

# World AIDS Day 2010

Please find attached the following AIDS-related articles compiled by UNAIDS

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## **UNAIDS**

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[World AIDS Day comes amid progress, concern](#)

[CNN](#)

[01/12/2010](#)

By the CNN Wire Staff

(CNN) -- As the global community commemorates World AIDS Day on Wednesday, international health organizations report both promising and sobering trends.

While the United Nations says new HIV infections have declined by almost 20 percent worldwide over the past decade, the estimated number of children living with HIV or AIDS in 11 Asian countries has increased by 46 percent between 2001 and 2009, the World Health Organization's South-East Asia office said Wednesday.

"In 2001, an estimated 89,000 children were living with HIV/AIDS," said Vismata Gupta-Smith, public information and advocacy officer for WHO's regional office in New Delhi, India. "In 2009, there are an estimated 130,000 children living with HIV infection," including recent HIV infection, advanced HIV infection and AIDS.

The 11 countries in the region are Bangladesh, Bhutan, North Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

But a report by a United Nations program released last month shows some encouraging news, including drops in AIDS-related deaths and new HIV cases.

Data from the 2010 global report by the Joint United Nations Programme on HIV/AIDS (UNAIDS) shows that an estimated 2.6 million people became newly infected with HIV, compared with the estimated 3.1 million people infected in 1999.

Also in 2009, approximately 1.8 million people died from AIDS-related illnesses, compared with the roughly 2.1 million in 2004, according to UNAIDS.

Among young people in 15 of the most severely affected countries, the rate of new HIV infections has fallen by more than 25 percent, led by young people adopting safer sexual practices, according to UNAIDS.

"We are breaking the trajectory of the AIDS epidemic with bold actions and smart choices," said Michel Sidibe, executive director of UNAIDS. "Investments in the AIDS response are paying off, but gains are fragile -- the challenge now is how we can all work to accelerate progress."

But not all the news from the UNAIDS report, which covered 182 countries, was good.

"Even though the number of new HIV infections is decreasing, there are two new HIV infections for every one person starting HIV treatment," UNAIDS said.

Sub-Saharan Africa continues to be the region most affected by the epidemic, with 69 percent of all new HIV infections, according to UNAIDS.

In seven countries, mostly in eastern Europe and central Asia, new HIV infection rates have increased by 25 percent.

UNAIDS said in the Asia-Pacific region, 90 percent of countries have laws that obstruct the rights of people living with HIV.

Despite the lower numbers of new HIV infections and AIDS-related deaths, UNAIDS said the demand for resources is surpassing the supply.

"Donor governments' disbursements for the AIDS response in 2009 stood at \$7.6 billion, lower than the \$7.7 billion available in 2008," UNAIDS said. "Declines in international investments will affect low-income countries the most -- nearly 90 percent rely on international funding for their AIDS programs."

Prevention, Treatment Efforts Have 'Broken' the Direction of AIDS  
Voice of America News  
30/11/2010

This is the VOA Special English Health Report

<http://www.voanews.com/learningenglish/home/health/Prevention-Treatment-Efforts-Have-Broken-the-Direction-of-AIDS-111090819.html>

Wednesday is December first, World AIDS Day. This year, experts are reporting more signs of success in halting the AIDS epidemic. The number of AIDS-related deaths and the number of new infections are both decreasing.

Michel Sidibe is the executive director of the joint United Nations program known as UNAIDS.

MICHEL SIDIBE: "Today we can say with confidence and conviction that we have broken the trajectory of the AIDS pandemic."

The latest UNAIDS report says new HIV infections have fallen almost twenty percent in the last ten years. And there has been a similar drop in the last five years in the number of AIDS-related deaths.

An estimated thirty-three million people worldwide were living with HIV last year. Two and a half million were children. HIV is the virus that causes AIDS.

Africa south of the Sahara has the most deaths and new infections. But many of those countries have made important progress.

Worldwide estimates show that more than two and a half million people became newly infected with HIV in two thousand nine. At the same time, about one million eight hundred thousand people died from AIDS-related sicknesses.

Drug treatment to suppress the virus has expanded. One result has been fewer babies born infected by their mothers. Still, the report says ten million people are waiting for treatment.

UNAIDS officials also say not enough is being spent for prevention. They say prevention efforts are responsible for much of the progress.

More and more young people say they are following safer practices. Surveys find greater use of condoms and people in many countries say they have fewer sexual partners.

World Health Organization chief Margaret Chan called this year's AIDS report encouraging. But she noted that the populations most at risk are also those who have the least access to services. These populations include sex workers, drug users and homosexual men.

In other health news, a new study has found that one in every one hundred deaths in the world is caused by other people smoking.

Researchers found that more than six hundred thousand non-smokers died in two thousand four. They say the deaths were from diseases and infections caused by secondhand smoke, also known as passive smoking.

The study in the journal Lancet says one hundred sixty-five thousand of those tobacco victims were children.

And that's the VOA Special English Health Report, written by Caty Weaver. I'm Steve Ember.

Asia: Punitive laws on sex workers and drugs hamper progress  
Financial Times, UK  
30/11/2010

By Tim Johnston

The tide has turned in the fight against HIV in Asia, but the UN and activists are warning that it is going to become harder to maintain progress.

"As a minimum, most national Aids epidemics have been halted, stabilised and reversed," says Steven Kraus, the UNAids regional director for Asia and the Pacific.

The number of Asians living with Aids has remained stable at some 4.9m for the past five years, and the number of new infections in countries as diverse as India, Nepal and Thailand has fallen by 25 per cent over the past nine years.

But Mr Kraus warns that preserving that momentum is becoming more challenging.

In many ways, such groups as UNAids are victims of their own success: they are starting to hit the law of diminishing returns. Progress so far has not been easy, but making further inroads against the epidemic is going to become ever harder.

The key vectors of the Asian epidemic are well known: commercial sex, intravenous drug use, and what the industry refers to as MSM – men who have sex with men.

It is MSM that is proving the most difficult segment to reach.

“We have underestimated the MSM issue,” says Mr Kraus. “We’ve done inadequate programming in this area.”

But that is starting to change.

Nung spent years as a transgender sex-worker on the streets of the Thai capital Bangkok. Now she works for Swing, an organisation that promotes education for other sex workers, particularly in the MSM market.

“We have to educate them about HIV, but we have to make it enjoyable,” she says, describing going into clubs and massage parlours to find out the date of the owner’s birthday before returning with gifts to turn a birthday party into an education session.

Nung says that Swing addresses not just the medical needs of sex workers – condoms, lubricants and regular health checks – but also issues of self-esteem. “It is a low-class occupation; everyone looks down on sex workers,” says Nung. She says lack of self-esteem makes it more difficult for prostitutes to resist pressure from clients who do not want to use a condom.

There has been significant progress in the broader heterosexual sex industry, particularly in places such as Thailand, where there was a very public education programme.

It even spawned its own restaurant, “Cabbages and Condoms”, which is popular with ordinary tourists, many of whom like to pose for a picture with the larger-than-life statue of a Santa Claus made of gaily coloured condoms.

Aids workers say projects with commercial sex workers are still vital, and more funding is needed, but the techniques are known and effective.

The anti-HIV message has also been reaching intravenous drug users, although the picture is more mixed. Among the success stories has been Malaysia.

“Malaysia had a draconian view of drug use, and has done a 180 degree turn. It used to have mandatory detention for drug users but now it has closed all the detention centres and reopened them as voluntary support centres. The authorities don’t see drug use as a law and order issue but as a personal and public

health issue," says Mr Kraus. The new approach has led to some startling improvements. In 2007, just 28 per cent of Malaysia's injecting drug users said they had used sterile equipment: in 2009, that had risen to 83 per cent.

And there are some surprising outliers. Burma, not known for its progressive policies in other spheres, has supported an intervention programme of needle exchanges and clinics provided by international aid organisations. The UNAids 2010 global report shows 81 per cent of intravenous drug users using sterile equipment.

Aids workers say much of problem now lies in the legal framework. In some countries, laws drive sex workers and drug users so far underground that they become hard to reach. In others, unconnected legislation against trafficking and illegal migration are changing the dynamics of the sectors of society worst affected by Aids.

In its Global Report, UNAids estimates that 90 per cent of countries in Asia have laws that obstruct the rights of those living with HIV.

"Punitive laws that prevent us reaching key sectors of the population are a danger," says Mr Kraus. "They do not build partnerships and they don't create supportive environments, where community groups can access these key populations."

These are significant problems, but they could be overcome by lobbying governments to change laws and modify the ways those that remain are implemented. The cultural challenges to controlling the MSM aspect of the HIV epidemic are much more difficult to solve.

"Culture matters," says Mr Kraus. "How societies view same-sex relations affects our ability to promote good programming. Until the culture changes, it is always going to be a problem getting to MSM."

The figures bear him out. In a 2007 survey, 88 per cent of Thai respondents who had anal sex with a male partner said they had used a condom: in Malaysia the number was 21 per cent.

Mr Kraus says that although almost all the governments in the region report that they are addressing the stigma attached to men who have sex with men, less than half have budgets. This, he says, gives a clearer indication of the real situation.

"If it doesn't get budgeted, it doesn't get addressed."

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Russia: Prevention and education are grave blind spots  
Financial Times, UK  
30/11/2010

By Isabel Gorst

Infectious Diseases Hospital No 2, located in a garden on the industrial outskirts of Moscow, seems like an oasis of calm.

But for Vadim Pokrovsky, the head of Russia's Federal Aids Center, it is an ideological battleground over measures to contain the spread of HIV.

Russia has become the epicentre of the global HIV pandemic, even as infection rates plateau in the rest of the world.

The Kremlin has mobilised funds to combat the virus, citing Aids as a threat to national security. But while the budget for treatment is rising rapidly, there is no state support for prevention of the disease.

"We are taking a lopsided approach to HIV," says Dr Pokrovsky. "Why spend a lot of money on medicine if there are no funds to control the epidemic?"

Official statistics put the number of cases in Russia at 565,000 out of a total population of about 142m. But independent experts estimate the real figure is twice as high. Last year alone, there were more than 58,000 new infections, raising fears that the epidemic could spin out of control.

"The figures are very chilling," says Denis Broun, regional director for Europe and Central Asia at UNAids.

More than two-thirds of HIV patients in Russia are intravenous drug users – testimony to a surge in heroin addiction since the collapse of the Soviet Union. Reported cases are clustered in areas overlapping routes followed by drug traffickers carrying heroin from Afghanistan to Europe. HIV has also taken hold in affluent Russian cities and oil regions, as the virus spreads into the wider community.

After years of official denial, Aids appeared on the Kremlin's public agenda for the first time in 2003, when Vladimir Putin, then the president, warned that the epidemic risked hastening population decline.

Dmitry Medvedev, who succeeded Mr Putin in 2008, has also acknowledged the threat posed by HIV, offering support for a campaign by Bono, the lead singer of rock band U2, to fight the global pandemic.

But, while Mr Medvedev has set a goal to raise health standards in Russia, government support for HIV prevention has faded during his presidency.

"There is zero money in the federal budget to fund focused HIV prevention and education," says Anya Sarang, president of the Andrey Rylkov Foundation for Health and Social Justice, a non-governmental organisation that advocates harm reduction programmes.

Russia has poured funds into testing and treatment, allocating larger sums for imports of antiretroviral drugs each year. HIV patients have complained that medication is inefficiently distributed, but the programme has had success in some areas. Transmission of HIV from pregnant mothers to unborn children has been reduced to almost zero.

Meanwhile the government has faced down international pressure to sanction opiate substitution that has proved effective in reducing the spread of HIV among drug users in the west.

Speaking at a UN conference, Viktor Ivanov, the head of the Russian federal narcotics control agency, denied there was scientific evidence to prove that opiate substitution worked. "We will not ban it, but there will be no federal support for methadone substitution," he said.

Programmes sponsored by the UN-backed Global Fund to Fight Aids, Tuberculosis and Malaria focused on sex education and needle exchanges are regarded as excessively progressive in Russia, but have helped kick-start HIV prevention campaigns in some regions.

However, even this limited effort is now under threat, as the Global Fund winds down its operations in Russia to comply with its mandate to work only in countries considered poor.

Hopes that the government would step in to fill the gap were dashed this year when the health ministry said the Global Fund measures were ineffective and that the HIV epidemic was under control.

Russia has entered a second phase of denial about HIV, says the Andrey Rylkov Foundation. "The Ministry of Health is manipulating virtual percentages and pseudoscientific facts. And in the meantime, real people are continuing to get infected and die," it said in a letter to Vladimir Putin, the prime minister, this month.

Dr Pokrovsky says government officials and agencies disagree over how to tackle HIV. "One group is convinced harm reduction [related to drug use] could reduce the risk of infection, but others have ruled it out on scientific grounds," he says. "They are against substitution therapy but cannot propose anything more effective."

Conservative attitudes are also an obstacle. Talk of sex is taboo and drug users are regarded as pariahs. The Russian Orthodox Church opposes sex education and condoms on moral grounds and paints illness as retribution for sin.

Dr Pokrovsky says opposition by the religious lobby to sex education would hasten the spread of HIV beyond drug users to the wider community.

"It is happening slowly, but in 10 years the results will be very noticeable," he says.

"HIV will develop like in Africa. In one or two years, it will be too late to halt it."

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Complacency fuels new AIDS surge in West: UN  
AFP  
01/12/2010

UNITED NATIONS — Complacency among young people is causing a new surge of the AIDS epidemic in the United States and European nations like Britain and Germany, a top UN expert said ahead of World AIDS Day on Wednesday.

The worrying sexual behavior of young adults, particularly men, in rich nations and a surge of the spread of AIDS in Eastern Europe and Central Asia linked to drug use, officials said, has tainted positive signs such as dramatic cut in the number of infections passed from mothers to their newborn babies.

Agencies including the UN's HIV/AIDS program UNAIDS have cautiously highlighted a fall in the number of global infections in figures released ahead of World AIDS Day on Wednesday.

But Paul De Lay, deputy executive director of UNAIDS, said: "There seem to be secondary and tertiary waves of the epidemic, particularly the sexually transmitted side."



"You have a young people who don't know enough about AIDS, there is less of a fear factor about it."

"We find that every five to seven years we need to go through a new re-energized education campaign. We are doing that in the UK and Germany. Here in the US we have had a huge resurgence of sexually transmitted AIDS."

According to the UNAIDS annual report released last week there were an estimated 54,000 new infections in the United States last year and 3,900 in Germany. There are an estimated 1.2 million AIDS sufferers in the United States, 85,000 in Britain and 67,000 in Germany.

In Eastern Europe and Central Asia "there has been been an explosion of young people who are experimenting with injected drugs," according to the UN expert.

This is "ripe" for spreading HIV/AIDS and pregnant addicts pass on the infection to their children extending "an ongoing transmission cycle," said De Lay.

Russia and Ukraine together account for almost 90 percent of new HIV/AIDS infections in recent years, said the UNAIDS report. Ukraine now has the highest adult AIDS rate in Europe and Central Asia.

UNAIDS said "there is strong evidence of resurgent HIV epidemics among men who have sex with men" in North America and Western Europe, where there are now an estimated total of 2.7 million sufferers, up 30 percent since 2001.

The 3,160 new HIV diagnoses among men who have sex with men in Britain in 2007 were the most ever reported. In the United States, new HIV infections attributed to unprotected sex between men increased by more than 50 percent from 1991-1993 to 2003-2006.

Around the world there were an estimated 2.6 million new infections last year, down from about 3.3 million at the peak of the AIDS epidemic in 1999, according to De Lay.

"It is a slow, steady decrease," said De Lay, who predicted that at the current rate it would take about 50 years to conquer Acquired Immune Deficiency Syndrome.

The 370,000 babies a year born with AIDS is down from 500,000 a year at the start of the decade and a new UN report said it would be possible to eradicate mother-to-baby transmission of AIDS by 2015.

Virtually no babies are born with AIDS in Europe and North America now as wealthier countries launched aggressive screening and prevention programs in the the 1990s.

But in Africa, 1,000 babies a day are still infected with HIV/AIDS through mother-to-child transmission.

Anthony Lake, executive director of the UN Children's Fund (UNICEF) called the figure "outrageous" and demanded greater efforts for "the hardest hit communities."

But, highlighting the greater use of anti-viral drugs and other treatments, World Health Organisation director general Margaret Chan said "we have strong evidence that elimination of mother-to-child transmission is achievable."

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Nepal needs more efforts to tackle HIV/AIDS: UN  
Xinhua News, China  
01/12/2010

KATHMANDU, Dec. 1 (Xinhua) -- Despite Nepal's some achievements in controlling HIV/AIDS, United Nations say Nepal needs more efforts to tackle the epidemic.

Issuing a statement on the eve of world AIDS Day on Wednesday, UNAIDS said Nepal is one of at least 33 countries that had achieved significant decline rate in new HIV infections. "But the significant challenges remains in tackling the epidemic," the statement said.

Citing the 2010 UNAIDS report, Elena G Filio-Borromeo, UNAIDS Country Coordinator said the report gave Nepal an encouraging score on some key indicators in the past few years, such as an increase in condom use, a jump in the number of people accessing anti-retroviral medication, and greater overall awareness among the population about HIV and AIDS.

"Despite this good news, progress remains fragile, and Nepal must continue to address formidable obstacles on several fronts," the statement quoted Filio-Borromeo as saying.

According to the statement, the increasing efforts to address HIV/AIDS in Nepal has been awarded with the success that the rate of new HIV infections decreasing by more than 25 percent.

World AIDS day is observed on December 1 every year.

The theme of World AIDS Day 2010 is same as last year's -- Universal Access and Human Rights.

Global fight against Aids gains significant ground, says report  
Business Dailly Africa  
01/12/2010

A new UNAids report claims the world has finally "turned the corner" on the Aids epidemic, citing a downward trend in new HIV infections and Aids-related deaths over the past decade and stabilisation of the number of people living with HIV globally.

"We are breaking the trajectory of the Aids epidemic," said Michel Sidibe, UNAids executive director, in a statement.

