ACA NEWSFILE (Publication of the Advisory Council on AIDS, Hong Kong)

Editors: Dr KH Wong ACA Secretariat

Vol7, no.4 -- April 2000 (issueno.76)

AIDS: Men make a difference

. Calendar. XXXIInd Meeting of the Advisory Council on AIDS (ACA) 2:30pm 7 April 2000

IIIrd Meeting of the AIDS Prevention and Care Committee (APCC) 6:00pm 18 May 2000

XIXth Meeting of the Scientific Committee on AIDS(SCA) 2:30pm 25 May 2000

IInd Meeting of the Committee on Promoting Acceptance of People Living with HIV/AIDS 2:30pm 8 June 2000 **THE** Joint United Nations Programme on AIDS (UNAIDS) has announced that "AIDS: Men make a difference" be the theme of the World AIDS Campaign 2000. Dr. Peter Piot, Executive Director of the UNAIDS, said that "the time is ripe to start seeing men not as some kind of problem, but as part of the solution." Men should be involved in a new, much-needed focus in national responses to AIDS, which can slow the epidemic and improve lives of themselves, partners and family.

The UNAIDS alleged that there are many reasons why men should be targeted at: men tend to have more sex partners than women; men are less likely to seek health care; men might be engaged in settings that increase their risk of contracting HIV - migration work; presence of male violence. On the other hand, men can be mobilised as front-line workers, fathers, sons, brothers, friends or others to contribute to the fight against AIDS. The misbelief that it is "unmanly" to worry about avoiding drugrelated risk or safe sex needs to be wiped

It was most sad that Mr. MC Li, President of the Hong

off. Men should be encouraged to adopt positive protective behaviours and past experience did tell us that this could be accomplished. \mathbf{x}



Obituary Kong Sex Education Association, passed away on 29 February 2000. Mr. Li was a pioneer in the promotion of sex education in Hong Kong. His achievements in the field were acknowledged by all of us. He was also an active partner and contributor of the AIDS programme. He was a member of the Committee on Education and Publicity on AIDS from 1996 to 1999. We are all bereaved of such invaluable partner and hope that others can continue pursuit with the mission in the AIDS and AIDS-related field as he has pursued.

ACA Newsfile Vol 7 Page 13

管港分汇等

Advisory Council on AIDS Secretariat

5/F, Yaumatei Jockey Club Clinic, 145 Battery Street, Kowloon, Hong Kong. Tel: (852) 2304 6100; Fax: (852) 2337 0897 Council News / Activities

Promoting Acceptance

THE new Committee on Promoting Acceptance of People Living with HIV/ AIDS (CPA) held its first meeting on 9 March 2000. The past development of activities pertaining to promoting acceptance of people living with HIV/ AIDS (PLHA) was reviewed; laying a base for the pursuit of the Committee. The terms of reference of the Committee were discussed and agreed upon. It was also resolved that for the work of the Committee, four major areas will be focussed on: education, partnership with professionals, legal and ethic

Progress of the Community Planning

IN the past 3-4 months, Ms. TY Ho and Mr. Rigo Tang, the CPP Project Co-ordinator and Project Officer, have been busy with visiting the AIDS workers/organisations, familiarising with the local situation, and mobilising the community, including networking with vulnerable communities. Two internal committees, namely Planning Committee and Staffing Committee, were formed with representatives of the Hong Kong Coalition of AIDS Services Organisations to monitor the progress of the project.

The CPP Secretariat is now working hard for forming the Community Planning Committee (CPC), which is expected to be in place by June 2000. The CPC will identify priority activities for the six priority groups (as recommended by the external review team in 1998), identify capacity building needs, make recommendations on means of enhancing community participation, and conduct an interim review of the process. **X**

issues, and collaboration with stakeholders. A timelimited and task-oriented core team approach will be adopted. As a start, members will join these four core teams to come up with the territory and priority to be dealt with for the four areas, which will then be brought back to the Committee for deliberation. \$

專題高級組:預防愛滋病妙方 冠 軍:周敏 順德聯谊總會李兆基中學



Champion masterpiece of a comic design competition project organised by the Kwai Shing Children's Centre of the Boys' and Girls' Clubs Association of Hong Kong under the 1999 "Youth Action on AIDS" Funding Scheme

ACA Newsfile Vol 7 Page 14

Activities/Surveillance

IDS & Social

A book "AIDS and Social Work" was recently published by the Hong Kong Christian Service. Mr. Billy Ho, Convenor of the Task Force on Youth under the AIDS Prevention and Care Committee, is the editor and one of the authors of this book. In Chinese, the book is comprised of a collection of essays written by prominent social workers and professionals in the field.

