

• Calendar •

XXXVIIth Meeting of the Advisory Council on AIDS (ACA)

2:30pm 24 August 2001 (tentative)

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

to be announced

XXIIIrd Meeting of the Scientific Committee on AIDS (SCA)

2:30pm 27 September 2001

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

2:30pm 6 September 2001

This issue of the *ACA Newsfile* focuses on the **United Nations General Assembly Special Session on HIV/AIDS**. (pages 29 to 32)

Council News is on page 28

Enjoy your reading!!

UNGASS

THE United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was held between 25 and 27 June at the UN Headquarters in New York City. This is the first time that a health issue is deliberated by the Assembly.

In Hong Kong, the UNGASS has not drawn much media attention; neither is an average citizen concerned about the discussion going on in New York. Normally media attention is focussed on where HIV/AIDS is a serious problem, or where scientific advances are made. Because of the immense problems in Africa, and because of the interest of western countries in providing assistance, it's not surprising that Asia is somewhat missed out on this global forum.

Let's not forget, however, that HIV/AIDS is a challenge to humanity. It would be wrong to assume that it's a no-issue if the prevalence is not comparable to that in Africa. It's our belief that there's always something to learn in such human interaction as broad-based as that of UNGASS. The question is: what can we learn from this rare world summit? This very issue of the *ACA Newsfile* sets out to find the answer. On pages 29 to 31, we provide a summary of what happened at the Special Session, the main themes covered and the outputs. These bring us to the final remarks, which are crystallised as lessons for Hong Kong. These messages are not reflective of the views of the Advisory Council on AIDS, but are those of the editor -*editor*



AIDS Memorial Quilts appearing outside the General Assembly Hall in the United Nations Building in New York





New Documents

THE Education Department and the Department of Health have jointly issued their *Guidelines on the Prevention of Blood-borne Diseases in Schools*. The 2001 version replaces the earlier edition of 1994. The Council has distributed copies to members. Additional copies can be available through the Education Department or Red Ribbon Centre (telephone: 23046268). The

first publication on the subject (but bearing the title of *Prevention of Blood-borne Diseases in Schools*) was released in 1987.

On the other hand the *Recommended Clinical Guidelines on the Prevention of Mother-to-child HIV Transmission* is now published. The document, which has gone through months of consultation and discussion, can also be downloaded from the Virtual AIDS Office www.aids.gov.hk or through the Council's website www.aca-hk.com. This latter document has guided the development of the new strategy on the implementation of universal antenatal HIV testing in Hong Kong. ⌘

CONGRATULATIONS

ACA Newsfile wishes to congratulate Mr Graham Smith for his award of the Chief Executive's Commendation for Community Service on 1 July. Mr Smith is with AIDS Concern and he is also a member of the AIDS Prevention and Care Committee. ⌘

Community Planning & Programme Effectiveness

THE release of the document *Enhancing the effectiveness of the community planning process in the Hong Kong context* by the Advisory Council on AIDS has stimulated discussions (and of course, debates) on the future path of the community planning process in Hong Kong.

On 5 June, the Council was visited by Dr Tim Brown, one of the consultants involved in the AIDS programme review in 1998. The Council chairman Dr Homer Tso hosted a dinner in Dr Brown's honour, and was joined by Professor CN Chen, Professor YL Lau, Dr SS Lee, Mr Graham Smith and Miss Lourdes Fong (both co-chairs of the Community Planning Committee) and Dr Joseph Lau (of Hong Kong Coalition of AIDS Service Organisations). There were active exchanges of views facilitated by Dr Brown, with the common objective of achieving optimal programme effectiveness.

Dr Brown was invited by the Council to advise on the development of Hong Kong's AIDS programme during the private visit in the territory. He also gave a presentation on HIV/AIDS modelling to staff of Special Preventive Programme. In the meantime the Council Secretariat is considering new plans of engaging Dr Brown to establish evaluation mechanisms for enhancing effectiveness of community-based initiatives in Hong Kong. ⌘

Promoting Acceptance - targeting young people

ON 26 May and 22 June, Dr Homer Tso, our Council Chairman officiated at two functions aiming at promoting acceptance of people living with HIV/AIDS.

