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Africa and Middle East

Condom use a must for HIV+ couples
The Standard, Zimbabwe
15/01/2011

BY INDIANA CHIRARA

IN most cases when couples discover that they are infected with HIV, the virus that causes Aids, they throw caution to the wind and stop practicing safe sex.

But two couples from Harare's informal settlement of Epworth say they learnt a tough lesson, that protected sex is even more important when one is infected.

Tsitsi Gundira, a mother of four says she got the shock of her life when her Anti-Retroviral Therapy started becoming less effective.
Her husband, Isaac had refused to get tested when she was found to be infected with the virus in 2007. Isaac's denial meant that the couple continued having unprotected sex.

"My husband refused to get tested and we were having unprotected sex for quite a long time," Tsitsi said.

"My CD4 count (test used to determine progression of HIV and onset of Aids) began to fall and I was no longer noticing the effectiveness of the drugs."
Experts say couples like Tsitsi and Isaac risk re-infecting each other with different strains of the virus leading to drug resistance and further complications.
Isaac says his decision to get tested in 2009 after they both became very sick and the counselling they received proved to be a turning point in their lives.

"We were encouraged to use protection so that we don't have the problem of re-infection and stabilise our CD4 count," he said.

"Ever since we started using protection our health has improved, my wife's CD4 count was at 161 and now it is on 400, which is the same as mine."
Douglas and Nokuthula Mazorodze from the same area also had a similar tale to share.

Nokuthula tested HIV-positive in 2008 but her husband refused to get tested and they continued to have unprotected sex.

"After sometime I started to have strange health problems," Douglas said.

"Everytime we had unprotected sex I would experience unbearable stomach pains and with time my wife started to develop some boils.

"These developed all over her body and the situation forced us to seek medical treatment.

"I tested HIV-positive and it was explained that the reason my wife was having these health complications was re-infection. Today we are living a healthy life as we are now using protection each time we have sex."

Nokuthula said during the period they had unprotected sex she lost a lot of weight and her CD4 count fell to as low as 181.

After they started using protection together with ARVs her CD4 count rose to 500, which is just as good as that of a healthy person.

SafAids Resource Centre administrator, Joshua Chigodora said HIV strains had different treatment regimes, which meant that cross-infection increased chances of drug resistance.

Musa Makondo, the Zimbabwe National Network of People Living with Aids provincial co-ordinator, urged men to be proactive in programmes meant to prevent the spread of the virus by supporting their wives when they get tested.

"There are some cases in which a couple is tested and found to be positive but the husband will still refuse to use protection," Makondo said.

"However, men don't realise that they are also endangering their own lives as chances of re-infection will be very high.

Zimbabwe has one of the world's highest HIV rates, with around one in seven believed to be living with the virus.

Unprotected sex is considered to be one of the leading ways through which the virus is transmitted.

Youth fights for an HIV/AIDS free nation
Economist, Namibia
14/01/2011

Written by Lorato Khobetsi

In a bid to raise awareness and eradicate HIV/AIDS amongst young people, the Young Achievers will host a workshop on HIV/AIDS in Okahandja at the Ileni Tulikwfeni Centre Hall in 5Rand this Friday, 14 January.

According to Michael Mulunga, the project facilitator, the aim of the workshop is to raise awareness amongst the youth in the area of 5Rand and to let them know that HIV/AIDS exist and to encourage them to abstain from sex in order to prevent getting infected with the virus. "We as youth would like to encourage our fellow youth to have a sense of vision in their lives and contribute positively to the development of Namibia. This can only be achieved if we have an HIV free generation," he said.

Mulunga encouraged young people from all walks of life to attend the workshop as it has been organised by the youth and will serve as a great platform to share knowledge. "HIV is real and it is killing, it is up to us as the youth to join forces and fight against the disease, and this can only be achieved if we unite as one. Namibia has been rated as the fifth country in the world with a high population of people infected with HIV/AIDS, there are many NGOs in Namibia that are really doing their part in fighting the disease. I think we as young Namibians should also play our part in combating HIV/AIDS, we need to have a positive attitude towards life and try and contribute towards the development of Namibia," said Mulunga. The activities of the day will include motivational speeches from members, educational games as well as discussions on how the youth can eradicate HIV/AIDS amongst themselves. The members will also go for voluntary testing at a local clinic. The event will then conclude with all the participants blowing up balloons and letting them go free as a symbol of a healthy nation free from HIV/AIDS. The workshop is part of the Young Achievers' Empowerment project and will be hosted under the theme "Walking together to eradicate HIV/AIDS amongst Namibian youth".

SIDA : des élèves de Djirédji jurent de s'abstenir jusqu'au mariage
APS, Senegal
16/01/2011

Sédhiou, 16 jan (APS) - Quelque 20 jeunes filles et garçons du collège d'enseignement moyen (CEM) de Djirédji, dans la région de Sédhiou (sud), ont fait samedi un serment d'abstinence jusqu'au mariage, assurant que c'est la meilleure manière d'échapper au SIDA, a constaté le correspondant de l'APS.

Les élèves ont fait ce serment au cours d'une formation sur les infections sexuellement transmissibles (IST/SIDA), animée par l'infirmière chef de poste, Khady Sène qui, après avoir défini son sujet, a expliqué les modes de transmission et les méthodes de prévention.

