

China

Cost prevents patients gaining access to treatment

Testing for and treatment of HIV is officially free under Chinese health policy, but in practice, hospitals and clinics often charge for the treatment of opportunistic infections associated with the disease. As a result, no matter how urgently some people need help, if they cannot pay they simply cannot access treatment.

Since 2003, MSF has been operating an HIV/AIDS centre with the Guangxi Public Health Bureau in Nanning. The centre provides confidential care and treatment focusing particularly on vulnerable groups such as injecting drug users, commercial sex workers, men who have sex with men, and migrant workers. The outpatient clinic provides treatment free of charge and MSF pays for patients who need to be admitted.

In 2009, more than 1,000 people living with HIV were under MSF care at the clinic, 900 receiving first-line antiretroviral therapy, and 27 receiving second-line therapy, which is needed when a patient develops a resistance to the original treatment. Teams performed over 8,500 consultations. MSF also worked with the Centre for Disease Control to set up voluntary counselling and testing centres in the city. Of the 4,300 people who used the centres in 2009, 147 tested positive for HIV. The Nanning project will be handed over to Chinese authorities in October 2010.

Cambodia

MSF staff treat HIV patients in Phnom Penh's prisons

MSF has been working in Cambodia since 1979. Public health problems are dominated by HIV/AIDS and TB and MSF, the first to provide antiretroviral therapy for HIV patients in the country, has helped to improve the situation by developing national treatment guidelines in tandem with the Ministry of Health. Furthermore, a substantial increase in funding by international donors has helped fortify government efforts to tackle prevalent diseases, allowing MSF in turn to reduce its HIV programmes and focus on other problems instead.

Teams now centre their attention on the treatment of TB and drug-resistant TB. In 2009, in the provincial hospital of Kampong Cham, teams built a new TB ward in the hospital and began providing technical support to the hospital laboratory. This initiative aims to improve case detection and access to care for all TB patients.

HIV and TB are particularly challenging to manage in closed settings such as prisons. Since 2007, MSF has been treating HIV patients in Phnom Penh's prisons via mobile clinics run by the Khmer-Soviet Friendship hospital team. MSF supported voluntary confidential counselling and testing, and teams have now scaled up activities to include HIV and TB case detection and improve access to care, treatment and follow-up of all prisoners in the three prisons. In the prison near Kampong Cham, MSF helped to provide healthcare to all inmates as well as conducting a five-month nutritional programme for those who had become severely malnourished.

In the Khmer-Soviet Friendship (KSF) hospital in Phnom Penh, MSF is preparing a formal handover to health authorities in 2010.

In Takeo and Siem Reap, MSF introduced a new model of care that treats HIV/AIDS as a chronic disease in clinics alongside diabetes and hypertension. The approach proved successful and teams were able to hand over these activities in June.

Uganda

Irregular drug supply

MSF is working to fight HIV/AIDS, TB and malaria in the country, and is providing nutritional programmes for malnourished children.

In the West Nile region, in the northern part on the border with Sudan, MSF has provided treatment to more than 16,000 people with HIV since 2002. In these northern districts, the healthcare system is slowly being rebuilt after years of conflict.

The main challenges are the shortage of trained health staff and an irregular drug supply, especially for HIV/AIDS, TB and malaria. In the northwest Arua district, MSF provides treatment for HIV patients co-infected with TB, as well as nutritional support for adults and children living with the disease and antenatal care to prevent the transmission of HIV from mother to child. Of the 7,740 patients currently treated at the hospital, more than 5,000 are receiving antiretroviral therapy.

MSF also supports decentralised HIV clinics in other rural areas.

Myanmar

Underfunding of the health system

The government spends just 0.3 per cent of its gross domestic product on healthcare, the lowest percentage worldwide, and international aid to the country remains completely inadequate at just US\$ 3 per person per year. HIV/AIDS kills thousands of people every year in Myanmar because so little antiretroviral therapy is available.

As many as 76,000 people are living with HIV, but only 20,000 people receive treatment, mostly from MSF. In Shan, Kachin and Rakhine states and in Yangon, the country's largest city, MSF runs 17 HIV clinics, nine health centres and more than 30 malaria field posts. TB and HIV treatment and general healthcare programmes are provided in both the rural and urban parts of the Dawei and Myiek districts in the south of the country. The programmes offer help to 700,000 people and target in particular more vulnerable people such as migrant workers and fishermen. Last year, MSF supplied more than 14,300 people with ART.

