

The international newsletter on HIV/AIDS prevention and care

# AIDS action

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## Improving Access to Care

**G**ood care can greatly improve the quality and length of life of people with HIV. Care includes practical, emotional and spiritual support for HIV-positive people, their carers, families and communities. It also includes treatment for people with HIV.

Many people affected by HIV do not have access to the care they need. People in resource-poor communities may have particular problems in getting access to good treatment. Treatment includes preventive measures (such as the use of drugs to prevent infections, and good nutrition), curative measures (for example, diagnosis and treatment of tuberculosis) and palliative measures (for example, pain and symptom control for the severely ill).

But access to care is also often hampered by other factors. Poverty is one main reason why people with HIV, and their families, are unable to access care. Unfortunately, it is often the poor who are infected with HIV, and the poverty is so intense they are unable to afford even transportation costs.

Beyond the economic constraints, there is also the matter of social and cultural access. Facilities may be available in the community but people with HIV may not use these resources because they find the staff unfriendly. Hospitals may be intimidating to some people, maybe even representing death. Unfortunately, many countries still choose to put up "AIDS Wards" where people with HIV become passive patients, waiting to die.

This issue of *AIDS Action* also discusses antiretroviral therapy or ART (also sometimes known as Highly Active Antiretroviral Therapy or HAART). We feature this therapy with many reservations, well aware that most people living with HIV are not able to afford these medicines. At the same time, we feel it is necessary to provide information about the advantages and disadvantages of this therapy. We are also featuring an article that looks at the controversies surrounding access to antiretroviral medicines, showing how international and national politics shape this access. Once again, we see how the HIV/AIDS epidemic is affected by both economics and politics. 

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YRG CARE archives

*Hospital stays may be made more accessible with subsidised charges.*

# Improving Access to Care

**G**ood care will vary depending on local needs and resources. (AIDS Action looks at some of the key principles health planners need to follow to improve access to care.)

People who have HIV, or who are at risk of HIV infection, should have access to a basic care package which includes:

- voluntary counselling and testing services
- a good diet made up of foods that are locally available and affordable
- user-friendly and affordable local health services, including community or home-based care, and an effective referral system between these services and regional hospitals
- essential drugs for the treatment of HIV-associated infections and relief of pain
- information on the range of HIV care services.

This basic care package should be available to people at all stages of HIV, including those who are uninfected but at risk. Individuals, HIV support groups or organisations may need to advocate to make this care package available. Advocacy means persuading those with power, such as governments or commercial companies, to change their policies or practices to meet the needs of a particular group.

## KEY PRINCIPLES

The following can help health planners to make sure people in their area have access to a basic care package.

### *Prioritise Care Services*

This means involving HIV-positive people and health workers in finding out about local needs and resources, deciding which needs are most important and the best way to meet these needs (see activity: 'Action for care'). This involves looking at the long-term costs and benefits of different approaches to care, including prevention activities and treatments for HIV-associated illnesses and HIV. It may also involve advocacy at local, national and regional levels.

### *Promote good quality health care*

This includes making sure that health services have basic drugs and equipment, for example, simple effective antibiotics including TB drugs, antifungals, antiseptics, analgesics, gloves and disposable syringes, as well as basic diagnostic equipment. It also includes having skilled staff. Cost is an important issue, so developing cost-recovery systems, such as subsidised pharmacies can help (see page 4). Good quality health care also needs efficient supply and distribution systems for drugs and equipment, monitoring and follow-up of care and referral systems. Developing national guidelines for managing HIV-associated illnesses can help promote good quality health care, for example, developing treatment protocols which can be implemented at all levels from hospital to community (see page 3: 'Developing national guidelines').



Piers Cavendish/Healthlink Worldwide

*It is important to help people with HIV-associated illnesses, such as herpes zoster, get early treatment.*

### *Promote collaboration between different groups that provide care.*

Collaboration between health centres and hospitals, traditional health systems, community-based organisations and HIV support groups helps to ensure a 'continuum of care'. This means providing care for people at all stages of HIV, from prevention to palliative care and at local, district and national levels.