Se prononçant sur la prévention, les élèves issus des différents clubs de l'établissement et du collège voisin de Sindina se sont engagés, par serment et devant leurs professeurs encadreurs, à éviter tout rapport sexuel avant le mariage et à rester fidèles à leur partenaire dès qu'ils auront fondé un foyer.

''C'est la meilleure manière de nous protéger contre les maladies infectieuses et de lutter contre les grossesses précoces ou indésirées'', a expliqué l'une d'entre elle.

''Grâce à nos partenaires de Performances Afrique, nous avons un CEM neuf construit pour améliorer les enseignements-apprentissages, mais l'adage dit : +un esprit sain dans un corps sain+'', a souligné le principal pour justifier ainsi la pertinence de la formation.

Auparavant, l'agent technique Bou Diarra, chef de la brigade forestière de Djirédji, avait animé le thème ''Education à l'environnement'' pour, dit-il, attirer l'attention des élèves sur les questions environnementales qui menacent l'écosystème.

''Amener les élèves à protéger l'environnement, c'est choisir l'une des meilleures cibles pour sensibiliser les parents sur la nécessité de protéger l'environnement'', a-t-il expliqué.

Ministry of Health Updates Tuberculosis National Guideline

Emirates News Agency
14/01/2011

WAM Dubai, 14th Jan. 2011 (WAM) -- The Ministry of Health is currently preparing for the distribution of the national tuberculosis guideline in all government, semi government and private sectors to become a national reference when dealing with tuberculosis disease.

Dr. Mahmood Fikri, Assistant Undersecretary for Health Policies at the Ministry of Health, stated that the ministry aims for maintaining the country free of infectious diseases such as tuberculosis and following the recommendations of the World Health Organization (WHO) as well as taking the necessary procedures to face different health challenges.

He said: "Updating the guideline came as a result of the recommendations of the WHO and we formed a special committee from the ministry itself and the health authorities in Abu Dhabi and Dubai".

The guideline that is issued in English language aims for addressing medical and technical staff to deal with patients and employees of the national tuberculosis program to fight tuberculosis. It consists of an introduction and 6 sections about the epidemiology of the disease in terms of the prevalence and mortality rates as well as the challenges of fighting the disease such as emergence of strains resistance to the treatment, relation of the disease to AIDS.

Dr. Kalthoom Mohamed, Director of Specialized Healthcare Department and Director of Tuberculosis National Program at the Ministry of Health, stated that the guideline gives a brief explanation about the role, goals and objectives of the national tuberculosis program in the UAE as part of the ministry's strategy to fight tuberculosis.

"The second section included a detailed explanation about the methods of diagnosing the disease clinically and classifying tuberculosis in terms of location, type of infection and treatment results", she added.

The third section discusses tuberculosis treatment methods, kinds of medicines, and ways of applying short term treatment policies according to the latest recommendations of the world health organization. It also emphasizes the relation of tuberculosis treatment in relation to pregnant women or patients who suffer from hepatic or renal insufficiency. In addition, the fourth section highlighted the symptoms, diagnosis and treatment of children tuberculosis.

Both fifth and sixth sections discuss direct contacts with TB patients, determining the duration of the disease, evaluation of patients during that time and the required treatment procedures.

Dr Kalthoom indicated the importance of notifying and recording any TB cases to ensure ongoing follow up and evaluation of the disease through the records derived statistics.

It is noted that the doctors are the most people to benefit from the guideline as it covers pulmonary TB. It is also useful for x-ray, lab and preventive medicine technicians. Universities and health colleges may benefit from the guideline through applying for an application in the ministry.

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Asia and Pacific

An effective HIV vaccine not far away
The Times of India
15/01/2011

Scientists have reported findings showing new evidence about broadly-reactive neutralizing antibodies, which block HIV infection.

Leo Stamatatos of the Seattle Biomedical Research Institute said the major stumbling block in the development of an effective vaccine against HIV is the inability to elicit, by immunization, broadly reactive neutralizing antibodies (NAbs).

These antibodies bind to the surface of HIV and prevent it from attaching itself to a cell and infecting it. However, a fraction of people infected with HIV develop broadly neutralizing antibodies (bNAbs) capable of preventing cell-infection by diverse HIV isolates, which are the type of antibodies researchers wish to elicit by vaccination.

"We've found that the people who develop broadly-reactive neutralizing antibodies-which are about 30 percent of those infected-tend to have a healthier immune system that differs from others who don't develop those antibodies," explained Stamatatos.

He said these antibodies target only a few regions of HIV, which is good from the standpoint of vaccine development.

In addition, the new findings have shown that these antibodies are generated much sooner than previously thought, in some cases as soon as a year after infection.

"These studies provide a strong rationale to begin teasing out the early immunological signals that allow some individuals, but not others, to mount broadly reactive neutralizing antibody responses," added co-author Galit Alter.

The findings were published in the journal PLoS Pathogens

City doctor makes breakthrough in fight against aids
Mumbai Mirror, India
16/01/2011

In the global battle against the spread of HIV/AIDS, a major victory has been scored in a rather non-descript lab in a narrow, crowded lane of central Mumbai.

Dr A H Bandivdekar, senior scientist and deputy director of the National Institute of Research in Reproductive Health (NIRH), has developed a compound that blocks the virus from growing and multiplying inside a woman's body in cases where it has been sexually transmitted.

