

.Calendar.

XXXVIIIth Meeting of the
Advisory Council on AIDS
(ACA)

2:30pm 16 November 2001

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

6pm 24 January 2002

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

2:30pm 27 September 2001

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

2:30pm 24 October 2001

911

THE 911 incident in New York has left all of us in shock and disbelief. Council members, committee members and the Secretariat have, in the ensuing weeks, been communicating with friends, relatives, colleagues and workmates who might have been affected by the incident. The shock wave of the terrorist attack touches upon all aspects of human interactions, and we are once again reminded that no one is living alone on the planet.

- Secretariat

Highlights of this issue:

- * Meeting notes covering the last meetings of APCC and SCA on page 44
- * Council news on page 45
- * Response from HKCASO and CPC on pages 46 and 47
- * Focus on prioritization on page 48

Learning, learning, learning

MEMBERS would probably remember the visit of Dr Homer Tso and Prof CN Chen to the CDC earlier this year, following their participation in the Community Planning Leadership Summit in Houston (*ACA Newsfile* Issue 88, April 2001). The visit has consolidated the link between Hong Kong and the CDC's National Center for HIV, STD and TB Prevention.

One of the outcomes of this linkage has been the development of capacity building programmes for strengthening the community planning process in Hong Kong. In the latter half of September, a series of activities were conducted with the assistance of Dr Dale Stratford, an evaluation expert from Atlanta. The entire fortnight has therefore been devoted to finding out more about "evaluation" - an important part of effective programming. This has been made possible through the organizational arrangement of the Red Ribbon Centre, and with the financial support of the AIDS Trust Fund.

It is encouraging to see the enthusiastic responses of governmental and non-governmental agencies to the initiative. The active participation of many of us in these activities confirms that we have a common vision - that of improving the effectiveness of AIDS programmes. Dr Stratford has emphasized time and again that there should be more communication, communication and communication. On top on that we also need more opportunities for learning, learning and learning. - editor

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Advisory
Council on AIDS



Latent TB

A set of new guidelines on the treatment of latent TB in HIV infection is under preparation of the Scientific Committee on AIDS. The following principles were agreed at the Committee's meeting on 28 September: (a) treatment of latent TB is recommended in the Hong Kong setting, (b) a cut-off value of 5mm after tuberculin test forms the criteria for treatment, and (c) that the standard treatment

comprises the use of isoniazid for 12 months.

The Committee also noted the recent report in the United States of the toxicity relating to rifampicin treatment. ⌘

APCC on Evaluation

THE AIDS Prevention and Care Committee held its 7th meeting on 26 September. The meeting began with a presentation by Dr Dale Stratford of the CDC. In sharing her experience in evaluation with members, she highlighted the importance of involving stakeholders and the development of a comprehensive approach. She remarked that evaluation should in fact be part of the whole process of developing an intervention programme. One of the goals of evaluation was in fact to learn, and thereby improving the outcome of the current and future projects. Dr Stratford also suggested that there were multiple methods to evaluation. Communication was the key word that she emphasised in advising on the development of evaluation activities in any setting.

The meeting received a report on the Hong Kong AIDS Conference, delivered by Mr Tony Pang. It was encouraging to have 330 registered participants (80 from Mainland China). Members agreed that the Conference had provided a useful platform to share views and experiences on subjects of mutual concern.

It was reported that the Department of Health had been working with the Information Services Department in a new media campaign focusing on harm reduction. The strategy was in line with that developed by the task force under the Committee.

The meeting also examined the progresses of the various task forces in the development of strategies. The chairperson suggested these would be useful materials for the Advisory Council in the formulation of new strategies for the coming years. ⌘

PHOTO: (from L to R) Dr Francisco Wong, Dr SS Lee, Dr Dale Stratford, Professor CN Chen



Efforts acknowledged

IN response to a question raised during the APCC meeting on 27 September, Mrs Diana Wong, the Chairperson, proposed that the MSM Task Force shall consider evaluating the impacts of efforts in preventing HIV infection in MSM, instead of disbanding the group following completion of its task in strategy development.

She thanked the group for the efforts in coming up with a set of useful strategies on HIV prevention. It was agreed that the strategy should be distributed to groups working on MSM in Hong Kong. (note: MSM refers to "men having sex with men") ⌘

Immunization

TREATMENT of HIV infected children is a technical issue, the experience of which is limited in Hong Kong because of the very small number involved. At the SCA meeting on 29 September, members debated about the immunization schedule proposed for HIV infected children. In examining the issue, the followings were considered: the risk of exposure to a specific pathogen, morbidity arising from the infection, and other practical consideration.

