adolescents and paediatric HIV patients, the committee also made **“No one left behind”** as the declaration of AIDS 2014.

Where are we now?

With the emergence of antiretroviral therapy and various new technology, the number of HIV related

deaths dropped dramatically since mid 2000s. The epidemic itself, however, has yet to be controlled. Over 6,000 new infections occurred every day in 2013, with 2/3 in sub-Saharan Africa and 1/3 in youth (aged 15-24). During the conference, three factors were identified to explain the situation, including:

1. Dysfunctional health care system to convert effective treatment and interventions to maximum effectiveness;
2. High risk populations were not well targeted; and
3. Discrimination and criminalization of vulnerable populations have prevented effective delivery of interventions.

Resources allocation

An ever expanding global investment does not guarantee effective resources allocation. UNAIDS reported that although global investments on AIDS had reached USD19.1 billion in 2013, stronger “spending efficiencies” is urgently needed. They suggested to allocate resources on populations with the greatest needs and proven effective interventions, to eliminate parallel structures, promote community-based services, reduce the cost of antiretroviral medicines and other essential HIV commodities.



Issues highlighted

Several issues that may shed lights on the future HIV response in Hong Kong and regional countries were discussed during the conference:

1. **High HIV prevalence among transgender women (TGW)** – Similar to other countries, TGW in Hong Kong has a HIV prevalence which is higher than any other group. The reasons behind still remained unknown. Studies concerning this population were insufficient. As suggested during the conference, more research targeting local TGW are urgently needed.
2. **Pre-exposure prophylaxis (PrEP)** - The use of PrEP to prevent HIV infection is still a controversial issue around the world. Very good drug adherence is needed to attain HIV prevention effect but difficult to achieve. During the conference, a study showed that adherence of PrEP has to be good, but need not be perfect to achieve good HIV prevention result; and risk compensation behaviours (unsafe sex) did not rise significantly among PrEP receivers. However, its cost effectiveness could vary greatly depending on various factors, including cost of test-kits and salary of staff. Therefore, it is important to consider different factors before launching a PrEP programme.

3. **HIV Self-testing (ST)** - A study in UK showed that ST provided a convenient channel for never testers and high risk MSM to receive testing. Another study in South Africa showed that people in general found ST highly acceptable and were willing to pay up to USD 14 for it. Adequate training, supplies of reliable test kits and availability of technical support were people's main concern for using ST. Although ST may provide an alternative for those at risk people who refuse to come out for formal testing, or for the experienced testers to do the regular testing by themselves, the technical difficulties should be overcome to ensure its effective implementation.

Conclusion

Hong Kong has a supportive environment with no criminalization of vulnerable populations. Prevention and treatment are largely available and accessible. However, we are facing similar albeit not identical difficulties as other developed countries regarding the HIV/AIDS epidemics. The sharing of the evidence and practice by different experts have shed lights on the possible ways and directions ahead.



HIV Drug Therapy Glasgow 2014

Dr. WONG Ka-hing (Consultant)

Special Preventive Programme, Department of Health



The 12th International Congress on HIV Drug Therapy was held from 2 to 6 November 2014 in Glasgow, UK. Again, this year's meeting was proven to be successful, since the first one in 1992. Perhaps no international HIV meeting held in the same city every time is as renowned and attractive as the Glasgow Congress. Professor Ian Weller chaired the 2014 Meeting for the last time, and he was awarded a Vote of Thanks and plaque for his enormous contributions to this Congress over many years.

The 2014 Meeting took place at the Scottish Exhibition and Convention Centre, a nice venue to go with the well-organised event. Participants from the UK and other parts of Europe probably contributed to some 70%, while the remainder delegates were from North America, Asia-Pacific and other. The scientific programme featured keynote lectures, plenary sessions, oral paper presentations, poster displays and discussion, interactive case studies, industry symposium and exhibits. It was a good mix to have state-of-the-art review of important topics, which were followed by presentations (oral or poster) of latest original scientific researches assessed to be of high caliber by the Scientific Committee. This appealing approach formed the bulk of the 4-day programme. Unlike most international conferences, this Congress was of single track, which allowed participants not to miss quality programme.

The 2014 programme covered HIV drug treatment, basic science researches, epidemiology,

complications and management, community issues and other. Antiretroviral therapy was the most popular topic as expected. Participants were glad to join the interactive case session and plenary on treatment of naïve and experienced patients, and even the emerging pre-exposure prophylaxis of uninfected which was fruitful to hear community perspective. There were also innovative treatment strategies, including 2-drug regimen of different combinations, reduced dose drugs and experimental new drugs. It might be thought-provocative for some but realistic for all to note a study on the cost impact of using generic drugs in UK. Co-morbidities in HIV/AIDS patients continued to evolve, more so of non-conventional opportunistic infections and adverse sequelae of anti-HIV treatment. Regarding the UNAIDS target of three 90s, no country at present reached it. It appeared that HIV testing to diagnose the infected people was the most formidable challenge for optimizing the cascade across the globe. The fueling epidemic in Eastern Europe, especially Russia was very saddening, and efforts seemed to be of no avail if not without political commitment.