The path-breaking discovery, almost certain to shake up the anti-HIV/AIDS research across the world, can take the risk of HIV infection out of the lives of commercial sexworkers, thus putting a brake on its alarming proliferation. It can also help women married to HIV+ve men lead a normal life.

However, entering Dr Bandivdekar’s third-floor office-cum-lab at NIRH’s Parel facility on Saturday afternoon, one did not get any sense of history being made.

Dressed in a faded polo shirt and loose-fitting khakis paired with floaters, he treated with utter contempt any questions on how soon his discovery could be made commercially available. He'd rather, he said, focus on the ongoing in-vitro trials. "Commercial availability of this anti-dote is not my focus...it's not even my lookout," he said.

But Dr Bandivdekar is already the talk of the small anti-AIDS research community. On Friday, he made a presentation in Panaji in Goa to a "very appreciative set of scientists" from across the world. His research, in its various stages, has already been published in three annual reports of the Indian Council of Medical Research.

What the 'Bandivdekar compound' (he will not discuss its composition till the patent is cleared) does is it tames Mannose Receptor, a protein found in women's vaginal epithelial cells that binds with the virus and helps it grow and invade others parts of the body. When the Mannose Receptor is controlled at a certain level or is eliminated completely, the HIV virus, in absence of a carrier, is rendered ineffectual.

The beginning

Till 2003, when Dr Bandivdekar was in very initial stages of his research, the only protein that was known to bind with HIV and make it grow and multiply was CD4, found in abundance in blood cells. But that related to HIV transmission through blood. There was very little clarity on sexually transmitted HIV.

His research first showed that the male sperm is CD4 negative. He later found that the vaginal epithelial cells too were CD4 negative.

Now, a big question loomed - if CD4 acts as a carrier when HIV enters a human body through blood, which protein plays the role of CD4 when HIV is sexually transmitted?

The answer, that came to Dr Bandivdekar after many years of research and experiments was - Mannose Receptor. And then began the race to find an anti-dote. "The compound is ready now. We have no doubts about its efficacy. Clinical trials will begin this year in the US, when we will use it on rhesus monkeys," he said.

During his research, Dr Bandivdekar looked at 40 sexually active, discordant couples (HIV+ve males and HIV-ve women) and found that very low percentage of vaginal epithelial cells in these women had Mannose Receptor. "Since Mannose Receptor is responsible for carrying the virus beyond the vagina and then letting it multiply, these women have been free of HIV even after regular, unprotected sexual contact with their husbands," he said.

A 40-year-old TV actor, who was part of this study, tested positive in 2004. He was married and had a 10-year-old son then. However, to his relief, tests showed his wife and son both were free of HIV.

It was later revealed that less than 10 per cent of his wife's vaginal epithelial cells had Mannose Receptor. "Though I tested positive, the knowledge that my wife and son were safe gave me strength. The news gave me confidence to fight this disease, now I am doing well with my family's support," he said.

Mixed reaction

Within the scientific and medical community, there is mixed reaction to Bandivdekar's discovery. One of the major concern is HIV's propensity to mutate. "There are lots of other factors involved in the non-transmission of HIV from one partner to the other. In HIV, there are three sub types - A, B and C.

In discordant couples, we have found type C virus not getting transmitted to the partner. However, we need more detailed studies," said Dr Preeti Mehta, head of microbiology, KEM Hospital.

"Of course these findings give us new hope, it will take our research to another level. But it's too early for us to let our guard down. In counselling, we still ask discordant couples to use protection when having sex

The virus mutates very fast and that is a constant worry," said Dr Alka Deshpande, head of Anti-Retroviral Therapy at JJ Hospital.

Dr Amita Joshi, head of microbiology at JJ, offered a similar reaction. “It will be difficult to be able to comment on this research at this stage. This is quite interesting, but I need to go through details,” she said.

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Europe

Health sector battles ARV shortages
The Zimbabwean, UK
14/01/2011

Written by Lovejoy Sakala

MUTARE - City health officials says they are struggling to cope with ever-growing waiting lists of people in need of HIV treatment, and few doctors available to prescribe drugs.

An official from Mutare Provincial Hospital said there were between 200 and 300 people on the waiting list for Anti Retroviral (ARV) drugs, but the country failed to receive funds to combat HIV and Aids under Global Fund Round 9.

More than 320 000 people in the country are in need of ARV treatment. Of 1, 7 million living with HIV only about 150 000 are obtaining the medication from the public health sector.

The deputy minister of Health and Child Welfare, Douglas Mombeshora, confirmed that the country did not qualify for Global Fund Round 9, saying this had a serious impact on the country`s efforts to mitigate HIV and Tuberculosis.

A local health official at Mutare hospital said Zimbabweans who had crossed the border in search of better economic opportunities in neighbouring Mozambique were returning to local hospitals and clinics after being denied treatment in that country.

“These people usually inconvenience us because they came in bad shape and most of the time we are forced to jump queue to accommodate them,” said an official.

Tinotenda Mabvure (33) said when she registered for ART at Chigodora clinic, 25 km south of the city, two years ago it was easy but it had become difficult to access drugs at the local Zimunya satellite clinic.
“I was told by the clinic staff that they have run out of stocks and I had to part with US$50 to bribe the nurse, but I am not employed and cannot afford such kind of money every time I need medication,” said Mabvure, whose health was deteriorating.