### *Promote voluntary testing and counselling.*

This is very important. If people know that they are HIV positive early, and receive good counselling, it can encourage them to access available care, for example, by joining an HIV support group, eating healthy food, and getting early treatment for illnesses. People who test HIV negative and receive good counselling have a better chance of reducing their risk behaviour and staying negative.

### *Involve people with HIV in planning their own care.*

The more that people feel they can make informed choices about their own health care, the more likely they are to stay healthy. People need to be encouraged to voice fears and concerns about treatment and to share in decisions about their care. Involvement of people with HIV and their carers is essential when advocating for improved access to care.

### *Provide regular training for health workers.*

Training should cover how to diagnose HIV-associated illnesses early, how to treat them and when to refer people to specialist services.

### *Ensure that health services are user-friendly and physically accessible*

People are more likely to use health services if the staff are friendly and communicate well. Training in communication skills, for

example using role play, can help. Health facilities must be near enough for people to visit them. This can mean providing facilities for people with special needs, for example, services to treat and prevent sexually transmitted infections near to where sex workers work.

### *Reduce stigma and discrimination against people with HIV.*

In many places, people who are thought to have HIV are feared and discriminated against. Stigma can be so strong that even people who work for HIV-related organisations do not tell their colleagues that they are HIV positive. Some people have even been killed for saying publicly that they have HIV. One way stigma can be reduced is through education. When people understand what HIV is, and how it is transmitted, they are less likely to discriminate.

*'To be informed is empowering. It has enabled me to manage living with the virus. I know how to take care of myself. I know my body, I understand it. I know where to seek support if I need it. I know what kind of support I need. I feel courageous to ask questions. Even to protest. I know what are the choices for me. And I am capable of making careful considerations before making any decisions. All these wouldn't have happened, or might take an awfully long time to happen, if I wasn't informed.'*

Suzana Murni, Echidna, no. 19, 1998

## Developing National Guidelines on HIV Care

Many health ministries, such as the Ministry of Health in Uganda, have developed national guidelines. These provide advice on how to manage HIV, how to make clinical care and referral systems efficient, and how to integrate HIV care activities into existing community health programmes.

National guidelines are for all health care workers, including traditional healers, particularly those working on HIV in health facilities, the community and in training institutions. They are also for HIV-positive people and support groups.

National guidelines should cover:

- clinical management of people with HIV, for example, guidelines on diagnosis and treatment of HIV-associated infections
- access, cost and laboratory requirements, follow-up and monitoring of antiretroviral therapy
- other therapies, such as physiotherapy, and their roles in the management of people with HIV.

Guidelines should also include advice on:

- counselling people with HIV, their families and other carers
- home care - involving the family and the community through volunteers and existing services
- referral systems between health service and with other services.

## Provide information

Some people call information 'the cheapest form of therapy'. Health workers and people affected by HIV need up-to-date locally-relevant information on a range of issues, (see box). For example, carers need information to help them understand the progression of HIV and to know what advice to give; people with HIV need information to encourage them to seek early treatment for common illnesses, such as TB. Health planners and community-based groups need to think about what information is needed, what is available and how information gaps can be filled.

Dr Elly T Katabira, Department of Medicine, Mulago Hospital, Makerere University Medical School, Kampala, Uganda. 🌱

## Activity

### ACTION FOR CARE

**AIM** — To make action plans to improve access to care, based on local needs and resources

**TIME** — Half a day or one day

**PARTICIPANTS** — People with HIV, health care providers, carers and families, health educators, community leaders



- 1) Get people together in small informal groups and ask them to discuss:
  - what are the main care needs in our community?
  - what are the care needs of different groups, such as young children and orphans?
  - what helps people access care to meet these needs?
  - what are the main barriers to meeting these needs?
- 2) Ask each group to write or draw what their group thought were the most important care needs on large pieces of paper or a blackboard.
- 3) Ask the groups to come together and discuss the results and then to 'vote' for what they think are the most important care needs (probably 3-5).
- 4) Ask the large group to discuss:
  - what are the main barriers to meeting the priority needs?
  - how can these be overcome?
  - what resources are needed?
  - what resources are available locally?
  - what can be done to get other resources?
- 5) Finally, ask participants to agree:
  - what needs to be done
  - who will do it
  - what can be done now
  - by when
  - what to do next.

