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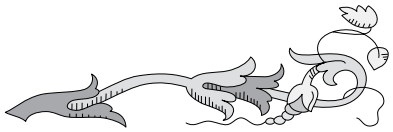
The Node ... where a leaf arises from a stem



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

Geneva, 27 November 2008
Press release

Criminalization of sexual behavior and transmission of HIV hampering AIDS responses

Geneva, 27 November 2008 - Criminalization of adult sexual behaviour and violation of human rights of people living with HIV are hampering HIV responses across the world. UNAIDS urges countries to remove laws and policies that make it difficult for people to access HIV prevention and treatment and adopt laws that protect people living with HIV from discrimination, coercion, and monitoring in their private lives.

Recently, a number of countries and local bodies are considering a range of legal measures such as making homosexuality a crime, using technology to trace movements of people living with HIV, mandatory HIV testing, and forced rehabilitation of sex workers and people who are addicted to drugs. Such measures have a negative impact on delivery of HIV prevention programmes and access to treatment by people living with HIV. Not only do they violate human rights of individuals, but further stigmatize these populations.

"Homophobia - in all its forms - is one of the top five barriers to ending this epidemic, worldwide," said UNAIDS Executive Director Dr Peter Piot. "If communities, NGOs, governments and international organizations do not respect and promote the rights of all people with diverse sexuality, we will not end AIDS."

All forms of restrictions on people living with HIV, whether it is limiting their ability to travel, monitoring their movements or criminalizing transmission of HIV, are not based on sound public health practices. It can alienate people living with HIV from society and facilitate further transmission of HIV.

Laws that reduce stigma and discrimination, protect privacy, and promote gender and sexual equality help save lives. Only 26% countries report having laws that protect men who have sex with men. Currently, 84 countries in the world have legislation that prohibits same sex behaviour.

In the 2006 Political Declaration on HIV/AIDS, governments committed to removing these legal barriers and passing laws to protect vulnerable populations. Countries that have nondiscrimination laws against men who have sex with men, injecting drug users and sex workers have achieved higher rates of coverage of HIV prevention efforts.

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About UNAIDS

UNAIDS is an innovative joint venture of the United Nations, bringing together the efforts and resources of the UNAIDS Secretariat and ten UN system organizations in the AIDS response. The Secretariat headquarters is in Geneva, Switzerland - with staff on the ground in more than 80 countries. Coherent action on AIDS by the UN system is coordinated in countries through UN theme groups, and joint programmes on AIDS. UNAIDS' Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Visit the UNAIDS Web site at www.unaids.org

WHO's Consultation on Health Sector Response to HIV/AIDS among Men Who Have Sex with Men

Dr. Francis Wong

Special Preventive Programme, Department of Health

In response to findings that there was a markedly greater risk of men who have sex with men (MSM) being infected with HIV when compared with the general population, and that targeted HIV prevention programmes were only reaching 1% of the MSM population, the World Health Organization (WHO), in collaboration with the United Nations Development Programme (UNDP) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), held a Global Consultation on HIV/AIDS among MSM in September 2008. One of the recommendations came out from that consultation was to follow up on adapting Global recommendations to regional contexts.

In this connection, a regional consultation meeting named Consultation on Health Sector Response to HIV/AIDS among Men Who Have Sex with Men had been organized for the Western Pacific Region (the Consultation). The Consultation, held in Hong Kong from 18 to 20 February 2009, was organized by WHO Regional Office for the Western Pacific, UNDP, UNAIDS and the Department of Health (DH), HKSAR, China. The three days' event aimed to bring together international and local experts to address the emerging/re-emerging spreading of HIV among MSM, learn from ongoing experiences, and identify gaps, opportunities and ways for scaling up a comprehensive health sector response, including HIV/STI prevention, care and treatment, and strategic information.

Speaking at the opening ceremony, the Secretary for Food and Health for the Hong Kong SAR, Dr. York CHOW, pointed out that the Hong Kong Government had all along adopted a multi-pronged approach in the prevention and control of HIV/AIDS, and in view of the global and domestic rising trend, HIV prevention among MSM was accorded high priority in the five-year HIV/AIDS strategy for Hong Kong from 2007 to 2011. Also speaking at the Technical Consultation, the Director of Health, Dr. P Y Lam,

further pointed out that the event provided an important and timely forum to address the escalating tier of HIV/AIDS among MSM in the region.