According to statistics, Zimbabwe is among the countries worst affected by HIV and Aids scourge, with an estimated of 3 000 people dying weekly from AIDS-related illnesses, according to the National Aids Council (NAC).

A local health expert, Dr Kelvin Mawoyo, said the high cost of living, unemployment and poverty had affected Zimbabweans for the past decade and the collapse of the health sector had worsened the HIV and AIDS pandemic.

“The collapse of the health sector along with that of public education system reflect the decayed state of Zimbabwe`s key infrastructure and institutions after years of acute recession,” said Mawoyo.

Health in Pakistan

The Lancet, UK
15/01/2011

The assassination of Salman Taseer, the Governor of Pakistan's Punjab province, on Jan 4 in Islamabad for criticising the country's anti-blasphemy law is the latest reason the world's attention is focused on Pakistan. Terrorism and killings distract politicians and the world from other issues that are affecting the country, such as health, health care, hygiene, water and sanitation, and illiteracy. National disasters like the floods in 2010 and the earthquake in 2005 have resulted in thousands of deaths and millions of people in need of health care. The government does not have the resources to help these people and mostly relies on external help.

According to WHO, in 2008, the total population of Pakistan was 176 952 000, with 36% living in urban areas. Life expectancy at birth was 63 years. Mortality in children younger than 5 years was 89 per 1000 livebirths, and causes of death included pneumonia, prematurity, birth asphyxia, and diarrhoea. The prevalence of tuberculosis was 310 per 100 000 population, nearly double the global average. Prevalence of HIV was one per 1000 adults (aged 15—49 years) in 2007; however, Pakistan is thought to be a high-risk country because of injecting drug use. Total expenditure on health decreased from 3·3% of gross domestic product in 1995 to 2·9% in 2008. Out-of-pocket expenditure on health, although substantial, has gone down from 97·7% of private expenditure on health in 1995 to 82·4% in 2008.

Pakistan has a high incidence of communicable diseases, but a dearth of specialists in infectious diseases. The results of Aslam and colleagues' study suggest that the reason for this shortage might be the preference of medical students for specialties such as internal medicine, paediatrics, general surgery, and obstetrics and gynaecology. Change is happening, albeit slowly. The 18th Amendment to the Constitution of Pakistan in April, 2010, means the four provinces will have increased autonomy. The Government of Pakistan needs to put its people first and work with other countries to improve the health and living conditions of Pakistani people.

Adictos a los antirretrovirales
El Mundo, Spain
14/01/2011

Joana Socías

Una nueva droga acecha en Sudáfrica, y pone en jaque los esfuerzos del país en su particular batalla contra el sida, un virus que afecta al 17% de la población sudafricana. Conocida como 'whoonga', la sustancia es relativamente nueva en el mercado y se elabora a partir de antirretrovirales, poniendo a los seropositivos sudafricanos en el punto de mira ante la amenaza de atraco o extorsión por parte de los drogadictos.

El 'whoonga' se fuma, es relativamente barato y provoca una adicción inmediata, según explican los expertos de una sustancia que se vende a dos euros la dosis, un precio relativamente barato comparado con el coste de otras drogas duras. Además de elementos químicos que se encuentran en antirretrovirales como Efavirenz o Stocrin, el 'whoonga' contiene detergente, veneno para ratas y cannabis, dependiendo de la receta, y en apenas unos años ha pasado de estar localizada en ciudades de la costa sudafricana a encontrarse en las principales urbes del país, según afirman fuentes conocedoras de la materia.

En declaraciones a ELMUNDO.ES, Vish Naidoo, portavoz de la agencia nacional de policía de Sudáfrica, asegura que el problema está "bajo control" y que el uso de la sustancia se localiza sobre todo en dos áreas. Dos zonas que el responsable de seguridad prefiere no mencionar, para evitar que las comunidades locales acusen a las fuerzas de seguridad de levantar miedo y crear inseguridad de forma gratuita. Las mismas fuentes aclaran a este periódico que el problema de la 'whoonga' es "menos importante" que el del cannabis, el estupefaciente más extendido en el país africano con consecuencias "menos severas".

Las secuelas del 'whoonga' -que empieza provocando fuertes dolores abdominales- las conoce de cerca Thokozani Sokhulu, que con tan solo 28 años es el director del 'Proyecto Whoonga', un programa que ayuda a la rehabilitación y reinserción de los adictos en la región de Kwatabeka, en la provincia de KwaZulu-Natal. "El principal problema es el desempleo. Los jóvenes pasan todo el día en la calle, sin hacer nada. Y es ahí cuando

se enganchan", asegura Sokhulu en conversación telefónica con este periódico. El programa de rehabilitación empezó hace ahora un año, pero ahora sufre las sequía de fondos y la inacción del Gobierno sudafricano, con mayores problemas en su lista de prioridades. Medio centenar de adictos han salido del túnel de la droga gracias a la organización que lucha contra las secuelas de una droga casera y desconocida, según Sokhulu.

Fuentes conocedoras del tema indican que los mayores riesgos los sufren los seropositivos al abandonar las clínicas con los antirretrovirales, que adquieren de forma gratuita, o los propios centros sanitarios, que son objetivo de los asaltos de los adictos. Las autoridades sudafricanas han constatado incluso que algunos adictos al 'whoonga' se han infectado con el VIH a conciencia con el objetivo de obtener los antirretrovirales de forma legal y gratuita.