Source: 'Towards the healthy women counselling guide' UNDP/WHO

# Making Care Affordable

( An Indian organisation explains how they reduce the cost of care for those who cannot afford the full price. )

*'Sangeta had just given birth to a son. She was delighted. But when her husband came to see her, the doctor told him Sangeta had tested positive for HIV. She had received no counselling. She did not know about HIV or that she had been tested for it. After her diagnosis, her husband would not let her touch their son, and the medical staff left her alone.'*

This is a common story. Often, the situation is made worse by lack of access to appropriate and affordable care. YRG CARE (Centre for AIDS Research and Education) in Chennai, India, is addressing this problem. It runs an integrated care programme, which includes voluntary counselling and testing and hospital and home-based care services. YRG CARE has developed several strategies to ensure that everyone who needs care can afford it. These include:

## Two different fees for the HIV test.

People on high incomes pay Rs100 (US\$2.30) for an HIV test. Those who can afford it are also asked for donations. These payments help the centre subsidise the cost of the test for people on a low income, who

pay Rs50 (US\$1.15). People who test negative are encouraged to continue to be involved with YRG CARE and to donate time or money for care work.

## Free counselling service.

YRG CARE provides free pre- and post-test counselling.

## Different charges for other care services.

These are based on income. Very poor people are not charged. Other people are charged a quarter, half or the full cost of the services. YRG CARE receives donations in money or kind from organisations, groups and individuals, which help it subsidise the cost of services for those who cannot pay.



Ron Gilling/Still Pictures

Subsidised pharmacies are one way to improve access to drugs for people with HIV.

## Subsidised pharmacy.

YRG CARE reduces the cost of the drugs in its pharmacy by:

- buying drugs direct from manufacturers and wholesalers
- getting free samples from manufacturers, and drugs through the drug component of its clinical research projects and from overseas hospitals
- getting unused drugs from YRG CARE's hospital and community-based patients.

People on higher incomes pay the full price for the drugs. This income, as well as money raised from businesses, is used to subsidise reduced prices for other users. The pharmacy does not sell antiretroviral drugs because they are too expensive.

## Subsidised meals.

YRG CARE runs a diet centre, which provides nutritious food. Staff and most relatives pay the full cost for their meals and this income is used to subsidise the cost of meals for other people. YRG CARE also receives food donations from hotels and offices in return for HIV-awareness training.

*Dr Suniti Solomon, Director, and AK Ganesh, Project Manager, YRG CARE, No.1, Raman Street, T Nagar, Chennai 600 017, India.  
E-mail: yrgcare@vsnl.com*

## DRUGS FOR HIV-ASSOCIATED INFECTIONS

COMMON HIV-ASSOCIATED ILLNESSES/SYMPTOMS	DRUGS
Gastroenteritis	Anti-diarrhoeal drugs, such as loperamide hydrochloride
Diarrhoea	Oral-rehydration salts
Vomiting	Anti-nausea drugs, such as metoclopramide
Intestinal Parasites	Mebendazole
Intestinal parasites (micro-organisms such as giardiasis amoebiasis)	Metronidazole
Chest infections (excluding tuberculosis)	Cough linctus, antibiotics according to local needs, such as ampicillin, co-trimoxazole
Skin problems (itching, herpes zoster, pus-producing infections)	Gentian violet, antiseptic solution, antihistamines such as chlorpheniramine, antibiotics such as flucoxacillin
Fever (malaria)	Anti-malarials, such as chloroquine, quinine
Fever (general)	Anti-pyretics, such as aspirin, paracetamol
Candida (thrush)	Anti-fungals, such as nystatin, ketoconazole, miconazole
Haemorrhoids	Anti-haemorrhoidal suppositories (such as the brand Anusol)

# ACCESS TO MEDICINES

**R**amon (not his real name) comes from a fairly wealthy Filipino family and he himself has been able to continue working, with very good pay, even after becoming HIV positive. Ramon is on HAART (Highly Active Antiretroviral Therapy), a cocktail of drugs that Ramon feels has given him a new lease on life. He is able to get the drugs because of a subsidy from a government charity agency. If Ramon had to buy the medicines, they would cost about US\$10,000 a year. Although he earns US\$15,000 a year, an income earned by only one percent of Filipinos, he would not be able to shoulder the costs of the medicines on his own.