The May event was part of a series of activities on fostering a harmonious community as advocated by Miss Miriam Yeung, the UNAIDS Hong Kong Ambassador. The function featured drama and drawing contest at the Tsuen Wan Plaza, and marked the fourth anniversary of the Red Ribbon Centre.

The June event was titled Robbi-for-Charter. A locally designed cartoon figure Robbi signed up as an ambassador of the Hong Kong Community Charter on AIDS. The signing ceremony (with Robbi's paw!) was attended also by Professor CN Chen, chairman of the Committee on Promoting Acceptance of people living with HIV/AIDS, Director of Social Welfare, Director of Health, Acoolc.com and officials of the Lions Clubs International District 303 - Hong Kong and Macau. ⌘



Robbi-for-Charter



UNGASS report

How the special session works

THE United Nations General Assembly Special Session on HIV/AIDS operated not too differently from a large conference. With over 3000 participants, including delegates from member nations, the Assembly went through a full list of agenda items. The organization followed the resolution of the General Assembly of 27 February 2001.

The main agenda item is the "review of the problem of HIV/AIDS in all its aspects". This was done over eight plenary sessions, each lasting for two to four hours, at the General Assembly Hall. At these sessions, national delegates made statements on the situation in their country, the response, and their remarks and recommendations on how to tackle the HIV problem. These statements were given by the heads of states (presidents, premieres) or health ministers. Each statement was meant to last for not more than five minutes, though overrun was not uncommon.

There were four roundtables each participated by a maximum of 65 persons from member states, observers, UN agencies and accredited civil society actors. The themes of the roundtables were: (a) HIV/AIDS prevention and care; (b) HIV/AIDS and human rights; (c) the social and economic impact of the

epidemic and the strengthening of national capacities to combat HIV/AIDS; and (d) international funding and cooperation to address the challenges of the HIV/AIDS epidemic.

Many side events were organized for delegations and/or civil society members. The themes of these events ranged from ethical issues, mother-to-child infection, vaccine, country problems to workplace programmes.

One of the most important output of UNGASS was the issuance of a joint declaration. The UNAIDS secretariat had been working on the draft, redraft, revision and consultation of the document before the conference.

Schedules of UNGASS can be available from the site: <http://www.unaids.org> ⌘

VISUAL IMPACTS

THE UN Building lighted up with the image of a red ribbon during the Special Session. Outside, big red ribbons were tied to the gates of the Headquarters

Inside the Building, various exhibitions were staged - AIDS memorial quilts, photo exhibition on HIV positives, and UNAIDS World AIDS Campaign posters, AIDS orphans etc.

UNAIDS and its co-sponsors set up display stalls and distributed resource materials to delegates. There were documents, posters, leaflets on a wide range of subjects. There was always a right item for anyone passing through these stalls. ⌘



Proposal of the Chinese Delegation

IN the statement by His Excellency Mr ZHANG Wenkang, Minister of Health, it was explained that the Chinese Government gave priority to HIV prevention and control. The central funding on HIV/AIDS had increased seven folds from RMB 15 to 100 million Yuan in the last years.

On the global scale Mr ZHANG made the following four proposals: firstly, emphasis on prevention to free people from the threat of AIDS; secondly, promoting effective and affordable treatment in developing countries; thirdly, developing long-term strategy of prevention and control; and fourthly, strengthening international cooperation for the mobilization of resources to render aid and support to developing countries.

Mr ZHANG delivered his statement during the second plenary session in the afternoon of 25 June. ⌘



The voices of the Nations.....

Global Situation

WHEN the heads of states took turn to deliver their statements, they were using that very opportunity to describe what they believed to be the most important country stories on the impacts of HIV/AIDS. At the same time they also highlighted the national response.

Though these stories were never deficient in statistics, they did appear to be very different from the epidemiology reports that were often heard in scientific meetings. There was a clear emphasis on the dimension of humanity, human development and the call for action. The more seriously affected nations tended to bring out more vividly the human sufferings implicated in the pandemic.

The audience was reminded repeatedly that so far 58 million people had been infected with the virus, seventy percent of which were in Africa. A staggering 22 millions have died, while 36 millions are living with the virus.

The impacts of HIV/AIDS were vast. In some countries like Lesotho, the delegates informed the General Assembly that AIDS had been declared a national disaster. The life expectancy gained over the last decades was gone. AIDS orphans were commonly found in the African continent.