El cóctel explosivo en el que se ha convertido el 'whoonga' lleva matando gente desde 2005, si bien en Proyecto Whoonga no sabrían decir una cifra total de afectados, más allá del "extendido uso" de esta droga, que no parece haber cruzado las fronteras sudafricanas.

El proyecto ofrece ayuda psicológica para la rehabilitación y, lo que es más importante según Thokozani, un programa de actividades que mantiene "ocupados" a los afectados y además les aporta "herramientas" para su futuro profesional. Lavado de coches y reciclaje de la basura son algunas de las actividades que ayudan a los drogadictos a tener un futuro después de la droga.

El 'whoonga' supone un importante revés en la lucha contra el virus del VIH en el país con mayor número de infectados del mundo y donde además existe una gran mitología en torno al virus, cuya infección se previene, según el presidente del país, Jacob Zuma, tomando una ducha después de haber mantenido relaciones sexuales de riesgo. Según la ONU, 5,7 millones de un total de 49 millones de sudafricanos están infectados con el virus del sida.

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Latin America & Caribbean

Jovens têm pouco interesse em fazer testes de HIV, aponta estudo
Diario de Canoas, Brazil
15/01/2011

Uma em cada três pessoas que procuraram o exame pela primeira vez tinham mais de 40 anos.

Brasília - As pessoas com 30 anos ou mais idade - principalmente as mulheres - são as mais preocupadas com a contaminação do vírus HIV, transmissor da AIDS, segundo o levantamento feito pela Secretaria Estadual da Saúde com base em 36 mil testes de diagnósticos gratuitos, realizados durante a campanha Fique Sabendo 2010, entre os meses de novembro e dezembro, do ano passado.

Uma em cada três pessoas que procuraram o teste pela primeira vez tinham mais de 40 anos de idade e a maioria dos interessados, 56,8% , na faixa dos 30 anos. Comparando-se homens e mulheres, o sexo feminino teve maior participação (53,6%), mas os resultados comprovando a infecção prevaleceu entre os do sexo masculino com número de casos três vez mais.

Entre os homens com diagnósticos positivos 53,3% tinham idade na faixa de 25 a 39 anos e a minoria 16,9% de 14 a 24 anos. Já os casos confirmados em mulheres, 56,2% tinham entre 25 e 39 anos e 13,3% de 14 a 24 anos.
Por meio de nota, a coordenadora do Programa Estadual de DST/AIDS, Maria Clara Gianna, alertou que "o diagnóstico tardio da doença prejudica o tratamento e a qualidade de vida dos pacientes". Diante disso, observou ser importante que haja maior interesse da população jovem porque "as pessoas iniciam a vida sexualmente ativa cada vez mais cedo".

43 HIV/AIDS infected persons in SKN receiving ARVs

SKNVibes, St Kitts and Nevis
14/01/2011

Rawle Nelson

BASSETERRE, St. Kitts – FORTY-THREE persons living with HIV/AIDS in the Federation are currently receiving anti-retroviral (ARV) treatment in an effort to prolong their lives.

This disclosure was made by Permanent Secretary (PS) within the Ministry of Health, Elvis Newton, who said that despite the positive strides made by his ministry in combating the disease, there are more challenges confronting them.

“We acknowledge the support and work of the healthcare workers who are caring for persons on ARVs. We feel that they have been able to overcome a number of challenges and they have really contributed in a significant way in ensuring that persons on ARVs have access to ARVs, and that they continue to live a normal and healthy life as possible,” he said.

He said despite the challenges they are achieving success, noting that because of the enormous and continuous work of the Federation’s healthcare workers his ministry continues to be successful in its task.

“Our ministry is working with the healthcare professionals, who care for persons on ARVs, their families and others as they remain very supportive as we provide them with the best possible care,” he said.

Addressing the ministry’s decision to aggressively promote condom use, Newton said, “Remember the ministry promotes a multi-pronged approach to HIV and AIDS. One component is prevention and so we advocate increase condom use and that programme will continue. There is also the other component in promoting the messages of abstinence, which is through the faith-based organisations. And then we have a responsibility to care and to provide medications for persons who are already affected; hence, we give ARVs to persons who are living with the disease.”

PS Newton said his ministry would continue to aggressively push the issue of condoms in addressing the spread of HIV/AIDS. He disclosed that they would continue to distribute condoms as they are of the firm belief that it would aid in the reduction of the HIV infection.

The Permanent Secretary said that continuous training is being executed through the government of St. Kitts and Nevis in enhancing the skills and knowledge of persons within his ministry. Support was also given to training of laboratory staff and clinical providers through a national strategic HIV training plan developed by partner organisations and the Health Ministry.

He pointed out that resources were made available by the President’s Emergency Plan for Aids Relief (PEPFAR) and the OECS HIVAIDS Management Unit.

“We have been able through resources allocated other resources by the government of St. Kitts and Nevis. We have been able to train several of our health professionals. We continue to work towards improving the lab so that personnel in the lab could have received training in various areas,” he stressed.

He added: “In addition to that, we are working with our partners to improve the lab’s ability to function through the provision of equipment and supply.”

PS Newton also stated that his ministry would continue to aggressively combat the situation.

"So we are continuing our aggressive approach not only in the provision of training but ensuring that we have the requisite enabling environment…in this instance, the equipment and supplies to enable the trained personnel to do their work."