Ramon worries that the government charity agency will eventually stop supporting him and other people living with HIV for their antiretroviral therapy. This is quite likely. The Department of Health itself spends more than half of its AIDS programme funds for medicines, and are able to support only a handful of patients. As the number of HIV positive Filipinos grows, the prospects of their being supported will dim.

The HIV epidemic spurred intensive research for new medicines so that today, there are more than a dozen approved antiretrovirals on the market, and several more in the process of being tested. But the prices of these medicines has been extremely high, placing them beyond the reach of most people with HIV.

The multinational drug companies producing these medicines say the prices of the medicines are high because they need to earn back their investments in research and development. But consumer organisations and AIDS activist groups say the profits are excessive. During a recent hearing with the South African Parliament, Mediciens Sans Frontieres (MSF) presented data showing that in 1999 alone, Glaxo Wellcome's sales of the combination drug Combivir (zidovudine plus lamivudine) reached US\$589 million. MSF says that on the average, research and development costs are about US\$215 million so companies should have gotten back their research investments.

Consumer organisations such as Health Action International (HA) say that drug companies get away with high drug prices because of the system of patents. A new drug is protected for 20 years, during which only one drug company can produce the medicine. Some countries have challenged the patent system, pointing out that the life-saving drugs should not be kept under patent for so long.

Some countries have systems of compulsory licensing, which means the government can require a drug company to allow others to produce the medicine. Other countries have resorted to parallel imports or "shopping" for medicines on the global market for cheaper sources.

The result has been some savings. While the cost of antiretroviral therapy averages about US\$10,000 a year in the United States, Brazil has been able to use alternative sources, including generic versions, and has brought down the cost to US\$1,000 a year.

That US\$1,000 is however still beyond the reach of many people living in developing countries. James Love of the US-based Consumer

Technology Report says that the prices of the drugs can be further lowered, and that drug industry people themselves say the costs could go as low as \$245 a year.

That isn't bound to happen in the near future, even as UNAIDS announced recently that they were negotiating with five multinational drug companies to make the drugs available at lower costs. The plan has been criticised by consumer groups as only further perpetuating the companies' control over the market. The solution, consumer groups say, will come with a less restrictive patent system, with generic competition and parallel imports.

Moreover, consumer groups worry that people may become fixated on antiretroviral as the most important component of AIDS care. Even if antiretroviral therapy were made more accessible, people forget that there are other costs attached, such as periodic viral load testing, which is also expensive because the technology is controlled by multinationals.

The attention given to antiretroviral drugs may also obscure the fact that many poor people with HIV don't have access to even the most basic of medicines, such as the painkillers aspirin and paracetamol. Many governments have cut back on their social services and subsidies for medicines as part of "health sector reforms" that seek to privatise health care.

The problem of access to antiretrovirals has served only to underscore the political dimensions of the HIV/AIDS epidemic and the tragic consequences of leaving AIDS care to an "industry" where profits are paramount.

Michael L. Tan (HAIN, Philippines) 

# INTRODUCING Antiretroviral Therapy

## WHAT IS ANTIRETROVIRAL THERAPY?

Antiretroviral (ARV) therapy is treatment with drugs called antiretrovirals (ARVs) that fight HIV. ARV therapy can help people with HIV stay healthy. But at present, ARVs have to be taken for life, are expensive, often difficult to take and can cause severe side effects. Also, ARVs are becoming increasingly available in many countries, but many people are not using them properly. This is dangerous as resistance (see definitions) can develop quickly and side effects are common.

**MONOTHERAPY** (treatment with only one ARV) is used to reduce the risk of HIV transmission, for example, from needle-stick injuries, or from mother to child. Monotherapy is not used to treat people with HIV, because resistance soon develops.

