

Massive push to save the lives of a generation could become a victim of its own success

World Aids Day

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Funding shift to broader health goals leaves vulnerable patients exposed

Target of universal access to drugs by 2010 is not likely to be met

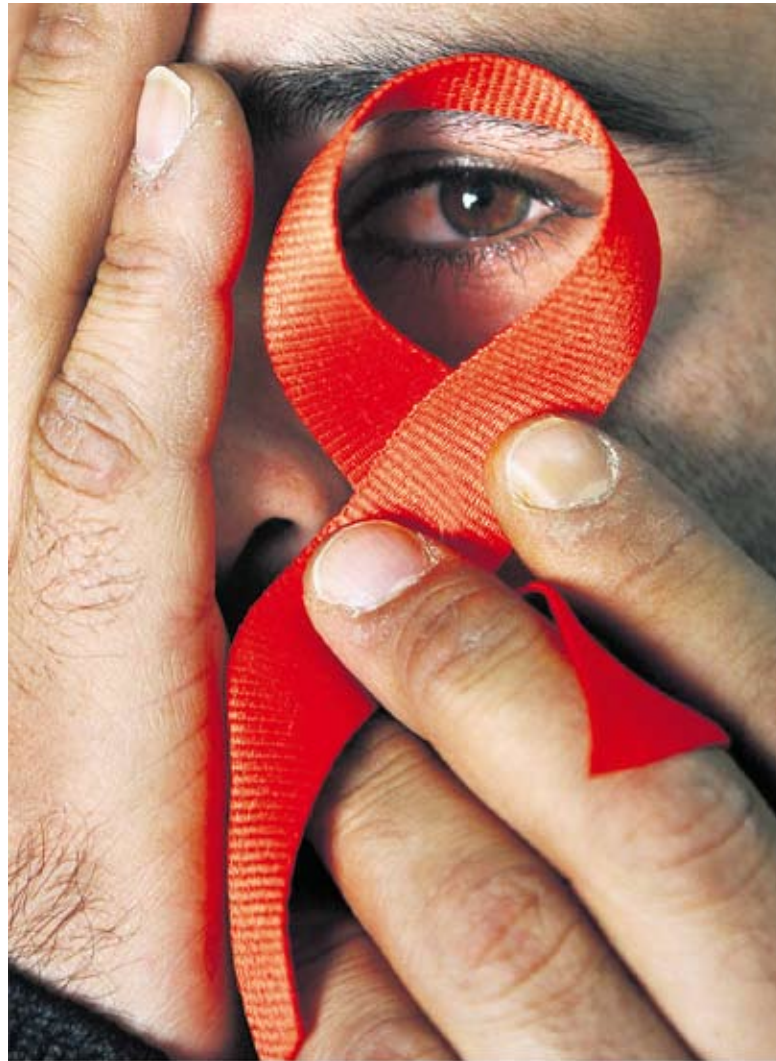
Sarah Boseley

Almost five years ago the G8, led at the time by Britain's Tony Blair, signed up to an idealistic vision - that by 2010, everybody in need of HIV drugs to stay alive would be able to get them. But more has changed since Gleneagles than the name of the UK prime minister and as the deadline for universal access to treatment, prevention and care for all with HIV infection approaches, few imagine it will be met.

There are 4 million people now on antiretroviral drug combinations (ARVs), which suppress the virus and allow people to live normal lives, although they are not a cure. But that is less than half of the 9.5 million in low- and middle-income countries, where the epidemic is biting hardest, estimated to be in immediate need of drugs. That figure will jump to around 15 million on World Aids Day when the World Health Organisation recommends that people should be treated earlier, well before they show symptoms. And that is less than half the 33 million living with HIV, all of whom will need treatment in the end.

The Gleneagles goal was not just about drugs, and everybody is clear that HIV cannot be overcome unless people stop getting infected, but access to ARVs provides something of a measuring stick for the overall success of the battle against the disease. And some experts and campaigners fear progress is slowing.