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North America

Inadequate Fight Against Drugs Hampers Russia's Ability to Curb H.I.V.

The New York Times
16/01/2011

By MICHAEL SCHWIRTZ

MOSCOW — They look like addicts anywhere in the world: tattered and vacant-eyed, they circle Moscow pharmacies known to sell prescription drugs illicitly, looking for something to inject for a quick high.

Though public examples of Russia's problem with heroin are not new and seldom bring even raised eyebrows among locals, the issue has recently come to symbolize a broader failure. The country has become one of the world's low points in the effort to fight the spread of H.I.V., and unchecked intravenous drug use is the biggest cause, international health officials say.

The epidemic here has defied worldwide trends, expanding more rapidly year by year than almost anywhere else. Nearly 60,000 new cases of H.I.V., the virus that causes AIDS, were documented in Russia in 2009, an 8 percent increase from 2008, according to Unaids, the United Nations H.I.V./AIDS program. Of those new cases, more than 60 percent were believed to have been caused by intravenous drug use, and many of the others were believed to have been infected through sex with addicts.

Though South Africa, with more infections than any other country, far outstripped that total number, with an estimated 390,000 new infections in 2009, the rate of new infections annually has decreased there by nearly half since its peak in the late 1990s.

"I've been researching the problem of H.I.V. infection for 25 years, and I must say that the situation has become significantly worse" in Russia, said Dr. Vadim V. Pokrovsky, the head of the country's Federal AIDS Center.

While in recent years the government has increased its efforts to fight the disease, Dr. Pokrovsky said, current programs almost completely neglect those groups at the heart of it.

Officials estimate that well over a million people abuse drugs intravenously in Russia, often sharing and infecting one another with tainted needles. They are among Russian society's most marginalized people, more likely to face a few weeks handcuffed to a clinic bed than to receive basic treatment to break their addictions. Meanwhile, officials have treated sex education and other preventative programs with open hostility.

"Which are the main infected groups? Injecting-drug users and sex workers," said Lev Zohrabyan, the Europe and Central Asia adviser for Unaids. "It turns out that these are the groups where the money must be directed to change the picture. But if you open the budget, you will see that for prevention work among these groups for the next two years there is nothing."

Top officials have consistently blamed the United States' failure to eradicate heroin production in Afghanistan for Russia's intravenous drug problem. About 90 percent of Russian addicts use Afghan heroin, according to the Federal Drug Control Service.

Yet once the drugs pass through Russia's porous borders with former Soviet republics in Central Asia, dealers find a ready market of addicts with few tools to help them quit. While some regions have experimented with

needle-exchange programs, the practice, which has proven effective at reducing the spread of H.I.V. in other countries, has not been adopted on a national level.

The country's top medical and political officials have roundly condemned drug substitution therapy for heroin addicts — the use of methadone or other narcotics, widely considered an effective way to wean people off the drug — on the basis that it substitutes one form of addiction for another. Doctors who have flouted the official ban on the treatment have faced prosecution and even harassment by Kremlin-backed youth groups.

The Russian Orthodox Church, which has become a significant voice in the country's political affairs in the past decade, has also expressed strong opposition to such preventative measures.

Even a new antinarcotics strategy ordered by President Dmitri A. Medvedev last summer acknowledges Russia's failure to adequately confront the problem. "Prophylactic activities, medical aid and rehabilitation of patients with drug addiction are not sufficiently effective," said the document, posted on Mr. Medvedev's Web site.

Many of the addicts gathered outside one pharmacy in southern Moscow said they had often tried to stop. "You want to quit, and you don't," said a graying 33-year-old named Maxim who had the scarred arms of a dedicated user. Another man, who had quarter-size holes gouged into his body from injection-related infections and would not give his name, said he feared that he would be arrested if he sought treatment — a worry that is not completely unfounded here.

The police often arrest drug users, sending them to special detoxification centers where doctors encourage, and sometimes force, immediate abstinence, which can in some rare cases be fatal. Last summer, organizers of the 18th annual International AIDS Conference held in Vienna issued a declaration — aimed at Russia and the countries of the former Soviet Union, in particular — arguing that such practices drove addicts underground, complicating H.I.V.-prevention efforts.

It is not that the government has failed completely to recognize the gravity of the epidemic. Russia's national security strategy, approved by Mr. Medvedev, identifies the spread of H.I.V. and AIDS as "one of the main threats to national security in the sphere of medicine and health."

Russia now has more than 500,000 officially registered cases of H.I.V., though Unaids and other experts have estimated the actual number to be closer to one million, as many as in the United States, which has more than twice the population.

Part of the problem is that the government came late to the fight. The epidemic has been raging since the Soviet collapse two decades ago, but a major government response came only in 2006 when Russia's obligations as host of the Group of 8 summit meeting pushed officials to take a more active role in fighting the disease. Vladimir V. Putin, who was president at the time and is now prime minister, ordered the largest increase in financing in any area in Russia's history, and spending has grown annually ever since.

This year, the government plans to nearly double spending on H.I.V. drugs to about $600 million and expand prevention programs focusing on youth, said Galina G. Chistyakova, a Health Ministry official who helps oversee Russia's H.I.V. and AIDS policies. She denied that Russia was having trouble curbing the epidemic, noting that the ministry had documented a slight dip in the number of new infections in 2010 compared with a year earlier.

