

. Calendar .

XXXIXth Meeting of the Advisory Council on AIDS (ACA)

2:30pm 22 March 2002

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

6pm 6 June 2002

XXVth Meeting of the Scientific Committee on AIDS (SCA)

to be confirmed later

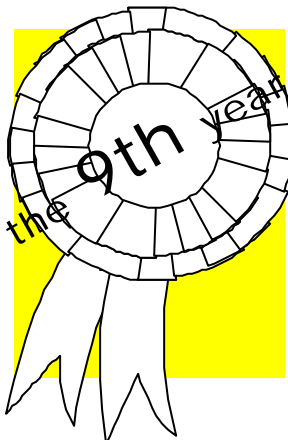
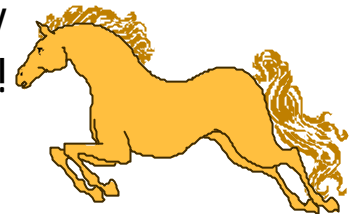
VIIth Meeting of the Committee on Promoting Acceptance of People Living with HIV/AIDS (CPA)

2:30pm 7 February 2002

Highlights of this issue:

- * Strategy development on page 5 and 6
- * Meeting Notes on page 6
- * LegCo question on AIDS on page 8 and 9
- * Richland Garden Incident on page 10

The Editor of **ACA Newsfile** and **ACA Secretariat** staff wish every reader a Happy New Year!



2001 Update

THE Department of Health would be reviewing the latest HIV situation at an upcoming quarterly press meeting on 7 February. An analysis would be presented based on the reported statistics collected in the year 2001. The first three months' progress with the universal antenatal HIV testing programme would also be evaluated. ♂

Open Forum

THE Advisory Council on AIDS hosted a forum on 26 January 2002 to collect views on the draft *Strategies 2002-2006*.

The Forum began with an introduction by Dr Homer Tso, Council Chairman, on the main principles, objectives and targets of the *Strategies*, and the rationales behind. He remarked that AIDS strategies would need to be revised from time to time to reflect on international development and the needs of the community.

Dr SS Lee, the Council secretary explained the process of the drafting of the *Strategies*, and the timeline. It was followed by an open discussion moderated by Dr Kelvin Low of the Council Secretariat.

Attended by over 50 participants from government agencies and the community, the Forum had lasted for about two hours. There were remarks on the purpose of strategy development, the situation assessment portrayed in the draft document, perspectives (social versus public health), and the means to implement the strategies in the coming years. The Forum has also provided an opportunity for people working on AIDS to exchange views on problems they had been facing.

The deadline for collecting views on the draft document is 10 February. There're suggestions to have the date extended. ♂

Meeting Notes

SCA on Strategy

MEMBERS of the Scientific Committee on AIDS had an active discussion on the draft strategies developed by the Council, at its 24th meeting on 17 January 2002. The key points were:

- The current professional exchanges between Hong Kong and the Mainland should be continued and be formalised. In addition, official channels should be established across all levels and that communications should be on a regular basis.

- Quantifiable performance indicators should be developed, each with specifically defined time frame for monitoring progress.

- Target three should be expanded by establishing a communication mechanism for both the funding agency and the service organisations. One example was to have reciprocal representative in the Council for the AIDS Trust Fund and the Advisory Council on AIDS.

- A research agenda is needed to widen the knowledge base of HIV from a local perspective, so that any recommendations on HIV prevention and care could be scientifically founded to meet the needs of the local community

- HIV testing for all population groups shall be promoted and made widely available. This would ensure that Hong Kong Red Cross Blood Transfusion Service (HKRCBTS) is not erroneously be used as an alternative HIV antibody testing site.

