

## • Calendar •

### XXXVIIth Meeting of the Advisory Council on AIDS (ACA)

2:30pm 24 August 2001  
(tentative)

### VIIth 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 July 2001

## In this Issue, we

....summarise the deliberations made at the 36th meeting of the Advisory Council on AIDS (pages 20 and 21), and

....highlight the debates on the deferral of homosexual men from voluntary blood donations, discussed at the last meeting of the Committee on Promoting Acceptance of People living with HIV/AIDS. ⌘

## Universal Antenatal HIV Testing Symposium

ON 21 April, a consensus symposium on the prevention of mother-to-child HIV transmission (MTCT) was hosted by the University of Hong Kong Centre of Infection. Chaired by Dr Homer Tso, chairman of the ACA, the symposium examined the scientific evidence behind the strategy of universal antenatal HIV testing.

At the Symposium, Professor Usa Thisyakorn reviewed the antenatal testing and antiretroviral programme in Thailand, which has been accorded a best practice by the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The Centre of Infection is working on a consensus document to present the views collected at this important meeting. ⌘

## Thanks

MR YF Hui has decided to relinquish from his membership with the Advisory Council on AIDS (ACA), to tie in with his retirement from the directorship of the Hong Kong Council of Social Service. The announcement was made at the 36th ACA meeting on 20 April 2001.

Mr Hui has been serving as an ACA member for almost five years. He was first appointed to the Council in 1996, and reappointed in 1999.

The Council chairman, all members and the Secretariat wish Mr Hui a very happy retirement. The chairman has requested to place on record the Council's appreciation of Mr Hui's contribution to HIV prevention and care in Hong Kong. ⌘

## UNGASS

The UNAIDS (Joint United Nations Programme on HIV/AIDS) has launched a new website to provide information on the upcoming UN General Assembly Special Session on HIV/AIDS (UNGASS). This is a very informative information source which members may be interested to note: [www.un.org/ga/aids](http://www.un.org/ga/aids) ⌘

Council News

# The Thirty-sixth Meeting

Council in focus

THE 36th Meeting of the Advisory Council on AIDS was held on 21 April 2001. Three main issues were discussed at the meeting: HIV/AIDS and the school setting, HIV/AIDS and the social service setting, and the enhancement of the effectiveness of HIV prevention and care initiatives.

## HIV/AIDS and the school setting

The subject of 'the school and HIV/AIDS' was raised in response to a recent publication of a proposed code of practice by the Equal Opportunities Commission to promote equal opportunity in education establishments. This very development has prompted the Council to re-examine the progress made in Hong Kong towards not only anti-discrimination, but the broader perspectives of HIV prevention and care in schools.

The Council acknowledged that considerable efforts had been put into the promotion of HIV/AIDS awareness in schools, through the publication of documents, teaching kits and the integration of AIDS education in different areas in the curriculum. There are, however, shortcomings. Foremost, it is often difficult to

define AIDS education. While many people equate education with taught lessons within established curriculum, the impacts of extra-curricular teachings and other activities outside schools are often neglected. The evaluation of HIV programmes in school is never comprehensive enough to address what constituted the most effective means of health promotion.

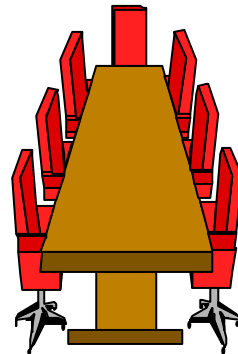
The Council made two suggestions after the discussion: firstly that training of teachers-to-be through the education institutes may fill one of the gaps in the existing system, and secondly, that a more innovative and flexible approach is advisable in defining the competencies for school AIDS education, which should include the cultivation of practical life skills and be less disease-driven.

## HIV/AIDS and the social service setting

The social service setting demands the attention of the Council in another context. It is noted that the number of HIV infected children will be on the rise in the coming years, due to mother-to-child HIV transmission and to the prolongation of life of infected children brought on by medical

advances. Though the total number of HIV infected people (children included) is not very high, this is gradually becoming a more visible phenomenon. The challenge for the social service sector is to ensure that HIV infected people, like any citizen in Hong Kong, are supported by the social service system in Hong Kong.

What impact does this observation have for Hong Kong? Firstly, social service personnel today are more prone to facing the problem of deciding (a) when to disclose a client's HIV status - in other words, who needs to know? (b) when an HIV test is warranted. These are the ethical issues which have been debated times and again.