Dr. Pokrovsky and others said that government programs often became ensnared in Russia's large and inefficient bureaucracies. Even efforts to provide AIDS patients with treatment, which constitute the bulk of government financing, have fallen short.

Patients and doctors have complained of frequent shortages of antiretroviral drugs to the point where patients have created online communities, like pereboi.ru, that monitor drug deficits and help those in need of medicines connect with people who have extra supplies. Patients have also held street protests, and others have sued.

Many addicts who become infected do not even know that medicines are available, said Pyotr Nikitenko, 28, a former heroin user who now works for a Moscow-based outreach group called Yasen. He said he was able to

wean himself off heroin with the help of his family, escaping the fate of most of his friends, who he said now were H.I.V. positive.

“I continue to bury them,” Mr. Nikitenko said. “They continue to die from AIDS, or rather they are dying more and more frequently.”

Is Obama willing to fight AIDS?

The Washington Post
14/01/2011

By Gregg Gonsalves

Since the November elections and after his compromise over the extension of the Bush-era tax cuts, some Democrats have suggested that President Obama doesn't have the guts to go mano a mano with the Republicans. Others have intimated that if Obama can't stand up for what they see as traditional Democratic values, perhaps the party needs to find another champion in 2012.

As a loyal Democrat, I find that remarkable. As an AIDS activist, I find the proposition hard to believe for a personal reason, one that some may find surprising. I know that the president is willing to engage in political combat: He has castigated us at every turn for criticizing his policies on global health and HIV/AIDS.

I was part of a group of two dozen students from Harvard and Yale universities that interrupted a rally in Bridgeport, Conn., in late October at which the president spoke. When we called on him to honor his campaign promises on AIDS, Obama chastised us, made hyped-up claims about his administration's commitment to fighting the disease and said that the Republicans would cut AIDS funding to shreds.

That's the kind of president I want to see: resolute, uncompromising, telling it like it is. Unfortunately, the president is dead wrong on HIV/AIDS and global health.

In November, we staged a protest at Yale against Ezekiel Emanuel, the brother of former White House chief of staff Rahm Emanuel and architect of the Obama Global Health Initiative. Our complaint: that Obama and Ezekiel Emanuel are pitting AIDS against other diseases by making investments in new areas of global health contingent on flat funding for efforts to fight the HIV epidemic.

World AIDS Day in December was another reminder of our frustrations. Last year, the president asked Congress for a 2.8 percent increase in funding for the President's Emergency Plan for AIDS Relief, the smallest in the program's history and well below the rates of inflation in most of the African countries where the money is spent. Last year's budget request also called for a $50 million cut in the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Obama and Ezekiel Emanuel defend the administration's support for combating global AIDS, but their statements simply don't stand up to scrutiny. What the president is doing has deadly consequences - leaving funding for AIDS programs flat will lead to more deaths and new infections around the world, just as progress is being made in many countries. We know economic times are tough, but the president has advocated for funding his priorities even in the midst of this fiscal crisis.

In the past two years, the president has received pleas from Nobel laureate Archbishop Desmond Tutu, Doctors Without Borders, more than 30 deans of schools of medicine and public health, and other global health experts. The core of their common message: We can build on the successes against AIDS to boost efforts on maternal and child health, neglected diseases and strengthening health systems; there is no need to pit worthy priorities against each other, particularly when a comprehensive approach would cost far less than the bank bailouts and, yes, the estate tax repeal that the president signed into law last month.

The White House is willing to go to the mat - but only to defend its position. Citing a calculation of the cost of AIDS drugs, the age at which treatment is offered and the burden of HIV/AIDS in the countries in question,

Ezekiel Emanuel doesn't think treating AIDS in Africa is cost-effective - and the president seems to agree. It doesn't seem to matter that many other analyses support the wisdom of providing these life-saving medicines and that for almost a decade there has been a bipartisan and expert consensus on the need to greatly expand access to AIDS drugs in the developing world.

Emanuel and the president say that they have a broader vision for health and that we're too parochial in our concerns. In fact, AIDS activists have been global health activists all along, with many calling for health-care reform in the United States since the epidemic first appeared and for strengthening primary care in the developing world for more than a decade. What we don't support is this administration's either/or approach to global health. But we don't know how to get the president to stop fighting us and turn his sights on a foe far more formidable than we are: the AIDS epidemic, still out of control, 30 years after it began in 1981.
Gregg Gonsalves is an AIDS activist and a student at Yale College.

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From UNAIDS web site (www.unaids.org)

Norway urged to continue commitment to AIDS response

UNAIDS
14/01/2011

Norway is a longstanding supporter of the AIDS response and has shown outstanding leadership on AIDS issues both domestically and abroad. Norway has been increasingly present in the African region, providing support on a range of HIV issues but perhaps most notably on HIV prevention.

UNAIDS Executive Director Michel Sidibé met with key partners in Norway's AIDS response to stress the importance of keeping AIDS at the very top of the health and development agenda.

On the first day of the two-day visit, Mr Sidibe met with Erik Solheim, Minister for the Environment and International Development to thank him personally for Norway's leadership and support, and highlight the concrete results of collective investments in the AIDS response.

"Bold actions and smart choices have saved lives," said Mr Sidibé. "Commitment and investment in the AIDS response has helped to reduce new HIV infections by nearly 20% in the past 10 years and reduce AIDS-deaths by 20% in the past five years. With continued commitment we have an opportunity to build on these gains and save yet more lives."

