

The Node *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

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Press release

WHO AND UNAIDS ANNOUNCE RECOMMENDATIONS FROM EXPERT MEETING ON MALE CIRCUMCISION FOR HIV PREVENTION

Paris, 28 March 2007 -- In response to the urgent need to reduce the number of new HIV infections globally, the World Health Organization (WHO) and the UNAIDS Secretariat convened an international expert consultation to determine whether male circumcision should be recommended for the prevention of HIV infection.

Based on the evidence presented, which was considered to be compelling, experts attending the consultation recommended that male circumcision now be recognized as an additional important intervention to reduce the risk of heterosexually acquired HIV infection in men. The international consultation, which was held from 6-8 March 2007 in Montreux, Switzerland, was attended by participants representing a wide range of stakeholders, including governments, civil society, researchers, human rights and women's health advocates, young people, funding agencies and implementing partners.

"The recommendations represent a significant step forward in HIV prevention", said Dr Kevin De Cock, Director, HIV/AIDS Department, World Health

Organization. "Countries with high rates of heterosexual HIV infection and low rates of male circumcision now have an additional intervention which can reduce the risk of HIV infection in heterosexual men. Scaling up male circumcision in such countries will result in immediate benefit to individuals. However, it will be a number of years before we can expect to see an impact on the epidemic from such investment."

There is now strong evidence from three randomized controlled trials undertaken in Kisumu, Kenya, Rakai District, Uganda and Orange Farm, South Africa that male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. This evidence supports the findings of numerous observational studies that have also suggested that the geographical correlation long described between lower HIV prevalence and high rates of male circumcision in some countries in Africa, and more recently elsewhere, is, at least in part, a causal association. Currently, an estimated 665 million men, or 30 % of men worldwide, are estimated to be circumcised.

Male circumcision should be part of a comprehensive HIV prevention package

Male circumcision should always be considered as part of a comprehensive HIV prevention package, which includes the provision of HIV testing and counselling services; treatment for sexually transmitted infections; the promotion of safer sex practices; and the provision of male and female condoms and promotion of their correct and consistent use.

Counselling of men and their sexual partners is necessary to prevent them from developing a false sense of security and engaging in high-risk behaviours that could undermine the partial protection provided by male circumcision. Furthermore, male circumcision service provision was seen as a major opportunity to address the frequently neglected sexual health needs of men.

“Being able to recommend an additional HIV prevention method is a significant step towards getting ahead of this epidemic,” said Catherine Hankins, Associate Director, Department of Policy, Evidence and Partnerships at UNAIDS. “However, we must be clear: male circumcision does not provide complete protection against HIV. Men and women who consider male circumcision as an HIV preventive method must continue to use other forms of protection such as male and female condoms, delaying sexual debut and reducing the number of sexual partners.”

Health services need strengthening to provide quality services safely

Health services in many developing countries are weak and there is a shortage of skilled health professionals. There is a need, therefore, to ensure that male circumcision services for HIV prevention do not unduly disrupt other health care programmes, including other HIV/AIDS interventions. In order to both maximize the opportunity afforded by male circumcision and ensure longer-term sustainability of services, male circumcision should, wherever possible, be integrated with other services.

The risks involved in male circumcision are generally

low, but can be serious if circumcision is undertaken in unhygienic settings by poorly trained providers or with inadequate instruments. Wherever male circumcision services are offered, therefore, training and certification of providers, as well as careful monitoring and evaluation of programmes, will be necessary to ensure that these meet their objectives and that quality services are provided safely in sanitary settings, with adequate equipment and with appropriate counselling and other services.

Male circumcision has strong cultural connotations implying the need also to deliver services in a manner that is culturally sensitive and that minimizes any stigma that might be associated with circumcision status. Countries should ensure that male circumcision is provided with full adherence to medical ethics and human rights principles, including informed consent, confidentiality, and absence of coercion.

Maximizing the public health benefit

A significant public health impact is likely to occur most rapidly if male circumcision services are first provided where the incidence of heterosexually acquired HIV infection is high. It was therefore recommended that countries with high prevalence, generalized heterosexual HIV epidemics that currently have low rates of male circumcision consider urgently scaling up access to male circumcision services. A more rapid public health benefit will be achieved if age groups at highest risk of acquiring HIV are prioritized, although providing male circumcision services to younger age groups will also have public health impact over the longer term. Modeling studies suggest that male circumcision in sub-Saharan Africa could prevent 5.7 million new cases of HIV infection and 3 million deaths over 20 years.