HIV/Aids, they say, has become a victim of its own success. The massive campaign to save the lives of a generation being decimated in Africa and Asia paid off not only in access to drugs but also in a new focus by donor governments on the health of the developing world. The mood now is to pump money into health systems rather than single-disease programmes, funding clinics and nurses who can help prevent the deaths of women in childbirth and children with diarrhoeal



Still critical ... the idea that Aids gets too much money 'is a fallacy' Reuters

diseases. Yes, say Aids campaigners, there is much to do, but not at the expense of HIV.

Médecins Sans Frontières, the volunteer doctors treating patients with HIV in the hardest-hit countries, are uniquely placed to register the impact. Dr Tido von Schoen-Angerer, head of MSF's access to essential medicines campaign, says that cuts in funding are already forcing doctors and nurses to turn away HIV patients, as they had to do in the 1990s before treatment was available in poor countries.

"It is really early signs at this stage," said von Schoen-Angerer, "but it

exemplifies what we can expect to see on a much larger scale unless the policies are reversed or changed."

Gleneagles gave poor countries "a strong message to be ambitious and scale up" their HIV programmes, he said. "Now when they are in full swing, donors are changing their minds."

Other campaigning organisations agree. Anton Kerr of the International HIV/Aids Alliance talks of a "shockingly long way to go" and points out that the recession is also affecting funding for prevention and treatment. "Even with a concerted political and financial push, it is unlikely we will meet

the 2010 universal access targets."

Paul de Lay, deputy executive director of UNAids, says about a quarter of countries are nearing the universal access goal, but the rest are unlikely to get there. He says the funding position is complex, because the global downturn and exchange rates are affecting what countries can afford. What is needed, he says, is better use of the money.

"We have a set of prevention interventions that we know work," he says. Apart from behaviour change, there is circumcision, about to be rolled out by Kenya on a large scale, and preventing transmission of HIV from mother to baby. Also being discussed is the use of ARVs to prevent infection. The drugs can suppress the virus in the blood to the point where there is a very low chance of transmission. It is possible that a country with universal access to treatment may end up with a reduced HIV incidence. But modelling so far has suggested that as many as 90% of those with HIV would need to be on drugs, and should go on them as early as possible.

Drug treatment is critical to containing the epidemic and mitigating its effects. Veronica Oakeshott, policy advisor to the UK's all-party parliamentary group on Aids, says more must be done to ensure the right drugs are available in poor countries at the right prices. "Once you have HIV you need to be treated for life," she said. The virus is so adept at surviving that it will mutate to evade the first-line basic three-drug combinations now in Africa. More people are going to need second-line drugs. While basic ARV combinations have come down to as low as \$87 a year thanks to campaigners and generic drug companies, the second-line costs seven times as much.

Much has been done in the last decade, but much remains to do. Mike Podmore from Volunteer Service Overseas points out that Aids is the leading killer of women between the ages of 15 and 44. "The idea that Aids has too much money or that the problem is over is a fallacy. The situation is every bit as urgent as it ever has been."

World Aids Day

Food shortage undermines the fight

Ugandans find drugs course is hard to bear on an empty stomach

Joseph Malinga and Liz Ford

Erratic weather is taking a devastating toll on east Africa, bringing floods, drought and rising food prices along with it. The UN Food and Agriculture Organisation says that said nearly 20 million people in the region are now dependent on food aid.

Uganda is experiencing famine and acute food shortages and the most vulnerable households are those headed by women, children or the elderly.

But there is another group who could suffer as a result of the food crisis - people living with HIV/Aids. The situation is beginning to undermine efforts to fight the virus in the north and east of Uganda, the areas most affected by the drought.

The National Community of Women Living with HIV/Aids (NACWOLA) in Uganda, which promotes positive living for women with the virus, has warned that HIV-positive patients in eastern Uganda are abandoning their antiretroviral treatment "in droves" because of a lack of food. The drugs must be taken with food, otherwise there can be side effects, such as dizziness and vomiting.