Global HIV prevalence was 33.3 million by the end of 2009, a slight increase from 2008, in large part because many more people are accessing antiretroviral (ARV) treatment and living longer with the virus.

More than five million people are receiving ARVs and in 2009 alone, 1.2 million people were initiated onto treatment.

As a result, Aids-related deaths are down nearly 20 per cent compared with five years ago and in Botswana, one of only two countries in sub-Saharan Africa to have achieved universal access to treatment, Aids-related deaths have halved since 2002.

#### Detailed snapshot

The bi-annual UNAids report, which provides a detailed snapshot of the epidemic and progress in achieving the Millennium Development Goal of halting and reversing the spread of HIV by 2015, attributes the more than 25 per cent declines in HIV incidence seen in 33 countries since 2001 to effective HIV prevention.

The most dramatic declines were seen in sub-Saharan Africa, the region worst hit by the epidemic. Only in seven countries, most of them in Eastern Europe and Central Asia, has HIV incidence increased in recent years.

"We are getting there," said Sheila Tlou, UNAids director for eastern and southern Africa, at the launch of the report in Johannesburg on 23 November.

"Our vision of zero new infections, zero discrimination and zero Aids-related deaths is possible." While the UNAids report suggests that prevention is working, Tlou warned that the response was fragile and needed to be kept alive with adequate funding.

"Domestic funding is still too low," she said. "Aids programmes need to be made more sustainable and affordable and we need to become less reliant on international donors."

At a time when donors are flat-lining or cutting back their contributions to the Aids response, UNAids estimates that nearly \$16 billion was available for combating HIV in 2009, \$10 billion short of what was needed in 2010. Although domestic expenditure is the largest source of HIV financing globally, UNAids estimates that nearly half the countries in sub-Saharan Africa are spending less than they can afford and could substantially increase the portion of their Aids budgets from domestic sources.

Apart from financing, Tlou said the greatest barrier to scaling up the Aids response was stigma and discrimination, particularly in relation to marginalised and high-risk groups, such as men who have sex with men, sex workers and injecting drug users, who have been driven underground by punitive laws that often prevent them from accessing HIV services.

#### Greatest barrier

The report revealed that progress on treatment access has also been uneven. Only 29 per cent of children needing ARVs were getting them by the end of 2009 compared with 37 per cent of adults.

Brian Pazvakavambwa of the World Health Organisation pointed out that access to treatment for tuberculosis patients co-infected with HIV and for pregnant women was also comparatively low and blamed weak health systems and fragmented implementation for the failure to link programmes such as prevention of mother-to-child transmission (PMTCT) with treatment.

While access to PMTCT has increased significantly, resulting in fewer children being born with HIV, only 15 percent of HIV-positive pregnant women received ARVs in 2009. "A lot of work still needs to be done," said Pazvakavambwa at the launch.

"We need to continue expanding and linking all parts of the response; if we can link our programmes better we can do better in terms of all health outcomes." - IRIN

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#### **AFRICA AND MIDDLE EAST**

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WORLD AIDS DAY  
Nigerian Tribune  
01/12/2010

IT is doubtful that the women were told that they faced any danger and possibly a slow, painful death. They were, after all, prostitutes, unfortunate women that some people see as expendable.

THE prostitutes were Nigerians but they were used as guinea pigs for an AIDS drug manufactured in the United States of America. Six Americans flew into the country to conduct the trial in collaboration with some Nigerian scientists. The drug was a gel called SAVVY, but it proved to be dumber than a disoriented sheep.

THIRTY-THREE prostitutes contracted HIV during the trial, which ran from August 2004 to August 2006. Most scientists do not lie about laboratory results so it may be true that only 33 out of the trial group of 2,153 prostitutes contracted HIV.

WHERE are the oppressed prostitutes today, six years after they contracted HIV? It is likely that some of them are dead. Those who conducted the trial that led to the infection of the women said they would provide psychological and pharmaceutical support for the women. But this is a country where promises, made with cross-my-heart solemnity, are hardly redeemed.

THE prostitutes almost certainly continued to work and they must have infected hundreds of men and the men may have infected many women, including other prostitutes and their wives.

PROSTITUTES, of course, are not the only source of HIV infection. Prostitutes have not patented promiscuity; the most promiscuous people are not prostitutes. Those who exuberantly play the field are usually married men and sometimes married women. The population of AIDS orphans continues to rise in Nigeria.

MANY HIV-infected babies are still being born in the country. They suffer but they do not know why. One five-year-old HIV-positive girl spoke innocently about her cruel circle of drinking water and urination. She drank water because her throat was always parched and this was followed almost immediately by an urgent urge to urinate. This went on throughout the whole day.

HIV/AIDS, a devastating disease, remains a serious health problem in Nigeria. It is, therefore, a great worry that there appears to be a long lull in activities to prevent the spread of the disease and succour the infected. The number of people contracting the disease may have reduced, as it has been claimed, but the prevalence of the disease remains high in some parts of the country.

ALLEGATIONS of corruption have swirled around the government agency charged with preventing and managing AIDS in the country. Foreign donors are no longer very keen to provide money and materials to confront the disease. The honesty of many of the non-governmental organisations that say they are involved in the fight against the spread of the disease and its treatment is doubtful.

THE disease in Nigeria spreads mostly through heterosexual contact. Blood transfusion is also a significant source of infection. It seems anybody can now operate a blood bank. About three years ago, many blood banks could be seen in residential buildings in an environment of filth.

BUT some teaching hospitals operate blood banks that are only a little better than those to be found in the poor part of town. One teaching hospital transfused two pregnant women with HIV-contaminated blood in the 1980s and the then health minister had no word of sympathy for the women. The blood was unscreened, a crime against care and competence.

A baby was the victim of unscreened blood about three years ago. It contracted HIV and the teaching hospital in a desperate bid at self-exculpation falsely stated that the baby's parents were HIV-positive.

HIV/AIDS sufferers are sometimes treated as people without rights in Nigeria. One HIV-positive woman was sacked by her employers because of her health status and not because they were not satisfied with her work.

THE theme of this year's World AIDS Day — Universal Access and Human Rights — seeks to remind the world that HIV/AIDS sufferers are no less human than other citizens simply because they live with the disease.

IT is their human rights that they should have access to drugs that will enable them to live a fairly normal life. But most people living with HIV in Nigeria do not have access to subsidised anti-retroviral drugs. The disease develops into full-blown AIDS and they die a wasting death, a death without dignity.

HIV is a terrible threat to Nigeria, a country with a large population. Government should show more seriousness in combating the disease. But the prostitute used as guinea pigs, people whose human rights were cavalierly violated, may be beyond help. They may have been long dead.

Taking the HIV test is a personal decision to achieving target of zero new infections  
Daily Nation, Kenya  
01/12/2010

By RAILA ODINGA

Today (Wednesday), as we have done since December 1, 1988, we join the world in marking World Aids Day. We take a moment to remind ourselves that HIV has not gone away, and that although so much has been done in fighting it, there is still a lot more to be done. We join the international community in committing to increase awareness, fight prejudice, and improve education on Aids.

And we stand together to reflect on the debt we owe to the infected and those who have succumbed to this disease. We recognise their families, caregivers, and communities who have to cope every day with the burden of this disease.

As a nation, we have a reason to smile even in the midst of the devastation and pain that HIV and Aids continue to cause. We can look back and say that, as a result of the interventions we have undertaken since Aids was declared a national disaster in 1999, we have made good progress.

An estimated 1.5 million Kenyans are living with HIV. Those are many people. But there is remarkable progress. In 2009, 80,000 died from Aids-related illnesses, down from 150,000 in 2003.

Our HIV prevalence rate, which peaked in 2000 at 13.4 per cent, up from 5.1 per cent in 1990, has been on a downward trend. The infection rate currently stands at 6.3 per cent.

That is good news that is still bad enough. Bad because the percentages may be falling, but as long as they stand, they mean people are still getting sick and dying.

It is also bad because women, traditionally marginalised, are disproportionately affected by HIV/Aids. In 2008/9, prevalence among women was at 8 per cent, compared to men's 4.3 per cent.

We know that women form the backbone of our economy, particularly in the rural areas. This high infection among them is, therefore, a policy issue crying for intervention.

As a nation, we can be proud that treatment and care for those living with HIV/Aids has tremendously improved, particularly since 2003 when the concept of Comprehensive Care Centres was introduced.

This has seen the number of patients on antiretroviral drugs increase to 336,980 in 2009, up from 172,000 in 2007. Several support groups are working to alleviate the suffering of those living with HIV/Aids and encourage positive living.

But we are yet to overcome stigma. Many people living with HIV/Aids still face discrimination. It is necessary to put in place education programmes and to implement policies to address this.

I call upon employers to implement workplace HIV/Aids policies currently in force. We also need to implement the Kenya National HIV/Aids Communication Strategy for the Youth.

The government is doing its part. We have committed to spend \$34 million (Sh3 billion) annually for five years on Aids programmes from 2009 to 2013.

We appreciate the external financiers who between them pay 85 per cent of our expenditure on HIV/Aids.

As a government, we have enabled the creation of more voluntary testing and counselling centres. We have improved availability of safe blood supplies and injections, expanded maternal child care, and management of sexually transmitted infections.

We have emphasised behaviour change and we continue to encourage our youth to delay sexual debut. We encourage female sex workers to take precautions against infection.

The government has established circumcision centres across the country and male circumcision rates have increased from 10,000 to 90,000 in just over one year since 2009.

We have not been left behind in providing the highly active antiretrovirals, which have reduced the mortality and morbidity associated with HIV/Aids. Our institutions continue to participate actively in research on post-exposure prophylaxis and the vaccine against HIV.

In the end, however, it is incumbent upon each one of us to make a personal decision. Last Sunday, I took an HIV test in Kibera. It was one of many that I have taken in recent years. Taking the test matters. Ultimately, people need to know their status if they are to benefit from the initiatives we are making.

Only when we all agree to take the test shall we rightfully join the global community in moving towards the target of zero new HIV infections, zero discrimination, and zero Aids-related deaths.

*Mr Odinga is the Prime Minister of Kenya.*

World Bank Aids policy failing rural Africa  
Daily Monitor, Uganda  
01/12/2010

World Aids Day 2010 is set to be marked by a realisation that the global response to the Aids epidemic is beginning to have positive, meaningful impact. Prevalence rates and incidence are down, and provisions to stop mother-to-child transmission are starting to work.

This year's UNAIDS global report revealed positive developments in the number of people receiving HIV antiretroviral therapy. In 2009, 1.2 million people received HIV antiretroviral drugs for the first time.

However, the prevailing headlines obscure the continued obstacles facing people living with and affected by HIV and Aids. Many of these success stories will not apply to rural areas of sub-Saharan Africa. In fact, you are more likely to see an increase in the number of people living with HIV in these areas as poverty continues to drive the epidemic.

The poverty drivers of HIV are well known – access to education, gender inequality, hunger, lack of job opportunities – and are more acute in rural areas as services tend to be more distant, social patterns and stigma harder to penetrate, and geographical coverage often impossible to manage for public service providers. However, the fundamental problem lies in the inability of African governments and, crucially, the global donors that support their HIV interventions to think locally while funding globally.

Global policy making and funding streams have not become more decentralised as institutions such as the World Bank and the Global Fund suggest. Policy and decision making still resides in Washington and Geneva and is then implemented at country level on a consent-for-cash basis. Bureaucratic procedure, inertia and a lack of co-ordination among donor agencies has limited the amount of money actually reaching those that need it, specifically in rural areas.

Governments in sub-Saharan Africa operate through National Aids Councils which are tasked with governing the money and agenda in each country. However, the policies and institutional components of these agencies tend to be similar across different countries and conform to the objectives and institutional mandates of those global agencies that support them.

These councils are constricted by the multiple demands of different donors - to the detriment of any local or national response, or ownership. The homogeneity of these global policies lacks an understanding of local difference and the sustained problems facing communities. Funding towards antiretroviral therapy uptake has shown a significant increase in the number of people accessing treatment for free. However, the numbers are still comparatively low.

The assumption is that if you provide the drugs and align procurement and distribution practices, people will have access to treatment. However, such access is limited by where you live, the state of the roads, the amount of money needed for travel and the availability of transportation that is able to care for those in the advanced stages of Aids.

Some countries have seen a rise in community responses to these problems. For instance in Tanzania I have helped to establish a charity called Trans Tanz that provides free transport to people living in remote rural communities.

Grassroots community organisations present effective models that governments should be able to replicate in multiple rural settings, reducing their reliance on international aid. However, groups and community responses are few and far between. The global agenda-setting by organisations like the World Bank means that local awareness of these problems continues to go unrecognised.

Simple initiatives to increase access to HIV treatment do work. However, the ability to scale up such interventions will depend on directives issued by the likes of the World Bank and the Global Fund listening to people living in rural communities, the problems that they face, and supporting initiatives that they design as well as implement.

If governments and donors fail to listen to people living in rural areas and consider the problems that they face, any short term gains made in the response to HIV and Aids will be just that, and the problem of how to rid the world of this terrible disease will continue.

*Dr Harman is co-founder of the charity Trans Tanz ([www.transtanz.org](http://www.transtanz.org)) and senior lecturer in international politics at City University London*

South Africa Marks World Aids Day  
BuaNews, SA  
01/12/2010

Gabi Khumalo

Driefontein — Red ribbons and t-shirts carrying HIV and Aids messages are expected to be seen on every corner of Driefontein in Mpumalanga today where Deputy President Kgalema Motlanthe and Health Minister Aaron Motsoaledi will commemorate World Aids Day.

The Deputy President, who is also Chairperson of the South African National Aids Council (Sanac), will visit families as well as address community members and health care workers.

He will be accompanied by Motsoaledi, Mpumalanga Premier David Mabuza and representatives of International organisations which include the World Health Organisation and the joint UN Programme on HIV and Aids (UNAIDS).

The theme of the event is "We are Responsible". This year's World Aids Day theme is informed by the need to work collectively in addressing South Africa's response to the HIV and Aids pandemic.

The build-up activities for World Aids Day commenced in November with a series of community dialogues with all social partners. These social dialogues will culminate in various Cabinet ministers, deputy ministers, premiers and MECs being deployed to various communities across the country today to discuss how to reduce new HIV infections.

North West Premier Thandi Modise, together with newly appointed MEC for Health Dr Magome Masike, will lead community dialogues in Boitekong, a mining community near Rustenburg.

Provincial activities are also expected to take place in KwaZulu-Natal, where MECs including mayors and councilors will be hosting the event in select ward-based venues in each of the 10 districts and one metro of the province.



In KwaZulu-Natal, Premier Dr Zweli Mkhize will be in the rural community of KwaNongoma to heighten HIV and Aids awareness, while the MEC for Finance, Ina Cronje, will visit the previously violence-torn town in Richmond, which is one of the areas in the Mgungundlovu District with a high infection rate. Health MEC Dr Sibongiseni Dhlomo will be leading a march at New Castle.

Gauteng Health and Social Development MEC Ntombi Mekingwe will join hundreds of people in commemorating the day at the Saul Tsoetsi Hall in Sebokeng, where the community will have an opportunity to test for chronic illnesses.

World Aids Day is observed around the world on 1 December.

This year will see the World Aids Day campaign continuing until next year June as Government aims to reach a target of testing 15 million people for HIV and AIDS, through the HIV, Counselling and Testing (HCT) campaign launched by President Jacob Zuma in April.

Those at risk of AIDS show growing apathy toward protection  
Jerusalem Post  
01/12/2010

By JUDY SIEGEL-ITZKOVICH

World AIDS Day: Although infection rate of HIV is declining, health official warns of "trend of returning to behaviors" in Israel of having unprotected sex.

Although the infection rate of HIV and the number of new AIDS cases in the world is declining, Health Ministry Director-General Dr. Ronni Gamzu has warned that in Israel, there is a "trend of returning to behaviors" of having unprotected sex that existed before the virus was discovered 30 years ago.

To mark World AIDS Day, which takes place on Wednesday, Gamzu said that many high-risk individuals felt that because the improvement in medication has turned AIDS into a chronic disease rather than a fatal one, in many cases, it was not a great threat. The high-risk groups include homosexuals and drug addicts who inject themselves.

He added that prevention was vital and that early detection of HIV in those infected was urgent, to reduce the spread of the disease and lower the death rate. The director-general asked his staff to speed up approval of quick detection kits during 2011 and reduce the wait for results.

According to international statistics, 2.7 million people were infected with HIV in 2008, and a total of 33 million people live with the virus. In Israel, from 1981 until the end of 2009, 6,147 people have become HIV carriers or developed full-blown AIDS. A total of 1,277 of them have died or left the country, and there are 4,870 reported AIDS patients and HIV carriers here. However, as many have not been tested, it is believed that some 7,000 in Israel have the virus.

There were 382 new cases reported in 2009, the ministry said.

Blood tests for HIV are free for everyone in health fund clinics and in seven hospital AIDS centers. Last year, 280,000 people went for voluntary testing, but 70 percent of Israelis have not gone for testing, according to an Israel AIDS Task Force poll.

A ministry survey of a representative sample of youths aged 15 to 18 found that a fifth of them had had full sexual relations, but 30% of them did not use condoms. An Internetbased campaign through sites frequented by young people will urge them to use condoms to prevent infection with HIV.

The ministry said there was an increase of male HIV carriers and AIDS patients who reported having sex with other men.

A separate campaign will be aimed at them.

The ministry supplies thousands of condoms to homosexual organizations that distribute them to members.

The rate of drug users among HIV carriers is 18%. For the fourth year, the ministry has had a program of needle exchanges so that addicts will not infect themselves and others with HIV.

There are five distribution centers around the country that also hand out condoms.

As AIDS is endemic in many African countries, immigrants from Ethiopia are taught about protection from infection with help from Amharicspeaking women from the community, who have been trained to help the newcomers in their encounters with the health system.

UNAIDS reports that after collecting data from 182 countries, it found that the number of new cases has remained steady or declined in 56 of them, including in some sub-Saharan countries where AIDS has been an epidemic. There has also been a drop in the number of newborn babies infected by their mothers during pregnancy, childbirth and breastfeeding.

