



FOCUS ON HIV/AIDS I/2008

Dear colleagues,

This is FOCUS ON HIV/AIDS, the former "SDC's HIV/AIDS newsletter". The electronic medium lives through interaction. You are invited to send us your suggestions, requests and information flashes. Please mail to: claudia.kessler@unibas.ch or helen.prytherch@unibas.ch who have developed this issue in collaboration with Nathalie Vesco, from SDC Nathalie.Vesco@deza.admin.ch The editors are grateful for any contribution received!

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International

Complete AIDS Epidemic Update for 2007 released 16th April, 2008

Figures from UNAIDS providing the latest overview of the course of the epidemic are now available for last year. They show that the global HIV prevalence appears to have levelled off. However, the number of people living with HIV has risen to 33.2 million in 2007 from 29.0 million in 2001. Some 2.5 million people became newly infected with the virus in 2007 and 2.1 million people died of AIDS-related illnesses. Sub-Saharan Africa continues to form the epicentre of the pandemic. Some 1.7 million people from this region were newly infected with HIV in 2007, bringing to 22.5 million the total number of people living with the virus in this part of the world. Unlike in other regions the majority of people living with HIV in sub-Saharan Africa are women (61%).

The Caribbean remains the second most affected region in the world with some 230,000 people living with HIV in 2007. AIDS remains one of the leading causes of death in this part of the world amongst people aged 25-44 years.

In Latin America the epidemics remain generally stable. HIV transmission continues to occur amongst populations of higher risk of exposure.

In Asia in 2007 an estimated 4.9 million people were living with HIV, including the 440,000 people newly infected in the last year. Approximately 200,000 people died from AIDS related illnesses in 2007.

In Middle, East and North Africa an estimated 35,000 people acquired HIV in 2007. Few data are available and attention is being focused upon improving surveillance. Most HIV infections appear in men and urban areas. Unprotected, paid sex and injecting drug use are key factors in the HIV epidemics throughout the region.

The number of people living with HIV in Eastern Europe and Central Asia continued to rise in 2007. Nearly 90% of these newly reported diagnoses occur in the Russian Federation and Ukraine, but newly reported diagnoses are rising in other countries, including Uzbekistan. Injecting drug use continues to be a major factor in the region's epidemic.

For more information see:

<http://www.unaids.org/en/KnowledgeCentre/HIVData/EpiUpdate/EpiUpdArchive/2007/>

“3 by 5” goal reached – 2 years too late!

The end of 2007 marks an important step in the history of the HIV epidemic. According to the WHO, UNAIDS and UNICEF report ***Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector***, nearly a million more people (950,000) were receiving treatment with antiretroviral therapy (ART) in low- and middle-income countries by year's end, bringing the total number of recipients to close to 3 million—a more than seven-fold increase over four years.

The WHO/UNAIDS '3 by 5' initiative, which sought to have 3 million individuals on treatment by 2005, is widely credited with jump-starting the global effort to provide widespread ART access to people in need living in low- and middle-income countries.

The struggle to achieve this and make these drugs available in resource-poor countries has been long and hard and there is still much to be done. It still remains the case that approxi-

mately two thirds of those in immediate need of treatment still lacked access to it at the end of last year.

"Despite substantial progress, most low- and middle-income countries are still far from achieving universal access goals. Obstacles include weak healthcare systems, a critical shortage of human resources and a lack of sustainable, long-term funding".

Nonetheless, while a growing number of pregnant women - 33% last year - are being given drugs at the onset of labour to prevent transmission of the infection to their baby; only 12% were assessed to decide whether they needed to be on the drugs themselves. That raises the possibility that the baby might survive, but the mother die soon afterwards.

Large numbers of people with HIV still do not know their status, the report says, and therefore do not get advice on preventing transmission to their partners or treatment or care. Although the number of children on antiretroviral drugs has increased from 127,000 in 2006 to 200,000 last year, many go untreated and are very vulnerable to disease because HIV is hard to diagnose in infants.