The book aimed at

arousing AIDS awareness among social service workers and enhancing their contribution towards prevention and care of HIV/ AIDS in Hong Kong. The authors shared their practical experience and introduced knowledge as well as skills for effective intervention. The book was available for sale at various big bookstores. This book is the second local publication dedicated to AIDS and social service. With the

valuable assistance and contribution of the social service colleagues, the then **AIDS Services** Development Committee of the ACA published a Manual on HIV/AIDS for Social Welfare Personnel in 1995. 8



	The book aimed at		social service. With the		2/00/22/11	
Hong Kong Virtual AIDS Office	ids	K	Cumulative HIV/AIDS Statistics in Hong Kong updated 31 December 1999 HIV (AIDS)			
U	a		Gender	male	1138	(386)
DS	hk/	$\overline{\lambda}$	Genwer	female	221	(47)
	-	\prec	Ethnicity	Chinese	940	(329)
	Joc	Kar		non-Chinese	419	(104)
ua	0	f	Transmission	heterosexual	762	(265)
Ę	Ţ			homosexual	278	(91)
	.	\times		bisexual	72	(25)
		HXX		injecting drug u	se 23	(6)
D	S	H		blood/bl produc	ets 68	(18)
Ĕ	S	L		perinatal	10	(4)
9	2			undetermined	146	(24)
y f	b:/'	H	TOTAL		1359	(433)
Hor	Spier voor of the state of the					
_						

updated 31 December 1999							
-		HIV (AIDS)				
Gender	male	1138	(386)				
	female	221	(47)				
Ethnicity	Chinese	940	(329)				
-	non-Chinese	419	(104)				
Transmission	heterosexual	762	(265)				
	homosexual	278	(91)				
	bisexual	72	(25)				
	injecting drug u	se 23	(6)				
	blood/bl produc	ets 68	(18)				
	perinatal	10	(4)				
	undetermined	146	(24)				
TOTAL		1359	(433)				
Department of Health, Hong Kong SAR							

ACA Newsfile Vol 7 Page 15



Prevention of Mother-to-Child HIV Transmission

PERINATAL or mother-tochild infection is one of the three routes of HIV transmission, carrying a risk of 15-30%. Globally, of the 600,000 HIV-infected children as estimated by the Joint United Nations Programme on AIDS (UNAIDS), over 90% were babies born to HIV-infected mothers. Locally, a cumulative of 10 perinatal infections was reported only one of the mothers had her HIV infection detected before delivery.

International scene of mother-to-child infection changed significantly in 1994, when it was found that transmission rate can be reduced by two-thirds with zidovudine. Ensuing studies proved that other regimens of antiretroviral drugs, and also delivery by elective Caesarian section, can also effectively prevent perinatal transmission. Over the past 5 years or so, epidemiological surveillance of perinatal infections in multiple Western countries demonstrated that the benefits occur in real life, and not just within study settings.

The use of medical intervention - antiretroviral agents - to prevent motherto-child transmission is unique in the context of HIV prevention. With modern advances, experts have estimated that the rate of infection can be reduced to about 2%. This is almost a sure win situation compared with the prevention of sexual and injecting drug use related HIV infections, which largely depend on behavioural modifications that are conceivably more difficult to achieve.

Yet, all interventions can possibly be instituted only if the HIV positive mothers are diagnosed in time; that



unfortunately did not happen for our perinatal cases. The 1999-2001 Strategies laid down that access to HIV testing for antenatal mothers shall be enhanced to prevent mother-to-child infections. Selective testing bears the disadvantages of missing positive mothers, stigmatisation, and may be difficult to achieve an easy access. To overcome these drawbacks, universal testing has been advocated and implemented in several countries. The logistics and requirements of



implementation would need to be worked out for different antenatal setting, e.g. information delivery and counselling for the mothers, training of health care staff, potential impacts to antenatal care, laboratory requirements, handling of test results, and referral for care of positive mothers and perinatal prophylaxis.

So, what will be the cost of embarking on universal antenatal HIV testing, and is it cost-effective? Hong Kong has been providing world-standard treatment for HIV-infected people. Relative to HIV treatment, the cost of preventing perinatal infection is small. Moreover, nonmonetary cost needs to be addressed: lives saved, quality of life gained and alike. The spin-off effect of detecting mother infection and thus helping prevention of further spread of HIV horizontally was also supported by overseas study.

The frequency of perinatal infections has declined substantially in the United States and it hoped that this route of HIV transmission can be eradicated in the future. Currently the Scientific Committee on AIDS is working with local stakeholders for the issue. It would be worthwhile for Hong Kong to consider what would be the best direction to go. **\$**

ACA Newsfile Vol 7 Page 16