The anti-AIDS "cocktail" has become more accessible to many.

According to the Israel AIDS Task Force, the number of new cases of HIV infection in 2010 is likely to be similar to that in 2009. The biggest problem is among homosexuals; there were 140 homosexual men among the new cases last year.

Anonymous HIV testing will be held on Wednesday at Dizengoff Center in Tel Aviv between 5 and 8 p.m. The test costs NIS 50, but will be free for soldiers. There will also be anonymous testing at Ben-Gurion University of the Negev in Beersheba between 10 a.m. and 2 p.m.; at the Technion in Haifa between 10:30 a.m. and 1:30 p.m.; at Shenkar College in Ramat Gan between 10 a.m. and 1 p.m.; and at the Israel AIDS Task Force center in Tel Aviv between 5 and 8 p.m.

The Israel AIDS Task Force, in opposition to Health Ministry policy, calls for the testing of all pregnant women for HIV infection so carriers will not pass it on to their infants. The ministry says universal screening is "unnecessary" because the test is recommended to high-risk groups. Nevertheless, each year, a few dozen babies are born with HIV.

According to Tel Aviv Sourasky Medical Center, one out of every five carriers is resistant to one of the anti-AIDS drugs even before starting treatment. As a result, carriers have to take more types of medications and thus suffer from more side effects, the hospital said.

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## **ASIA AND PACIFIC**

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Work on inequalities to get rid of AIDS: UN  
Sify News, India  
01/12/2010

New Delhi, Dec 1 (IANS) Removing deep rooted inequities in gender, economic status and education - from which millions of AIDS and HIV positive women and children suffer - is crucial to universal access to knowledge, protection and prevention of mother-to-child transmission, a UN report said.

Dec 1 is observed as World AIDS Day.

'Children and AIDS: Fifth Stocktaking Report 2010' by UN agencies Unicef, UNAIDS, WHO and United Nations Population Fund (UNFPA) which was released Tuesday in New York said the elimination of mother-to-child transmission of HIV can be achieved through universalisation of anti-retroviral treatment.

A statement quoting the report and Unicef's executive director Anthony Lake Wednesday said: 'To achieve an AIDS-free generation we need to do more to reach the hardest hit communities. Every day, nearly 1,000 babies in sub-Saharan Africa are infected with HIV through mother to child transmission.'

'Our Fifth Stocktaking Report on Children and AIDS highlights innovations like the Mother Baby Pack that can bring life-saving anti-retroviral treatment to more mothers and their babies than ever before,' he added.

The report said: 'There are new guidelines and better methods to diagnose children with HIV, and more opportunities to provide them with life-saving treatment, but lives are lost because these are not used as widely as they should be.'

'Only 28 percent of the 1.27 million children currently estimated to be in need receive antiretroviral treatment (ART). Treatment coverage among adults is higher, at 37 percent,' it added.

The report further said reducing the inequalities that drive the epidemic, among them gender and poverty, will also help to overcome barriers to access treatment.

Talking of the importance of awareness in curbing the spread of the disease, the report said: 'In 2001, 5.7 million young people aged 15-24 were estimated to be living with HIV.'

'At the end of 2009, that number dropped to five million. This decline is linked to safer behaviour and practices. If more people knew how to protect themselves, more lives could be saved,' it added.

According to a UN report, India is home to about 2.3 million people living with AIDS.

World countries fight to reduce HIV/AIDS stigma, discrimination  
Xinhua News, China  
01/12/2010

BEIJING, Dec. 1 (Xinhua) -- Countries around the world have made unswerving efforts to fight HIV/AIDS-related stigma and discrimination, both of which jeopardize attempts to fight the deadly epidemic.

People infected with HIV/AIDS face a number of problems caused by social discrimination. Many nations nowadays still have restrictions regarding the entry of people with HIV/AIDS.

However, instead of curbing the spread of the disease, stigma and discrimination will only make things worse as they are the main reasons why people are reluctant to be tested, to disclose HIV/AIDS status or to take antiretroviral drugs.

"Stigma remains the single most important barrier to public action. It is a main reason why too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so," U.N. Secretary-General Ban Ki-moon said.

"It helps make AIDS the silent killer, because people fear the social disgrace of speaking about it, or taking easily available precautions. Stigma is a chief reason why the AIDS epidemic continues to devastate societies around the world," he said.

Countries across the world and international organizations have made unremitting efforts to reduce discrimination against HIV/AIDS patients and help them come to terms with the disease.

In recent years, China has started methadone treatment for drug addicts, an important move by the government to prevent and control the spread of the virus.

Taking methadone, a synthesized narcotic, helps reduce addicts' craving for drugs and keeps them from using hypodermic needles that can spread HIV/AIDS and other blood-transmitted diseases.

The Chinese government this year has also lifted a 20-year-old rule that banned foreigners with HIV/AIDS from entering the country.

South Africa, where the disease is rampant, is implementing a five-year plan to combat HIV/AIDS in a bid to ensure the majority of HIV-infected people have access to treatment.

In early 2010, the United States lifted a 22-year-old immigration ban which kept anyone with HIV/AIDS from entering the country. The lifting of the ban came into effect on Jan. 4.

In July, the Obama administration also released its National HIV/AIDS Strategy, the first domestic action plan to combat HIV/AIDS since the emergence of the disease 30 years ago in San Francisco.

In 2009, Russia approved a new HIV/AIDS strategy to offer free medical consultation and treatment for those infected with the disease.

The country has increased spending on HIV/AIDS programs by 33 times since 2006. It has also expanded drug treatment dramatically for HIV/AIDS sufferers.

Meanwhile, the United Nations has launched various campaigns to urge the international community to make joint efforts to fight the epidemic as well as to respect and protect the legitimate rights and interests of HIV-infected people.

'Corporates can do more for AIDS awareness'

Times of India

01/12/2010

The corporate houses in India should come forward and undertake HIV/AIDS awareness programmes within the organisations to sensitise their employees, an International Labour Organisation (ILO) official said Tuesday.

"More corporate houses need to come forward and undertake HIV/ AIDS awareness program to increase awareness among its employees and labour force because the possibilities of exposure to HIV are quite high in workplaces," said P. Joshilla, ILO program officer (training and advocacy) at a seminar 'Prevention of HIV/AIDS in the world of work: A Tripartite Response'.

A study has revealed that in corporate houses where the employers have not undertaken any HIV/AIDS awareness program, the employees are less informed about the modes of transmission of the diseases and measures to prevent exposure and infection.

Besides, the stigma and discrimination attached to the disease is at times harder to cope with than the disease itself, said Joshilla, while addressing the seminar organised by the Bharat Chamber of Commerce on the eve of World AIDS Day (Dec 1).

Joshilla later said that West Bengal is a vulnerable state compared to the other states because it has a large number of migrant labours.

"So if more corporate houses take up awareness programmes without delay, then it will be more cost effective. Otherwise, if such programmes are delayed, then it would lead to increased cost to the employer and decreased productivity because of loss of skilled and experienced manpower," he said.

Editorial: It could happen to you

Jakarta Post

01/12/2010

The thrill of eating the exotic Japanese dish fugu (pufferfish) reportedly comes from the small possibility that you might drop dead from its toxic substance, regardless of how carefully the chef prepared the fish.

The chefs, we are told, are trained rigorously for at least two years before they are allowed to serve fugu to diners — who know the risk.

Now in unprotected sex it would not be so much the adrenaline rush of the risk of danger despite thorough cautionary steps rather than the recklessness in dismissing the possibility of being infected with any disease or virus.

Ahead of World AIDS Day commemorated every Dec. 1, the National Commission on AIDS has revealed that as of August this year, there were a cumulative total of 21,770 people with Acquired Immunodeficiency Syndrome (AIDS).

Among the vulnerable groups are teenagers, with the Commission revealing that those most prone to contract the Human Immunodeficiency Virus (HIV) were aged 15 to 19 years old. It also revealed that in a survey of youngsters aged 15 to 24 years old, only 14.3 percent of them had sufficient understanding of how the virus was spread.

Yet all age groups are relatively ignorant of the issue. Condoms are far from the favorite contraception here; while for want of better technology, the condom for males is still the best preventive measure, earning recognition "in certain cases" from no less than the Pope himself.

Sex workers have long said that asking clients to wear condoms runs the risk of a lower income for them, or worse, physical abuse.

For those of us who are neither promiscuous nor sell our bodies, this does not quite explain the increase in HIV prevalence among supposedly faithful housewives, according to the Commission.

And for others who think AIDS is a disease that only gays get, another telling figure is that the largest incidence of the spread of AIDS in Indonesia, of over 49 percent as of June, is through heterosexual intercourse.

The only choice? Protect yourself, and your loved ones.

Country to mark World AIDS Day today  
Daily Times, Pakistan  
01/12/2010

#### Staff Report

LAHORE: Pakistanis along with other nations will mark the World AIDS Day today (Wednesday) to create awareness among public about this fatal disease.

A number of public and private organisations including UNAIDS and UNICEF have planned a number of events including seminars and walks across the country to mark the day. Meanwhile, the Punjab AIDS Control Programme (PACP) has organised a drama competition in a local hotel.

The objective of the events is to strengthen and support the ongoing efforts for sustained response to the HIV/AIDS epidemic. The PACP has also planned a number of activities regarding the issue throughout the month of December. They have also decided to involve youths from different educational institutions to be part of their awareness campaign. A large number of student groups from various educational institutions would participate in the drama competition and the PACP would give prizes to prominent participants. HIV patients told Daily Times that the disease was still a stigma in Pakistan's society, unlike developed countries. "The struggle to get equal rights and polite treatment by society and medical practitioners is still an uphill task," they said.

The patients added that those with the deadly virus were condemned by society as a whole and were even declared "untouchables" by their own families. They said a lack of awareness was the key reason behind the disease. They urged the government to eliminate reasons behind the spread of the deadly virus and to ensure proper check and balance to achieve concrete results.

Preventing HIV: Thailand shows the way  
Bangkok Post  
01/12/2010

Despite great achievements in prevention and treatment, World Aids Day today reminds us that HIV/Aids remains a serious public health problem globally.

In the 11 countries that comprise the World Health Organisation's Southeast Asia Region, the latest data suggest a downward trend in new HIV infections. But still, 3.5 million people in the region are living with HIV, mainly in India, Indonesia, Burma, Nepal and Thailand.

In 2009, there were an estimated 220,000 new HIV infections and 230,000 people died due to Aids-related illnesses in the region. People most at risk of HIV infection are female sex workers, men who have sex with men, transgender persons and people who inject drugs.

The most vulnerable face of this disease are the HIV-positive children. As long as a new generation continues to get the virus from HIV-positive mothers, the battle against HIV/Aids cannot be won. Protecting these children against HIV infection and safeguarding their mothers' health is a priority for WHO.

The HIV threat to children highlights the need to strengthen health systems, particularly primary health care and to address issues of gender and stigma.

The estimated number of children living with HIV in Southeast Asia increased from 89,000 in 2001 to 130,000 in 2009. Almost half of HIV-positive children in the region have access to treatment, compared to about a quarter globally.

Women constitute 37% of the 3.5 million people living with HIV/Aids in the region. Barely 34% of the estimated 58 000 HIV-positive pregnant women who need anti-retroviral prophylaxis are receiving it. Without any intervention, 15-45% of their infants will become infected during pregnancy, delivery or breastfeeding. Effective intervention to prevent children from getting the virus exists, and there is good evidence that earlier and more effective treatment can prevent nearly all mother-to-child transmissions. "Prevention of mother to child transmission" (PMTCT) of HIV is a priority, and the elimination of such transmission by 2015 is possible.

In 2010, WHO released new guidelines on the prevention of mother to child transmission of HIV based on recent evidence that recommended earlier initiation of anti-retroviral prophylaxis in pregnancy (as early as 14 weeks of gestation) to prevent mother-to child transmission of HIV, and the provision of life-long anti-retroviral treatment to all HIV-infected pregnant women in need of treatment. Widespread implementation of these guidelines could reduce the risk of mother-to-child transmission to less than 5% or even lower and would increase maternal and child survival.

Effective antenatal care services at the primary health care level is key to safeguarding the health of mothers and children. A more comprehensive approach for preventing HIV in children must include preventing women of child-bearing age from becoming HIV-infected in the first place, as well as meeting their needs for family planning.

Thailand has achieved universal access to effective prevention of mother to child transmission of HIV services, and this provides a valuable lesson for other countries. Early in this decade, Thailand was the first country in the region to integrate PMTCT interventions into its existing infrastructure of antenatal care. The programme had many important components, including confidential voluntary HIV counselling and testing at all health care facilities for all pregnant women, as well as PMTCT services for pregnant HIV-positive women.

An estimated 20,000 children have been protected from HIV infection in Thailand since the launch of the programme at the beginning of the decade. Moreover, new laboratory methods are being scaled up for

earlier determination of a child's HIV status, which will allow for better protection of the child's health and well-being. Strong political commitment and the implementation of evidence-based policies within a system already based on a strong primary health care foundation have been key factors in Thailand's success.

Ultimately, the epidemic of HIV/Aids cannot be dealt with in isolation. Experience from countries such as Thailand that have had the greatest success in controlling the epidemic suggests that measures to prevent and control HIV/Aids have to be an intrinsic part of primary health care services. Removing stigma and building stronger health systems are crucial, as are improving the education and status of women. Barriers to accessing PMTCT services must be removed, and appropriate care and social support for the affected child, mother and family must be ensured.

In this way we can ensure that HIV/Aids does not destroy the lives of young children even before they have begun.

No time to rest in battle against AIDS

The Australian

01/12/2010

Kevin Rudd

BACK in the early 1980s, the medical profession warned us all that HIV was a complicated virus and AIDS would be difficult to cure. Four decades later, this remains the case.

On this anniversary of World AIDS Day, there remains no vaccine and no cure to the disease. But we are encouraged by strong evidence that we can turn things around.

This year's UNAIDS Report on the Global Epidemic shows that fewer people are becoming infected with HIV, dropping by 19 per cent since the peak in 1999. Fewer people are dying from HIV-related illnesses and in the past five years we have increased the number of people receiving treatment by about 750 per cent. More people with HIV are well, and living longer

As we mark World AIDS Day, we welcome this trend while maintaining our strong commitment to prevention and treatment to achieve a dramatic reduction in HIV infections.

Australia is a global leader in the international response to HIV, particularly in the Asia-Pacific. The way we treat those most at risk determines whether it spreads through a population with further devastating impacts on families, communities and economies.

Australia's work on prevention of HIV is also part of our global leadership on women's rights and of non-discrimination on the basis of sexual orientation.

The international community must not let down its guard. We must continue to invest in the programs that work and make these available in more corners of the world. Australia recently announced a 55 per cent increase in our commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria, bringing our new pledge to \$210 million over three years.



As of June this year, the fund had helped nearly three million people receive anti-retroviral treatment and nearly one million HIV-positive women with treatment to prevent HIV transmission to the child. That's a million children with a start in life.

Papua New Guinea has made real progress in rolling out anti-retroviral treatment. Just six years ago, there was practically no access to this treatment. People, sadly, simply waited, then died. By last year, three-quarters of eligible people had access to treatment. A huge leap forward.

In total, Australia will commit more than \$170 million this year to help Papua New Guinea and other countries respond to HIV.

The establishment of a new Global Commission on HIV and the Law has Australia's support in principle and we are also a major donor. The commission is tasked with finding practical, evidence-based recommendations to protect and promote the rights of people affected by HIV. Michael Kirby has been appointed a commissioner and a co-chairman of the commission's Technical Advisory Group.

Last year, we saw the strong international leadership needed, with Indonesian President Susilo Bambang Yudhoyono endorsing a declaration calling for HIV prevention among most-at-risk groups in Indonesia.

The world is about to enter its fourth decade of the AIDS epidemic. Australia and many other countries know we can do more, and that we can accelerate the decline in transmission of HIV.

The executive director of UNAIDS, Michel Sidibe, says we know there is political and societal will to bring change. The real challenge is following through.

Fight to end HIV infections on track  
ABC News, Australia  
01/12/2010

By Paula Kruger

A report by UNICEF shows there has been a big improvement in getting help to deal with HIV infection to mothers in need.

Half of the pregnant women with HIV in developing countries are getting the drugs that prevent their babies from being infected.

But the report also shows there is still a long way to go if UNICEF is to reach its goal of eliminating mother to child transmission of HIV by 2015.

UNICEF Australia CEO Norman Gillespie says some progress is being made.

"There is indeed a message of hope on this World Aids Day that very significant progress is indeed being made and particularly in an area that we are interested in, which was the transmission of HIV from mothers to children," he said.

"We really succeeded in making progress, such that we can probably confidently say that this will be eliminated by 2015."

Mr Gillespie says increased awareness in countries that are being affected through education, supply of drugs, free clinics and breaking down of cultural taboos was the reason for optimism.

"In 2005, only 15 per cent of HIV-positive pregnant women in these developing countries were actually getting access to antiretroviral drugs. And that figure in 2009 has dramatically risen to 53 per cent," he said.

"So we are seeing marked progress, however I would caution that, because there clearly are pockets in the world that we are still not getting to.

"So we must always be conscious that these averages, while sounding very encouraging, really we should be concerned about the least able in that society."

#### Challenges ahead

With many infected people living in remote areas that do not have established HIV clinics, getting drugs to people who most need it remains an ongoing challenge.

Mr Gillespie says one of the countries that is of particular concern is Papua New Guinea, where only 13 per cent of HIV positive women are receiving treatment due to the combined factors of isolation, cultural and social stigma.

In a bid to address these issues, UNICEF, together with the World Health Organisation and others, have developed a mother-baby pack containing essential drugs and instructions for safe delivery practices for those mothers who cannot get to clinics and hospitals.

"Clearly that's what we'd prefer, but if not, getting these packs out can be a life saver and these packs are very inexpensive. They're selling for about \$95 and they really are making a huge difference," Mr Gillespie said.

Mr Gillespie says PNG, along with Cambodia, remain a major focus of UNICEF's HIV reduction efforts in the Asia-Pacific region.