**COMBINATION THERAPY** (treatment with two or more different ARVs) is used to treat people with HIV. This is because different ARVs fight HIV in different ways, and are therefore more effective when used together; it is also harder for HIV to develop resistance to ARVs when they are used in combination.

Three main types of ARVs are currently in use in combination therapy: nucleoside analogues, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors (see table). There are many possible combinations of ARVs, but some should not be used together because they react with each other.

ARV therapy for children also appears to be effective, but the



*Many people want to know about antiretroviral therapy, and some people even have access to it, so information on it is important.*

dosages vary for each child and more information is needed about side-effects of therapy for children.

## STARTING THERAPY

ARV therapy should only be given to people who have tested HIV positive. Some doctors prefer people to start therapy early, when the immune system is less damaged and viral load is still relatively low. (Viral load can be very high immediately after infection with HIV, but it usually drops after a few weeks.) Other doctors prefer to start therapy later because of the cost of ARVs, and because resistance is more likely to develop the longer someone is taking the drugs.

## USING ANTIRETROVIRAL THERAPY

### Following instructions

This is also known as adherence or compliance. Antiretrovirals must be taken according to strict instructions. These can be difficult to follow. Several different pills

must be taken each day at different times, with different food or drinks. The pills can cause unpleasant side effects. ARVs are expensive (three drugs in combination can cost US\$8,000-20,000 per year). Many people cannot afford ARVs regularly or do not have a regular supply, so that they have to stop treatment while they wait for more ARVs. Sometimes people give their drugs to family members or friends because they think they need them more. Multi-drug resistant HIV is already appearing, largely as a result of

## Definitions

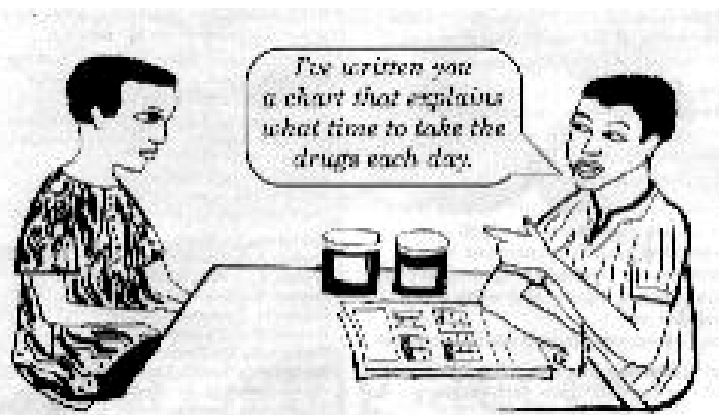
**CD4 count** is the number of CD4 cells in a cubic millimetre of blood. CD4 cells help to protect people from getting infections. HIV attacks and destroys CD4 cells. A CD4 count in a healthy, HIV-negative adult is usually 600-1200 CD4 cells per cubic millimetre of blood. The CD4 count of most people with HIV usually falls over time. If the CD4 count drops below 200 cells per cubic millimetre of blood, there is a high risk of serious infection.

**Viral load** is the amount of HIV that can be measured in the blood. If the person has not developed symptoms, a viral load higher than 100,000 per millilitre of plasma (the fluid part of the blood) is considered to be high, and below 10,000 is considered

low. An undetectable viral load means that it is too low for the test to be able to measure it with standard techniques.

**Resistance** to an ARV means that HIV in the body has changed so that the drug no longer works against it. People often develop resistance to ARVs because they stop using them, do not take them regularly or in complete doses.

**Cross resistance** means that HIV is resistant to more than one ARV. This can include drugs that the person has not used. For example, if someone develops resistance to indinavir, they will also be resistant to ritonavir.



non-adherence. The tuberculosis experience has highlighted the need for community-based support for people who are taking long-term treatment. A similar approach might help improve adherence for people on ARV therapy, although it is more complex.

