

## . Calendar.

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

2:30pm 20 April 2001

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

6:00pm 14th June 2001

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

2:30pm 24 May 2001

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

2:30pm 12 April 2001

## From Science to Action

BETWEEN 16 and 18 March, the Community Planning Leadership Summit was held in Houston, USA. While we are developing on our Hong Kong model of community planning, it's been a fruitful experience to learn from the American model. The following two pages summarise some of the views on the Summit and the community planning process.

Despite the differences in history, organisation and the interface with funding mechanisms, the community planning process in the US and Hong Kong share one common vision - base strategy on science. HIV/AIDS can be an emotionally charged subject. Scientific principle shall be an important bridge to bring discrepancies to the same table. Like any other health issues as well as medical practice, opinion-based decision-making is giving way to evidence-based policy development.

Understandably an effective community planning process is easier said than done. Nobody has ever assumed that it is a smooth process. In 1998, our external consultants titled their report "Moving Ahead Together - expanding Hong Kong's response to AIDS". We are beginning to see the fruits of the initial phase of community planning - that of expanding the community's response. What's needed is to keep up the momentum and to go by the principles of community planning in further enhancing the effectiveness of the HIV/AIDS programmes in Hong Kong. ⌘

## Antenatal Testing

The Advisory Council on AIDS, through its Scientific Committee, undertook a consultation to collect views on the recommendations on preventing mother-to-child HIV transmission. The important strategy of universal antenatal HIV testing is adopted.

In analysing the response to the consultation document, four main conclusions can be drawn: (a) the community is in full support of the new strategy,

(b) training needs shall be addressed, (c) a coordinated effort between Department of Health and Hospital Authority is desirable, and (d) funding support to the implementation of the strategy is crucial.

The Council is pleased to learn that the six principles (please refer to the November 2000 issue of *ACA Newsfile*) proposed by the Scientific Committee are unanimously supported by professional bodies and community organisations. ⌘

## Response

The Council Chairman, on behalf of the Council, has written to the Equal Opportunities Commission indicating its support to the code of practice for education establishments. It is hoped that this reflects another step towards a non-discriminatory society. ⌘

Council News

# CPLS - what happened?

In  
Focus

THE 2001 Community Planning Leadership Summit (CPLS) was a three-day conference in Texas. The Summit is now an annual event in the United States where community planning is adopted as a unique mechanism for HIV prevention programming. There were a total of over 1400 participants from all over the country, involving personnel from state health departments, community planning groups, consultants and agencies offering technical assistance to the process.

The CPLS is one of the main national conferences on AIDS in USA. There were very few international participants. Nine persons from Hong Kong were at the Conference – Dr Homer Tso and Professor CN Chen of the Advisory Council on AIDS, Dr SS Lee from the Council Secretariat, two from AIDS Unit, and another four from the Community Planning Committee. The three from ACA joined an invited visit to the Centers for Disease Control and Prevention (CDC) in Atlanta following the Conference.

The Conference was held at the Hyatt Regency

Houston Hotel in Houston, Texas between 16 and 18 March 2001. The event was co-sponsored by the Centers for Disease Control and Prevention (CDC), Academy for Educational Development (AED), National Alliance of State and Territorial AIDS Directors (NASTAD), and National Minority AIDS Council (NMAC). There were a few commercial sponsors and non-profit sponsors.



Unlike most other conferences on health issues, the CPLS did not emphasize on lectures. There were only three plenaries, one on each day of the Conference. Instead there were numerous interactive sessions, viz:

- (a) workshops - small groups with presentations centering on specific subjects
- (b) roundtables - small-group discussion led by a panel
- (c) institutes - intensive four hour training sessions
- (d) swap meet - a two-hour informal session for participants to meet and discuss on technical issues.

Each of the sessions fell under one of the following tracks: effective intervention (presenting the range of activities that had resulted), future trends (the future of community planning), managing the process (management and dynamics), and steps of community planning.

Other activities of the Conference were: an exhibition which featured largely technical assistance programmes, and poster presentation

which was a small scale programme supplementing the interactive sessions. Many of the exhibition booths presented programme directly run by CDC or its affiliated agencies.

Back to history, community planning was first introduced in 1994 as a mechanism to facilitate the development of an effective HIV prevention programme. The process was masterminded by the CDC in an effort to channel available resources to the very sectors of the community where prevention service is most

urgently needed. HIV care does not follow the same funding arrangement.