"I've been there recently and seen for myself where things are really working, they've arrested it but there's still a long way to go," Mr Gillespie said.

"These statistics are still only 53 per cent - that's a great increase in five years, but that's not 100 [per cent].

"If you go down the street in Cambodia, you will not miss the banners about preventing aids, about the use of condoms, about encouraging people to go to the free clinics.

"That's really what you need, that widespread education and a reduction in the stigma that's attached to this terrible disease."

World AIDS Day commemorated  
FBC, Fiji  
01/12/2010

The Ministry of Health in conjunction with WHO and UNAIDS and other NGO's joined hands this morning to commemorate World Aids Day.

Health spokesperson PENI NAMOTU says to date, a total of 354 cases have been reported since 1989.

Namotu says the message for today's celebration is simple, be faithful and use protection.

"HIV AIDS doesn't respect any boundaries and you will get the virus if you don't follow advises."

World Aids Day 2010 is aimed at raising awareness to tackle HIV prejudice and help stop the spread of HIV.

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## EUROPE

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Treatment: Success of drug regime boosts hopes for a cure

Financial Times, UK

01/12/2010

By Clive Cookson

Next year marks the 30th anniversary of the identification of Aids as a disease and the 15th of the introduction of combination antiretroviral therapy – sometimes known simply as ART and sometimes as highly active antiretroviral therapy or HAART.

No scientific advance has done more to stem the advancing tide of Aids than ART, which uses a drug cocktail to prevent HIV replicating in human cells. The notorious genetic changeability of the virus can only be overcome if the patient takes at least three drugs at the same time.

While ART is far from painless – the patient still faces a gruelling regime of pill-taking and risks unpleasant side-effects – it does enable people to live almost normal lives for many years after infection.

From the public health point of view, ART is important, too, because it greatly reduces the amount of HIV circulating in the patient's blood and present in body fluids (by a factor of 1,000 to 10,000). This means people on ART are much less likely to transmit the virus, even if they engage in risky behaviour such as unprotected sex. A study of couples where only one partner was infected, published in the Lancet medical journal this year, showed that ART cut transmission between partners by 92 per cent.

With the continued failure to develop an effective HIV vaccine (see panel), some public health experts see ART as an alternative way to prevent infection spreading. Brian Williams, based in Geneva and affiliated with the South African Centre for Epidemiological Modelling and Analysis, has been very active this year in promoting "treatment as prevention", with presentations at the annual meeting of the American Association for the Advancement of Science and the Congress on Drug Therapy in HIV Infection.

Modelling studies suggest that HIV transmission could be eliminated within 10 years through a huge expansion of ART, according to Dr Williams. The strategy requires everyone in the target population to be tested for HIV and, if found to be infected, put on treatment immediately, whether or not he or she shows any sign of disease.

Although small-scale trials of treatment as prevention are being organised in North America and South Africa, there would be huge practical, financial and ethical obstacles to overcome before the strategy could be rolled out globally.

Meanwhile the success of ART is encouraging others to dream of going further than merely suppressing HIV – which requires a life-long drug regime – and actually curing Aids by eradicating the virus from patients. This would mean overcoming the issue of “HIV persistence” by tackling the “HIV reservoirs” in which the virus lurks in several places around the body.

Aids 2010, this year’s biggest international conference on the disease, heard several ideas for how to attack these reservoirs. “The science in this area is evolving rapidly, but HIV persistence remains a daunting challenge,” says Françoise Barré-Sinoussi, president elect of the International Aids Society.

She adds: “There is a strong need for continued investment in research to better understand why and how HIV infection persists under therapy. Solving these mysteries is critical for developing therapeutic strategies that will not depend on life-long therapy.”

Orvacs, a French Aids research foundation, is testing one approach in a phase II clinical study just getting under way in four European countries.

It combines two powerful antiretroviral drugs that work in different ways – the integrase inhibitor raltegravir from Merck and CCR5 inhibitor maraviroc from ViiV Healthcare (a joint venture of GlaxoSmithKline and Pfizer) – with an experimental drug that modulates the immune system, from Cytheris, a French biotechnology company.

The almost paradoxical strategy of the Orvacs trial is to use interleukin-7, Cytheris’s immune modulating agent, to reactivate the cells that carry latent infection. The two antiviral drugs should then inhibit viral replication while the patient’s strengthened immune system attacks and eliminates the infected cells.

At the same time, researchers continue to learn more about the way HIV enters human cells and attacks their DNA – information that may in time lead to better ways of removing the virus from its cellular reservoirs.

For example, researchers from Imperial College London recently used X-ray beams at Diamond Light Source, the UK’s national synchrotron, to show how retroviruses such as HIV use the enzyme integrase to insert their own genetic material into the DNA of a human cell.

“Only 18 months ago we had a sketchy understanding of retroviral integration,” says Peter Cherepanov, lead researcher on the project. “Now we have obtained snapshots depicting the whole process in atomic detail ... It has truly been a breathtaking ride.”

Even after three decades of intensive research, costing tens of billions of dollars and engaging some of the best minds in biomedical science, there is still much to learn about the disease.

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Vaccines: The search takes a hopeful turn

After a quarter century of frustration, the search for an effective HIV vaccine that could prevent new infections has taken a more hopeful turn over the past year or so, reports Clive Cookson.

The headline event that renewed optimism was the first success in history of a large-scale HIV vaccine trial, reported in September 2009. The efficacy in Thailand was much too modest for a commercial vaccine – 51 people in the vaccinated group and 74 in the placebo group became infected – but researchers took it as a positive signal that a vaccine could in principle be developed.

“Even though the effect was modest and barely reached statistical significance, it showed it was possible to prevent HIV infection in people – and that was a game changer,” says Gary Nabel, director of the Vaccine Research Center at the US National Institutes of Health. “Until then, some people thought we might never be able to prevent infection.”

Since the Thai trial announcement, scientists have been encouraged by the discovery of a dozen “broadly neutralising antibodies” which act against the vast majority of HIV strains.

These antibodies are produced naturally by between 10 and 25 per cent of people infected with HIV – those whose immune system mounts an unusually strong defence against the virus. Scientists have extracted the antibodies from the blood of HIV-positive volunteers and found they prevent more than 90 per cent of known HIV strains infecting human cells in lab tests.

Researchers are analysing how these antibodies attach to parts of the virus that remain fairly constant as HIV mutates. One of the biggest problems in vaccine development is that HIV is more changeable and variable than almost any other virus – even flu.

The challenge now is to produce a viable vaccine that will stimulate the human immune system to produce such broadly neutralising antibodies before it encounters HIV, in a way that will prevent infection in most people.

Even optimists recognise it will take a long time to build on recent progress to develop a vaccine that is safe and effective to give to everyone at risk of infection.

“I would be very surprised if we see such a vaccine [licensed for commercial use] in less than 10 years from now,” says Dr Nabel. “Clinical development moves slowly.”

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Sida: Sarkozy rappelle que l'épidémie se poursuit et dénonce ceux qui disent le contraire

AFP

01/12/2010

ORBEC (Calvados) - Nicolas Sarkozy a rappelé mercredi, à l'occasion de la journée mondiale contre le sida, que l'épidémie n'était pas terminée et a dénoncé le "comportement irresponsable" de ceux qui laissent croire le contraire, lors d'une table ronde sur la médecine à Orbec.

"Contrairement à ce qu'on entend dire, l'épidémie de sida se poursuit. Il y a 7.000 nouvelles contaminations par an (en France), et laissez à penser à nos compatriotes, et notamment aux plus jeunes, que c'est terminé c'est un comportement irresponsable", a déclaré M. Sarkozy.

"Quand on laisse croire que c'est terminé, que c'est derrière nous parce que les médecins ont fait des progrès considérables, on met en danger des jeunes en leur laissant à penser qu'ils n'ont pas l'obligation de

se protéger, de se prémunir et d'avoir un comportement qui évitera que leur vie soit bouleversée par la maladie", a-t-il poursuivi.

"Tant mieux si la médecine a fait des progrès, et tant mieux s'il y en a moins (de cas de contaminations, ndlr) qu'avant, mais 7.000 contaminations de plus, imaginez ce que ça signifie pour 7.000 familles d'avoir un de ses membres qui a la maladie ?", a insisté le chef de l'Etat.

"Sur les un peu moins de 150.000 personnes qui vivent avec le VIH aujourd'hui, il y en a près de 50.000 qui ne savent pas qu'ils sont porteurs de la maladie, 50.000 personnes qui se mettent en danger elles-mêmes et qui mettent en danger la vie des autres", a ajouté M. Sarkozy.

"La mission de santé publique, c'est quelque chose qui compte, c'est pas une lubie médiatique, c'est pas un problème anecdotique, c'est un problème et une question absolument cruciale", a-t-il conclu.

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World Aids Day: A fighting chance  
The Independent, UK  
01/12/2010

This battle is being won. With global co-operation, we can give hope back to the helpless, writes Elton John

This World Aids Day marks the beginning of a fourth decade living with a global killer. I understand that many of you have just picked up your morning paper and may not want to think about disease, death, and devastation. I understand that you may think Aids is too complicated and too persistent for us to solve. I understand that you likely have a dozen other issues clamouring for your attention – global warming, poverty, world peace, just to name a few – and the day has only just begun.

But I would make the case that Aids is still worthy of our attention, resources, and effort – now, more than ever before. Not because of my personal connection to a disease that has taken so many friends and colleagues over the years. It's not the troubling fact that Aids continues to attack young adults as they make their way into the world and start their own families. Nor is it the way Aids devastates household incomes and national economies, propelling the perpetual cycle of poverty.

In fact, I am compelled not by despair but by hope. I'm heartened by the recent statistics from UNAIDS that tell a promising story – 5 million people on treatment and a 25 per cent drop in new infections across the worst-affected countries since 2001. I'm motivated by the progress that Aids has quite unintentionally moved forward, rather than the destruction it has left in its wake.

Because despite the chaos Aids has wrought, it has also resulted in remarkable human compassion and ingenuity. When it struck the gay community with such ferocity, Aids galvanised gay men not only to demand medical treatment as patients, but also equal treatment as human beings. When religious leaders and moral crusaders declared it to be "God's judgment", brave and unlikely champions such as Princess Diana and Ryan White emerged to challenge the prejudices and taboos that lived in the hearts of millions. And when epidemics claimed the lives of millions of nurses, teachers, miners, and soldiers, an army of ordinary people proved to be much stronger, building networks, raising funds, and opening their hearts to the sick and their homes to the orphaned.

In 2001, the Global Fund – the most ambitious response to a global catastrophe since the Marshall Plan – was established to fight Aids, TB, and malaria. And in 2003, George W Bush launched the President's Emergency Plan for Aids Relief – PEPFAR – the largest international health initiative ever directed at a single disease. What has this incredible and unprecedented convergence of love, compassion, money, political will, and science given us?

For one thing, it has shattered the belief that poor countries are unable to manage complicated medical treatment. When PEPFAR was announced, only 500,000 Africans had access to HIV treatment, now 5.2 million people are on life-saving medicines. In Botswana, where 39 per cent of the population was infected with HIV in 2002 and life expectancy was under 40 years, President Mogae has claimed the Aids treatment that now reaches 80 per cent of patients saved his country from the brink of extinction.

For another, the innovation and ingenuity that has enabled millions to live longer lives has benefited so many more. The Global Fund has increased resources for more than just Aids: 35 per cent of its funding strengthens health systems that reach all patients, not just those with HIV. Since the Global Fund there is a real goal to eradicate malaria and usher in the first new TB drugs since the 1970s. The Aids epidemic has created an architecture to improve global health. It has given new impetus to improving primary education for a generation of Aids orphans. It has sharpened focus on gender equality and reinvigorated efforts to end maternal mortality. It has challenged stigmas and double standards that persisted long before the disease appeared.

I am proud that the Elton John Aids Foundation has contributed to this progress for nearly 20 years. Through the Foundation I have witnessed the ingenuity, the compassion, and the human love that has made a difference, not just in the fight against Aids, but in all aspects of the complex, globalised world in which we live.

Before I sound too much like a musician with his head in the clouds, let me be clear. I agree with President Clinton, who writes today, about how much work remains to be done. I understand the challenges of getting 10 million patients the treatment they still need and filling a funding shortfall of \$10 billion in the midst of a widespread economic crisis. I recognise the need for business expertise and leadership, good government policies, and engaging affected communities. I know the barriers that exist to building up the capacity of health care systems, training enough health care workers, and eradicating dangerous stigmas that keep many people from knowing their status and obtaining the medicines that could save their lives.

Yet, on this World Aids Day, I hope to share how a disease that once made us feel helpless can make us feel hopeful – and even proud. I hope these stories restore your faith in compassion. But most of all, I hope to leave you with a renewed sense that not only is this battle worth fighting, it is one we can win. And in many ways, it's the very thing that could save us all.

The bigotry that keeps Aids alive  
The Independent, UK  
01/12/2010

By David Furnish

Why is Aids such a horribly tenacious disease? Statistics released by Unaid for World Aids Day share some encouraging developments – new HIV infections worldwide have decreased by 19 per cent since 1999. However, there is a disturbing lack of progress in reducing HIV infection among gay men, particularly in

developing countries. Experts have long stated that HIV epidemics cannot be successfully quelled unless the underlying spread of HIV by male-to-male sex is addressed. Yet, across the globe, socially accepted homophobia and violence against sexual minorities have created barriers to HIV-prevention efforts in this population.

To shed light on a problem that concerns me deeply as a gay man, I spoke with Dr Robert Carr of the International Council of Aids Service Organisations – a leading advocate for human rights from the Caribbean. A disturbing picture emerged from our conversation of the ways politicians and religious and social leaders – all around the world – have justified the isolation, harassment, abuse, violation and even murder of sexual minorities in the name of preserving religious beliefs or family and community "values".

What follows in the wake of this inhumane treatment of stigmatised people is the inevitable rise in rates of HIV infections and deaths due to Aids, not only among vulnerable groups, but also within the general population. Fear and isolation prevent people exposed to the virus from seeking HIV testing and treatment, and the disease continues to spread unabated. "It can be very dangerous to be gay in the Caribbean," Dr Carr told me, "and to speak up is to risk bodily harm."

Although Caribbean attitudes about people living with HIV/Aids have become much more tolerant in recent years, the opposite has been the case for sexual minorities. Homosexuality triggers tremendous hostility in all sectors of Caribbean society. "There is great resistance to the idea that men who have sex with men, lesbians, bisexuals and transgendered persons are deserving of social and legal protections," Dr Carr said. "Many reject the idea that the brutalisation of sexual minorities is wrong."

What is true of the Caribbean is true of Africa and many other parts of the developing world. Such attitudes are encouraged by conservative religious leaders (backed by funding from right-wing evangelical organisations in the United States and Canada) waging a righteous "Christian war" against homosexuality to preserve what they see as traditional values and morality.

"Homosexuality has been declared a 'satanic influence', and gay people have been demonised and depicted as less than human," Dr Carr said. "There have been many documented instances of vicious attacks against gay people, which have been videotaped and posted on YouTube with comments applauding the violence as right and just."

I am proud to be a Canadian, but was disgusted and deeply saddened to discover that Canadian right-wing extremist religious groups would stoop to such sickening levels. According to Dr Carr, these people feel the Western world has fallen prey to these satanic influences (gay marriage is rightfully legal in Canada) and that they must turn their energies and their pocketbooks towards preserving the sanctity of the developing world. They are solely taking advantage of a part of our world where people are less educated to promote their own evil agenda.

This horrifying situation in the Caribbean is just one example of ingrained societal prejudices around the world resulting in inhumane behaviour that is highly counterproductive to reducing the spread of HIV infection. Dr Carr said: "Gay sex workers in some countries have been taken to detention centres and systematically raped in the name of 'curing' their homosexuality."

In Kenya and Uganda, religious groups have circulated photos, names, and addresses of gay rights activists to be placed on posters in communities and published in newspapers with messages urging that they should be killed. "In every case, deeply entrenched attitudes and prejudices, which have been taken for granted



over a lifetime as being correct, have enabled people to do things they would otherwise find abhorrent," Dr Carr said.

Last week at the Elton John Aids Foundation office in London, I met a man named Alan who runs a support group for HIV positive men in Mombasa. I was floored when he showed me a flyer posted in major Kenyan towns by a Christian evangelical group called Project See. This flyer featured a photograph of David Kuria, the director of the Gay and Lesbian Coalition of Kenya. It shockingly encourages people to hunt him down and kill him. To aid in this goal, they printed Mr Kuria's phone number and email in bold type.

How this barbarism can exist is beyond my comprehension, but when it is encouraged in the name of Christianity it is truly repulsive. It directly flies in the face of the Christian values of love and forgiveness on which I was raised.

Adding fuel to this witch hunt is Raila Odinga, the Prime Minister of Kenya. On Sunday at a rally in his constituency, he said: "Homosexuals should be arrested and taken to the relevant authorities." What is happening in such situations, explains Dr Carr, is that people are "regarded as disposable, less than human".

They are "left with no protection under the law and no means of seeking redress for the wrongs done to them", he said.

In recent years the Elton John Aids Foundation has funded innovative programs to establish models of how such misguided attitudes about sexual minorities and people living with HIV/Aids can be changed.

Through a series of grants to the Caribbean Broadcast Media Partnership on HIV/Aids, the foundation has enabled community-based organisations, such as Dr Carr's Vulnerable Communities Coalition, to educate Caribbean radio stations and media groups – who have in the past fanned anti-homosexual fervour – about the connection between violence against sexual minorities and the rise in HIV infection.

As a result, over 90 Caribbean media outlets have joined together to produce documentaries, news reports, public service messages and entertainment programmes humanising gay people, promoting tolerance for sexual minorities and people living with HIV/Aids, and educating the public about the realities of the Aids epidemic.

Since the advent of this programme in 2004, there have been substantially improved relationships between the gay community and the police and even somewhat improved relationships with religious leaders.

Programmes like this now need to be promoted in other parts of the world where 79 countries continue to criminalise sexual relationships between same-sex consenting adults. Until it is, the price of unreasoning hatred will be measured in human lives.