### Side effects

Many people experience unpleasant side effects when they start antiretroviral therapy, such as vomiting, diarrhoea, and fever. Some side effects, such as diabetes and pancreatitis, may be life-threatening. People who experience these may need to change the drugs in their combination.

### Reactions with other drugs

Some antiretrovirals also react with other drugs and stop them working as well. For example, protease inhibitors react with the tuberculosis drug rifampicin.

### Close monitoring

Antiretroviral therapy must be monitored closely to make sure that it continues to be effective and that HIV in the body is not developing resistance to drugs in the combination. The best way to do this is to take CD4 and viral load counts at least every 3-6 months. These tests are expensive and are not available in many places.

## CHANGING THERAPY

Therapy should be changed if the person has severe side effects to one or more of the drugs. If they only react to one drug, only that drug should be changed. Therapy should also be changed if the CD4 count is falling or the viral load is not being reduced or maintained. In this case, all drugs in a combination should be changed if possible.

Information about ARVs, the long-term effects, negative effects and drug interactions, is being updated and changed all the time, and new drugs are being developed. Guidelines on using ARVs are listed in Resources on page 8.

## Checklist for Health Workers

### Before prescribing antiretroviral therapy

- Check the national drugs policy. Are ARVs licensed in your country?
- Make sure you have up-to-date information on ARVs - this information changes very frequently.
- Make sure the patient has tested positive for HIV.
- Make sure the patient will have access to a long-term supply of the drugs in their combination.
- Discuss with the patient how they will pay for ARV therapy. Can they afford it? Will there be enough money for food for other household members? Do other household members have HIV and need ARVs?
- Discuss the various combinations available in detail with the patient. What combinations will they use if they develop resistance to the first combination of drugs?
- Explain clearly the importance of adherence. Discuss some of the problems people have with adherence. Spend as much time as possible with the patient to help them decide the best time to take the tablets each day. Write or draw a drug and diet chart showing when and how to take the drugs, food and drinks. Ask the patient to practise using this chart before actually starting to take the ARVs.
- Talk to the patient about side effects associated with the drugs. Discuss how to make it easy to start treatment, such as taking time off work in case side effects occur.
- Discuss a nutritious diet.

### Managing antiretroviral therapy

- Monitor patients regularly for side effects and for resistance to the antiretrovirals, preferably using tests for CD4 and viral load counts.
- Change the combination if side-effects are severe or if CD4 and viral load indicate that resistance is developing.
- Do not add an antiretroviral drug to a treatment that is failing. It is preferable to change at least two of the drugs.
- Promptly treat HIV-associated infections.
- Encourage patients to ask questions and tell you how they are feeling. Inform them of any support groups or other forms of support that are available.

## ANTIRETROVIRAL DRUGS

### NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)

Generic name	Brand name
Zidovudine (ZDV)	AZT or Retrovir
Lamivudine (3TC)	Epivir
Zidovudine and lamivudine combined (ZDV+3TC)	Combivir
Zalcitabine (ddc)	Hivid
Didanosine (ddI)	Videx
Stavudine (D4T)	Zerit
1592U89	Abacavir, Ziagen

### NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)

Generic name	Brand name
Nevirapine	Viramune
Delavirdine	Rescriptor

### PROTEASE INHIBITORS

Generic name	Brand name
Saquinavir	Invirase
Ritonavir	Norvir
Indinavir	Crixivan
Nelfinavir	Viracept

**Care at home for patients with AIDS in resource-poor countries** discusses treatment and care options. Available free from Medical Mission Institute (MMI), Salvatorstrasse 7, D-97074 Würzburg, Germany.

**Developing essential drugs policies: a guide for NGOs** includes information on HIV-related drugs. Available free from the Essential Drugs Project, 77 Lee Road, Blackheath, London, SE3 9EN, UK.

**Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents** is a book that is continually updated to include new information on antiretroviral drugs. Available free from International Association of Physicians in AIDS Care (IAPAC), 225 West Washington, Suite 2200, Chicago IL 60606, USA.