[Progress Report English \[pdf 5.93Mb\]](#)

[Progress Report Overview French \[pdf 875kb\]](#)

UN High level meeting on HIV/AIDS

The 2008 High-level meeting on AIDS took place at the United Nations Headquarters in New York on 10 - 11 June. It reviewed progress made in implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The meeting attracted high-level participation from member states as well as from representatives of civil society, UN agencies, funds and programmes. Discussions focused on the progress made towards reaching the goal of providing Universal Access by 2010, the challenges that still remain and the possible ways that they can be overcome. The United Nations Secretary-General Mr. Ban Ki-moon presented the report on implementing the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The role of the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the response was recognised by countries as a critical element. Several emphasized the need for the UN system to ensure that national efforts are coordinated and complementary for progress towards the universal access goals by 2010 to move forward.

Countries called upon UNAIDS to strengthen HIV prevention programmes to better reflect local realities and provide support for scaling up treatment programmes. Dr Peter Piot underlined the importance of prevention at the meeting, "We cannot treat our way out of this epidemic. For every two people put on treatment, five are newly infected with HIV. Unless we act now, treatment queues will get longer and it will become more difficult to get anywhere near universal access to HIV prevention, treatment, care and support."

For more information see: http://www.un.org/ga/aidsmeeting2008/13June2008_PressRelease.pdf

World Bank launches its Agenda for Action on HIV/AIDS

In May 2008 the World Bank launched its new agenda for action on HIV/AIDS in Africa for the next 5 years, with four main objectives: to advise countries on the management of international financing, help countries to take a development response to HIV/AIDS, strengthen the monitoring capacity of countries to track the effectiveness of their response, and build

stronger health systems. The new agenda follows on from the Bank's Africa Multi-Country Programme (MAP) which was launched in 2000. In the new strategy, the bank is continuing its multisectoral approach. It plans to disburse USD 250 million a year for HIV/AIDS initiatives, education and transport.

See the following for more information: <http://go.worldbank.org/Q4XRS7VDC0> and http://www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2008/20080514_World_Bank_lays_out_new_AIDS_strategy.asp

Africa

AU Health Ministers receive plan to produce low-cost, generic drugs in Africa

African Union (AU) Health Ministers attending a summit in Johannesburg, South Africa, were presented with a plan for developing low-cost generic versions of drugs, including treatments for HIV and AIDS, malaria and tuberculosis.

Many African countries currently import low-cost generic drugs from India and China, but both countries are subject to patent laws, which could restrict Africa's access to the medicines.

A World Health Organization report showed that 37 out of 46 African countries have pharmaceutical industries, Egypt has more than 30 drug manufacturing facilities, and Nigeria and South Africa currently manufacture medicines.

"We need to produce (medicines) in Africa," experts said, adding, "The main objective is to identify which kinds of medicines we are going to produce, essential drugs we need for Africa and who is going to produce these drugs."

The decision depends on Health Ministers attending the conference to move forward with the plan. Nthari Matsau, Deputy Director General in South Africa's Health Ministry, confirmed that the Ministers would discuss the plan but said that he would not provide further details until after the meeting.

Source: Kaiser Network 12/April/08

Deadly cocktail: HIV and drug use in sub-Saharan Africa

Sub-Saharan Africa is an ideal transit area in the international drug trafficking network. Increasing volumes of illicit drugs, particularly heroin and cocaine, are being shipped through the region en route to their final destination: the thriving markets of Europe and North America. With lax border controls, inadequate law enforcement, and growing international transport connections and trade links, it was only a matter of time before traffickers took notice. Drugs are now being taken up by an expanding domestic market, particularly along key drug-trafficking routes. According to the UN Office on Drugs and Crime UNODC, the demand for heroin – the number one drug of choice for injecting drug users (IDUs) - has shot up in countries like Mozambique, Kenya and Tanzania, and is slowly rising in South Africa, Madagascar, Ghana, Liberia and Senegal. This does not bode well for a region often described as the "global epicentre" of the HIV/AIDS pandemic. Sex is the main route of transmission of HIV in sub-Saharan Africa, so injecting and non-injecting drug use have largely been ignored in the response to HIV/AIDS. But the alarm bells are now sounding in many countries as syringes are unfortunately extremely efficient in transmitting blood-borne viruses such as HIV. Apart from sharing needles and syringes, IDUs may also engage in risky sexual behaviour, and are sometimes driven to trade or sell sex to support their habit. Once HIV enters a population of IDUs, the spread of the virus tends to be explosive with a cross over into the general population following shortly afterwards. For more information visit: www.irinnews.org and www.plusnews.org

Off the map: HIV/AIDS programming is failing same-sex practicing people in Africa

A recent report explores the ways in which governments, international donors and NGOs (non-governmental organisations) are denying basic human rights protection to same-sex practicing Africans. It describes how HIV interventions are not being directed towards the needs of same-sex practicing people and the negative impact which this is having on the response to the HIV crisis in Africa.