MTV launches "Me, Myself and HIV" film on AIDS day

Reuters

01/12/2010

(Reuters) - The head of MTV's AIDS charity was nervous about launching this year's World AIDS Day campaign without a celebrity, but decided to put her faith in two personal tales told by unknown youngsters.

The music channel is airing an hour-long television documentary "Me, Myself and HIV," which follows the lives of 25-year-old U.S. college student Angelikah and 21-year-old aspiring musician Slim from Zambia. Both are living with HIV.

"It's the first time that Staying Alive has done self-related reality, and I was very much influenced by some of the strong MTV programming like 'Teen Mom'," said Georgia Arnold who helped create the Staying Alive Foundation in 2004.

"I was very nervous about not having a celebrity, as distribution is often driven by the fact that there is a celebrity hosting it," she told Reuters ahead of World AIDS Day on Wednesday.

"But I think this program is so strong because of the two voices - Slim and Angelikah.

"Celebrities are fantastic and have a role to play in all this, but the real voices of young people living with HIV are turning people on to the issue."

Both of the featured youngsters go into some of the complications of living with HIV, but also share the positive message that people with the infection can lead full lives.

The show follows Angelikah and her boyfriend Taylor, who is HIV negative, as he gets himself tested, and the couple discuss how they can enjoy a normal sex life as long as they take the necessary precautions.

She has not told everyone at college about her condition and recounts to one fellow student how she fell out with her best friend who blamed her for ending up with HIV.

Slim is reluctant to open up about being HIV positive, but finds it a liberating experience when he eventually does.

Both discuss the daily routine of taking medication and the risks they face should they grow immune to its effects.

Arnold said the purpose of the film, airing on MTV's global network of 63 channels in 159 countries reaching up to 596 million households, was not to trivialize HIV and AIDS.

Medication had serious physical side effects, and sufferers could be psychologically fragile, she added.

After the film was made, for example, Angelikah and Taylor broke up.

"Being HIV positive may not be the death sentence it used to be, but at times like these it leaves me feeling like I've been sentenced to life in solitary confinement," Angelikah wrote in a blog from a hospital where she was being treated for depression.

"I know with my being undetectable and by being safe every time, the odds of me passing it on to someone else are slim or next to nothing. Sadly facts don't always win over fear. It shouldn't be this way, but stigma is a powerful thing."

Struggle to find an AIDS vaccine continues  
Deutsche Welle

01/12/2010

There has been a lot of hopeful progress made in the area of HIV vaccine research over the years, but many a setback as well. One reason for this is that there are many different strains of HIV.

Since HIV, the virus that causes AIDS, was discovered in 1982, scientists around the world have been trying to create a vaccine against it.

But 28 years later after its discovery, and 22 years after the first World AIDS Day on December 1, 1988, the world is still waiting for the big breakthrough.

Nevertheless, scientists haven't given up yet. They know that a well tolerated, effective vaccine could effectively stop the worldwide spread of AIDS.

Developing an AIDS vaccine is an ambitious undertaking. There have been signs of promise, but setbacks as well, largely due to the changing nature of the virus. The fact is, there is no single strain of the human immunodeficiency virus (HIV), but many viruses, all of them slightly different.

"The virus is constantly changing, altering its structure, its genetic composition. That makes it harder for the immune system to fight," said Gerd Faetkenheuer, a professor at the University Clinic in Cologne, in an interview with Deutsche Welle.

When a person is infected with HIV, his or her immune system develops antibodies that fight the virus, but he or she is unable to stop it from spreading.

Simulated antibodies created in the lab

"Everyone who is infected, every patient, has antibodies. But these antibodies don't protect against the virus - as a rule, they just indicate it," Faetkenheuer said.

Researchers have been able to create simulated antibodies in the lab that are better than natural ones. They can protect people from numerous HIV strains and can even stop the virus from entering and infecting cells. But it's not clear whether these molecules will be able to function outside of the lab.

A further approach to vaccine research aims to teach the immune system what HIV-infected cells look like, so that the body can recognize the cells and get rid of them. According to Faetkenheuer, this kind of vaccine wouldn't be able to prevent infection, but could at least teach the body how to control it.

"We need immune cells that can recognize and kill the virus," he said. "A major problem in HIV infection is that the virus attacks the immune cells as well. You can even say that it attacks the most important cells of the immune system - the helper cells. They control the immuno-response."

The Thai exception

None of the possible vaccines that have been tested on people so far have proved effective - with one exception.

In Thailand, a combined vaccine was effective to a certain level. Its double aim was to stimulate antibody production while teaching the immune system to recognize infected cells. In a test group, those vaccinated showed 31 percent fewer incidents of infection.

This is the first small success after a series of setbacks. Yet there is one major problem: to this day, researchers cannot explain how the vaccine worked, and they aren't sure whether or not the results can be trusted.

"[31 percent] is a very slight difference, which also can be affected by external factors," Faetkenheuer said. "So we can't be sure if it was a real result, or if external factors that we haven't yet identified played a role."

Looking for answers in healthy populations

Researchers hope that a new, detailed analysis of the Thai experiment - already underway - will bring an answer to this question. Results are expected in around two years.

So what does a vaccine need to be able to do in order to protect someone from contracting HIV?

Dr. Bruce Walker, an AIDS expert at Boston University, is looking for the answer. He is testing carriers of the HIV virus who have the unusual ability to control the virus to the point where it almost doesn't replicate at all.

Walker has discovered genetic material in these subjects that doesn't exist in other HIV patients.

"The challenge is now for us to reach the point that we understand the mechanism and find out how to really control the virus," he said.

But there is likely to be a long road before that point is reached. There may never be a 100 percent reliable vaccine against HIV - but even a vaccine with a 50 or 60 percent protective effect could help to slow the spread of the virus, experts say.

Multifaceted strategy for fighting the disease

A complete disease-fighting strategy wouldn't rely entirely on the vaccine. Other techniques include: condoms, male circumcision, and medication. Because as it turns out, HIV-infected patients who are medically treated are less infectious, Faetkenheuer said.

"At present, the most successful tool we have isn't vaccination, it is treatment," Faetkenheuer said. "When people are treated, it means that fewer people will be infected."

The problem with that, however, is that even in wealthy Europe, about half of the people who are HIV positive don't know it.

"If they don't do an AIDS test, they can infect other people without even wanting to," said Jens Lundgren, a professor at the University of Copenhagen. "They don't know that they are a risk for their partner, and a risk for society."

As ever, taking a simple AIDS test is one method for proving an existing infection - and for getting early treatment. And it is still the surest way to know whether or not you could spread the virus to other people.

Author: Martin Winkelheide/jen

Editor: Cyrus Farivar

Austerity threatens treatment advances  
Financial Times, UK  
30/12/2010

By Andrew Jack

The Vatican provided an early birthday present for World Aids Day last month, when the Pope offered an unexpected endorsement of condoms to prevent HIV. It was a rare positive development at a time of concern over slowing efforts to tackle the epidemic.

A decade after new approaches and funding began to spark a revolution in treatment and prevention around the world, outdated attitudes and a slowdown in funding risk restricting further advances. Greater faith, hope and charity are now all required.

The latest report from UNAids stresses achievements since the start of the millennium. More than 5m people now receive life-saving drugs, and prevention measures have reduced the rate of new infections each year by a fifth from its peak in 1997.

"We have broken the trajectory of the Aids epidemic," says Michel Sidibé, the agency's executive director. "We are closing the gap between prevention and treatment."

Optimists point to clinical trials offering distant hopes for an HIV vaccine, and therapies that could allow long-term suppression of the virus.

Very recent studies support much expanded "treatment as prevention", with greater use of medicines both by those with HIV to reduce their infectivity, and as prophylaxis in others to prevent initial replication of the virus immediately after transmission.

"You could look forward to a day in five or 10 years' time when we could have a pretty good armatorium for prevention," says Mark Dybul, former head of PEPFAR, the US government's programme to fight Aids in the developing world.

In the meantime, the burden of HIV remains heavy, with an estimated 33.3m living with the virus, 1.8m dying from complications and 2.6m new infections each year. Even on the most optimistic estimates, there could still be 1m new cases annually 20 years from now, and an ever-larger number on long-term treatment.

Yet progress has slowed in some countries and there has been backsliding in others. Without a "magic bullet" to cure or prevent transmission, the field is becoming more crowded with a series of incremental interventions that raise hopes but add to short-term costs and complexity.

Moreover, further growth in the relatively large sums channelled to fighting Aids is threatened by austerity measures imposed since the 2008 financial crisis.

In October, donors pledged just under \$12bn over the next three years to the UN-backed Global Fund to Fight Aids, TB and Malaria. That is more than the agency has ever received, but still short of the lowest of its three target scenarios of \$13bn-\$20bn.

Michel Kazatchkine, the Fund's director, says: "We are seeing major advances and successes despite the financial climate. But this [level of funding] means countries will slow down scale-up of access to treatment and prevention programmes and will not get us on target."

UNAids calculations suggest \$16bn in total was spent last year, \$10bn less than required. Funding is already being squeezed, including to the agency itself which, to make best use of its \$250m annual budget, has frozen posts and cut staff and travel.

To critics, the axe could fall more aggressively still. Former US President Bill Clinton, whose foundation has helped reduce treatment costs, and Bill Gates, the founder of Microsoft, whose philanthropy has supported much work in the field, both chose efficiency as their theme at the biennial Aids conference last summer.

UNAids proposals include "Treatment 2.0", a package of new approaches, including longer-lasting medicines with fewer side-effects that are cheaper and easier to take, combined with more use of simpler diagnostics and community health workers to ease the burden on more costly medical staff.

Unitaid, another multilateral agency, has funded a "patent pool", which is trying to stimulate development of better and cheaper drug combinations, while lobbying for funding generated in innovative ways including via a financial transactions tax.

Better value for money is also the main recommendation of a report by aids2031, a think-tank, which highlights the need for improvement, as well as greater emphasis on funding targeted approaches for prevention, long the poor relation of treatment.

While much progress has been made in preventing mothers from transmitting HIV to children, for instance, coverage could be considerably higher and efficacy boosted through the use of better drug combinations given over longer periods.

Nicholas Hellmann, executive vice-president at the Elizabeth Glaser Pediatric Aids Foundation, says: "Our challenge is not only to reach the other half of women in need, but also to make sure all have access to combination prophylaxis or treatment regimens."

Circumcision is now being offered to men in sub-Saharan Africa, but implementation is slow.

President Yoweri Museveni of Uganda, an early champion of HIV prevention, has been reluctant to encourage the practice, according to Musa Bungudu, the local UNAids representative. "There is a general complacency, with gradual decline in commitment and support from the leadership."

Yusef Azad, director of policy and campaigns at the National Aids Trust in London, also sees the need for reinvigoration, in an era when widespread drug treatment has eased the fear of death. In the UK, that means finding new ways to tackle HIV infection in gay men. "When normal gay life is put forward as going clubbing every weekend with drugs and alcohol, we're doing everything we can to make it as difficult as possible to use condoms," he says.

A change in approach by many more governments could ensure limited resources are better spent. Eastern Europe and Central Asia are causing particular concern, with prospects for treatment – an essential precursor to persuading people to be tested for HIV – often lower than in Africa.

By neglecting needle exchange programmes, victimising drug users and forbidding methadone substitution for heroin addicts, Russia and some of its neighbours have spurned the most effective strategies for "harm reduction" among injecting drug users, the greatest contributors to their epidemics.

“The criminalisation of drug users undermines public health efforts by driving them underground and away from prevention and care services,” says Elly Katabira, president of the International Aids Society.

A resurgence in laws to criminalise homosexuality and intentional infection with HIV – an issue highlighted by the recent trial in Germany of the singer Nadjia Benaissa – are having a similar effect.

Joseph Amon, health and human rights director at Human Rights Watch, is equally concerned about the impact of the misappropriation of donor funds, including recent cases in Uganda and Zambia.

He also criticises countries for using scarce donor money when they could contribute more. “China seems to have no problem with bilateral funding and investment in Africa, but gives a very pathetic amount” to the Global Fund, he says.

That makes the choices all the more painful for countries such as South Africa, which has shown strong leadership on HIV in recent months, but will need substantial extra support to fund new policies.

The next stage in tackling Aids demands acceptance of shared responsibility by donors, recipients and individuals.

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The 'War on Drugs' has failed: policy should be based on science and human rights  
Financial Times, UK  
30/11/2010

By Elly Katabira

The War on Drugs is a failure and is undermining the fight against HIV-Aids. On World Aids Day 2010, the International Aids Society is asking its 19,000-plus membership of HIV professionals around the globe to sign up to the Vienna Declaration – drug policy should be based on science, not ideology – and speak with one clear and credible voice to call for a new, evidence-based approach to dealing with illicit drugs.

The evidence has long been in for IAS – more than a third of the organisation’s members work as healthcare and social services providers on the front lines of the HIV epidemic. They know that the criminalisation of drug users undermines public health efforts by driving them underground and away from prevention and care services.

They know that the War on Drugs places individuals already vulnerable to HIV infection in even higher risk settings; incarcerating them in overcrowded prisons where a high prevalence of HIV, a risk of violence, the use of non-sterile drug injection equipment, sexual contacts, tattooing and sharing of razors create an ideal breeding ground for the disease.

Our members also know that in a number of countries, record drug-related incarceration rates have negatively affected the social functioning of entire communities.

Racial disparities in drug incarceration rates are also evident worldwide, and are particularly severe in the US, where approximately one in nine African-American males in the age group 20 to 34 is incarcerated on any given day, primarily as a result of drug law enforcement.

But don't just take our members' word for it. Look at the terrifying picture on injecting drug use and HIV infection emerging in some parts of the world.

Outside sub-Saharan Africa, drug users account for approximately one in three new cases of HIV. In some areas where HIV is spreading most rapidly, such as eastern Europe and Central Asia (EECA), HIV prevalence can be as high as 70 per cent among people who inject drugs, and in some areas more than 80 per cent of all HIV cases are among this group.

Policymakers in the EECA region, however, have failed to respond to these startling statistics, and the region is unfortunately notorious in the sector for its human rights abuses, police brutality and disastrous drug policies.

Methadone maintenance therapy, for instance, remains illegal in Russia, despite a high incidence of heroin use and despite the fact that methadone is on the World Health Organisation's list of essential medicines and is recognised as one of the most effective treatments for heroin addiction.

IAS members working on the front line also know what the solutions are.

They know that a human rights-based approach to drug use is the only sane public health response.

This approach has seen extraordinary policy changes in countries such as Malaysia where substitution therapy with methadone and needle exchange programmes are now available for injecting drug users. Much of this turnaround in policy has been driven by the work of IAS member Adeeba Kamarulzaman, professor and head of infectious diseases at the University of Malaya, Kuala Lumpur.

This human-centred approach to drug use also has seen changes, albeit on a more minor scale, in countries such as Ukraine, where the prevalence of HIV in prisons is at least 10 times that of the overall population.

On October 21 2010, several changes, each vital to the protection of the rights of those living with, working with or affected by HIV in Ukraine, were incorporated in legislation, including the right of HIV-positive injecting drug users (IDUs) and other IDUs to receive Opioid Substitution Therapy (OST).

The implementation of these policies needs to be carefully monitored by the local and international community, but there can be doubt that these changes represent an important step forward. There is strong evidence that Ukrainian law enforcement officers have systematically harassed and intimidated medical and other health personnel involved in providing legal substitution therapy.

We must also continue to look to the experiences of countries such as Portugal to remind us that revolutionary policy changes can be implemented and achieve successes.

Ten years ago, Portugal had one of the worst IDU problems in Europe, and the rate of HIV infections in drug users was described as a 'humanitarian crisis'.

In 2001, it became the first country in Europe to officially abolish criminal penalties for possession of drugs intended for personal use, implementing a decriminalisation programme that focused on prevention, education and treatment.



Officials say the policy is working and records show a significant fall in levels of petty crime associated with addicts stealing to buy drugs, addiction rates themselves, and the number of HIV diagnoses among intravenous drug users.

The Vienna Declaration, the official statement of the XVIII International Aids Conference (Aids 2010) held this year in Vienna, draws attention to – and advocates the removal of – futile drug policies that not only fail to achieve the stated objectives of drug law enforcement, but produce overwhelmingly negative health and social consequences.

More than 17,000 people, including many of the world's leading scientists, have signed the declaration. As a scientist, I am painfully aware that most governments will only respect scientific evidence when public pressure is applied.

I urge all IAS members and the wider public to sign the Vienna Declaration and force governments to acknowledge that the only way forward is an evidence-based approach to address the individual and community harms that stem from illicit drug use.

*Elly Katabira is president of the International Aids Society*

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Guest column: Long-term strategy must focus on the local  
Financial Times, UK  
30/11/2010

By Peter Piot, Heidi Larson and Stefano Bertozzi

Next year the Aids epidemic will enter its third decade.

The global response has been one of big failures but also of measurable achievements.

In spite of the progress, Aids has not gone away.

The latest UN Aids estimates found 2.6m new infections last year and 1.8m deaths, with the disease remaining the top cause of death in sub-Saharan Africa.

Global averages also mask local problems, such as second waves of HIV infection in Uganda and elsewhere in Africa, and among gay men in western Europe, continuing HIV transmission among injecting drug users in the former Soviet republics, and explosive epidemics among men who have sex with men throughout Asia.

In many societies HIV infection is now endemic. Thanks to the growing availability of antiretroviral therapy, Aids has become a chronic disease for those who are fortunate to have access to such treatment. But, in 2009, only 36 per cent of those needing treatment had access to the life-saving drugs.

In the absence of a cure and a vaccine, it is increasingly obvious Aids will be with us for many decades.

This implies that we need to replace the reactive, short-term response with proactive, long-term measures. Especially in a prolonged crisis, it is important to consider the long-term implications of short-term budget decisions.

A report, *Aids: Taking a Long Term View*, soon to be released by the aids2031 initiative – a multi disciplinary think-tank – makes a number of recommendations.\*

First, adapt the strategy. Prevention must be re-emphasised to reduce new infections. Resources should be concentrated on the most effective interventions where they make the most impact: which is where most new infections occur.