The next meeting will be held again in Glasgow in 2016, but in late October. In two years' time, delegates would look forward to be in the same place, for scientifically rich yet diverse stimulus to assist in their pursuit of different areas converged towards the common goal of bettering control and care of HIV/AIDS.



Church as the SALT – Transforming AIDS Community

CEDAR Fund

Since 2007, CEDAR Fund (“CEDAR”) has mobilized over 200 ‘Three-Self Churches’ in Yunnan to meet the needs of the community and to unlock its full potential. With regard to AIDS, local churches have launched preventive measures against HIV and provided love and care for minority population in remote areas.

CEDAR performed an external evaluation in 2013. This was to evaluate the effectiveness of the 6-year project cycle of “AIDS Care and Prevention Works by Churches” program in Yunnan, with a special feature of adopting the S-A-L-T mode:

“S” stands for stimulate and support

“A” stands for appreciate and affirm

“L” stands for listen and learn

“T” stands for transfer and teamwork

The S-A-L-T mode captures the good practice of community transformation. As a method of external evaluation, S-A-L-T affirmed the positive effect of applying the network and resources of local churches on AIDS control and prevention.

Launched in Baoshan, Dali, and Gengma of Yunnan Province, the “Church Mobilization in AIDS Prevention and Care” program aimed at leaders and core members of the churches. The emphasis of biblical teaching and theological concepts encouraged them to take actions by visiting those neglected families, including AIDS patients and drug addicts.

A Case in Dali: Transformation of a Broken Life

There’s a son who used to live with his father in

a rural village in Yunnan. His father remarried a woman who subsequently kicked the son out of the family. In addition to his drug addiction for years, he got infected with HIV and often caused trouble, resulting in frequent visits to the forced labor camp. He took a turn for the worse, however, after being deserted by his own father and stepmother.

Upon learning the situation, staff from the “Home of Blessings & Health”, a fellowship established by the Lily Community Services Department of the Dali Prefecture Christian Council, along with several church leaders, promptly visited this abandoned middle-aged son who was then in hospital. “His family never visited him because they were scared of him. But we had visited him every day until he was discharged from the hospital,” said the staff of Home of Blessings & Health in recalling the visit. Thanks to the care and love from those Christians, the family gradually took a turn for the better.

One day, the son brought some dried cheese, which is a local specialty in Dali, to the Home of Blessings & Health. Later, the staff learnt that it was his father who asked him to come. His father put his trust in the church, and once called a Home of Blessings & Health staff and said, “Please take care of my son.” It showed his approval for his son to move on along with the church with love and care.

It turned out that as those Christians willingly and earnestly started helping the family, the relationship between father and son was also patched up gradually. With the unconditional acceptance from the others, even a broken life shadowed by drug addiction and sins would have a chance to turn over a new leaf as time goes by. “The father wanted to show his love and care for his son, but he didn’t know how to do it. But we simply took the action

and showed his son our love and care. Witnessing the transition, his father followed suit and then restored their relationship.” Now the son works as a security guard at the best local hotel, leading a decent life at last.

Changes Brought by Love and Care

What’s more surprising is that “He (the son) also introduced three friends (drug addicts) of his to us”. The situation in Dali is that drug addiction is the root cause of HIV infection.

Our staff also found that such a change has a ripple effect in the context of churches, individuals, families, neighbors, and eventually the whole community. “The story began with Christians caring an infected patient, and ended up with extending the love and care to yet more people. Serving material needs is easy, trying to make a person change is not rocket science, but inspiring an individual to change from within is truly vital. We are not organizing an activity nor changing people’s life as a hero. We are driving for a change step by step. Our visits facilitated the change, and it slowly grew bigger. We made it happen and we also received feedback from the community.”

With its commitment to confidentiality, CEDAR rarely posts photos of its works with regard to AIDS patients. However, we work non-stop for the cause. There is a great need for help and acceptance of AIDS patients by the community in the mainland China. We hope you will support them by supporting CEDAR’s community work in the country.



The SALT team entered the community to conduct household visit.



Fellowship members expressed their feelings towards the Home of Blessings and Health



Dr. Wang Ru Xun ensured the positive impact of the project towards AIDS patients.