Responses

WHAT have the nations done to respond to this ravaging epidemic, which has been with us for over

twenty years?

To-date almost without exceptions, national programmes have been set up to face up the challenge. In many countries AIDS was one of the national emergencies handled at high political levels, within ministries or even directly through the efforts of the heads of states.

In the severely affected African nations, there was the movement of 'mainstreaming' HIV/AIDS. Because of its impacts on social development, HIV/AIDS has been identified as one of the most important aspects of the work of all government departments. An AIDS budget is allotted, though this is never adequate to curb the problems. International aid played an important role in the national responses of the poor countries. All delegates were aware of the effectiveness of antiretroviral treatment. To people in the poor countries, this remains a dream to far, too unreal.

The Obstacles?

IF all political leaders were so knowledgeable about HIV and its impacts, why have national responses failed?

One observation is that the responses had come too late, had been too weak, or, were themselves unsustainable. When the infections have spread to more than a few percents of the population, turning the tide requires more than just a good plan. Poverty aggravated the problems. The lack of an effective health infrastructure means that you are never able to deliver the treatment and prevention options, even if they're effective. It's interesting to note that there're pockets of nations where the impacts were less substantial compared to

their neighbouring nations. In Brazil, antiretroviral treatment is available to patients living with the infection. In Mexico, mother-to-child transmission has been put under control. In Tunisia and Nicaragua, antiretroviral treatments are available, despite limited national resources. Cuba appealed to help other nations with her expertise in medical care.

War and social unrest are obstacles to effective AIDS control in some countries. When the fabric of the society is destroyed, epidemic is the additional price that countries have to pay.

Anticipation

IN despair, what did the badly affected countries look forward to?

Many countries pledged to increase their national budget to fight HIV/AIDS. They sought assistance of the developed world in supporting their prevention and care efforts. The suggestion of the establishment of a *Global AIDS and Health Fund* was welcomed by all developing nations. It was seen as an important global strategy to build capacity of the developing world.

The developing countries also wanted to see better access to antiretroviral drugs. The current price is simply too high. In Africa only one out of 2500 HIV patients is on antiretroviral treatment. In Cambodia, for example, where can the country get the resource to support the treatment of twenty thousand patients in the next five years?

Finally, many countries were looking forward to means of strengthening their health infrastructure. They were aware that money was not the answer to everything. The Belgium delegates, in his statement, stressed that money was just one aspect...our solidarity and ability to work together are crucial to make a difference. **⌘**



Who from Hong Kong ?

HONG KONG was not represented at the UNGASS because it is not a state on its own. Dr Margaret Chan, Director of Health and vice-chairman of the Advisory Council on AIDS, was a special adviser to the China delegation; Dr SS Lee was an adviser.

The China delegation was headed by Mr Zhang Wenkang, Minister of Health, with Mr Shen Guofang as the vice-chairman of the delegation. The delegation was composed of 13 persons.

Miss OC Lin of the Hong Kong AIDS Foundation and Mr Fred Tong of the Equal Opportunities Commission participated in the Special Session as members of civil societies. ⌘

Declaration

ONE of the key outputs of the UNGASS was the adoption of the *Declaration of Commitment on HIV/AIDS*. The drafting of the document began months before the Assembly. Revisions were made to the last day of UNGASS.

Apart from acknowledging the severity of the HIV pandemic, the Declaration highlighted the following themes: (a) strong leadership being essential; (b) prevention as the mainstay of response; (c) importance of care, support and treatment; (d) the fundamental role of human rights; (e) prioritization of reducing vulnerability; (f) special assistance to affected children; (g) alleviation of social and economic impacts; (h) further research and development, (i) the specific circumstance of conflict

Lessons for Hong Kong

IT would be wrong to see UNGASS as a global response to an exclusively African phenomenon. If prevalence is one of the criteria for distinguishing African HIV/AIDS problem from that of the rest of the world, it isn't hard to notice the little Africas in each society. The underprivileged and marginalised people are vulnerable to the infection. What happens in Africa testifies to this observation on a global scale. UNGASS presents these African lessons so that each one of us is able to address vulnerability in a more local context - at country or community levels.

The UNGASS offers a good opportunity to re-examine our strategy. The ultimate questions are: what do we need for an effective programme.