Prevalence of TB is high: the latest government figures report 134,000 known cases. Because the national TB programme is underfunded, there are sometimes interruptions in the supply of medicines. Patients' treatment is in turn interrupted, which increases their drug-resistance and reduces the effectiveness of the medication. MSF continued to treat patients co-infected with HIV and TB throughout the year, and in July initiated the country's first multidrug-resistant TB programme in Yangon in collaboration with the Ministry of Health.

Malaria is one of the biggest killers in Myanmar because there is so little access to effective and affordable diagnostic tools and drugs. In 2009, MSF treated approximately 160,000 people for malaria in Rakhine State.

Throughout 2009, MSF continued to lobby strongly for an increased response from the government and the international community to address the HIV/AIDS crisis.

MSF International Office

Rue de Lausanne 78, CP 116, CH-1211 Geneva 21, Switzerland
T (+41-22) 8498 405, F (+41-22) 8498 404, E office-intl@bi.msf.org
www.msf.org



MSF and HIV/AIDS

MSF began treating people living with HIV in the 1990s and started ARV treatment programmes in Cameroon, Thailand, and South Africa in 2000. MSF now operates HIV/AIDS programmes, helping over 190,000 people in 53 projects across 25 countries, and provides ARV treatment to more than 162,000 HIV positive patients. MSF also works to reduce the transmission of HIV from mother to child by providing treatment to over 19,000 mothers and babies immediately before and after birth.

MSF HIV/AIDS programmes can be found in the following countries: Burkina Faso, Cameroon, Cambodia, Central African Republic, Chad, China, Congo Brazzaville, Democratic Republic of Congo, Djibouti, Ethiopia, Guinea, India, Kenya, Lesotho, Liberia, Malawi, Myanmar, Mozambique, Nigeria, South Sudan, Swaziland, Thailand, Uganda, Zambia, Zimbabwe.

MSF's comprehensive HIV/AIDS programmes offer HIV testing with pre- and post-test counselling, treatment and prevention of opportunistic infections, paediatric diagnosis and treatment, prevention of mother-to-child transmission and provision of ARV treatment for those in need. In addition, programmes generally include condom distribution, as well as education and awareness activities, helping people to understand how to prevent the spread of the virus.

The challenges

Although great strides have been made in scaling up treatment for HIV/AIDS in developing countries over the last ten years, international support is now faltering and funding shortfalls for treatment programmes are now threatening to undo the success achieved to date. Today, four million people are on life-saving antiretroviral medicines but there are ten million more in need of treatment.

There is a need to bridge the gap between the standard of care received in wealthy countries and that in the developing world. The majority of people on AIDS treatment in developing coun-

tries receive a regimen known to cause serious side effects, and which the World Health Organization no longer favours. Also, lifelong AIDS treatment requires constant access to newer and more potent regimens as patients develop resistance to their medicines over time. Access to expensive second- and third-line regimens in developing countries needs to be secured.

Paediatric AIDS has nearly disappeared in developed countries, thus removing the market incentive for pharmaceutical companies to invest in new drug formulations for children. The alarming rate of child infection would decrease if prevention programmes to stop the transmission of the HIV virus from mother to child were implemented as successfully in developing countries as they are in Europe and the United States. In all developing countries, the treatment options available for babies, young children and adolescents with HIV/AIDS remain very restricted. Furthermore, with the current methods available, diagnosing the disease in the early months of a child's life is impossible in many of the places we work.

Despite evidence of the broad benefits of ART, we are witnessing alarming backtracking from international donors just as efforts should be ramped up. The funding available is not keeping up with the need, and MSF is already witnessing the negative impact this is having in some countries, with care rationed because of limited treatment slots, treatment scale-up halted for those in urgent need, and an even more distant promise of universal access.

If the battle against HIV/AIDS is to be won, there is a need to continue to fund the scale-up of therapy and stop the current U-turn on AIDS treatment. MSF is working to address the needs within its own programmes and is advocating for wider implementation.



Across 25 countries in 2009, MSF provided antiretroviral treatment for more than 160,000 people.

There are some highlights of this work:

Zimbabwe One million children orphaned because of HIV/AIDS

According to the United Nations joint programme on HIV/AIDS (UNAIDS), there are 120,000 children living with HIV in Zimbabwe and at least one million children have been orphaned because of it. MSF responds to the HIV epidemic in five districts.

HIV care has been decentralised in order to bring services closer to the patients' homes, and nurses have been trained to administer antiretroviral therapy (ART). Such 'task-shifting' permits the nurses to carry out the daily HIV care and frees up the doctors to concentrate on more complicated cases.