Minister Solheim echoed the importance of continued support to the AIDS response, "There have been made great achievements the last decade. But we must not be complacent. The fight is far from over."

During the meeting the Minister told Mr Sidibé that Norway believes it is critical for the development agenda in Africa to support HIV programmes and announced that Norway will be increasing its annual contribution to the Global Fund to Fight AIDS, tuberculosis and Malaria by 20% in 2011, in acknowledgement of the importance of scaling-up resources for HIV.

For the first time in 2009, Norway dedicated 1% of its Gross National Income to Overseas Development AID and despite the current economic climate, has pledged to maintain this rate into 2011. It has also committed NOK 1.5 billion over 10 years to strengthen health systems in developing countries which will play an essential role in advancing the AIDS response.

On the second day of his visit Mr Sidibé will meet with Norwegian representatives at both the Ministry for the Environment and the Ministry of Foreign Affairs.

Interview with Sigrun Mogedal, recently honoured by Norway for her contribution to the global AIDS response

UNAIDS
13/01/2011

Dr Sigrun Mogedal, former Norwegian AIDS Ambassador, has received the Royal Norwegian Order of St. Olav for "distinguished services rendered to the country and humanity". Dr Mogedal, a physician by training, has contributed significantly towards international health cooperation.

When Dr Mogedal visited Geneva recently, UNAIDS took the opportunity to talk to her about the future of the AIDS response, the importance of youth leadership, and the Order of St. Olav:

UNAIDS: What are the challenges facing the AIDS response in the coming years?

Sigrun Mogedal: We need a change from the old way of thinking which was that if you mobilise more money, you're going to fix HIV. There has been an expectation that solutions will come from the donors, rather than from each country themselves. Turning this idea around is one of the big challenges in all areas of global health.

Also, those of us that have been part of global health for a long time have come to a point where we repeat, rather than renew, ways of doing things.

While we have come a long way, maybe now there is a need for new people, new creativity and new ways of doing business in both health and AIDS. Therefore we need to create a space for new people, for young people, with their creativity, their energy, their ways of understanding complexity and ways forward.

UNAIDS: Are you seeing this in the AIDS response today?

Sigrun Mogedal: I think the new UNAIDS strategy is taking one step in that direction. I think the way UNAIDS is talking about taking AIDS out of isolation is another step. What we see in China and South Africa who are both taking charge [of their own epidemics] is definitely new. Yet some of the choices you need to make in each country are not politically attractive; it's an agenda you don't win elections from it. So, you need a push in order to make sure that the agenda isn't lost.
In global discussions it tends to be easier to mobilise for issues where there are fairly simple solutions. With the HIV response, we are now aware that some of the hardest things—in terms of human rights or marginalised populations—we haven't yet been able to address neither in the north nor in the south.

UNAIDS: How do you see the current economic climate affecting the AIDS response and what can countries do to mitigate the impact?

Sigrun Mogedal: It's extremely complex and difficult to say how the economic crisis directly affects a country's AIDS response.

Sometimes financial crisis, or the fact that you don't have everything, helps you to move in a direction where you're more effective and efficient and where you find new ways of doing things better.
Rather than saying "I have this big bag of money and I want to use it," instead see what are the hard choices I may need to make and how can I bring together different efforts that work towards the same purpose.

Of course that's not the whole story, because unless you have money, unless you can lower drug prices, unless you have delivery systems with health workers in place— and they need their salaries—there's no way to maintain and sustain the response.

Countries need to include health and social services as part of their own commitment to growth and development. You can't get that from outside. You really have to have a policy that drives change from the inside, and that's what you need for the HIV response too.

UNAIDS: You have been at the forefront of bringing up a new generation of leadership in the AIDS response; why is this important?

Sigrun Mogedal: First of all it's important because a number of us who've been engaged for a long time are getting old, and, like me, are retiring [laughs].

But also the way we're trained and act is not that helpful in dealing with complexity. We're not so clever when we see a complex situation at understanding how you can think and engage in different ways. Somehow we're set in our own ways.

But when I speak to young people, they have an energy and ability to navigate new ways of communication. I'm really amazed at how they are able to see all possibilities. They don't need much encouragement as their curiosity and concern for justice, is not just programmatic but something they carry inside themselves. It inspires me.

I've been working alongside Her Royal Highness Crown Princess Mette-Marit of Norway whose main focus is young people and the AIDS response. She has been helping me to open those doors and open my mind to what that means.

UNAIDS: What does receiving the Order of St. Olav mean to you?

Sigrun Mogedal: The value of this kind of recognition is that it highlights the issues and concerns you've been engaged in. So it's not something that has to do with me as a person but it demonstrates the value of the issues. Like in my case, my engagement through the church and its values towards justice, equity, and HIV and global health. To be able to use this opportunity and show that these things have significance and are recognised as important is wonderful.

UNAIDS: What is the one thing that you're most proud of in your distinguished career?

Sigrun Mogedal: It's not so much about feeling pride of a particular achievement, but rather being a part of a process that makes it possible for others people who've been maybe marginalised to stand up, straighten their backs, feel that they have dignity and value, and can do something. Being a part of that, every time you feel you have contributed a little thing. And that's what makes you feel warm inside, what makes you proud to be part of something.

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