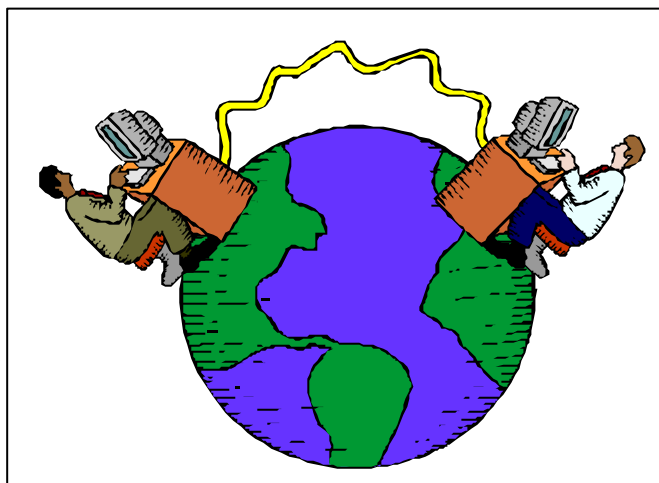
- HIV prevention should be incorporated in the mainstream sex education framework in Hong Kong. ♂

APCC Meeting

The 8th meeting of the AIDS Prevention and Care Committee (APCC), the second last one before the end of its term of office (1999-2002), was held on 23 Jan 2002.

Three main agenda items were discussed: (1) HIV/AIDS programme evaluation (2) future strategies and (3) one conference report.

Two reports related to programme evaluation were presented. Firstly, the campaign featuring an *Announcement of Public Interest* (API) targeting male commercial sex clients in Hong Kong was evaluated. This



was done through a telephone questionnaire survey and 612 respondents had successfully completed the questionnaire. One third of the respondents agreed that this API could be shown on TV at any time of the day and another one third thought that this could be shown after 8 p.m. Members urged that this finding be reflected to the Government Information Service, which had previously declined the Committee's suggestion of advancing the time slot of the API before 11 p.m.

The second evaluation report presented in the meeting was about

Dr. Dale Stratford's trip to Hong Kong to help build capacity on programme evaluation among local organizations. All members agreed that Dr. Stratford's visit was very useful in clarifying concepts of process evaluation of HIV/AIDS prevention programmes. However, some members expressed that what the funding agencies valued most was outcome evaluation rather than process evaluation. Members considered that the former could only be achieved by academic institutions with the relevant expertise and it might be unrealistic to expect front-line worker to do outcome evaluation.

Three draft strategies were also discussed at the meeting. The first one was the draft proposed ACA strategies for HIV/AIDS Prevention, Care and Control 2002-2006. Members expressed their views on the quantification of targets and the implementation of the strategies. Some members had been actively consulting staff of their organizations and clients of target groups

they served. Such views would be collated and presented in a written document. Members also noted that there would be an open forum on 26 Jan at the Red Ribbon Centre. [see report on page 8]

The second and third draft strategy papers discussed were the one proposed by Media and Publicity Subcommittee; and the Task Force on Women. Members approved both papers in principle with minor amendments.

.....continued on page 7

Continued from page 6 - APCC Meeting

Finally, Dr. Richard Tan gave a report of his participation in the Sixth International Congress on AIDS in Asia and the Pacific (ICAAP) at Melbourne in October. Taking reference from lessons learnt in Asia and the Pacific, members noted the following recommendations: (1) Condom use must be promoted and the public must be educated to use it at all time, (2) Clean needles must be made easily available and (3) Used or contaminated needles should be collected from the public by putting up suitable containers in convenient locations in the public.

The last APCC meeting in this term of office would be held on 6 June 2002, the focus of which would be on the progress of activities proposed at the beginning of the term. ⌘

Speech

DR Homer Tso, chairman of the Council, gave presentation at a meeting of Lions Clubs International on 25 January 2002. He highlighted the vulnerability factors for HIV transmission in the Pearl River Delta Region. These include, among other, the practice of risk behaviours, human mobility, and the different stages of economic development across the region. ⌘

LAST Subcommittee Meeting

THE Media and Publicity Subcommittee of the AIDS Prevention and Care Committee met on 28 January 2002 to evaluate the previous media campaign targeting cross-border travellers. The meeting was convened by Miss Bella Luk. It was the last meeting of the Subcommittee before the end of the current term of office (July 2002). ⌘

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Reported HIV/AIDS Statistics updated 30 September 2001