**Guidelines for the use of antiretroviral agents in paediatric HIV infection** is aimed at health workers who have access to ARVs. Available from the HIV/AIDS Treatment Information Service, PO Box 6303, Rockville MD 20849-6303, USA.  
E-mail: [atis@hivatis.org](mailto:atis@hivatis.org)

**Guidance modules on antiretroviral treatments (WHO/ASD/98.1 UNAIDS/98.7)** provides information for health planners and policy makers, including safe and effective use of ARVs, laboratory requirements, and ethical and social issues. Available for Sw.fr.19.60 (developing countries) or Sw.fr.8 (elsewhere) from WHO, CH-1211, Geneva 27, Switzerland. Fax: +41 22 791 4834.  
E-mail: [publications@who.ch](mailto:publications@who.ch)  
Order no. 1930139.

**HIV prevention and AIDS care in Africa: a district level approach** is a useful manual for health planners at district level and discusses health service delivery issues. Available for Dfl.49 from KIT press, PO Box 95001, 1090 HA Amsterdam, The Netherlands.

**Implications of antiretroviral treatments (WHO/ASD/97.2)** discusses issues that health planners and policy makers may need to consider. Available for Sw.fr.10.50 (developing countries) or Sw.fr.15 (elsewhere) from WHO, CH-1211, Geneva 27, Switzerland. Order no. 1930112.

**Provision of pharmaceuticals in home-based care programmes** is aimed at pharmacists and health planners. Available free from Medical Mission Institute (MMI), Salvatorstrasse 7, D-97074 Würzburg, Germany.

**Sexual health and health care: care and support for people with HIV/AIDS in resource-poor settings** includes basic information on setting up care and support programmes. Available from IFH, Parchment House, 13 Northburgh Street, London EC1V 0AH, UK.

#### ELECTRONIC RESOURCES

If you have full Internet access, websites offer some of the most up-to-date information on treatment issues.

The **AIDS Treatment News Internet Directory** provides a starting point for finding HIV treatment information on the web (and elsewhere) at: <http://www.aidsnews.org>

Background materials and outputs from an on-line conference on 'Anti-retroviral (ARV) treatment in developing countries: Questions of economics, equity and ethics' are available at:

<http://www.worldbank.org/aids-econ/arv/>

For information on care of children with HIV go to: <http://www.pedhivids.org>

#### AF-AIDS DISCUSSION FORUM ON HIV/AIDS

If you have access to e-mail, you can join the AF-AIDS discussion forum on HIV/AIDS in Africa free of charge by sending an e-mail to: [af-aids@hivnet.ch](mailto:af-aids@hivnet.ch) with the word 'join' in the subject line.

Each day members discuss regional HIV issues, share their experiences about what works and what does not work in response to the epidemic, share news from the region and forthcoming events such as conferences and workshops. The forum is also linked to the discussion forum SEA-AIDS in Asia.

For further information contact:  
E-mail: [info@hivnet.ch](mailto:info@hivnet.ch)  
Website: <http://www.hivnet.ch/fdp>

*If you have a specific information request, please contact:*

#### HIV/AIDS Enquiry Services AIDS Action Asia-Pacific

No.9 Cabanatuan Road  
Philam Homes 1104

Quezon City, Philippines

Telephone: (632) 927-6760

Fax: (632) 929-8805

Email: [hain@mail.info.com.ph](mailto:hain@mail.info.com.ph)

Website: <http://www.hain.org>

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• **AIDS Action Asia-Pacific edition staff**  
**Editor** Michael L. Tan  
**Managing editor** Mercedes B. Apilado  
**Editorial Assistants** Joyce P. Valbuena,  
Noemi D. Bayoneta-Leis  
Dennis C. Corteza  
Antonietta Llacuna

**Layout**  
**Circulation** Antonieta Llacuna

**Board of Advisers**  
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• **International edition**  
**Commissioning Editor** Sian Long  
**Editor** Christine Kalume  
**Copy Editor** Celia Till  
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No. 9 Cabanatuan Road, Philam Homes 1104  
Quezon City, Philippines  
Tel: (632) 927-6760  
Fax: (632) 929-8805  
E-mail: [hain@mail.info.com.ph](mailto:hain@mail.info.com.ph)  
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