

**. Calendar.**

**XXXVIth Meeting of the  
Advisory Council on  
AIDS (ACA)**

2:30pm 20 April 2001

**VIth Meeting of the AIDS  
Prevention and Care  
Committee (APCC)**

6:00pm 15 March 2001

**XXIInd Meeting of the  
Scientific Committee on  
AIDS (SCA)**

2:30pm 24 May 2001

**VIth Meeting of the  
Committee on Promoting  
Acceptance of People  
Living with HIV/AIDS  
(CPA)**

2:30pm 12 April 2001

**In this issue, we have**


- a summary of the discussions of the recent SCA meeting (page 10)
- ACA's response to the Health Care Reform document (page 12-13)
- theme of the upcoming World AIDS Campaign (page 14) and
- information about the UN special session on HIV/AIDS (this page)

**UN action**

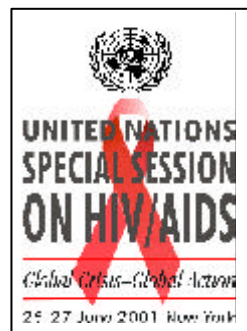
LAST year the United Nations General Assembly adopted the *Millennium Declaration* that called for some concrete actions on HIV/AIDS. Specifically, political leaders pledged to reverse the spread of HIV by 2015. Between 25 and 27 June 2001, the UN will be convening a special session on HIV/AIDS. This is the highest level meeting of world leaders since the Paris AIDS Summit on 1 December 1994 (please refer to *ACA Newsfile* 1995 February issue).

Tragically the seven-year gap between the two summits has been marked by a dramatic increase in the number of people infected, from 17 million to 36 million. HIV was almost invisible in some countries in 1994, but has since become an epidemic. We are alarmed by, for example, the situation in places like Xinjiang and Guangxi where 1994 and 2001 made a genuine difference. The HIV situation has also changed in Hong Kong. The cumulative number increased from 520 to 1542, and we are now concerned with the spread in injecting drug users, something we did not need to think about in the past.

What would the UN meeting lead us to? So far many UN and non-UN agencies are gearing up in preparation for this landmark event. AIDS is specifically mentioned in the meetings of APEC (Asia Pacific Economic Cooperation), World Bank, and the Economic and Social Council of the Asia and Pacific. Many more agencies and people are waking up to the call of action on AIDS, a response that seems to be stronger than that of the Paris Summit seven years ago.

In the report of the UN Secretary-General dated 16 February 2001, the global response was assessed through the "triple lens" of **leadership, coordination and resource mobilization**. (hard copy of the report available from the Secretariat). These are not difficult concepts but the real problem lies in how we are going to translate them into action with impacts. Members of ACA and the committees are urged to keep track of this new wave of advocacy and actions. Knowingly, the impacts of AIDS on Hong Kong may not be as significant as in some other countries, but hopefully we have your commitment to seek new opportunities to turn the tide, and to ensure the delivery of quality care to people with HIV, those affected by the infection and other health problems. 

- editor





THE 21st Meeting of the Scientific Committee on AIDS was held on 8 February. The Committee had covered a wide range of subjects.

Following a series of consultations, the Secretariat has received comments from many agencies and professional bodies on their views on the proposed strategy of universal antenatal HIV testing. The Committee was pleased to note the general support to the new strategy. The guidelines, following revision, would be published for the information of concerned organisations.

The Committee reaffirmed its support of an evaluation mechanism to tie in with the new programme on antenatal HIV testing. While the concept of a "registry" might not be acceptable to every agency and professional, the idea of studying the epidemiology of HIV positive pregnancies was supported.