The new recommendations would be incorporated in the revised version of the guidelines on the management of HIV infected children. ⌘



MEMBER MOVEMENT

Dr Lawrence Lai, *JP*, a Council member, has taken up the post as the Hospital Chief Executive of Queen Elizabeth Hospital, effective from September 2001. *ACA Newsfile* would like to congratulate Dr Lai for taking on the new challenge.

The Secretariat has subsequently received confirmation from the Hospital Authority that Dr Lai is continuing as a representative to the Advisory Council on AIDS. ⌘

Evaluation training

DR Dale Stratford from CDC had a busy schedule in Hong Kong. Apart from conducting a two-day training workshop on 24 and 25 September, she also found time to visit almost each and every AIDS NGO to share experience with them on the implementation of evaluation in the development of their projects. She also held meetings with government officials working on AIDS in Hong Kong.

Dr Stratford was invited to a lunch hosted by Dr Margaret Chan, vice-chairman of the Council and the Director of Health on 28 September. At the gathering were Dr Homer Tso, chairman of the Council, Professor CN Chen, Dr CH Leong and other senior staff of the Department of Health. ⌘

CPC Response

IN its April meeting, the Council proposed a plan titled "Enhancing the effectiveness of the community planning process in the Hong Kong context". This has been revised and distributed to members on 8 May 2001. The Council was pleased to note that the paper has become a stimulus for debating on the way ahead for the community planning process.

In late September, the Chairman received a letter from Ms HO Tak-yin, project coordinator of the Community Planning Process, with an attached paper detailing the response of the Community Planning Committee *and* the Hong Kong Coalition of AIDS Service Organizations. The paper is now reprinted on pages 46 and 47 for the information of all members. ⌘

Reported HIV/AIDS Statistics updated 30 June 2001

		HIV		AIDS	
		total	last quarter	total	last quarter
Gender	male	1347	41	460	11
	female	289	9	64	4
Ethnicity	Chinese	1131	36	404	11
	non-Chinese	505	14	120	4
Transmission	heterosexual	931	31	340	12
	homosexual	315	11	94	2
	bisexual	79	0	27	0
	injecting drug use	40	1	9	0
	blood/bl products	68	0	19	0
	perinatal	13	0	6	1
	undetermined	190	7	29	0
TOTAL		1636	50	524	15

NOTE:

The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. "Last quarter" refers to the period April to June 2001. The "AIDS" number is a subset of the "HIV numbers" and the two should not be added.

SOURCE:

Special Preventive Programmes, Department of Health, Hong Kong SAR Government

**Community Planning Committee and Hong Kong Coalition of AIDS
Service Organizations response to Advisory Council on AIDS's
"Enhancing the effectiveness of the Community Planning Process
in the Hong Kong context – a proposed plan"**

While the Community Planning Committee (CPC) and The Hong Kong Coalition of AIDS Service Organizations (HKCASO) appreciate ACA's effort in linking the community planning process with the overall AIDS mechanism in HK, we wish to express our deepest concern and dissatisfaction at the lack of community participation in the drafting of "Enhancing the effectiveness of the Community Planning Process in the Hong Kong context – a proposed plan".

The manner in which the Advisory Council on AIDS (ACA) drafted this proposal is a complete opposite to the spirit of community planning, i.e. community participation.

It is our view that a proposal on community planning should be based on:

1. An open, candid and participatory approach;
2. The inclusion of all stakeholders and affected communities in the consultation process; and,
3. An evidence-based approach.

We find the method of developing this proposal regressive and contradictory to the principles of effective HIV/AIDS prevention and care, which depend upon mobilizing community participation at all levels.

The CPC and HKCASO would, therefore, like to reiterate the fact that community planning is a bottom-up process for developing effective measures in HIV/AIDS prevention and care. HIV prevention and care community planning should be a shared prioritization process between ALL relevant parties including affected communities, NGOs and government departments and committees.

Our own consultation process within the network of people working on the current cycle of community planning has revealed the following particular concerns about the content of the proposal:

1. **Overall**, members welcome the suggestion of a 3-year planning cycle which includes planning and dissemination of the planning results. An annual review of the prioritized activities is equally important. However, we believe that both gap analysis and needs assessment should be a part of the planning cycle. From our experience of actually implementing a community planning process in Hong Kong we feel that important evidence on which to base our recommendations has been collected through these two steps in the process.
2. **Technical Review Board**: members agree that there is a strong and urgent need for the establishment of such a board to review all applications to the AIDS Trust Fund (ATF). Our main concern is that the composition of the Technical Review Board should include representatives from the CPC and members from the infected and affected communities.