The report uses a sexual rights framework to analyse the homophobia and denial about same-sex practices that are widespread in African culture and politics. Same-sex practicing people, and gender non-conforming people, experience significant discrimination and their human rights are not being protected by governments. Because of the widespread denial about same-sex practices few resources are devoted to the specific issues of same-sex HIV transmission, or to the particular needs of same-sex practicing people living with HIV. This situation is compounded by: the restrictive reproductive health policy of the United States, one of the largest donors to HIV; and by the mixed record of NGOs in responding to the needs of same-sex practicing people. The report makes a range of recommendations, including the removal of all laws which criminalise and discriminate against same-sex practicing people and the promotion of equality and human rights.

To access the report please go to: <http://www.iglhrc.org/files/iglhrc/otm/Off%20The%20Map.pdf>

Eastern Europe and Central Asia

Action to prevent the spread of HIV/AIDS through tainted blood transfusions

Unsafe blood transfusions and medical practices in Kazakhstan, Kyrgyz Republic, Tajikistan, and Uzbekistan may contribute, and in some cases have already contributed, to the spread of communicable diseases in the region, particularly HIV, according to the new World Bank report entitled Blood Services in Central Asian Health Systems: A Clear and Present Danger of Spreading HIV/AIDS and Other Infectious Diseases.

According to the report, of the 33-36 million people estimated to be HIV positive worldwide, 5 – 10 percent were infected by a contaminated blood transfusion. Direct blood stream exposure to HIV is the most efficient means of transmission – more than 92 percent of HIV-contaminated transfusions result in infection, while less than 1 percent of intravenous drug injections with a contaminated syringe do. “Numerous parts of these countries’ blood transfusion systems are in serious need of restructuring, of new investments, and of increased budgetary support for operation and maintenance. And the low level of blood supplies in Central Asia is driven by a culture that places little value on donating blood, fear by people of getting infected by donating blood, and the near non-existence of campaigns to promote blood donations among low-risk populations.”

The report recommends measures to improve blood services, including optimizing the laws and regulations, putting in place nationally coordinated blood transfusion systems, universal unpaid blood donor systems, and regular donor promotion campaigns. Special attention is also placed on effective donor screening strategies, training of medical personnel, and promoting justified and rational use of blood and blood products, among others.

Ensuring blood supply safety, however, is a difficult challenge for weak and under-funded health care systems and the support of the international community is called for.

For more information in English and Russian see: <http://go.worldbank.org/LYJ377U4W0>

Latin America and the Caribbean



Universal Action Now!

The XVII International AIDS Conference (AIDS 2008) will be held in México City, México from 3rd-8th August. Preparations are already well underway and topics to be covered include:

- Health systems strengthening, service models, integration with TB, SRH, co-infections, maternal health, long-term care, mental health, palliative care, drug resistance, harm reduction, primary health care, hepatitis C, etc.
- Specific regional issues e.g. stigma; setting regional policy agendas; using what is gained and expanding to other regions (south-south)
- Synergy of treatment and prevention; treatment as a tool for prevention (reducing viral load and infectivity)
- Respect and promotion of human rights and gender equality as a framework for all aspects of the response.

This year SDC has made a decision that rather than sending someone to attend the conference, we will try to keep abreast of the happenings there online and compile it in a special edition of the Focus Newsletter. So watch this space – this special edition will exclusively focus upon the news and information that breaks in Mexico and be distributed in August after the conference closes.

The cost of antiretroviral therapy in Haiti – New models of HIV care needed for efficient scaling up of ART in rural areas

As countries look to scale up HIV prevention programmes, accurate cost effectiveness information for these individual interventions is essential to prevent unnecessary spending. A research paper by Koenig et al examines the direct medical costs, overhead costs, societal costs, and personnel requirements for the provision of antiretroviral therapy (ART) to patients with AIDS in Haiti. It looks at data from 218 treatment-naive adults who were consecutively initiated on ART in Port-au-Prince, between December 2003 and May 2004 and calculated costs and personnel requirements for the first year of ART.