In an article on the NACWOLA blog, the organisation said that unless more food becomes available there would be "drug resistance and death". It called on the government to do more to tackle the food shortages.

"If the government doesn't address the food crisis, many of us who are on antiretrovirals are going to die," Stella, a NACWOLA member from Katakwi district, said on the blog.

Rose Amuo, the chairwoman of a group in Katine, in north-east Uganda, that represents people living with HIV/Aids said it was now evident that people in her sub-county were finding it difficult to follow their treatment cycle. "Lack of food is threatening our lives because a number of us cannot afford enough, yet you cannot take antiretrovirals without taking in some food," she said.

More than 200 residents in Katine, where the African Medical and Research Foundation (Amref) is implementing a three-year development project, are HIV-positive.

Sarah Arawo, a 36-year-old resident of Obiol village, is one them. She says the food shortages are making it increasingly difficult for her to manage the condition. She has stopped taking her antiretrovirals on a regular basis.



Knock-on illness ... these four sisters in Katine have lost both parents to Aids Martin Godwin

Married to Francis Esweu, Arawo has seven children; another child died shortly after birth. Arawo tested HIV-positive in 2006.

"Out of our eight children, one of them [a boy] also tested positive. Both of us are under ARV treatment since October 2007," she says.

But it's challenging adhering to the treatment because of the food shortages. The family has experienced food shortages since 2007, though the situation has been made worse recently by the current drought. Most families in Katine are now eating just one meal a day. "In fact, these days I do not take my drugs regularly due to lack of food," said Arawo, who will

only take her medicine when she has food to eat.

"These drugs are too strong, so if you take them without food you get weaker. But there are days when I'm forced to take drugs even without having anything to eat, especially when I get a serious attack. In other words, I take my medicine occasionally," she said.

The family relies on the small wage Esweu earns repairing bicycles. After taking money to pay for alcohol, which Esweu likes to drink, there is little money to support a big family. Arawo has been forced to sell the family's goats to pay for food, but she now has no more left to sell.

On days when Arawo does not take the medicine, she feels weak. "I have even started developing some complications, which I believe are a result of my inconsistency in taking the drugs. The whole of the left side of the body, including the hand, is developing a rash, with too much pain," she says.

Despite her HIV-positive status, Arawo said her husband still wanted her to continue having children. Three months ago she gave birth to twins. One of the babies died, the other is sick.

While pregnant, Arawo says doctors gave her treatment to protect her from mother-to-child transmission, but she won't know until test results are back from the lab whether the baby is free of the virus.

Over the last year, more than 1,800 mothers have attended counselling and testing through a programme in Katine aimed at preventing transmission of the virus from mother to child.

Esweu says he has agreed with his wife that they will not have any more children and will consider family planning. Arawo is not convinced he will allow it, and worries she may suffer complications from using contraceptives because her husband does not want to use condoms.

She is worried any complications may lead to an operation, and with that comes the fear that she won't survive it.

Sending a message through sport

Advertising breaks in African TV coverage of English Premier League matches will feature football stars raising awareness of issues including HIV, condom use and education.

The ads are funded by UK-based charity Comic Relief. It has struck a deal to run a series of public service messages delivered by Premier League players.

The charity has agreed with Optima Sports Management International, which broadcasts Barclays Premier League matches and high-

lights in 49 countries across Africa, to run the messages from January up to the start of the world cup in South Africa next summer.

The first ad will promote the use of a mosquito net to protect families from illnesses such as malaria. Subsequent messages will focus on using a condom, getting HIV tests and education.