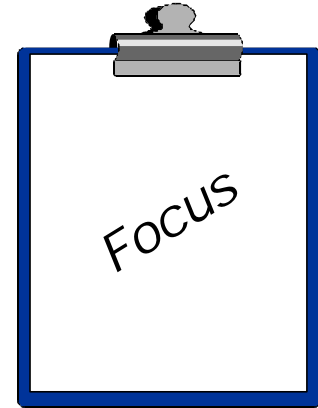
3. **Composition of the CPC:** members expressed their concerns at the continual lack of representation from ACA and ATF in CPC. It has been the intention of the CPC and HKCASO to involve ACA and ATF from the very beginning. We are still open to their direct participation. We believe that CPC in Hong Kong cannot be fully effective until we have genuine collaboration between the ACA, ATF and the CPC. Such collaboration means direct and equal involvement of all concerned. We believe that the community can only fully benefit from this model when all parties see each other as equal partners in Hong Kong's response to HIV/AIDS.
4. **Role of the ACA in the future of CPC:** The ACA's future role with regard to CPP remains unclear in the proposal. The CPC and HKCASO question the effectiveness of their recommendations without the full and active participation of the ACA in this process. Therefore, if it is the ACA's intention to retain its role in strategy development, there is a parallel need to ensure intervention activities are well connected with the strategies developed.
5. **Role of the ATF:** The ATF should be more proactive in concurring with the prioritization results through a clearly stated funding policy with explicit application criteria.
6. **Role of Department of Health:** The Department of Health should go beyond providing capacity building to various Non-Government Organizations (NGOs) as proposed. Input from the Department is essential (such as making epidemiological data and technical support accessible to the community at large). We need a process of ensuring that information collected by the Department automatically feeds into the CPP rather than only being delivered on request. Such information should include detailed analysis of the latest epidemiological data broken down by all relevant categories and variables.
7. **Community mobilization:** This essential aspect of CPP is completely neglected by the proposal. Capacity building and sustaining the involvement of the community should be placed as a top priority in any HIV prevention and care strategy. Only this way can we create a sense of ownership and generate continuous community commitment.
8. **Defining affected communities:** Defining affected communities is a two way process. While the CPC and HKCASO recognize that the identification of affected communities should be based on relevant epidemiological data we also believe that affected communities should have full access to and participation in the identification process.
9. **Evaluation of the process:** CPC and HKCASO agree with the proposal, that evaluation and quality assurance be included as an integral part of each cycle.

In respect of the above, the CPC and HKCASO strongly believe that effective HIV/AIDS prevention and care is dependent on the full participation of affected communities at all levels. We would therefore like to request an open face-to-face dialogue with the ACA on how we can work together to maximise community participation in future rounds of the community planning process.

August 2001

Responding to Prioritization

Following the release of the prioritization report of the Community Planning Committee, the Advisory Council on AIDS has been developing its responses to the subject. In consultation with Council members, the following seven-points responses are made. This would also form the framework for facilitating further discussion by the Council.



1. Community planning refers to a strategy to set common programme directions founded on fostering ownership and partnership in the community. Community planning is conducted in cycles each comprising consecutive processes of assessment, planning and implementation.

be given preference or suitable weighting, as they reflect the common programme directions.
2. The prioritization reflects the results of a pilot community planning process developed by a Community Planning Committee formed under the Hong Kong Coalition of AIDS Services Organizations (HKCASO), a confederation of largely AIDS NGOs in Hong Kong.
3. In considering funding of HIV prevention and care projects, prioritized activities, especially the 21 activities listed in the Executive Summary of the Report of the Community Planning Committee shall
4. The decision to support any HIV prevention and care project shall depend on a multitude of factors, including: (a) the prioritization, (b) project design, (c) feasibility, (d) impacts, (e) evidence of the capacity and credibility of the implementers, and (e) the integration of evaluation in the proposal.
5. The assessment of HIV prevention and care project proposals is a highly technical one. The technical review mechanism would need to be re-examined, while the objective criteria for assessing the factors in #4 shall be established. One option is the setting up of a Technical Review Board to be constituted by local and overseas experts in HIV prevention and care.
6. While evaluation of individual project shall be charged to the respective agency, a mechanism shall be in place to evaluate the collective effectiveness of activities funded by public money.
7. Community planning is only one means of improving Hong Kong's AIDS programmes, integration is another strategy that should be supported in order to expand the community's response to AIDS. Integration covers at least four aspects of activities (a) mobilization of mainstream NGOs, (b) involvement of health profession, (c) sexual health, and (d) harm reduction.