This also means customising prevention, based on up-to-date local epidemiological and behavioural data.

Thus, a strategy for the long term means moving from a predominantly global approach to national and local agendas.

At the same time, prevention cannot be effective if legal and societal obstacles prevent it from reaching those at risk.

This implies that anti-discrimination campaigns, decriminalisation of same-sex relationships and of harm-reduction approaches for prevention of HIV among those injecting drugs should be an integral part of anti-Aids efforts.

Second, increase efficiency. We need to be more effective with available resources – from optimising treatment to ensuring more efficient programme management.

Business practices should be employed for rapid feedback on performance at local levels, so that every prevention or treatment effort is better than the previous one.

Third, lengthen budget cycles. We cannot continue to address a long-term problem and life-long treatment with annual funding cycles. Budget cycles should move to 10-15 years, while programme performance indicators should change to measure long- term impact, such as new infections and deaths, rather than just short-term process gains.

Fourth, continue to innovate. It is critical to invest in science and technology. Yet, while we maintain focus on innovation, delivery needs equal attention – evaluating what is working and why or why not.

Last, renew leadership. We are concerned leadership on Aids is waning. It has made a critical difference at multiple levels and is still needed.

While funding will remain a big issue, that needs leadership commitment. In some countries – such as expanding economies in Asia – policy leadership rather than money may be the biggest issue. The real challenge will be for leaders to put policies in place to prevent the most infections possible and save the most lives.

As we mark World Aids Day, it is crucial to remind ourselves, Aids remains one of the greatest health crises of our time, having killed nearly 30m people since 1981. There is an urgent need to take a long-term view and make bold changes so millions more do not die needlessly.

Peter Piot is director and Heidi Larson senior lecturer at the London School of Hygiene & Tropical Medicine. Stefano Bertozzi is Director, HIV and TB at the Bill & Melinda Gates Foundation

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50.000 personas en España ignoran que tienen el VIH

El País, Spain

01/12/2010

EMILIO DE BENITO – Madrid

Alrededor de 50.000 personas en España no saben que están infectadas por el VIH. Esta cifra representa un tercio de las aproximadamente 150.000 que viven con el virus (el 80%, hombres). Como quedó patente ayer en un acto organizado por la ONG Apoyo Positivo, saber si se está infectado es un beneficio para la persona, para sus parejas y para los sistemas sanitarios. Para el afectado, porque desde el primer momento de la infección el virus influye en su salud, produce inflamaciones y daño neurológico. Además, se está privando de la posibilidad de acceder a los tratamientos, que en España son gratuitos y de fácil administración (lo normal es que sean tres pastillas en una toma al día).

Estos fármacos han evolucionado tanto que ya hay estudios y centros privados que recomiendan suministrarlos desde el primer momento, porque se ha visto que el posible riesgo de efectos secundarios y de aparición de resistencias es inferior al beneficio de evitar que la infección prospere. Esto, sin embargo, no es lo que se hace en los sistemas sanitarios públicos (sí en algunos privados) porque en el balance no entran solo los efectos sanitarios, sino que también hay que tener en cuenta el económico. Un tratamiento estándar para un paciente primerizo cuesta de 6.000 a 8.000 euros al año, y una vez que se empieza no se puede abandonar. Por eso -y más en este tiempo de crisis- las recomendaciones son esperar a que el sistema inmunitario empiece a debilitarse, pero no tanto como para que aparezcan infecciones oportunistas (las que no surgirían si la persona no tuviera el VIH, como algunos hongos o neumonías), y ese límite está actualmente en los 450 linfocitos CD4 por mililitro de sangre (lo normal en una persona sana es que este recuento esté entre 800 y 1.200).

En este aspecto de beneficio propio entra otro factor: aparte de los que no saben que tienen el VIH, están quienes se enteran tarde, cuando su sistema inmune ya está muy deteriorado.

Para ellos el peligro está en que pueden sufrir infecciones oportunistas, y que los antivirales funcionan peor, o pueden incluso fallar. Se calcula que de los 2.264 nuevos diagnósticos notificados en los seis primeros meses de 2009 en las 15 comunidades con registro, el 50% de los casos se trataba de personas que ya empezaban a sentir efectos adversos de la infección.

Otra ventaja importante de saber si se está infectado es que puede protegerse a las parejas. De hecho, se calcula que ese 30% de personas que no saben que tienen el VIH son la fuente del 70% de las transmisiones del virus, según una estimación del Grupo de Estudio del Sida (Gesida) de la Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica (SEIMC).

Por último, los sistemas sanitarios también se benefician si todos los afectados saben que lo están, porque permite actuar antes, de manera preventiva, y se evitan hospitalizaciones y medicaciones aún más caras. Incluso una de las herramientas emergentes, las pruebas rápidas, aunque son más caras, podrían ayudar al respecto. Ya hay varias ONG que las hacen y, en algunas comunidades, como el País Vasco y Cataluña, las ofrecen las farmacias. En Madrid, los centros de salud del distrito centro (donde está la zona de Chueca, considerado el barrio gay, y otras zonas con muchos inmigrantes) también tienen un programa para hacerlas. Tienen la ventaja para el usuario de que en 20 minutos se conoce el resultado.

Precisamente la promoción de la prueba es el objetivo de la campaña que, con motivo del día mundial de la lucha contra el sida que se conmemora hoy, ha presentado el Ministerio de Sanidad. El objetivo es que quienes hayan tenido una relación de riesgo (la transmisión sexual supone un 80% de los nuevos diagnósticos de VIH, según los últimos datos del registro estatal que engloba a 15 comunidades) se hagan la prueba. Para ello, Sanidad cuenta este año con que convencer a los sanitarios detecten a quienes estén en esta situación, y les indica que sugieran que se hagan la prueba todas las embarazadas; quienes tengan una hayan padecido una enfermedad de transmisión sexual, tuberculosis o hepatitis viral; los que quieran dejar de usar el preservativo con una pareja estable; y los que hayan tenido una relación desprotegida con alguien.

La preocupación no es solo española. En Europa, el Centro de Control de Enfermedades (ECDC) calcula que hay 850.000 personas que viven con VIH, de las que 255.000 no lo saben. De hecho, países como Francia y Estados Unidos se plantean que la prueba de detección del VIH se ofrezca a toda la población. Algunos estudios apuntan a que si se hiciera la prueba a toda la población y se tratara desde el principio a quienes dieran positivo, en 50 años se habría acabado con la pandemia.

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## **LATIN AMERICA AND CARIBBEAN**

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Cricket stars 'Think Wise'  
Jamaica Gleaner  
01/12/2010

UNITED NATIONS, New York, (CMC): The United Nations said yesterday that international cricketers will show their support this week for a UN-backed initiative supporting people living with HIV and AIDS by wearing red ribbons on their playing shirts during matches.

The effort comes as the UN celebrate World AIDS Day on December 1 and is part of the 'Think Wise' initiative, a partnership between the International Cricket Council, the Joint UN Programme on HIV/AIDS (UNAIDS), the UN Children's Fund (UNICEF) and the Global Media AIDS Initiative that has been running since 2003.

"The red ribbon that we wear symbolises our support for the cause to help those living with HIV and AIDS to live a full and productive life in society without giving up hope," said Sri Lanka captain and Think Wise Champion, Kumar Sangakkara.

"It is a disease that we should fight by understanding how it spreads and encouraging people to talk about things like sexuality in their homes," added Sangakkara, who will wear a red ribbon along with the rest of his team when Sri Lanka face the West Indies today.

Players taking part in other One-Day Internationals in Bangladesh and India today will also wear red ribbons, while players for England and Australia will wear the ribbons on the first day of the second Ashes Test on December 3, the UN said.

It said the 'Think Wise' campaign will continue through the ICC Cricket World Cup 2011, under the theme "Get the Facts, Protect Yourself."

INFORMING young people

The UN said the campaign will encourage young people to be informed, take appropriate action to prevent HIV infection and stand together against stigma and discrimination often facing people living with HIV and AIDS.

Players will wear red ribbons during the important matches of the tournament, including the quarter-finals, semi-finals and final of the 2011 CWC.

The UN said the positive results of AIDS awareness campaigns, such as the 'Think Wise' initiative were beginning to bear fruit, with a new UNAIDS report showing the beginnings of a reversal of the spread of HIV.

New HIV infections have fallen by nearly 20 per cent in the last 10 years, AIDS-related deaths are down by nearly 20 per cent in the last five years, and the total number of people living with HIV is stabilising, the report says.

Ilumina GDF de rojo el Ángel por Día de Lucha contra el  
Milenio, Mexico  
01/12/2010

Ciudad de México.- A unas horas de que arranque la jornada mundial por el Día de Lucha contra el Sida, el jefe de Gobierno del Distrito Federal encabezó la ceremonia en la que se iluminó el Ángel de la Independencia, en Reforma, de color rojo con proyecciones de listones blancos.

Marcelo Ebrard llamó a trabajar en conjunto para evitar que la falta de recursos sea motivo para no combatir el virus.

Durante el encendido del sistema de iluminación roja, el mandatario local dijo: "No podemos permitir que nadie muera porque no tenga los recursos para poder acceder a medicamentos muy caros".

Ebrard explicó que la iluminación de Paseo de la Reforma, busca simbolizar la importancia que tiene la atención al problema del Sida, y reconoció que la ciudad de México juega un papel destacado en el país en la lucha contra el síndrome de inmunodeficiencia adquirida (Sida).

Destacó que para prevenir y contener la pandemia se requiere de información, por eso en el Distrito Federal se distribuyó el libro de la sexualidad, obra que, comentó, generó una batalla cultural con diferentes sectores del país, incluyendo la iglesia.

Por otra parte, reconoció la labor de distintas organizaciones que trabajan para controlar esta pandemia, al tiempo que presumió que en el Distrito Federal se permite que cada quien ame a quien quiera, a diferencia de otros estados en donde prevalecen los prejuicios.

CAHN: HAY QUE TRABAJAR PARA DEJAR DE ESTIGMATIZAR AL ENFERMO  
Terra, Argentina  
30/11/2010

El presidente de la Fundación Huésped, Pedro Cahn, afirmó hoy que es fundamental para dejar de estigmatizar al enfermo de VIH que "se lo trate como a cualquier otra persona que padece una patología crónica y que no tenga que estar explicando por qué tiene la enfermedad.

De cara a un nuevo aniversario del Día Internacional de la Lucha contra el VIH, el inféctologo explicó a Télam que la buena noticia es que dejó de ser una enfermedad mortal para ser crónica, pero que esto sucede si se cumplen dos condiciones: El acceso al tratamiento antirretroviral, como sucede en Argentina, y el conocimiento de que se padece la enfermedad.

Según datos de ONUSIDA, de 15 millones de personas padecen la enfermedad en el mundo, pero sólo 5 millones acceden al tratamiento antirretroviral.

El tratamiento antirretroviral tiene un beneficio doble. Por un lado, baja el virus en la persona enferma mejorando su calidad de vida, y por el otro al haber menos concentración del virus se disminuye el contagio, lo que afecta directamente a la salud pública, explicó.

Cahn consideró que en Argentina hay una adecuada respuesta ante las personas que se acercan a realizar la detección del virus y ante el tratamiento y que el desafío a futuro consiste en que haya más promoción para realizar el testeo.

Hay que salir a buscar a la gente, concientizar a la población y también a los trabajadores de la salud sobre la importancia de ofrecer el análisis para poder realizar la detección de la enfermedad", dijo el médico Y puso como ejemplo que, incluso en los casos en los que es obligatorio el examen como en el embarazo, "muchas veces los obstetras no lo ofrecen.

Además de presidir la Fundación Huésped, Pedro Cahn es Jefe de Infectología del Hospital Fernández, miembro del Comité Técnico Asesor del Programa nacional de Sida y fue el Primer Presidente de la Sociedad Argentina de Sida.

Para mañana la organización tiene previstas diferentes actividades en todo el país entre las que Cahn destacó la emisión el 3 de diciembre por Canal 13 del programa Sutile Diferencias, en el que se habla justamente de la necesidad de información, la no discriminación y la solidaridad.

Nicolás Aguayo: "El SIDA es una enfermedad cada vez más femenina y joven"  
PPN, Paraguay  
01/12/2010

En la fecha se conmemora el "Día Mundial de lucha contra el SIDA", en tal sentido el Doctor Nicolás Aguayo, del Programa Nacional de Lucha Contra el SIDA (PRONASIDA), en contacto con Radio UNO, informó sobre los índices de esta enfermedad en nuestro país

"Unas 10.436 personas fueron víctimas del SIDA en el Paraguay, desde el año 1985 hasta el 2010. Del total de infectados ya han fallecido unas 1.641 personas", relató el profesional médico.

El Director del PRONASIDA manifestó asimismo su preocupación por que "el SIDA se ha vuelto una enfermedad cada vez más femenina y joven".

Panamá, en vez de frenar el sida multiplica los casos  
La Estrella, Panama  
01/12/2010

PANAMÁ. La información sobre los casos del sida y VIH es contradictoria. Por un lado, organismos internacionales como Onusida, en su reciente informe, registran un frenazo de la enfermedad; por el otro, asociaciones locales como Probidsida reportan un aumento de casos y el propio ministro de Salud, Franklin Vergara, expresa preocupación por el aumento de los casos. 'Hay un alto conocimiento en la población sobre el peligro que representa el sida para la salud, pero en el tema de las prácticas y conducta es donde se está fallando. En Panamá unas 5 mil personas reciben tratamiento gratuito en las 14 clínicas antirretroviral que regenta el MINSA', sostiene Vergara, médico internista.

Pero, como lo señala el doctor Orlando Quintero, de Probidsida, cumplir con la meta del milenio en el 2015 —detener la enfermedad— no es un asunto del MINSA ni de Probidsida. 'Hay otros sectores que no hacen nada, que están esperando que los demás hagan'.

Quintero dice que hay factores que abonan la transmisión de la enfermedad, tales como la economía de servicios, puertos en ambos mares, crisis de valores, un problema en la educación sexual, además de la ignorancia en que vive un gran porcentaje de la población.

El médico también lamenta que aún los padres no les hablen de la sexualidad a sus hijos, que este tema sea un tabú generacional, tampoco hay sensibilidad en la población, se aborda el tema esporádicamente durante los once meses; sin embargo, segundo a segundo el virus no descansa. '33 millones de personas están afectadas; 7 mil 400 casos diarios se reportan; de esos, 2 mil 500 son jóvenes', detalla.

En Panamá, según Quintero, hay unos 11 mil casos de sida y estima que 20 mil personas viven con el VIH sin conocer la condición de portadores asintomáticos y estos son los más preocupantes porque tardan diez años para presentar síntomas y a cuántas personas contagian en este tiempo, la cadena es enorme, expresa.

El médico expone que cuando una persona se acuesta con otra lo hace también con todo su historial sexual.

Las adolescentes tampoco se hacen el control prenatal y esto aumenta el riesgo de que los niños nazcan con VIH. 'Es toda una maraña de situaciones que hay que atacar, no es solo un problema de salud, Panamá ocupa primeros lugares en prevalencia en la región', advierte.

Sobre el cumplimiento de la sexta meta del milenio, donde todos los países se comprometieron a frenar los casos de sida, mirando el comportamiento de la enfermedad en Panamá durante los últimos años, donde los casos aumentan de 600 a 800 al año, Quintero ve difícil que el país pueda cumplir con esa promesa.

En tanto, el ministro considera que es necesario que el sida sea una prioridad de Estado y de interés nacional por sus graves repercusiones a la salud, a la sociedad y a la economía nacional, ya que esta enfermedad es real y la única forma de contenerla es que cada persona ayude a que otras adopten comportamientos sexuales seguros, dado que la principal vía de transmisión sigue siendo la sexual.

Quintero se pregunta qué está pasando en el país, que los ciudadanos no toman conciencia del peligro; 'si hay aumento de los casos de sida, ni lo dudes que han aumentado los casos de VIH', matiza, y continúa diciendo que la gente debe asumir su responsabilidad, pues 'somos muy dados a pedir, pero no se asume una responsabilidad y esto conlleva una gran inversión, solo en tratamientos, 12 millones de dólares al año', aclara.

OTROS RESULTADOS

César Núñez es director regional del equipo de apoyo de Onusida para América Latina. Este médico hondureño es optimista con el trabajo realizado hasta el momento contra la propagación del sida.

Explica que el informe recoge un momento en el tiempo de la epidemia en la mayoría de los países del mundo en un periodo de 2009 y principios de 2010. Contiene información de cómo estaban las infecciones, cómo estaban las personas que ya tenían la enfermedad, cuántas estaban recibiendo tratamientos, cuánto se gasta en prevención, cuánto en tratamientos.

Núñez detalla que este documento marca cuánto se ha logrado y entrega una propuesta de trabajo para llegar al acceso universal, tanto para la prevención como para el tratamiento. 'Existen desafíos y logros en estos diez años, y nos permiten enfocarnos en el compromiso de cumplir con el objetivo del milenio del sida, que es detener la epidemia'.

El médico resalta que el informe muestra noticias halagüeñas: reducción en las nuevas infecciones, el tratamiento se vio bastante favorecido, lo que no significa que está resuelto el problema, 'tenemos un camino extenso que recorrer', enfatiza.

Núñez dice que la prevención es una de las deudas que se tiene en todo el mundo, que hasta ahora se ha enfocado en el tratamiento.

Para el 2015 hemos pedido que los países nos digan cuáles serán los escenarios, ahora está controlado, esperaríamos que para ese año tengamos mejores resultados, mayor cobertura y que la prevención de la epidemia sea triplicada.

#### MAPA DE COBERTURA

Según el informe, un 52% de la población afectada tiene acceso a los tratamientos en América Latina. 'Esto no es así cuando miramos adentro de estos países, esa cifra es el promedio, países como Argentina, Brasil y México tienen coberturas importantes. Otros como Panamá y Costa Rica tienen un 100% de cobertura. En tanto que algunos como Bolivia reportan menos de 30% de cobertura'.