Experts at the meeting agreed that the cost-effectiveness of male circumcision is acceptable for an HIV prevention measure and that, in view of the large potential public health benefit of expanding male circumcision services, countries should also consider providing the services free of charge or at the lowest possible cost to the client, as for other essential services.

In countries where the HIV epidemic is concentrated in specific population groups such as sex workers, injecting drug users or men who have sex with men, there would be limited public health impact from promoting male circumcision in the general population. However, there may be an individual benefit for men at high risk of heterosexually acquired HIV infection.

More research needed to further inform programme development

Experts at the meeting identified a number of areas where additional research is required to inform the further development of male circumcision programmes. These included the impact of male circumcision on sexual transmission from HIV-infected men to women, the impact of male circumcision on the health of women for reasons other than HIV transmission (e.g. lessened rates of cancer of the cervix), the risks and benefits of male circumcision for HIV-positive men, the protective benefit

of male circumcision in the case of insertive partners engaging in homosexual or heterosexual anal intercourse, and research into the resources needed for, and most effective ways, to expand quality male circumcision services. Research to determine whether there are modifications in perceptions and HIV risk behaviour over the longer term in men who are circumcised for HIV prevention, and in their communities, will also be essential.

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Hong Kong Red Cross

SHOW THAT YOU CARE: HIV/AIDS Peer Education Program for Young People IN HONG KONG AND MAINLAND CHINA

According to the latest figures published by UNAIDS, an estimated 39.5 million people were living with HIV in 2006 and there were also 4.3 million new infections last year. This means that an average of one new infection occurs every 7 seconds. Meanwhile, the epidemic has been growing in Hong Kong and recently the number of HIV infections hit a historic record high. The situation is especially alarming.

HIV/AIDS is prevalent around the world and its impact is being felt across both territorial and social boundaries. It is a problem that should concern everyone.

The Federation of Red Cross and Red Crescent Societies

has implemented HIV/AIDS prevention activities in many different places around the world. While providing humanitarian aid to those people infected and their families, the Federation also calls on local Red Cross and Red Crescent Societies to promote the message of anti-discrimination, as well as supporting prevention and education programs in various countries.

The Hong Kong Red Cross “HIV/AIDS Peer Education Program”

To respond to the calling of the Federation of Red Cross and Red Crescent Societies, the Hong Kong Red Cross launched the HIV/AIDS Peer Education Program in

2001. Through activities such as peer education training, teaching and promotion in the community, the program aims to raise public awareness of the disease (especially among young people), prevent its transmission, and eliminate discrimination against people living with HIV/AIDS. In the process of implementing the program, the Hong Kong Red Cross seeks to achieve the goal of exhibiting “the power of humanity”.

“Peer Education” involves utilising the collective tendencies of young people and positive peer influences. It is often employed to effect changes in beliefs and behaviours by sharing experiences and exchanging knowledge among peers. “Peer Education” is suitable for both sensitive and proscribed topics.



Through the training courses of the HIV/AIDS Peer Education Program, members can expand their knowledge of the disease. They can also pass on the right messages and positive attitudes to young people around them by sharing and discussing the topic with peers and friends.

In the past 3 years, more than 6,000 people have attended our HIV/AIDS education courses. Up to the end of last year, the Hong Kong Red Cross had trained more than 100 HIV/AIDS Peer Education Program tutors. We also re-organised our HIV/AIDS education program and tailored it to suit the needs of our younger members. The HIV/AIDS Education Program for young people involves games, group discussions and role playing. We hope this program can continue with the mission of protecting life and health.

While holding education courses through various regional headquarters, we also promote the message of HIV/AIDS prevention to primary and secondary school students through the network of “School Health Ambassadors”. On World AIDS Day 2006, over 100

primary and secondary schools responded to the call made by the Hong Kong Red Cross and participated in the “Come Closer – Red Ribbon Caring Action”. More than 100,000 students and teachers from different primary and secondary schools showed their concern for HIV/AIDS through their actions and these often involved spectacular activities.