First of all, the debates in the General Assembly Hall reminds us of the need for a solid **foundation** for our strategies. It's science that informs us of the cause of AIDS, science that describes the basis of effective intervention, and science that underlies the treatment options. Hong Kong has so far benefited from what have been learned overseas. Do we have that inquisitive mindset to build locally relevant knowledge base, and to translate scientific evidence into practice? The third decade of the HIV epidemic may be taking a different course. Are we prepared?

An effective, efficient and functional health **infrastructure** is the cornerstone of optimal AIDS programming, even in resource-poor countries. The low HIV prevalence may be attributable to our ability to make good use of the existing STD and methadone treatment networks, and to take advantage of the media publicity engines in place. Have we got the infrastructure to deliver HIV care in the future, and to sustain the early efforts of prevention? The needs for health infrastructure varies from nation to nation. We cannot assume that we are ready just because we are not as poor as the developing world.

Thirdly, good programmes are those with **foresight** and are **innovative**. It is comforting to see international collaboration take shape to ensure that vaccine is accessible to communities in need, though it's possibly another decade before a first generation vaccine is in the market! But, Uganda was taking that bold step. On the other hand, Thailand's 100% condom campaign was praised as an international best practice during UNGASS. Condom was described as a social vaccine that succeeded in bringing down the HIV prevalence in the country. In Hong Kong, are we bringing foresight and innovation to the programme.

Finally, the global forum has reminded us of the importance of building our own **capacity**. Reliance on other countries' support, either resource or technical know-how, may not be effective enough in our third decade's fight against the infection. ⌘

and disaster affected regions, (j) increase of resource; and (k) monitoring progress of the response.

Consensus was developed in most areas though there were

debates on such issues as the inclusion of men having sex with men and sex workers as the priority community. ⌘

ACA Newsfile coverage UNGASS

What has UNGASS Achieved ?

THERE was much criticism on the UNGASS and doubts on what could be achieved in such an international forum. Perhaps there had been unrealistic expectation on the output of a high-level political meeting. The General Assembly, after all, is not an operational government department.

Looking back, the efforts of Peter Piot of UNAIDS and Kofi Annan, the UN Secretary-General, had achieved in bringing together national leaders to focus on a complex health issue. The debates, though tiring, were themselves the necessary evil in any consensus-building process.

Members of the Advisory Council on AIDS would certainly be interested in examining closely the bits and pieces of the Declaration (on www.unaids.org). There are specific targets (dated) that national leaders have to deliver in the next two to four years. The definition and design of the indicators would be another massive undertaking of its own.

For the first time, national leaders were enthusiastic about the setting up of a new Global AIDS and Health Fund to supplement existing support to AIDS activities in developing countries. Though there may be more problems arising from this endeavour, it reflected how desperate people were with the current situation and responses. ♂

Reported HIV/AIDS Statistics updated 31 March 2001

		HIV (AIDS)
Gender	male	1306 (449)
	female	280 (60)
Ethnicity	Chinese	1096 (393)
	non-Chinese	490 (116)
Transmission	heterosexual	898 (328)
	homosexual	304 (92)
	bisexual	79 (27)
	injecting drug use	39 (9)
	blood/bl products	68 (19)
	perinatal	13 (5)
	undetermined	185 (29)
TOTAL		1586 (509)

SOURCE: Special Preventive Programme, Department of Health

STAFF MOVEMENT

THE Secretariat is having a very "mobile" month in July. Dr Kenny Chan, who has been serving as the Secretary to the *Committee on Promoting Acceptance of People living with HIV/AIDS* is leaving for overseas training in clinical infectious diseases. Dr Clive Chan, Secretary to the *AIDS Prevention and Care Committee*, has left the Special Preventive Programmes in late June. The Council and the Secretariat wish them the best.

We welcome Dr Francisco HY Wong, who has recently been posted to the Red Ribbon Centre, and also Dr Kelvin Low, who has returned to Hong Kong to resume his supporting role to the Council Secretariat. They will be taking over the work of Dr Clive Chan and Dr Kenny Chan respectively.

At the Red Ribbon Centre we are saying goodbye to Mr SY Mak, Executive Officer of Special Preventive Programmes, who has been providing support to the work of the Council's committees and in proofreading *ACA Newsfile*. We welcome Mr Alfred Leung to the team. ♂