About 50 government officials from countries in the region including Australia, Cambodia, China, Fiji, Hong Kong (China), Japan, Laos People's Democratic Republic, Malaysia, Mongolia, New Zealand, Papua New Guinea, the Philippines, Singapore and Vietnam responsible for HIV/AIDS programmes on MSM and experts and representatives from nongovernmental organizations (NGO) as well as some 30 local observers attended the three days event. The enthusiastic participation of these countries from the region had helped ensure that concerns and issues both unique and specific to these countries could be addressed during the Consultation, while the participation of many local workers involved in HIV/AIDS prevention, treatment and care in MSM as observers had provided a valuable opportunity for the local workers to learn from international experts.

The Consultation was both dynamic and fruitful, and resulted in important recommendations which provided important guidance for countries in the region to follow in HIV/AIDS prevention, treatment and care initiatives for the MSM community. Among the recommendations were the collection of strategic information on MSM and transgender (TG) including epidemiological and biological/behavioural surveillance data; enhancing data collection and analysis as well as data sharing across countries in the region; strengthening capacity building for health care workers to address the sexual health need of men and TG; the establishment of a broad-based, regional MSM and HIV task force for advocacy and the active engagement of the health sector; the promotion of cost effective MSM interventions tool kits; the promotion of enabling environments; the prioritization of resources and the development of a "highly active intervention package (HAI)" for high HIV incidence settings.

Despite the heavy schedule of the three days' Consultation, the visiting delegates had a chance to have a taste of what Hong Kong can offer as a popular tourist destination. A relaxing evening out was arranged on the second day of the event for the visiting delegates to take a boat ride to the beautiful Lamma Island and sampled the seafood at one of the popular seafood restaurants on the island. Judging from the favourable responses from the guests, we will not be surprised if some of the guests will return in near future.

Time to go to Osaka – to talk about HIV

Dr. Kenny Chan
Special Preventive Programme, Department of Health

More often than not, Japan in the fall conjures up in my mind a beautiful picture of parks strewn with colorful fallen leaves. Other than the season of cherry blossoms, this is probably the best time to visit Japan.

Indeed, I was in Osaka and Kyoto from Nov 25 to 29, but for the 'wrong' reason of attending an HIV conference. In hindsight, however, visiting Japan had never been so right as I reaped rewards that were way beyond the usual photo ops.

In that period of time, the Japanese Society for AIDS Research held its 22nd Annual Meeting in Osaka (http://www.secretariat.ne.jp/aids22/index.html). And, as the representative of Hong Kong, I was given the task of describing our HIV epidemic and challenges. In fact, a whole session was devoted to the Asian epidemic in which speakers from Mainland China, Korea, and Taiwan would also describe their situation. Subsequent to that, a round table discussion was held where more in-depth discussion took place. Our host, Prof Masahiro Kihara of the School of Public Health of Kyoto University, was also kind enough to let us visit his research department and describe to us the current state of HIV-related research and HIV epidemic in Japan.

I have no intention here to recount the lectures and presentations in their glorious details. However, I do feel compelled to share with you some of my thoughts on the whole experience.

Owing to a language barrier, the way Japan deals with its HIV epidemic has been largely unknown to me. The uniqueness of Japanese culture has also somehow made me assume that its HIV epidemic should be substantively different from ours.

As it turned out, nothing could be further from the truth. Similarities abound. Surging infections in the MSM population have become just as challenging in Japan as in Hong Kong. We also share a similar mechanism of surveillance, that of voluntary, anonymous reporting with all its shortcomings. There is also the similar challenge of maintaining vigilance when the overall HIV prevalence in low. Actually, based on respective size of the population, the number of reported cases in Hong Kong is 5.6 times that of Japan. And, similar to Red Ribbon Centre, Prof Kihara's department is a UNAIDS collaborating centre, majoring in socio-epidemiological HIV research.

Where similarities end, the differences might be more enlightening. Although Japan has universal coverage of antiretroviral treatment of its citizens, it is not the case with certain minority groups, Japanese returnees from South America being the often quoted example. This has potential repercussions on social stability as well as control of the epidemic. Meanwhile, as health care reform is being discussed in Hong Kong and the move toward fee for service is becoming a real possibility, antiretroviral coverage is notable for its absence from the agenda. As life-saving but very expensive treatment, it probably deserves more attention.

My exposure to Japanese AIDS research also had me convinced of its strong science and sometimes novel approach. Faced with an early sexual debut and rising sexual activity among high school students, the Kyoto UNAIDS collaborating Centre studied ways of improving HIV prevention among youth. A unique model, the Well-being of Youth in Social Happiness or WYSH, was developed which addressed not only youth, the primary audience, but family

members and the teaching staff, the secondary audience. It saw behavior as interaction between individuals and society at large and therefore emphasized cooperation and role sharing between schools, communities, parents and the medical institution, the social collaboration model. As such, this approach has since been adopted in most Japanese schools. In 2008, the model was pioneered in undergraduate students in Zhejiang, China.