Our youth members actively carry on with prevention education beyond the classroom. In the last 3 years, there were more than 200 HIV/AIDS service programs organized. We also expressed our care for people living with HIV/AIDS and promoted the message of anti-discrimination through interesting activities and platforms, including a kite design competition, quilt making, game booths, puppet shows and Valentine’s Day Specials.

Hong Kong Red Cross and Yunnan Province Red Cross: “HIV/AIDS Prevention Youth Peer Education Program”

Yunnan Province is one of the Chinese provinces feeling the most severe impact from HIV/AIDS. The numbers of infected people, patients and fatalities are the highest in Mainland China. The dreadful realities tell us that it is now a critical time to implement HIV/AIDS prevention measures. This explains why the Hong Kong Red Cross and the Yunnan Province Red Cross have worked together and organized the HIV/AIDS Prevention Youth Peer Education Program since 2002. We started and based the program at Dali Prefecture, a region with a highly mobile population. After almost four years of exceptional effort, the program has conducted HIV/AIDS Prevention Youth Peer Education sessions in more than 12 counties and cities in Dali Prefecture, as well as organizing several huge prefecture-wide public campaigns. Between October 2005 and August 2006, more than 1,000 people received training.

Revisiting our situation

Dr. Tim Brown paid a consultancy visit to Hong Kong again from 19 to 26 June 2007 after his consultancy last year which came up with the report “Living on the Edge”. Dr. Tim Brown is Senior Fellow of East West Centre in Hawaii. He is also one of the developers of Asian Epidemic Model which has been applied in several Asian countries.

The Department of Health, Hong Kong invited Dr. Tim Brown for a long consultancy. The purpose of this trip was to revisit Hong Kong’s HIV/AIDS situation given the latest available epidemiological information and adjust the estimation and projection of HIV/AIDS figures accordingly if needed. He would also advise on the latest HIV/AIDS prevention efforts in terms of scope, strength, impact, and identify potential improvement areas and recommend on the priority areas of HIV prevention and care programme in line with the strategic areas defined in the new ACA Strategic Plan for 2007-11.

During his days in Hong Kong, Dr. Brown met the Advisory Council on AIDS to study the new strategy and prioritization and various community stakeholders, especially vulnerable populations, such as MSM,

commercial sex industry, injecting drug users. He also visited AIDS Trust Fund to understand the existing funding mechanism and the new initiatives. Colleagues from Shenzhen CDC also met Dr. Brown to exchange the latest situation in Shenzhen and the significance of cross-border activities to the HIV epidemic. Dr. Brown appreciated our actions in the past one year, including setting up Special Project Fund for MSM prevention and other prevention activities from both community and government, followed the epidemiological trend and was on the right direction. New data from last year surveys enriched the understanding of HIV risk in at risk populations though some revision in methodology and more research were needed.

Dr. Brown also delivered a lecture titled “Translating data into actions” in Public Health Laboratory Centre on 23 May 2007 to discuss the application of data analysis in programme planning and facilitate an evidence-based practice in prevention actions. Over 80 participants attended his lecture. He also joined the Community Forum on AIDS, ACA to share exchange on latest epidemic and community responses.



Dr. Tim Brown's lecture : Translating data into actions

LIONS RED RIBBON FELLOWSHIP SCHEME

Learning Experiences of Hong Kong's HIV/AIDS Treatment and Management System

With the sponsorship of the Lions Clubs International Hong Kong and Macau District 303, I had the privilege of joining the "Lions Red Ribbon Fellowship Scheme" from 9 October 2006 to 20 October 2006. During my two weeks' stay in Hong Kong, I participated in various observer groups and research exchange programmes. I also took part in a non-governmental organization (NGO) sharing session held by the Red Ribbon Centre.

We exchanged views on the issues involved in implementing HIV/AIDS prevention measures in Mainland China. This session helped me understand the similarities and differences among HIV/AIDS prevention measures used in Hong Kong, China and Shenzhen. With the remarkable agreement of the Red Ribbon Centre, I



Dr. Maggie Luo and Dr. Raymond Ho of Special Preventive Programme

completed my study trip in Hong Kong and have gained a deeper understanding of Hong Kong's HIV/AIDS prevention and control system.