Mark Waites, from Mother, the advertising agency that's making the ads, said the goal was to send "messaging disguised as entertainment". The Comic Relief-funded

World Aids Day

Small steps relieve a mother's worry

Testing women for HIV is having positive results in Namibia

Sébastien Hervieu
Le Monde

Nantanga Saima, a young mother living in northern Namibia, was terrified at the prospect of three milestones: six weeks after birth, then at six and 18 months. But each time the result of the HIV test on her baby Elly, now aged three, was negative. "When I was pregnant I had a test the first time I went to the hospital," she explains. "When they told me I was HIV-positive, I was very worried about my baby." She immediately started antiretroviral treatment. "Without the test, I would never have known and my baby might well be sick like me," she adds.

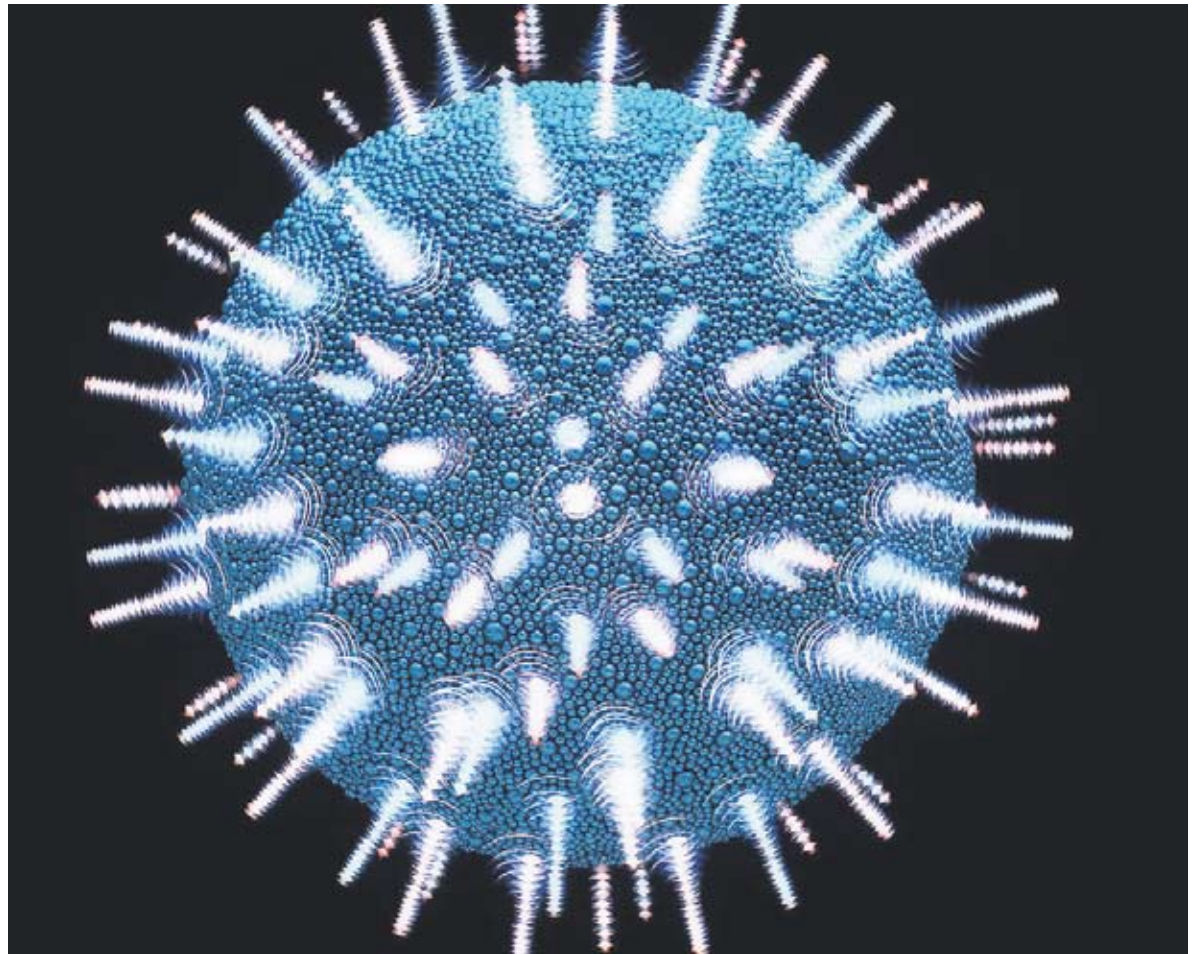
In Namibia, where almost 18% of expectant mothers are HIV-positive, the authorities have given priority to preventing transmission of the Aids virus from mother to child. The virus is still the prime cause of infections among children under 15. In 2002, two hospitals started offering HIV tests to pregnant women, providing medical supervision if they tested positive. By 2008, this scheme had been extended to 306 healthcare centres.