MSF has also been improving TB care and integrating TB and HIV/AIDS services, as well as providing counselling and patient education.

In 2009 the number of children under MSF's care was increased, and treatment was provided to prevent mother-to-child transmission of the virus. Overall, more than 52,000 people were treated, 39,000 of whom received ART.

Kenya Treating HIV/AIDS in the slums

In the Nairobi slums of Mathare and Kibera, MSF provides free comprehensive care for around 7,000 people living with HIV/AIDS and antiretroviral treatment for more than 4,800 people.

In Mathare, medical teams provide voluntary counselling and testing in different locations around the slum in order to try to reach more people living with HIV/AIDS. For survivors of sexual violence, a huge problem in the city's slums, specialised treatment is also provided, and includes post-exposure prophylaxis, which greatly reduces the risk of infection with HIV, counselling and social support. MSF treats between 20 and 30 survivors every month, many of whom are children.

In western Kenya, MSF runs HIV/AIDS and TB programmes in Nyanza province, where the prevalence rate is one of the highest in the country. Because of MSF's intervention, Homa Bay District Hospital was the first public facility in Kenya to offer free antiretroviral treatment in 2001. In this hospital in 2009, MSF staff cared for 9,500 people living with HIV, of whom 73 per cent were receiving anti-retroviral treatment (ART). However poverty is rife, transport unreliable or expensive and stigma commonplace in this rural community and medical teams regularly saw patients who had come to seek help only when they were very seriously ill. To try to prevent this, MSF staff focused on decentralising care by working with the Ministry of Health to ensure that HIV/AIDS care is available in healthcare clinics around the district.

Another focus of MSF's work in Homa Bay is treating people with TB and multidrug-resistant TB (MDR-TB). Therefore, MSF constructed an eight bed isolation ward for MDR-TB treatment in 2009 and provided treatment for MDR-TB in Nairobi's slums.

MSF was able to hand over two of its HIV/AIDS programmes in Kenya in 2009. In Nairobi MSF handed over its activities in Mbagathi hospital to the Ministry of Health and another partner after twelve years of intervention.

Mozambique Ministry of Health staff are being trained to take over the project

All MSF projects in Mozambique are focused on HIV/AIDS treatment and care.

In the capital Maputo, teams work in two districts, supporting two day-hospitals and nine health centres. Teams train staff, and provide psychosocial counselling for HIV-positive patients, including children.

MSF is developing and promoting innovative models to help meet the high demand for healthcare and is lobbying the government to introduce a 'task-shifting' approach in hospitals to help to counter the shortage of doctors and nurses. This would include training local medical staff to prescribe ART drugs and administer repeat prescriptions, and permitting the use of lay counsellors.

MSF is supporting the care and follow-up of HIV-positive patients in provincial hospitals in the northwest of the country and is providing technical support to health centres. In Tete city, following a decentralisation of patient care from hospital to health centre level, the project is now focused on training and supervising Ministry of Health staff, with the view to handing back the project.

Overall, during 2009, MSF carried out 240,500 consultations and provided ART to 25,500 patients.

South Africa Treating HIV in the townships

On World AIDS Day in 2009, President Jacob Zuma announced a number of long-awaited changes to strategies on HIV/AIDS treatment, including the use of higher quality drugs for initial treatment, and a new model of care to address the deadly HIV/TB co-infection directly. Treatment will also be available for pregnant women and more nurses will be trained, which will increase patient's access to care.

MSF has been continuing to provide HIV/AIDS and TB care to those in Khayelitsha, a township on the outskirts of Cape Town, as well as healthcare to refugees from Zimbabwe. Khayelitsha is home to half a million people and has one of the highest incidences of HIV/AIDS in the country, and is where MSF, since 2001 has been running a programme in partnership with local health authorities. The Khayelitsha programme was the first in South Africa to provide ART free of charge to the public. By December 2009, more than 13,550 patients were benefiting from the service.

Challenges remain however, including the lack of specific HIV/AIDS medication to treat children and adolescents, and the need for further integration of HIV/TB treatment in order to be able to cope with the high numbers of co-infected patients. There are also increasing numbers of people being diagnosed with drug-resistant TB (DR-TB). MSF hosts a pilot project in the country offering DR-TB treatment through regular health centre visits, rather than in specialised isolation hospitals. This model of integrated care for HIV/AIDS and TB patients has been replicated in many other settings and is promoted by the World Health Organization as a model for best practice. The programme has treated more than 580 patients in the last three years.