The following is a summary of the Fellowship Scheme:

The Hong Kong Government's HIV/AIDS treatment and prevention system

The Hong Kong Government has always been conscious of the AIDS epidemic and has invested a huge amount of financial resources each year. It has always assumed the leading role in driving HIV/AIDS prevention campaigns. The Special Preventive Programme was established under the Centre for Health Protection, Department of Health. It includes the Red Ribbon Centre, the Integrated Treatment Centre and the Voluntary Counselling and Testing Clinic.

1. Red Ribbon Centre

Red Ribbon Centre is an AIDS education, resource and research centre. It was officially opened in 1997 and designated as the UNAIDS Collaborating Centre for Technical Support in 1998. The Library of the Red Ribbon Centre is the largest AIDS library in Hong Kong, with a collection of more than 20,000 books and periodicals. It opens to public for reference and research purposes.

In 1999, the Red Ribbon Centre, with sponsorship from the Lions Clubs International Hong Kong and Macau District 303, established the Lions Red Ribbon Fellowship Scheme, with a view to support the mainland professionals to further their professional development and research

in Hong Kong on HIV/AIDS control. The objectives are aimed to facilitate experience sharing between the mainland and local workers, to enhance technical exchanges, and to encourage collaboration and networking.

2. Kowloon Bay Integrated Treatment Centre

In 1999, the Integrated Treatment Centre began operation in Kowloon Bay, specializing in the delivery of quality clinical services to people living with HIV/AIDS. While providing treatment to its patients, the Centre also gives education to HIV/AIDS patients to prevent further infection, and distributes free condoms to promote safer sex messages. Anti-retroviral treatment causes serious side-effects and patients often opt out of taking medicines. To relieve any psychological crisis and encourage patients to continue with the treatment,

doctors provide psychological counselling and support services. Unlike the situation in China, HIV/AIDS patients in Hong Kong can receive treatment and free testing services, as well as care and support.

3. The Voluntary Counselling and Testing Clinic at Yaumatei Clinic

The Voluntary Counselling and Testing Clinic provides specialized AIDS counseling and testing services. We are now also promoting the same kind of VCT programmes in Mainland China. Hong Kong opened its first AIDS Hotline as early as November 1985. In December 2001, the Hotline service obtained the ISO 9001 Certification. With continued improvement, the AIDS Hotline currently provides Cantonese, English and Putonghua telephone speech services. Callers can also transfer their calls and talk with the counsellors. Furthermore, the Hotline offers individual counselling and appointment booking for anonymous HIV antibody tests. Besides AIDS Hotline, the Special Preventive Programme also set up Dr. Sex Hotline and Harm Reduction Hotline, providing a comprehensive HIV/AIDS messages.

HIV/AIDS treatment and prevention programmes in NGOs

During my stay in Hong Kong, I visited several NGOs, such as the Society for AIDS Care, Hong Kong AIDS Foundation, AIDS Concern and C.H.O.I.C.E. Through these visits, I expanded my understanding of NGOs. These organizations are concerned about the high risk groups. They utilize their advantages to launch promotional and training activities, as well as HIV/AIDS treatment and prevention services. NGOs provide a non-replaceable effort to develop prevention and intervention measures targeting people from the high risk groups. I believe Mainland China could learn from their experiences.

Learning Reflection

1. In Hong Kong, the HIV/AIDS prevention and treatment organizations have built up an excellent coordination network. For the Hong Kong Government, under Department of Health, the Red Ribbon Centre, Kowloon Bay Integrated Treatment Centre and the Voluntary Counselling and Testing Clinic at Yaumatei, focus on the treatment and care for the AIDS patients. For the NGOs, they work on the intervention measures targeting the high risk groups. The Government and

NGOs have definite duties, they hold annual meeting to share their plans and activities. This arrangement maximizes the utilization of limited resources and prevents duplication of efforts. In China, AIDS prevention and treatment strategies are still mainly undertaken by the Government, the importance of NGOs is neglected.