Prof Kihara's research department distinguished itself by its international team of members. His principal assistant, Dr Szamani, is from Iran. I have also met members from Africa, South America and Myanmar. Their work in Iran is especially impressive in that their findings from scientific studies have contributed to the set up of methadone maintenance and needle exchange programs in that country. Their involvement is still ongoing with a view to establishing a system of behavioral surveillance.

It is almost cliché to mention exchange of understanding after an HIV conference. Yet, this trip of mine did provide me with a new insight into Japan as a neighbor in true epidemiological terms. As such, they are also a model to learn from and a partner to work with.

The Thought of Sichuan Earthquake

Mr Chung To
Founder of Chi Heng Foundation

The second weekend of May 2008 was an unforgettable day. The day of 11th May was Mother's Day and the following day was Buddha's Birthday. Most of the Hong Kong people would take this opportunity to get together with their mothers or visit the temple to pay the respects.

We never thought that a serious earthquake, which was measured at 8.0 magnitude, would happened in Sichuan of China at the same day of Buddha's Birthday. It caused over 60 thousand people dead and made thousands of people homeless. It might be the last Mother's Day for most Sichuan's children to spend with their mothers. I kept wondering what we could do for the victims after the earthquake?

Mobilization of AIDS orphans to help the post-disaster orphans

Mutual support of a community and self-help are my faith, and hence, I had tried to sum up my 10 years working experience at Chi Heng Foundation, as well as considered the merits and shortcomings of our work. The first idea came out of my mind was mobilizing our members, who were university students coming from HIV/AIDS families and receiving financial assistance from us to take charge of relieving work. As we were experienced in dealing with children in disaster, we planned to spend effort on the children who were suffering from the earthquake and the post-disaster orphans. In the past 6 to 7 years, Chi Heng Foundation took me to visit a number of villages in the

Central China which was affected by HIV/AIDS, where the adults sold their blood because of the poverty. Due to unsanitary blood collection methods, most of the villagers were infected by HIV and their children became orphans. Besides, I had been to some villages, where the infection rate of adults was more than 40%.

Starting from 2002, Chi Heng Foundation began to assist the HIV/AIDS-affected children in school. Chi Heng put the resources in the community instead of building orphanages or schools.

The children lived and grew up with their relatives, and integrated into the community. They studied with the non-HIV/AIDS affected children.

I believed that, those university students with the past experience of being suffered by HIV/AIDS could stand into post-disaster children's shoes, and realized how helpless and painful they were. What's more, they were about the same age, so it was more suitable for them to help the post-disaster children and became their role models since they were the best of the HIV/AIDS orphans.

Fieldwork

Two Chi Heng members and I arrived Sichuan in the third week after earthquake. We had visited the most affected earthquake locations like Shefang, Mianzhu and Hanwang, we also visited some government and non-government organizations (NGOs). The severity of the affected areas were different and information was confusing. Since there were lots of rescue works and high mobility of the victims, it was unlikely to execute a long-term tracing assistance. This fieldwork proved my thought that not only would the reconstruction work start soon, but also comfort psychological trauma of the victims.

Providing psychological treatment

Same as the HIV/AIDS orphans, the children who suffered from the earthquake mostly needed our help mentally and spiritually. For so many years working in the so-called "Village of AIDS", I was impressed by the courage and toughness of the HIV/AIDS orphans. They did not complain about their misfortune but endured the disaster came by HIV/AIDS, and also experienced the pass away of their parents in their young age.

With inadequate medical care, their parents usually could not live more than two years and passed away at home silently. Children must felt hard as they could not do anything to help their parents. Grew up with poverty, disease and discrimination, they must suffered from plenty of psychological problems, hence treatment must start well in advance.

To conclude the experience of dealing with child psychological problem, we carried out a series of work, such as home interviews, material release, counseling as well as game-sets for children. We were also providing students for setting up reading rooms, reconstruction of schools, and other necessary. (Details would be further improved)

The first step is being a volunteer in Summer

Chi Heng Foundation has established an office in Chengdu, some local staff and HK volunteers would be on duty. It was meaningful that the HIV/AIDS-affected university students took their initiative to help the children. From now on, around 20 of those university students went from their home to Sichuan and they would spend their summer holiday to get together with the earthquake-affected children. Their contributions of helping others in summer was really encouraging.

The cooperation of Chi Heng Foundation, the government of Sichuan and at least four societies will join hands to begin the work in Sichuan. For safety reasons, we arrange the university students to perform work in one regular location, one school or one orphanage.

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