The application of guidelines recommended years ago is now being questioned.

Apart from dealing with HIV infected individuals, the second challenge is with HIV prevention. It is now widely accepted that targeted intervention is more effective in reducing the burden of the infection in the society. In the past, HIV prevention was perceived as a health issue closely linked with blood testing, or a clinical problem faced by selected patients. If effective prevention is pursued, the contribution of social workers would be crucial. Social workers are, by their profession, the very same people who come into contact with marginalised communities including drug users, commercial sex workers, young people at risk, to name a few. It makes much sense if HIV prevention programmes can be expanded to include the input of the wider social service field in Hong Kong.

### **Community-based HIV prevention and care**

Community planning was again on the agenda when the Council discussed the future strategy of enhancing the effectiveness of community-based HIV prevention and care initiatives in the Hong Kong context. A study group comprising Dr Homer Tso, Professor CN Chen and the Secretary were in Houston and Atlanta the previous month to draw

## **OTHER REPORTS**

THE Advisory Council on AIDS received reports on the following issues at its meeting on 21 April:

Firstly, the proposed universal antenatal HIV testing programme would soon be launched by the Department of Health and Hospital Authority later this year.

Secondly, members noted that the organisation of the Hong Kong AIDS Conference is in good progress. The organisers are finalising the list of speakers and officiating guests. A symposium titled "Aspects of discrimination: its mechanisms and resolutions" will be held on 27 August. This will be hosted by the Committee on Promoting Acceptance of People living with HIV/AIDS.

Thirdly, a report on the review of the methadone treatment programme was tabled. ⌘

reference from the community planning process in the States. (see *ACA Newsfile April issue, 2001*)

The Council acknowledged the progress made in Hong Kong so far - that of the expanded response from the community. In order to meet the future challenge, the Council recommended that - *the community planning process should be better defined in terms of its output, its cyclical nature, and its objectives;* - *the process should contribute towards enhancing the effectiveness of community-based initiatives.*

The question again, was *how?* Members agreed that we should add value to the current community planning cycle piloted in the community. The capacity of the community-based organisations and their training needs should be

defined so that activities prioritized by the Community Planning Committee can be effectively translated into interventions. A more technically-minded system of vetting intervention projects, together with an integral system of evaluation, would be the other two pillars of Hong Kong's HIV/AIDS programmes.

The Council resolved to prepare a proposal on the future strategies in enhancing the effectiveness of the community planning process. This is a pivotal moment in Hong Kong's HIV/AIDS efforts, and an opportunity that should not be missed by all. ⌘



Debate

# Who should NOT donate blood?

IN the last months there have been plenty of discussions on whether homosexuality should become a criterion for excluding blood donors at the Hong Kong Red Cross Blood Transfusion Service (HKRCBTS). In fact the same debate has been activated a few times in the last ten years.

The issue was brought up at the last meeting of the Committee on Promoting Acceptance of People living with HIV/AIDS on 12 April. Dr CK Lin, Hospital Chief Executive of the HKRCBTS, presented the views on behalf of his agency, and triggered a round of exchange of ideas at the meeting.

The homosexual communities felt strongly against the deferral mechanism, indicating that the risk stems from specific high risk behaviours rather than the homosexual identity itself. It was therefore considered as a discriminatory practice.

On the other hand, the Committee heard that the HKRCBTS has been

		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>

adopting the practice for the following reasons: Firstly, the HIV rate in the homosexual community (Men having sex with men or MSM) is proportionally higher than the heterosexuals. Secondly, the deferral of homosexuals is a universal practice, found also in the western countries with a similar voluntary blood donation system. In order to maintain the much needed international collaboration, it would be impossible for Hong Kong to change unilaterally. Finally, while acknowledging that the current system is imperfect, the objective is not to devise a method to identify all at risk individuals correctly, but to protect the safety of blood using a feasible means at the

community level.

In concluding the debate, Professor CN Chen highlighted the three perspectives in addressing the issue - personal, public health and scientific. He alerted members of the other example of excluding people who have been in the United Kingdom for over six months in light of the mad cow disease scare. Knowingly this is another imperfect system though there is no discriminatory intention in the practice.

The meeting suggested to explore new means of better informing the public about the rationale behind deferral, and to evaluate the current system on a continual basis. ⌘