The drawing-up of clinical guidelines on HIV management was discussed. The Committee supported the development of consensus to help maintenance of

## Publications in the pipeline

THE following publications are under preparation :

1. *HIV prevention and care in youth* - principles of strategies (publication of AIDS Prevention and Care Committee - third in the series, December 2000)
2. *Position paper: the Government's involvement in promoting public awareness on AIDS awareness in Hong Kong*. (Advisory Council on AIDS 2001)
3. *Setting the agenda of promoting acceptance of people living with HIV/AIDS in Hong Kong* (publication of the Committee on Promoting Acceptance of People living with HIV/AIDS 2001)
4. *Recommended clinical guidelines on the prevention of perinatal HIV transmission* (Scientific Committee on AIDS 2001)

Members would appreciate the complexity of the issues involved in the above publications, the subjects of which had taken months (years in fact) for the deliberation. This is probably the reason for the lack of new downloadable publications from the website after 1999. In fact an article on the 20 February issue of South China Morning Post had made the following criticism:.... *Anyone looking for advice will find little support here. A library offers some interesting background, with documents dating back as far as 1987, but it has not been updated in two years.* Well, actually no documents had been released in the year 2000! ⚡

a high standard of care to people living with the infection. Some issues were considered more important than others in the development of consensus. Some examples were: management of asymptomatic TB, vaccination for preventing other infections, prophylaxis against opportunistic infections, hepatitis C infection etc. The Committee would be working on a standardised format for developing the new series of consensus papers.

Finally, the possibility

of conducting research to understand the geography and behavioural pattern in commercial sex trade was discussed. The need to build capacity in this respect was considered crucial. ⚡

[www.aca-hk.com](http://www.aca-hk.com)

IF you are tired of remembering the website address of the Virtual AIDS Office (VAO - a website that contains

[...continued on page 11]

AIDS Hotline **2780 2211** *Information, Counselling  
HIV Testing*

[...continued from page 10]

information on the Government's AIDS programme), life is becoming easier - our new address is [www.aca-hk.com](http://www.aca-hk.com). A click can get you into Advisory Council on AIDS directly, with all the linkages to other components of the local AIDS programme.

The VAO remains the core of the AIDS resource on internet, while Red Ribbon Centre ([www.rrc-hk.com](http://www.rrc-hk.com)) and the AIDS Hotline are jointly experimenting on a new site [27802211.com](http://27802211.com), where HIV information, risk assessment and interesting stories can be viewed and heard. ⌘

## Surveillance update

### Reported HIV/AIDS Statistics updated 31 December 2000

		HIV (AIDS)	
<b>Gender</b>	male	1277	(443)
	female	265	(57)
<b>Ethnicity</b>	Chinese	1066	(387)
	non-Chinese	476	(113)
<b>Transmission</b>	heterosexual	876	(321)
	homosexual	298	(92)
	bisexual	78	(26)
	injecting drug use	32	(8)
	blood/bl products	68	(19)
	perinatal	12	(5)
	undetermined	178	(29)
<b>TOTAL</b>		<b>1542</b>	<b>(500)</b>

## From Guangxi

DR Liu Wei 劉偉 from the Guangxi AIDS Prevention and Control Centre met Dr Homer Tso, Chairman of the Advisory Council on AIDS on 17 February. On 20 February, she gave a presentation on the HIV situation in Guangxi at a seminar held in Red Ribbon Centre. The function was participated by over 30 persons, including members of the Advisory Council on AIDS and its committees. Participants were alerted to the rising HIV prevalence in drug users through the main transport routes in the province, and its possible impacts on the HIV situation

## FHI

DR Neil Brenden, Director of the Family Health International (FHI) Asia Regional Office visited Hong Kong on 21 and 22 February 2001. He met Dr Homer Tso and secretariat staff of the Advisory Council on AIDS on 22 February. On his two-day mission, Dr Brenden familiarised himself with the AIDS initiatives in Hong Kong through visiting Red Ribbon Centre, Integrated Treatment Centre, AIDS Counselling Service, AIDS Concern and a methadone clinic. He was particularly interested in initiatives on targeted intervention, focusing on high risk activities relating to HIV transmission.

Dr Brenden was on a fact-finding trip to explore opportunities of collaboration, aiming at the development of technical support to FHI programme in Mainland China. ⌘

in the neighbouring Guangdong province.