For observers, CPLS is actually a large-scale capacity-building forum for people involved in the community planning process in USA. It is more like a megasize working meeting than the conventional multi-dimensional conference. The Summit has provided a forum to examine three practical aspects of community planning: the principles, achievement todate, current shortcomings and future development.

The principles underlying community planning can be a complex concept. It is useful to remember why the mechanism was introduced in the first place and on what ground. In reviewing the past, Dr David Holtgrave nicely rounded up the three bedrock principles during the opening plenary, which are : (a) community voices are essential in setting prevention priorities; (b) funding should follow (actually lead) the epidemic; and (c) intervention should be based on sound science and public health practice.

What has community planning accomplished so far? CDC is the agency that links its prevention goal with funding through the community planning process. Federal funding is given to CDC, which in turn transfers the money to 65 state health departments and jurisdictions.

The local government agencies and community-based organizations (CBO) then run, coordinate or support HIV prevention activities. Under this mode of operation, CDC has been able to:

- (a) directly support CBOs based on the priority established by community planning groups (CPG) and in accordance with scientific principles;
- (b) maintain a standard of services by CBOs through the direct or indirect provision of technical assistance, and the requirement of evaluation;
- (c) identify new service needs in HIV prevention; and
- (d) partner CBOs, gaining their trust in the implementation of prevention programmes.

What are the current shortcomings? Are there any? Notably community planning is still a relatively new idea. The following shortcomings were repeatedly raised during the Summit:

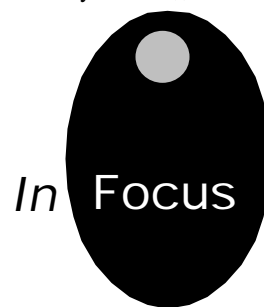
- (a) The design of programmes founded on the prevention-care continuum is considered an effective approach. This is currently not possible as CDC deals only with prevention matters. The support to HIV care services is provided by the Human Resource and Service Administration of the Department of Health and Human Services, which does not operate through community planning
- (b) Effective community planning is a labour-intensive

and time-consuming business. There is a varying degree of mistrust between stakeholders, marked heterogeneity of capacity, and different levels of needs in local communities.

(c) The check-and-balance mechanism is not yet a well-developed part of the community planning process. In this connection, CDC is gradually introducing a mandatory evaluation system for all funded programmes.

Looking into the future, the community planning process is facing the following new challenges:

- (a) New prevention strategies have recently been recommended by the Institute of Medicine, which called for the targeting of HIV infected individuals in the prevention of secondary infections. The interface between prevention and care will soon become a hot issue in the planning of intervention activities centering on HIV/AIDS patients.
- (b) Epidemiological information is the foundation of the knowledgebase in supporting community planning. The growing interest in the determination of HIV incidence and the integration of behavioural data are posing new challenges to public health professionals and the community alike. ⚡



Inter  
Action

UN Visitor

DR Edna Oppenheimer, a substance abuse expert, visited Hong Kong in the second half of March 2001. She was working as a consultant to the UNAIDS APICT (Asia Pacific Intercountry Team) to study the methadone programme and its possible writeup as a best practice in harm reduction.

Dr Oppenheimer visited people and agencies working on substance abuse, and held discussions with the ACA Chairman, Professor CN Chen (ACA member and ex-chairman of Action Committee Against Narcotic [ACAN]) and ACA Secretariat staff. ⌘

Website  
www.aids.gov.hk

IN an effort to simplify the process of accessing the Virtual Hong Kong AIDS Office, a new address has been assigned, which is www.aids.gov.hk

The Virtual AIDS Office is an initiative of the AIDS Unit of the Department of Health, which aims at providing a one-stop internet

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>

information service for people interested in HIV/AIDS in Hong Kong. Another new site currently piloted by Red Ribbon Centre is 27802211.com, an identical name given to her sister programme - the AIDS Hotline.

Members of the Advisory Council on AIDS could also access the Council's website directly at www.aca-hk.com. ⌘

New Staff

MISS Catherine Wong joined the Secretariat Office on 1 February 2001. She took over from Miss Windy Lau to serve as an assistant clerical officer of Special Preventive Programme, Department of Health. ⌘

Schedule Change

The 4th meeting of the Working Group on Prevention of Mother-to-Child Transmission of HIV originally scheduled for 30 March 2001 has been postponed. A new date of the meeting has yet to be fixed.

The Working Group operates under the Council's Scientific Committee on AIDS, and is convened by Dr Susan Fan. ⌘