But first a taboo had to be overcome. "It took me two years before I was able to talk about being HIV-positive," recalls Vicky Noa, a nurse at the hospital in Onandjokwe, in the Oshana region that borders on Angola. "Women here are not really free to reveal their condition to their husbands," she says. In 2004, the authorities built a special centre for an antenatal and Aids clinic, but before that the green files given to HIV-positive women patients brought terrible stigma.

Five years later, in a region where the rate of infection is still higher than the national average, it is hard to find a seat in the waiting room at the centre. "Few women refuse the test now," says Dr Sithembile Chinyoka, dismissing claims that women are under pressure to be tested. "It's not true. The test is simply presented as a routine examination," she adds. More than two-thirds of all pregnant women attend the centre and take an HIV test.

Only a minority of those women who test positive qualify for antiretroviral treatment. The rest are given a protective course of medication from the 28th week of pregnancy and their babies are treated for the first week after they are born.

Although the cost of the treatment is very low, it is sometimes difficult



Removing stigma ... an HIV test is presented as a routine examination for pregnant women Michael Freeman/Corbis

for women to complete the course. "Some patients live more than 100km from the hospital," said Sydney Mukondomi, the head of the HIV project. "They don't necessarily have enough money to pay for transport." To reduce distances, a decentralised drug distribution system was set up last year. This has made a huge difference to Krestina Shigwedha. "Now I can walk to the nearest centre once a month," she says. That morning she got up at 4.30am and walked for four hours along a sandy track with her son Wilbard, 9, who is sick, to reach the Onayena health centre.

Babies need to carry on being tested because they can be infected by their mother's milk. "When my daughter Julia was born she was HIV-negative, but a year and a half later she was sick like me," says Hilda Simmon, 31. She breastfed her baby for a year. This is too long, according to the specialists, who recommend stopping after four to six months. "In rich countries it's not a problem because there are alternative foodstuffs but here the poverty rules out such luxuries," says Ian MacLeod, the Unicef representative in Namibia. In October 2008, the hospital launched a nutrition therapy

Rafael Garcia, 17, Brazil

My dad is a mean man who got HIV from sleeping with other women and he gave it to my mum. She didn't have enough food for me and my brother, so she breastfed us and that's how I got it. My baby brother got ill really quickly and because he was small he didn't live for very long. My mum got sick and died quite soon afterwards. I still think about her all the time. My grandmother looked after me and when she passed away, my aunt brought me up so I have always passed from house to house.

I'm on antiretroviral drugs and sometimes I feel tired. The real problem is attitudes. There is such ignorance around HIV and Aids. You get rejected and can become an outcast - like you're totally alone in the world. I felt I was just waiting to die, like someone was holding a gun to my head. But the truth is that having HIV doesn't make you abnormal. One day I hope I can have kids and a family.

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programme to reduce the number of children suffering from malnutrition.

The measures introduced by the Namibian government, with US assistance from the President's Emergency Plan for Aids Relief, are making a difference. Last year, only 8% of the children born to HIV-positive mothers were found to have been infected, down from 13% the previous year. Dominique Ilunga, a Congolese doctor at Onandjokwe hospital, is nevertheless critical of "the amount of money being spent on Aids while other diseases such as malaria are neglected".