Dr Liu came to Hong Kong as a Lions-Red Ribbon Fellow, a scheme set up by the Red Ribbon Centre and Lions Clubs International District 303 (Hong Kong and Macau). ⌘

InterAction

# The Response to the Health Care Reform Document

1. The Advisory Council on AIDS has studied the consultation document on health care reform "Lifelong Investment in Health" (hereafter referred to as the document) and members are particularly interested in its implication to HIV/AIDS prevention, care and control, as well as related issues. In principle, the Council appreciates the spirit of reform and is supportive of the vision of *...promoting health, providing lifelong holistic care, enhancing quality of life and enabling human development*" (para 10).

## Health Strategy Development

2. The document has emphasized on three aspects of health care reform - delivery system, quality and financing. There is, however, a lack of an overarching strategy on health for Hong Kong. The six strategic directions listed in para 17 are nothing more than a collection of administrative means to streamline existing service provision. It is proposed that the Government should

- have in place a mechanism for health strategy formulation

- carefully carve out the roles, objectives and operating mechanisms of the proposed "Research Office" (para 90) to achieve

the goal of establishing a *knowledge-based integrated health care system* (para 17)

3. Whereas the importance of positive health promotion is acknowledged, the deliberations of the document have centred on diseases and patients (figure on page 23). Organized community efforts are emphasized in the delivery of preventive care. In this connection, the Advisory Council on AIDS is committed to ensuring community involvement in the development of HIV/AIDS prevention and care programmes in Hong Kong. A community planning process, adapted from that in Centers for Disease Control and Prevention (CDC), has been applied in the last year for enhancing community participation. The Council would urge the Government to

- evaluate the effectiveness of the community planning process in AIDS programming and
- explore the feasibility of applying the principles of community planning in the development of other health programmes in Hong Kong.

## Financing Health Care Services

4. If the fundamental role of the public health care system is to *protect citizens*

*from potentially huge financial risks arising from catastrophic or prolonged illness* (para 109) only, the community is concerned that in the long run, the Government would no longer be providing affordable services in the community. The follow-up questions are - what is the definition of the *risk?* and who should be evaluating it? Again, a discussion of the financing mechanism is impossible without first addressing the health strategy and the mechanism for its formulation.

5. The Secretary for Health and Welfare has used HIV/AIDS as an example of expensive medical condition. This is causing anxiety in people living with HIV/AIDS, for fear that their access to treatment may be affected if the fee structure is revamped (para 114). The Government is urged to

- reaffirm its commitment to providing quality service to people living with HIV/AIDS
- evaluate the effectiveness of treatment modalities using objective indicators and taking reference from overseas experiences.

## Reforms to the Health Care Delivery System

6. The document recommends that the Department of Health take on the *role of a regulator and advocate for health while giving up its direct health*

*care service* (para 102). The Council is concerned about the meaning of *direct health care service* and the criteria for its definition. As far as AIDS is concerned, an integrative model has emerged in Hong Kong that is founded on the prevention-care-continuum. Any arbitrary division of this continuum could easily lead to the compartmentalization of health services, a phenomenon that runs contrary to the Council's expectation.

7. The document also suggests the reorganization of primary medical care (para 27-36). Knowingly primary care provides a contact point in the delivery of HIV prevention services, provision of HIV tests, and the coordination of care for those infected. The proposed reform is causing uncertainty because of

- the separation of general outpatient clinic from other primary care services currently managed by the Department of Health (i.e. women health, elderly health, maternal and child health, and student health services), which may further disrupt the prevention-care-continuum which current provision is capable of achieving, and
- the unclear definition of primary care, its objectives, and the expectation of primary care practitioners

8. The Council is grateful, however, that the Government

has, for the first time, openly declared its commitment to providing subsidized curative dental service to persons with special needs, including HIV infection (para 60).