Malawi Simplified treatment protocols to address shortage of health staff

HIV care is now provided in the districts of Chiradzulu and Thyolo, but is rare in the rest of the country. At the end of 2009, MSF was providing ART to more than 15,000 patients in Chiradzulu, and another 15,000 in Thyolo.

The scale of the need combined with the shortage of health staff is so great that MSF has had to adjust its approach, by simplifying treatment protocols and delegating patient care to nurses within local health structures in order to bring care closer to patients' homes. Only more complicated cases, especially when children and pregnant women are involved are referred to health specialists. Screening, psychosocial and nutritional support are provided by counsellors who help patients follow the treatment properly.

MSF is currently working to provide further care for HIV patients, such as prevention of mother-to-child transmission, detection of treatment failure and provision of paediatric care. There is a strong emphasis on integrating HIV services with general services, and integrating MSF's HIV support services into the Ministry of Health centres.

Since July 2009, the supply of ART drugs to Malawi has been unreliable. In response, MSF sent an emergency stock to the districts of Chiradzulu and Thyolo to help avoid any disruption to the medication of the 30,000 people on the programme. Any breaks in treatment increase the risk of patients developing drug-resistance.

In July 2009 at the International AIDS Conference in Cape Town, South Africa, MSF gave a presentation on Malawi. This was an opportunity to show that offering ART on a larger scale need not increase the burden on the health system. The programme in Thyolo, where 80 per cent of those in need have access to this life-saving care, was used as an example.

Lesotho The challenge of staff shortages and access to treatment

In Lesotho, 270,000 people live with the virus, 117,000 of whom need antiretroviral therapy (ART). Yet only 41,000 people are receiving the life-prolonging treatment.

In 2005, MSF and the national health authorities jointly launched a programme to provide HIV/AIDS care, including ART, to people in rural Lesotho. In 2009, nearly 54,000 HIV tests were carried out, and more than 6,000 patients were started on ART. The results have been encouraging; 80 per cent of adults and 93 per cent of children are still alive after 12 months of treatment. In addition, HIV transmission from mother to child has been reduced to less than five per cent. However since 90 per cent of patients with HIV/AIDS are co-infected with tuberculosis (TB), the programme is now also focusing on improving TB diagnosis and integrating HIV and TB services.

Due to a shortfall of doctors in Lesotho, MSF involves nurses and lay persons in the effort to treat HIV patients, by training them to administer HIV treatment or to become counsellors.

MSF has now handed over six of the 15 clinics it has been supporting in the Scott Hospital Health Service based south of the capital Maseru, which covers around 220,000 people, 30,000 of whom are HIV-positive. These six centres will now be run by the local health authorities to help decentralise care and bring treatment closer to people in rural areas.

Swaziland 'Expert patients' support TB patients in adhering to their medication

Swaziland has the world's most severe HIV/AIDS epidemic. A national report from 2006/2007 estimated the prevalence of the disease among adults to be 25.9 per cent.

TB in HIV-infected people is the number one cause of death, and more and more patients who are being treated by the MSF teams in collaboration with the Ministry of Health are being diagnosed with drug-resistant forms (DR-TB). Since November 2007, MSF has been responding to this epidemic by providing diagnosis and treatment for HIV/TB infected patients via rural clinics.

Currently, MSF is working in the south of the country in the rural Shiselweni region, where a fifth of the country's population live, mostly in villages or on remote farms and who often have to travel for hours to get to the closest health centre. MSF's aim is to reduce the number of deaths from TB and HIV by providing diagnosis, treatment and care as close as possible to where the patients live through small rural clinics. In 2009, MSF supported one hospital, two health centres and 18 clinics in the area. By the end of 2009, more than 8,000 HIV patients were receiving antiretroviral therapy and 3,381 patients were receiving treatment for TB.

One important component of MSF's programme is to help patients adhere to their treatment by using guidance and counselling from 'expert patients' - those who are also HIV positive and who may have undergone the treatment themselves. This is especially relevant today, since more and more TB patients in Swaziland are failing to respond to standard drugs. Those with DR-TB have to commit to an especially long, painful and difficult treatment regimen. In 2009, MSF teams provided intensive support to 96 patients infected with DR-TB.

Another challenge facing the country's health system is a lack of qualified medical staff. In order to overcome this obstacle, MSF advised the authorities to implement a 'task-shifting' policy that would allow nurses to take over some of the medical tasks currently performed only by doctors. This policy change was one of the recommendations of an International Consultative Workshop on the DR-TB and HIV crisis in the Southern African region, co-organised by MSF and the Swaziland Ministry of Health in October 2009.