En América Latina la concentración de casos está entre los 15 y 35 años de edad y es una epidemia dominada por los hombres, de tres infectados, dos son varones. 'Con el avance del tratamiento se considera una enfermedad crónica que con los cuidados y los medicamentos la persona sigue su vida normal'.

Concluye con la recomendación a una prevención combinada. 'No existe una varita mágica para resolver el problema, se tiene que combinar la información para todas las personas'.

Día Internacional de Luta contra a Aids (Editorial)

Página 20, Brazil

01/12/2010

Hoje, 1º de dezembro, é o Dia Mundial de Luta contra a AIDS. A campanha deste ano busca a conscientização de jovens, mulheres e homens, com idade de 15 a 24 anos, sobre a importância da prevenção por meio do uso do PRESERVATIVO.

Outro ponto importante da campanha está voltado para o combate à discriminação com que são tratadas as pessoas que convivem com o vírus HIV no planeta. E essa luta incita a participação solidária de outros homens e mulheres de mente e corações abertos.



Nos dias atuais a doença não ocorre em um grupo específico de pessoas, o que exige que todos observem as orientações dos especialistas em saúde, quando dizem que o melhor meio de prevenir a contaminação pelo HIV é o uso do PRESERVATIVO.

A matéria publicitária da campanha alerta que a AIDS não tem preconceito com relação à cor, raça, credo, classe social ou gênero, o que deve servir de reflexão para que as pessoas também abandonem o preconceito e passem a discutir mais o assunto.

Na realidade, o diálogo tem sido a arma mais eficaz contra qualquer tipo de fobia ou preconceito. Quando o assunto passa a fazer parte das rodas de conversa, as informações fluem, as mentes se abrem e os mitos se desfazem.

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## **NORTH AMERICA**

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America's global fight against AIDS  
Washington Post  
01/12/2010

By George W. Bush

During a presidency often forced to focus on issues of national security, the fight against global disease was sometimes viewed as an anomaly or exception. It wasn't and isn't. America has a direct stake in the progress and hope of other nations.

Many of the world's problems - terrorist networks, criminal gangs, drug syndicates, pandemic diseases - are no more than a half-day plane ride from the United States. These challenges tend to take root in hopeless, poorly controlled areas. This does not mean that promoting health and development is a substitute for confronting immediate threats. It does mean that no national security strategy is complete in the long run without promoting global health, political freedom and economic progress.

Early in my first term, it became clear that much of sub-Saharan Africa was on the verge of catastrophe. In some nations perhaps a quarter of the population was infected with HIV. The disease was prevalent among teachers, nurses, factory workers, farmers, civil servants - the very people who make a society run. Drugs to treat the disease existed and were falling in price, but they could hardly be found in Africa. Whole countries were living in the shadow of death, making it difficult for them to plan or prepare for the future.

Our response began with an effort to reduce mother-to-child transmission of the virus - the saddest, most preventable aspect of the crisis. In 2002, America helped found the Global Fund to Fight AIDS, Tuberculosis and Malaria to encourage the concerted action of wealthy nations. In 2003, I announced the President's Emergency Plan for AIDS Relief (PEPFAR), an ambitious bilateral program to confront the worst of the pandemic with speed and urgency. Members of Congress from both parties, leaders of African nations and outside advocates such as Bono became partners with my administration in a tremendous undertaking.

In all of these efforts, my concern was results. I was frankly skeptical of some past foreign assistance programs. In this crisis, we needed not only more resources but also to use them differently. So we put in place a unified command structure; set clear, ambitious, measurable goals; insisted on accountability; and made sure that host governments took leadership and responsibility. The results came more quickly than many of us expected. Early in 2003, there were perhaps 50,000 people in sub-Saharan Africa on AIDS treatment. Today, thanks to America, other donor nations and the tireless work of Africans themselves,

nearly 4 million are. Fragile nations have been stabilized, making progress possible in other areas of development.

But the most vivid results, for me, had a more human scale. On World AIDS Day in 2005, two young children from South Africa, Emily and Lewis, came for a White House visit. They chased around the Oval Office before Emily did what many others no doubt wanted to do - she fell asleep in her mother's lap during my speech. Both young children were HIV-positive but had begun treatment. I could not even imagine all that curiosity and energy still and silent.

I firmly believe it has served American interests to help prevent the collapse of portions of the African continent. But this effort has done something more: It has demonstrated American character and beliefs. America is a certain kind of country, dedicated to the inherent and equal dignity of human lives. It is this ideal - rooted in faith and our founding - that gives purpose to our power. When we have a chance to do the right thing, we take it.

On this World AIDS Day, considerable progress has been made. The United Nations recently reported that the world has begun to halt and reverse the spread of HIV/AIDS. However, considerable need remains. Every human life is precious, and far too many people around the world continue to suffer from the disease.

We still hope for an AIDS vaccine. In the meantime, there are millions on treatment who cannot be abandoned. And the progress in many African nations depends on the realistic hope of new patients gaining access to treatment. Why get tested if AIDS drugs are restricted to current patients? On AIDS, to stand still is to lose ground.

I am happily out of the political business. But I can offer some friendly advice to members of Congress, new and old. A thousand pressing issues come with each day. But there are only a few that you will want to talk about in retirement with your children. The continuing fight against global AIDS is something for which America will be remembered. And you will never regret the part you take.

*The writer was the 43rd president of the United States.*

Building on the progress made this World AIDS Day  
USAToday  
01/12/2010

From the Empire State Building to St. Paul's Cathedral in London to the Opera House in Sydney, the world is going red today to commemorate World AIDS Day.

Since the beginning of the epidemic, more than 60 million people have been infected with HIV and nearly 30 million people have died of HIV-related causes. But there is some good news to report. Thanks in large part to education and prevention efforts, HIV infection rates have declined by almost 20% worldwide over the past decade, according to the United Nations.

However with resource demands outstripping supply and funding in decline, these advances are in jeopardy, warns a report from UNAIDS.

"Investments in the AIDS response are paying off, but gains are fragile -- the challenge now is how we can all work to accelerate progress," Michel Sidibe, executive director of UNAIDS, says in a press release.

Here are several ways folks are working to keep a spotlight on this issue along with ways you can help continue the progress this World AIDS Day and beyond:

- The total number of children who have lost their parents due to HIV increased to 16.6 million in 2009. For World AIDS Day, Save the Children has released a new multimedia video highlighting new hope for orphans and other children affected by AIDS in Ethiopia, where 530,000 children have benefited from U.S.-funded programs. See the video and learn how you can help support children affected by HIV and AIDS here: [www.savethechildren.org/worldAIDSday2010](http://www.savethechildren.org/worldAIDSday2010)

- Currently, more than 56,000 million Americans continue to be infected with HIV each year. As part of the NBA Cares Season of Giving, the NBA family, along with partner Greater Than AIDS campaign, is debuting a new television and radio public service campaign to raise HIV/AIDS awareness in the U.S. The PSAs -- featuring NBA stars Pau Gasol (Los Angeles Lakers), Al Horford (Atlanta Hawks), Russell Westbrook (Oklahoma City Thunder), and WNBA star Candice Wiggins (Minnesota Lynx) -- will encourage fans to visit an information-packed website at [www.greaterthanids.org/nba](http://www.greaterthanids.org/nba).

- According to a top U.N. official, complacency among young people is causing a new surge of the AIDS epidemic in the United States and European nations like Britain and Germany. MTV's Facebook and Twitter profiles are turning red today in honor of World AIDS Day, encouraging young people to GYT (Get Yourself Tested). As part of this day, MTV and mtvU will air a new documentary, "Me, Myself and HIV" along with special World AIDS Day programming on MTV, MTV Hits and MTV Jams, in addition to teaming up with Planned Parenthood of New York City to offer free HIV testing in Washington Square Park on December 1st. MTV will also join landmarks from around the world- from the Empire State Building to Table Mountain in Cape Town, South Africa - that will be illuminated the color red as part of the (RED)'s new campaign, 'The AIDS Free Generation is Due in 2015.' For more details on any of these initiatives, head to [www.GYTNOW.org](http://www.GYTNOW.org).

- In honor of World AIDS day, users can head to the online Apple store to download a free iPhone App based on Pos or Not, an interactive game developed with the Kaiser Family Foundation that challenges stereotypes and breaks down the barriers that may prevent people from talking openly about HIV/AIDS, getting tested, and using protection. People from across the U.S. - half of whom are living with HIV and half who are not - share parts of their lives for "Pos or Not" by divulging their HIV status to help dispel myths and misconceptions about HIV and AIDS. Players confront their own HIV stereotypes as they guess whether a profiled participant is positive or negative based only on a photo and a few personal details, such as what they do on the weekends or their favorite kind of music. To date, the game has been played 10.1 million times online.

- Planned Parenthood is commemorating World AIDS Day by organizing over 110 tabling events aimed at engaging American youth in the global fight against HIV/AIDS and educating them about their own risk of contracting the virus. Head to Planned Parenthood website to learn more.

- Volunteers organizing tabling and outreach events on high school and college campuses across the country will distribute a new fact sheet on the global HIV/AIDS epidemic, published today by Planned Parenthood Federation of America. The fact sheet, available for download, underscores the need for sex education as a central pillar of HIV prevention efforts.

- Alicia Keys and several celebs, including Lady Gaga and Justin Timberlake, have staged their "digital deaths" today to raise awareness for the HIV/AIDS epidemic and money for her charity, Keep a Child Alive.

The stars will sign back on to Twitter and Facebook as soon as the charity raises \$1 million. All money raised will go to support families affected by HIV/AIDS in Africa and India. Go here for the full story.

To see how the HIV/AIDS epidemic has impacted children, check out this video from Save the Children:  
<http://yourlife.usatoday.com/mind-soul/doing-good/kindness/post/2010/12/how-to-continue-the-progress-this-world-aids-day/133111/1>

Why AIDS First?  
Huffington Post  
01/12/2010

Dr. Mark Dybul and Michael Gerson

In 2003, George W. Bush launched the largest international health initiative ever directed at a single disease: the President's Emergency Plan for AIDS Relief (PEPFAR). According to a recent Stanford study, the program was responsible for saving the lives of more than a million Africans in just its first three years. More than five million people in poorer countries are now receiving lifesaving drugs, mostly through support from PEPFAR, the Global Fund and budget contributions of the countries themselves.

The effectiveness of this global fight against AIDS is well established. But its cost effectiveness is still debated. Some claim this money might have been better spent on less complex interventions such as clean water, or on broader priorities such as health infrastructure. Has putting AIDS first actually diverted attention and resources from more urgent goals? The implicit challenge of this question is that more lives might have been saved by other, less costly methods.

Confronting HIV/AIDS through prevention and treatment is a relatively expensive, long-term commitment. But in Sub-Saharan Africa, it was not merely one option among many. With the cohesion of whole societies at stake, confronting AIDS first was the prerequisite for all other progress.

In the last five decades, despite weak health systems, unchecked malaria and unclean water, life expectancy in much of Sub-Saharan Africa increased by almost 30 years and infant mortality decreased. But one aggressive pandemic changed all that. As HIV/AIDS swiftly spread in the 1980s and 1990s, life expectancy began to fall -- in some cases by more than 30 percent -- and infant mortality began to climb. In some countries, nearly 50 years of public health gains were wiped out in less than a decade. In the hardest hit nations more than one-third of the adult population was HIV-positive, and in some areas more than 75 percent of pregnant women were infected.

Unlike plagues of the past, HIV is a discriminate killer. It targets the most productive and reproductive part of society -- those who are 15 to 49 years old. HIV is not a disease of the poorest of the poor. Studies from India, Russia and Africa show that HIV disproportionately affects those who have climbed a few rungs on the socioeconomic ladder, including factory and mineworkers, the military, and those who are more educated, including teachers and health-care workers.

At the height of the AIDS pandemic, four percent of nurses in Swaziland died from HIV every year. In Zambia, 38 percent of all departures from the health workforce were HIV-related. In Kenya, health workers were twice as likely to be HIV-positive as the general population. And the number of HIV cases was overwhelming already strained health-care systems. The disease accounted for 50 percent of all

hospitalizations in hard-hit countries. Without first addressing the effects of HIV, there was no chance to build strong health systems.

The crisis reached further. In Zambia, for example, HIV was killing two-thirds of newly trained teachers, making progress on education impossible. The disease was undermining economic growth on the continent. HIV disproportionately affected militaries, significantly limiting the strength of African peacekeepers -- 40 percent of all global such forces. But the largest effect was psychological -- the hopelessness and despair that came from a sense that death from HIV was every person's destiny. Men and women living in the shadow of death are less likely to invest in education, plant for the next season or start a business, and more likely to embrace radicalism and violence.

HIV was not just another disease to be coldly calculated by cost per life saved. It was taking the people, and undermining the attitudes, that make modern society possible. Early in this decade, Africa had many other needs, but the threat of this disease was overwhelming. Issues such as health infrastructure are important -- but they become less urgent during the Black Death. It was necessary, even unavoidable, to put AIDS first.

With the worst of the emergency confronted -- AIDS deaths declined in the world for the first time in 2008 -- it is now appropriate to begin taking a broader view. The response to HIV demonstrated that massive investments in global health could achieve results and shattered the paternalistic myth that poor countries could not manage complicated health delivery. It is because of the response to HIV, not despite it, that we can discuss significant investments in other areas of global health. More than a third of PEPFAR and Global Fund budgets now support the building of health systems. The principles of President Obama's Global Health Initiative -- dedicated to better coordinating efforts on an array of health challenges -- are a natural evolution of PEPFAR and deserve broad support.

But on this World AIDS Day, we should not minimize the work that remains. HIV remains the leading killer of young Africans and is the leading cause of death of women of reproductive age in low- and middle-income countries. Were it not for HIV, deaths around childbirth would have declined an additional 20 percent.

It remains as true today as it was in 2003: Unless HIV is controlled in Sub-Saharan Africa, there is little hope for progress in any area of health or development. For seeing the future so clearly and taking decisive, compassionate action on HIV, President Bush deserves the Nobel Prize. The irony is that he might be one of the few not to care if he ever receives it.

*Mark Dybul is Distinguished Scholar at Georgetown University's O'Neill Institute for National and Global Health Law, the Global Health Fellow at the George W. Bush Institute and was the Global AIDS Coordinator from 2006 to 2009. Michael Gerson is a senior adviser at the ONE Campaign and served as a policy adviser to President George W. Bush.*

AIDS 'Fatigue' May Cause Lack of Funds, Former UNAIDS Head Says  
Bloomberg  
01/12/2010

By Chris Kay

Success in stemming HIV infections caused "fatigue" toward combating the virus and may result in reduced funding for treatment and prevention, said the former executive director of the United Nations' AIDS program.

"There is clearly AIDS fatigue," Peter Piot, who became director of the London School of Hygiene and Tropical Medicine in September, said in a Nov. 25 interview in London. "Things go by fashion. There's a paradox that when there's results, often political leaders think, 'OK, great, declare victory, we can move to the next problem,' because there are so many problems. That would be really frightening, with bad consequences."

AIDS, an immune disease that was first discovered in 1981, killed 1.8 million people last year, down from a peak of 2.1 million in 2004, according to the UNAIDS annual report last week. About 2.6 million people worldwide contracted HIV, the AIDS-causing virus, last year, 19 percent fewer than in 1997, when the number of new infections peaked, the report said. New infections declined for a 12th straight year.

More than 1.2 million people began taking anti-HIV drugs in 2009, up 30 percent from a year earlier, said the Geneva-based agency. About 5.2 million people in low- and middle-income countries have access to treatments now, according to the report.

While it's "a spectacular success," that more than 5 million people with HIV are being treated with antiviral drugs, there are 33 million people with HIV in the world, said Piot, 61, who speaks at a conference in London today.

#### Funding Prevention

AIDS funding reached \$15.9 billion last year, \$10 billion short of what is needed this year, according to UNAIDS. Funding for prevention needs to be spent more selectively, Piot said.

"In Latin America, for example, most HIV-prevention programs are directed towards the general public, people who are not at high risk and there is not much going on in the gay community where the problem is," said Piot. "That's a waste of money then. My mother doesn't need HIV prevention, she's 87."

Piot, a Belgium-born doctor and microbiologist, stepped down as executive director of UNAIDS in 2008 after 13 years as its head. He co-discovered the deadly Ebola virus in 1976.

Three prevention trials in 14 months that have raised hopes that HIV can be defeated after decades of failed efforts to develop a vaccine are "semi-breakthroughs," Piot said.

Gilead Sciences Inc.'s Truvada, sold since 2004 to subdue HIV in infected people, cut the risk of contracting the virus by 44 percent, and reduced new infections as much as 73 percent in those who used it most, according to results published last week in the New England Journal of Medicine.

Other research milestones on HIV and AIDS include a study presented in July that showed a vaginal gel containing Gilead's Viread cut infections by 39 percent among women in South Africa. In September last year, an experimental vaccine cut infections by 31 percent in a trial in Thailand.

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Bringing the AIDS fight back home  
Boston Globe  
01/12/2010

By A. Cornelius Baker

IN THE history of fighting AIDS, progress has been slow in preventing transmission of the deadly virus. Until this year.

For the first time, a trial in Thailand showed effectiveness of a preventive vaccine against HIV. Researchers announced the first proof of concept in a trial with microbicides, gels designed to prevent HIV transmission during sex.

In addition, Pope Benedict XVI says that condoms can be used in special circumstances, such as to prevent transmission of HIV. And a trial conducted in 11 sites, including the United States, with participants in Boston and San Francisco, showed a protective benefit for HIV-negative gay men who took a daily antiretroviral pill.

But on World AIDS Day, the question remains: Even with all this new promise, and with the great progress the United States has made in fighting AIDS in other countries, why aren't we more committed to end AIDS at home? And why aren't we doing more on the prevention front with African-Americans who comprise nearly half of all new HIV infections?

There are an estimated 1.1 million US residents living with HIV, and 25 percent of them are unaware of their infection. Each year, an estimated 56,300 people become newly infected. And each year, more and more of the people infected are African-Americans. For instance, among black gay men ages 13 to 24, the number of detected cases rose a stunning 93 percent from 2001 to 2006 in 33 states reporting.