### Quality Assurance

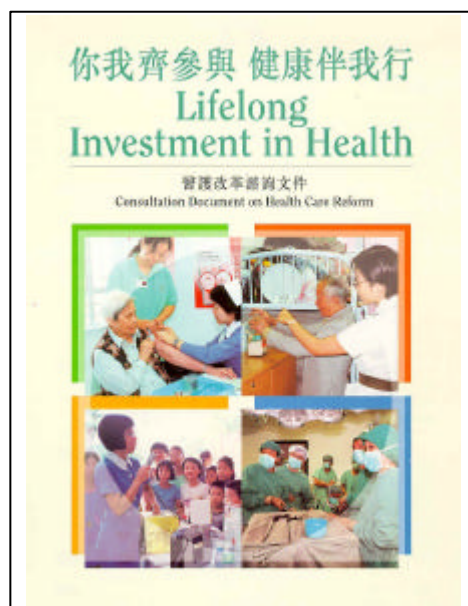
9. Council members are generally in support of the efforts to improve health service quality. In the implementation of a quality assurance programme, the document introduces a regulatory role of the Department of Health (para 93), the establishment of a Complaint Office within the Government (para 104), and the formulation of quality policy by the Health and Welfare Bureau (para 94).

10. The first step towards quality assurance is the setting of standards. It is unclear how the standard-setting mechanism would be established. The proposed Research Office described under the section *Systems support* may work towards the setting of management standards, while the subject of professional standard has not been pursued in the document. In this connection, the Government is urged to

- evaluate the quality assurance mechanism and consider a comprehensive plan on how this can be improved.

11. There are pros and cons in establishing a Complaint Office within the Department of Health. In planning future development, the Government should note the following attributes of a credible complaint system, which are - independence, openness, fairness and effective community involvement. ⌘

[The article is a reprint of the paper submitted by the Advisory Council on AIDS to the Health and Welfare Bureau in response to the document "Lifelong Investment in Health" released by the Government for consultation late last year.]



World AIDS CAMPAIGN 2001

In Focus

*The following is a short note from the World AIDS Campaign Coordinator at UNAIDS to explain the theme of the World AIDS Campaign 2001 and the direction in which work is progressing.*

AS has already been publicly announced, the Men and AIDS theme is for two years. Thus the theme in 2001 will be a continuation of the 2000 World AIDS Campaign, but will focus on other aspects of the issue of men and AIDS than those highlighted in the 2000 Campaign. The campaign slogan is "I care. Do you?" and in 2001, the World AIDS Campaign will focus on a shorter period namely, the 3-months leading up to World AIDS Day.

Consultations on the choice of theme for this year were undertaken with Co-sponsors and UNAIDS country staff, as well as with a myriad of other organizations. A majority of the respondees supported the idea of a campaign focusing specifically on younger men, but at the same time there were some serious reservations about limiting the Campaign to a specific age group were expressed. A number of countries saw older men, in roles ranging from sugar daddies to political leaders, as major foci

for Campaign activity in their environments.

The deciding criteria for the Campaign were:

*- a Campaign slogan that could lend itself to an emphasis on young men without*

*being exclusive of older age groups;*

*- a Campaign that would allow a focus on both prevention and care and would focus*

*on men's roles in taking care of themselves, their partners and their families;*

**Hong Kong  
Virtual AIDS Office  
[www.info.gov.hk/aids](http://www.info.gov.hk/aids)**

*- a Campaign that would also tie in with the major themes of United Nations General Assembly Special Session on HIV/AIDS (UNGASS), 25-27 June 2001, such as leadership and resource mobilisation;*

The Campaign slogan "I care. Do you?" was chosen since it is capable of encapsulating all of these areas, providing a unity for the Campaign while being

broad enough to discuss issues relevant to both genders, as well as different age groups. Within such a framework, issues such as sugar daddies, the role of men in society etc.. can also be addressed. We are currently working on the translations of the slogan.

UNAIDS intends to produce a series of short issue papers on various aspects of the theme. The tentative titles/ areas are:

- Leaders
- Relationships with women: to touch on violence, forced sex, sugar daddies (list is not exhaustive)
- Alcohol consumption and HIV
- Injecting drug users (IDU) and HIV
- Men who have sex with Men (MSM)
- Men as caregivers and fathers - i.e. engaging men in caring for other family members living with HIV/AIDS on the issue of fatherhood
- Young men
- Promoting condoms/ distributing condoms