Shigwedha disagrees. The youngest two of her five children are sick. "If I'd known sooner I was positive, I would have avoided having more children," she says.

Some doctors in Namibia took that decision without their patients' consent. Between 2005 and 2007 about 15 women were allegedly sterilised. "They had their tubes tied on the grounds they were HIV-positive, after first getting them to sign a form authorising the operation without a proper understanding of the consequences," claims Linda Chikalua, a lawyer at the Legal Assistance Centre.

World Aids Day

Volunteers moved by sense of mission

More than 7,000 men have helped to unravel the 'mystery killer'

Lori Aratani
Washington Post

It was the early 1980s, and an unknown disease was spreading throughout the gay community in America.

"We were all scared back then," said Walter Smalling, a photographer who lives in Washington. "In the beginning, it was a death sentence. Nothing could be done."

So when a friend mentioned that researchers with the National Institute of Health's National Institute of Allergy and Infectious Diseases (NIAID) were seeking gay men to participate in an ongoing study of the mystery ailment, Smalling and many of his friends volunteered.

Now, 25 years later, researchers with the Multicentre Aids Study (Macs) say health and lifestyle information gathered from Smalling and thousands of other participants has helped to track the evolution of Aids and develop therapies to fight it. The longest US study of people with HIV/Aids, the work was honoured at an anniversary commemoration earlier this year.

"It has been extraordinary, the amount of knowledge [Macs] has provided for us," said Anthony Fauci, the director of NIAID.

Aids was so new at the time Macs

was launched that there wasn't even a test for the virus. So little was known that some medical professionals refused even to touch Aids patients, researchers recalled.

"Nobody knew where the answers were going to come from," said Joseph Margolick, a professor of molecular microbiology and immunology at the Johns Hopkins Bloomberg School of Public Health and head of the Baltimore branch of the four-city study. Other clinical sites are in Los Angeles, Chicago and Pittsburgh. When he joined the study in the 1980s, Margolick was a young researcher interested in unravelling the mystery behind the seemingly invincible virus.

Since the study's inception in 1984, more than 7,000 men who have sex with men have been enrolled. Some participants have died; others have dropped out. Today, the study has about 2,525 men, with new participants recruited periodically.

Macs researchers have published more than 1,000 papers since the study began and have made critical discoveries that have helped identify what behaviours led to transmission of the virus. They were also able to identify the median length of time between HIV infection and the development of Aids.

"This long-standing, very large, very detailed repository of information is of great value to us," said Judith Auerbach, vice-president for science and public policy for the San Francisco



Aids Foundation, which provides services and programs designed to improve the quality of life for people living with HIV/Aids.

The study's focus - on men who had sex with men - was chosen largely because in those early and uncertain days, that was the only population in which large numbers of infections

were occurring, Fauci said. Even then, however, scientists knew the disease was unlikely to be confined to a single population segment, he said. Though participation remains limited to gay men, the information about the virus applies to others, Fauci said. "Once infected, the evolution [of the disease] is essentially the same," he said.

Men in the four Macs cities have undergone twice-yearly physicals and answered in-depth questions about their lifestyles, such as how many sex partners they've had and what precautions they took. More than 8,500 pieces of information have been gathered from each participant. Researchers have used the data to develop public health campaigns and to study the virus's impact on the body and brain.

The study's three categories are those who don't have the HIV virus, those who are HIV-positive and those whose illness has progressed to Aids.

As the participants' lifespans have lengthened because of the availability of treatments, researchers have been able to understand which physical and mental changes can be attributed to the virus rather than the normal aging process, and they have identified a kind of dementia specifically linked to HIV.

Smalling, who said he has lost more than 100 friends and acquaintances to Aids, still goes for his check-ups after more than 20 years.

"We felt a sense of mission," he



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