Some will argue that anyone living in the United States should fully know about the risks of contracting HIV through unprotected sex, and take full precautions.

But think for a moment about a 17-year-old gay youth. HIV is invisible in his community. He may not know it. He is young and vulnerable, just at the beginning of understanding his sexuality, and like all 17-year-olds may not make the right decision every time. Now imagine if he gets infected with HIV. In many places in the United States, this young person can't receive drugs that can save him and has to join a waiting list. There are now more than 4,000 Americans on waiting lists for AIDS treatment.

The problem partly rests with the federal government not providing enough funds for states, which are in the midst of budget crises. The National HIV/AIDS Strategy for the United States that the White House released in July sets a vision where HIV infection is rare and when it does occur the person will have full access to care. Our nation must fully commit to implement that goal.

To do so requires an investment in research and programs, including demonstration projects in the 12 cities most impacted by HIV to use this potential new tool of antiretroviral drugs for prevention.

If further trials look equally as promising, this so-called PrEP approach — Pre-Exposure Prophylaxis — raises the obvious question about whether the United States will mount an aggressive protection campaign for key vulnerable populations, most notably African-Americans, Latinos, and all gay men.

Some may say the costs of making the pill available are too large. But those costs may be a down payment that saves us money in the end, if targeted preventions prevent a significant number of people from contracting HIV.

We must face an ugly truth: As we think about how to respond to HIV, we must face the fact that we have yet to do so in full force in all of America's towns and cities. That needs to change. HIV is untamed, frighteningly so among African-American communities, and we need to fight it with all our might.

*A. Cornelius Baker is an HIV/AIDS expert at the Academy for Educational Development and a member of the Presidential Advisory Council on HIV/AIDS.*

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## CDC: Most Americans Still Haven't Been Tested for AIDS Virus

Wall Street Journal

30/11/2010

By Betsy McKay

More than half of adult Americans have never been tested for the AIDS virus, despite a four year-old campaign to make screening routine, according to a report out today from the Centers for Disease Control and Prevention.

About 45% of adults aged 18-64 — that's almost 83 million people — reported in 2009 that they had ever been tested for HIV infection, the CDC said. That's 11.4 million people more in 2006, when about 40% of adults said they had ever been tested. Fewer people are being diagnosed late in their infection, when they may already have developed full-blown AIDS.

The improvement comes after the CDC in 2006 recommended routine screening for HIV in health-care settings, expanding its earlier guidelines in the hope of slowing an epidemic that has affected an estimated 1.1 million people in the U.S. About 56,000 people are newly infected every year.

The latest numbers represent "significant progress" in getting people tested and into care, said CDC head Thomas Frieden on a conference call with reporters. But more is needed, he said.

Most troubling is that more than 28% of people at elevated risk of HIV infection say they have never been tested. The CDC estimates that as many as 21% of the 1.1 million people living with HIV in the U.S. don't know they're infected. Three out of five African-Americans reported having ever been tested, even though they made up more than half of those diagnosed with HIV in 2008.

Moreover, the agency says, nearly one-third of diagnoses still occur late.

People at higher risk of HIV infection, such as gay and bisexual men and IV drug users, should get tested once a year, the CDC says. Catching an infection early reduces medical costs — estimated to be \$367,000 over the lifetime of an infected person — extends life expectancy and cuts down on further transmission of the virus.

While many of those at higher risk are hard to reach because they don't have regular access to health care, that's not always the case, Frieden said. Some gay and bisexual men diagnosed late with HIV infection often had seen doctors in the previous year and were not offered an HIV test, he said.

"We would like to see HIV testing as routine as cholesterol screening," said Jonathan Mermin, director of the CDC's HIV/AIDS prevention program.



## US launches HIV testing program in Zimbabwe

Associated Press

01/12/2010

By ANGUS SHAW

HARARE, Zimbabwe -- The United States launched a program in Zimbabwe Wednesday to encourage HIV testing, with the U.S. ambassador, local musicians, broadcast personalities and soccer stars taking tests to mark the occasion.

Alexio Kawara, one of the nation's most popular musicians, said Zimbabwean celebrities are leading the U.S. program launched on World AIDS day to dispel fears over knowing one's HIV status.

U.S. Ambassador Charles A. Ray said "wiser older folk" like him are not always listened to, but he hoped the young, popular celebrities should set example that others would follow.

After the tests Wednesday, all the results were kept personal and confidential, a core principle of the program.

The U.S. is the biggest contributor to modern AIDS treatment centers across Zimbabwe that have tested and counseled 2 million people.

Kawara told attendees at a testing center in downtown Harare that AIDS deaths were common in the music industry.

Stardom made "our temptations higher," he said. "Every lady wants to say something to you."

Munyaradzi Chidzonga, 24, an actor and filmmaker who is widely known in Zimbabwe as the runner-up in the last "Big Brother Africa" television reality show, said many of his friends and contemporaries hid their fears over AIDS "behind closed doors."

Health workers also say there is still a stigma attached to HIV infection in some communities, compounded by ignorance over the effectiveness of antiretroviral medication.

"We need to be open," Chidzonga said. "Knowing your status one way or the other gives you the power to control your life. Let's perpetuate this and change the way people think."

Official figures put Zimbabwe's HIV infection rate at about 13 percent of the overall population, but more than 20 percent in the 13-30 age group.

Soccer star Desmond Maringwa of the top-of-the-league Dynamos Football Club has played the game for 15 years since he was a child.

After receiving counseling from social workers about the implications of the test, he and the others waited 15 minutes for the result of the analysis of their blood, taken from a light jab in the thumb.

"Hey, that was a long 15 minutes, but we've got to get the fans to come and do this," he said.

World AIDS Day and a disease that's no longer a cause célèbre  
Toronto Star  
30/11/2010

Debra Black, Staff Reporter

As a cause célèbre, AIDS is no longer as sexy or compelling as it once was, losing much of its national and international cachet over the last couple of years.

The disease no longer grabs as many headlines. Politicians no longer feel compelled to be seen to invest huge dollars into research, transmission and prevention of the disease in the developing world. And closer to home many in the developed world, at least, treat the disease as nothing more than a chronic irritation.

As the world gets ready to celebrate World AIDS Day 2010 on Wednesday, many lament the apparent lack of interest in the disease. AIDS fundraising continues, but many donors turn a deaf ear and have turned to other issues and organizations. And the United Nations promise to have universal care, treatment and prevention of HIV by 2010 has yet to be achieved.

Thirty years after AIDS made headlines, the world's attention has turned to other things: tuberculosis, malaria, malnutrition, mother and child health, Haiti, and the strengthening of the health system worldwide.

"I think back in the early days of the epidemic there was a sense of urgency that somehow has been lost," said Dr. Julio Montaner, the Director of the British Columbia Centre for Excellence in HIV/AIDS in an interview with the Star.

Put simply, AIDS is no longer sexy, agrees Montaner, who also serves as the Chair in AIDS Research and Head of Division of AIDS in the Faculty of Medicine at University of British Columbia, and the Past-President of the International AIDS Society.

Partially it's because in North America many no longer face a certain death if diagnosed with AIDS. Thanks to daily medication, most people here with AIDS live long and productive lives, he said. The same cannot be said in the developing world, where the epidemic continues to be "devastating and killing."

"But if you're not there and don't see it, it's pretty easy to move on and say, 'Let's focus on our priorities'," Montaner said. For

Montaner maintains that deep-seeded discrimination and stigma has resulted in decreasing interest in the disease.

"We still embrace equal opportunity and same-sex marriage but, to be frank, it's window dressing. Stigma and discrimination still exist in our environment."

For those working in the field, it's inconceivable that somehow the world can move on to something else, he said. "We're walking away from what is the beginning of a successful enterprise."

The latest UNAIDS report shows some success worldwide as AIDS numbers begin to change course. According to the report, new HIV infections have fallen by nearly 20 per cent in the last 10 years, AIDS-

related deaths are down by nearly 20 per cent in the last five years, and the total number of people living with HIV is stabilizing.

More specifically, in 2009 there were 2.6 new infections, one-fifth less than in 1999. AIDS-related deaths are down to 1.8 million a year from a high of 2.1 million in 2004.

The number of people living with HIV has gone up from 26.2 million in 1999 to 33.3 million in 2009. The increase is due mostly to a reduction in the number of people dying from the disease as well as the rise in infections.

Even the distribution of life-saving drugs is increasing, with 5.2 million people out of 15 million who need the drugs getting them.

But Montaner said this doesn't spell the end of the disease abroad or at home, pointing to an epidemic among Canada's First Nations, and among young men who have sex with men in B.C. and in Saskatchewan, where according to the latest statistics, the rate of positive HIV tests was almost three times higher than the national average.

"What I think is going on (is) people can only see to the end of their noses and can't see the importance of dealing with the HIV epidemic in a proactive way so our children won't be saddled with the AIDS mortgage because we didn't feel like addressing it (any more.)"

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## **UNAIDS WEB.SITE**

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Eminent world personalities call for Prevention Revolution

UNAIDS

01/12/2010

GENEVA, 1 December 2010—On the occasion of World AIDS Day 2010, the UNAIDS High Level Commission on HIV Prevention has released a Declaration calling on world leaders to accelerate the decline in new HIV infections and spark a prevention revolution.

The Declaration was released by the co-chairs of the HIV prevention Commission, Professor Françoise Barré-Sinoussi and Archbishop Desmond Tutu, on behalf of the 19 members of the Commission.

"It is more important than ever before to work on HIV prevention because scientists have developed an array of effective tools which if implemented could reverse the AIDS epidemic," said Professor Barré-Sinoussi. "It is unacceptable that many countries have not made these life-saving HIV prevention tools widely available."

A new UNAIDS report has shown that 56 countries have either stabilized or achieved significant declines in rates of new HIV infections. However, the High Level Commission finds that ebbing financial investments, lack of political commitment and ineffective prevention priorities are challenging this progress.

"HIV prevention activism is indispensable to overcome the epidemic," said Archbishop Tutu. "Communities must receive the support and encouragement they need to mobilize against the epidemic with courage and fearless commitment."

The UNAIDS High Level Commission on HIV Prevention was established in July 2010 and is composed of political, business, civil society and philanthropic leaders. The members have been tasked with building conviction among their peers that success in HIV prevention is possible with their support. The launch of the Declaration begins their campaign of global engagement.

The Declaration calls for a prevention revolution and features four key elements: rapid scale-up of successful prevention tactics; routinely measuring new HIV infections; assessing the commitment of political, business and non-governmental leaders to HIV prevention based on data; and protecting human rights to overcome inequities and reduce the threat posed by HIV to specific populations.

“I welcome this declaration made by the High Level Commissioners on HIV prevention,” said UNAIDS Executive Director Michel Sidibé. “With their support we can move towards a world with zero new HIV infections.”

Members of the commission will participate in a series of World AIDS Day activities on 1 December to reinforce the HIV prevention message. Three members will join the UNAIDS Executive Director in Brazil to take part in World AIDS Day activities in Brasília alongside Brazilian President Luiz Inácio Lula da Silva.

Find out more about the UNAIDS High Level Commission on HIV Prevention [here](#).

Download print version of press release [here](#).

Commission Declaration: [English](#) | [French](#) | [Spanish](#) | [Russian](#)

Netherlands serves as example of leadership in AIDS response  
UNAIDS  
01/12/2010

Amsterdam/Geneva, 1 December 2010—On this year’s World AIDS Day, a delegation from the UNAIDS Programme Coordinating Board is visiting the Netherlands to learn from its experience in the response to HIV.

The visit comes just one week after UNAIDS launched the 2010 Report on the global AIDS epidemic which revealed a shift in course of the epidemic resulting from investments made in the response, with new HIV infections down by 20% since 1999, deaths down by 20% since 2004 and numbers of people living with HIV stabilizing.

“Good progress is being made and we are seeing strong return on investments. This is due in part to our combined efforts in HIV prevention and treatment,” said Jan Beagle, UNAIDS Deputy Executive Director, Management and External Relations. “But in these difficult economic times the gains made today could easily slip away. UNAIDS urges all countries, including the Netherlands, to continue supporting the AIDS response both at home and abroad.”

The Netherlands, which currently chairs UNAIDS’ Board, is hosting the visit. As well as being a long-established leader in the response to HIV, the Netherlands is a well-respected global champion of human

rights. In particular the Netherlands has been forthright in highlighting the difficulties faced by marginalized populations, including those at higher risk of exposure to HIV such as sex workers, people who inject drugs and men who have sex with men. It has also been instrumental in bringing attention to the particular vulnerabilities women face in the AIDS epidemic and continues to advocate for closer linkages between HIV and sexual and reproductive health policies, systems and services.

In addition to its work internationally, the Netherlands' response to HIV domestically is a model for a successful approach to the epidemic which will be the subject of discussions and field visits with the UNAIDS Board delegation. During the three-day visit, the delegation will meet representatives from the Ministries of Health and Foreign Affairs, hold discussions with non-governmental organizations, and visit community programmes supporting sex workers and a facility providing harm reduction services for people who inject drugs.

The 27th Meeting of UNAIDS' Programme Coordinating Board will be held in Geneva, Switzerland on 6 – 8 December, 2010.

Download print version of press release [here](#).

WHO: Affordable TB prevention a must for people living with HIV  
UNAIDS  
01/12/2010

Tuberculosis (TB) is a leading cause of death among people with HIV and, in order to mitigate this threat, low-cost preventive therapy is essential. In new guidelines released today, the World Health Organization (WHO) sets out how such therapy can be accessed safely and effectively.

According to WHO, the anti-TB drug isoniazid has a dramatic positive impact and the guidelines, aimed at resource-constrained settings, promote the use of Isoniazid Preventive Therapy (IPT) as a simple and cost-effective method that stops TB bacteria becoming active. A quarter of the nearly two million AIDS-related deaths each year is associated with TB and in some communities up to 80% of people who test positive for tuberculosis are also living with HIV.

WHO is committed to increasing the use of IPT. Coverage is currently extremely low with only 0.2% of all people with HIV having had access to this therapy last year. Additionally, around the globe just one in 20 HIV-positive people has ever been screened for TB.

"World AIDS Day reminds us that business as usual is unacceptable and HIV programmes need to significantly expand their efforts to address TB," said Dr Gottfried Hirnschall, Director of WHO's HIV Department. "We need to fully implement the WHO Three I's for HIV/TB strategy in collaboration with all partners".

The Three I's are: Isoniazid Preventive Therapy, Intensified TB screening and Infection control for TB. According to WHO, these measures should be delivered as part of comprehensive HIV services.

"In many countries HIV is a major driver of the TB epidemic. TB is preventable and curable and the new guidelines show how to break the chain that links TB and HIV leading to death," said Dr Mario Raviglione,

Director of WHO's Stop TB Department. "All countries and communities need to implement the new guidelines and WHO can provide the necessary support to ensure that this can happen."

To encourage access to IPT for the millions in need, the WHO guidelines, which are based on recent scientific evidence used to update 1998 policy, address some of the misconceptions seen to be partly responsible for the IPT's low coverage. There is no scientific evidence, for example, to support concerns that the treatment causes drug resistance to isoniazid. Also, IPT can be started following simple clinical screening without the need for costly mandatory tests as had been feared.

There are several key recommendations in the new WHO guidelines:

All children and adults living with HIV, including those on antiretroviral treatment and pregnant women, should receive IPT.

IPT should be provided for 6 to 36 months, or as a life-long treatment in settings with high HIV and TB prevalence.

People living with HIV who may have TB symptoms should be further screened for active TB or other conditions to enable them to access appropriate treatment.

Preventing people living with HIV from dying of tuberculosis is one of UNAIDS' priority areas.

#### UNAIDS delegation in Brazil builds awareness around HIV prevention

##### UNAIDS

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UNAIDS Executive Director Michel Sidibé and a delegation of internationally-known leaders and personalities—including H.E. Festus Mogae, the former President of Botswana, and Nobel Prize Laureate Dr Mohammed ElBaradei—are visiting Brazil to mobilize support and dialogue around HIV prevention globally.

Approximately one third of all HIV-positive people in Central and South America live in Brazil. Although the HIV epidemic in Brazil is relatively stable, there were as many as

70 000 new HIV infections in 2009.

A dialogue with civil society

"With current new HIV infection rates outpacing progress in treatment programmes, a prevention revolution is more important now than ever to make the AIDS response sustainable," said Mr Sidibé, in a discussion with Brazilian civil society organizations on Monday in Rio de Janeiro.

According to Ms Gabriele Leite, founder of the non-governmental organization Davida, an association of sex workers, recent studies in Rio de Janeiro show that condom use among sex workers and their clients is high, at 92%. "Surveys have shown that HIV prevalence among sex workers in the country is falling," she added.

Richard Parker, President of the Brazilian AIDS association ABIA, said that women and young people are increasingly impacted by HIV. Poor and marginalized people, as well as those living in rural areas of the country, are also especially vulnerable, he said.

"If there is a single challenge in the national AIDS response, it is the challenge of sustainability," said Mr Parker, echoing comments from other participants in the discussion. "With a strong economy, Brazil is no longer a funding priority among major international development agencies," he said.

#### Protecting children affected by AIDS

While in Rio de Janeiro, the UNAIDS delegation also visited Viva Cazuza Society, a non-profit organization that cares for AIDS orphans and children living with HIV. Children at the centre are provided with round-the-clock medical care and benefit from a range of educational and social services. There are currently 20 HIV-positive children living at the centre.

Viva Cazuza was established in 1990 by Lucinha and João Araújo in memory of their son “Cazuza,” a Brazilian singer who died of AIDS-related causes. “AIDS is contagious—in quotes and not,” said Lucinha Araujo, while greeting the UNAIDS delegation. “After the death of my son, I couldn’t bury my head in the sand and watch other children die.”

Viva Cazuza works within schools in Rio de Janeiro where the children study to reduce prejudice and discrimination. Members of the organization also offer free lectures in the community focused on HIV prevention.

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