2. When comparing with Mainland, Hong Kong's HIV/AIDS prevention and control policy invests a huge amount of human resources. The promotion campaign of the Red Ribbon Centre and the counselling services of Yaumatei Clinic are supported by various professionals, including doctors, nurses, social workers and some staff with computer and art design talents. They work together and achieve an excellent result. Although Shenzhen has a population of more than 10 million, we only have a dozen professionals working on AIDS prevention and control programmes. Our input into human resources is substantially less than that in Hong Kong.

3. Methadone maintenance programme was launched among drug users in Hong Kong. Promotion of proper use of condoms is focused on sex workers and men who have sex with men. Besides, Hong Kong provides a HIV screening test for every expectant mother to control the mother-to-child transmission of HIV effectively. In Shenzhen, we have just started the methadone treatment programme. The promotional efforts and distribution network for condoms need to be scaled up. We have a lot to learn from the Hong Kong model.

4. In Shenzhen, the duties of treatment and management of HIV/AIDS patients are all responsible by doctors and nurses. We seldom spend time on providing counselling services or explaining the importance of drug compliance. In Hong Kong, supporting services to the infected people are provided by doctors, nurses, volunteers and social workers. Shenzhen can take Hong Kong as an example and learn from its experiences on developing volunteer and social work programmes. We should encourage volunteers and social workers in Shenzhen to participate in HIV/AIDS prevention and treatment projects and provide counselling, rehabilitation and supporting services.

5. In Shenzhen, HIV/AIDS patients are isolated and hardly accepted by the society. We could learn from Hong Kong's experience and endeavour to hold various activities, so as to promote social acceptance, strengthen the development of patients and help their integration into

community. Through education and training, caretakers would expand their knowledge and skill in caring of AIDS patients, as well as their acceptance and concern to them.

During my study trip in Hong Kong, I mainly conducted observations on HIV/AIDS treatment and management

systems. With the collaboration by the Hong Kong Government and the NGOs, the advanced facilities and prevention concept, the caring, counselling and training activities are all provided to people living with HIV/AIDS. I am deeply impressed by this well-structured service network.

Dr. Lee Pui Man

Collaboration and Exchange

BETWEEN SHENZHEN AND HONG KONG IN THE HIV/AIDS PREVENTION CAMPAIGN

Since the spread of HIV/AIDS virus is across territorial boundaries and the epidemics of Hong Kong is greatly affected by its adjacent regions (especially the Pearl River Delta region of Guangdong). Hence, Hong Kong, Mainland China and neighboring regions should establish better communications and regularly exchange information on the issues involving HIV/AIDS prevention efforts. The collaboration between Hong Kong and Shenzhen is gradually increasing.



Sharing meeting was held on 23/3/2007 in Hong Kong by the Special Preventive Programme, Department of Health of Hong Kong and the Shenzhen Centre for Disease Control and Prevention.

To strengthen the co-operation and advance the information exchange on HIV/AIDS prevention between the two cities, the Centre for Health Protection of Hong Kong and the Shenzhen Municipal Center for Disease Control and Prevention had agreed to hold one or two information exchange meetings annually. Each meeting will have a central theme for discussion. The last meeting was held on 23 March 2007 at the Red Ribbon Center. Experts on HIV/AIDS prevention from Shenzhen and Hong Kong conducted a thorough discussion on two topics: the implementation of HIV/AIDS prevention measures in MSM and the preparation works for 2007 World AIDS Day. This meeting set important guidelines for the future direction and cooperation on these two issues.

The increase in number of travelers to Hong Kong and Mainland China, the high mobility of workers and migrants, as well as the diverse and continuous changes to HIV/AIDS infection rates among high risk communities, all these “China Link” will be an external factor that influence the epidemic spreads in Hong Kong. We believe that, on the issue of AIDS and related efforts, China and Hong Kong should increase cooperation and exchanges between governments and local communities in the future. In addition, China and Hong Kong

should further develop and strengthen various types of community relationships, information exchanges and collaborative efforts. This goal can be achieved through sharing of experiences, visits, staff exchanges, formal skills training courses, the establishment and enforcement of exchange platform, as well as joint introduction of cross-border promotions / target prevention measures. Regular communication of the latest information on the spread of virus and related responses will increase the prevention efforts of both China and Hong Kong. Looking forward, we hope that both Governments will develop closer ties on implementing HIV/AIDS prevention and treatment measures.