The article finds that the mean total cost of initial ART treatment in Haiti is approximately \$US 1,000 per patient per year. With generic first-line antiretroviral drugs, only 36 per cent of the cost is for medications. Patients who change regimens are significantly more expensive to treat, highlighting that there is an urgent and increasing need for less-expensive second-line drugs. The researchers estimate that 1.5 doctors and 2.5 nurses are required to treat 1000 patients in the first year after initiating ART. There may be sufficient health care personnel to treat all HIV-infected patients in urban areas of Haiti, but not in rural areas. The

paper recommends that new models of HIV care are needed for rural areas using assistant medical officers and community health workers. This paper is an open access article and can be downloaded from: <http://www.resource-allocation.com/content/6/1/3>

Useful resources

AIDS and Children – How are we getting on?

A progress report has been published by UNICEF/UNAIDS and WHO looking at what has been implemented since the launch of UNICEF's *Unite for Children, Unite against AIDS* campaign in October 2005. In particular, it focuses on the campaign's "Four Ps": (1) preventing vertical transmission of HIV (from a mother to her child), (2) providing pediatric treatment, (3) preventing infection among adolescents and young people, and (4) protecting and supporting children affected by HIV and AIDS.

The full report is at:

http://www.unicef.org/aids/files/ChildrenAIDS_SecondStocktakingReport.pdf

HIV/AIDS and Islam: A Manual Based on Compassion, Responsibility & Justice

Increasingly, there are initiatives in Muslim communities to raise awareness about the prevalence of HIV and AIDS and address the generally-held belief that it is a disease of promiscuity. This manual aims to raise awareness about HIV and AIDS, its manifestations and impact on the community amongst Muslims. In addition, it encourages discussion on gender, sex and sexuality and looks at how to incorporate these and a holistic approach to illness and sexual health from an Islamic perspective.

http://www.coreinitiative.org/Resources/Publications/CORE_PM.pdf

HIV/AIDS Education in Emergencies

The relationship between HIV and AIDS and humanitarian crisis is complex: conflict increases vulnerability, especially among women and children, as sexual violence increases and social networks and institutions that usually provide support and regulate behaviour break down. At the same time, there is evidence that in some situations, instability can also play a "protective" role vis-à-vis HIV infection, by limiting population mobility to high prevalence areas (often urban) and isolating communities. The potential for rapid progression of the infection post-conflict due to the combination of high vulnerability and increased exposure opportunities argues for the need for a pro-active and deliberate approach to tackling HIV in post-conflict settings. The UN underlines that post-conflict funding to prioritise HIV and AIDS education is key for tackling the risk of a rapidly expanding epidemic. It further stresses the need for coordination of HIV and AIDS education with other educational initiatives at country, sub-national and organizational levels in order to avoid duplication of efforts. For more information see: <http://unesdoc.unesco.org/images/0015/001586/158672E.pdf>

Getting started! Empowering orphans and vulnerable children in a world affected by HIV and AIDS

A training manual has been put together by the Food and Agricultural Organization (FAO) and the World Food Programme (WFP) with details of how to set up and run a Junior Farmer Field and Life Schools (JFFLS) programme. The interventions are designed to empower orphans and other vulnerable children aged 12 to 18 years who live in communities where HIV/AIDS has had a strong impact on food security.

It incorporates experience from people working with orphaned and vulnerable children living in areas with high HIV prevalence levels in Kenya, Mozambique, Namibia, Swaziland, the United Republic of Tanzania, Zambia and Zimbabwe.

The manual is generic and can be readily adapted for use in different regions of the world.
<ftp://ftp.fao.org/docrep/fao/010/a1111e/a1111e00.pdf>

***AIDS is everyone's business: Partnerships with the private sector:
A collection of case studies from UNAIDS.***

Businesses, from the largest global corporations to micro enterprises, private sector associations and coalitions, corporate and private philanthropies, labour unions and employers' associations are recognizing the need to lend their resources and expertise to the AIDS response. They see that the HIV epidemic presents a lasting challenge not just to the well-being of individuals, but to the strength of entire societies. This collection marks a first attempt to document some of the ways in which UNAIDS is working with this important constituency.

To download the case studies click on the following link:

http://data.unaids.org/pub/Report/2007/un aids_private_sector_case_studies_en.pdf