		HIV		AIDS	
		total / last quarter	total / last quarter	total / last quarter	total / last quarter
Gender	male	1386	39	476	16
	female	307	18	68	4
Ethnicity	Chinese	1167	36	422	18
	non-Chinese	526	21	122	2
Transmission	heterosexual	966	33	358	18
	homosexual	326	11	94	0
	bisexual	80	1	28	1
	injecting drug use	43	3	9	0
	blood/b products	68	0	19	0
	perinatal	14	1	6	0
	undetermined	196	8	30	1
TOTAL		1693	57	544	20

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 July to September 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

Measures to curb the spread of AIDS

Press release issued by the Government on 30 January 2002

The Following is a question by the Hon David Chu and a reply by the Secretary for Health and Welfare, Dr E K Yeoh, in the Legislative Council today (January 30):

Question :

It has been reported that currently an estimated one million or so people in the Mainland are infected with HIV, and there may likely be an upsurge in the number of local infection cases as a result of increasingly frequent cross-border activities. Regarding the curbing of the spread of AIDS, will the Government inform this Council:

(A) of the details of its efforts to curb the spread of AIDS, and how they are prioritised in terms of resource allocation;

(B) whether it has formulated any specific policies, task objectives, high risk behaviour monitoring systems and cross-border co-operation mechanisms to curb cross-border transmission of AIDS; if not, of the reasons for that; and

(C) whether it has assessed if the existing health care and other service systems in Hong Kong can cope with an upsurge in the number of persons infected with HIV, and whether contingency measures

have been formulated in this respect?

Reply :

Madam President,

HIV/AIDS is a global phenomenon. It is estimated that 40 million people across the world are living with the virus. Hong Kong has a relatively low HIV rate, estimated at less than 0.1 per cent of the adult population. There are about 2 000 to 3 000 HIV infected persons in Hong Kong.



About 200 new cases are diagnosed each year and reported to the Department of Health (DH).

(A) Government adopts a three-pronged approach to curb the spread of HIV/AIDS, i.e. through prevention, surveillance and clinical management. Resources have been allocated to carry out activities in all three areas.

A comprehensive preventive programme is an essential first step in the control of HIV/AIDS. The DH, together with other health care

providers and non-governmental organisations (NGOs), offers a full range of preventive programmes. DH runs a dedicated HIV Prevention and Health Promotion Team to organise activities on (a) communication and information (such as publication of regular periodicals, maintenance of web pages and media campaign); (b) capacity building (such as organisation of training courses for health care workers, internet-based continuing education programme and compilation of protocols/manuals); and (c) preventive intervention (such as condom promotion and distribution, outreach programme for drug users and promotional events for cross-border travellers.)

Other health programmes have also incorporated HIV prevention to take advantage of their access to target clientele. For example, the methadone clinics provide harm reduction services in the form of methadone treatment and risk reduction counselling for drug users daily. Social Hygiene Clinics provide free treatment for sexually transmitted diseases (STD), HIV tests and risk reduction counselling to clients. Pregnant women using health care services in the public sector are offered universal antenatal HIV testing to prevent parent-to-child transmission of HIV. Private practitioners are also encouraged to offer such services. Moreover, the Hong Kong Red Cross Blood Transfusion Service will ensure blood safety by implementing stringent screening of

In the
press

donors.

Government also works closely with NGOs and the community in the prevention of HIV/AIDS. The AIDS Trust Fund, set up by Government in 1993, provides financial support to community-based HIV prevention activities organised by NGOs. So far about \$60 million have been granted to NGOs to implement 342 publicity and public education projects targeting at different groups, including youth, commercial sex workers, cross-border travellers, etc.

We have in place a well-developed surveillance system to collect, analyse and disseminate epidemiological information. The system includes HIV/AIDS reporting, seroprevalence studies, STD surveillance and behavioural surveillance.

About 900 HIV/AIDS patients are receiving treatment in the public sector which provides multi-disciplinary medical and psychological care to these patients. To enhance the standard of care, DH will promulgate updated guidelines on HIV management to all doctors shortly.

(B) Our main strategy is to target interventions at those with high behavioural risk for HIV/AIDS. As

mentioned in (a) above, in view of the global prevalence of HIV/AIDS, we have in place a comprehensive programme to prevent the spread of HIV/AIDS, including among cross-border travellers given the high incidence of travelling among the local population and the large number of visitors to Hong Kong from different parts of the world.

There is continuous dialogue between Hong Kong and the Mainland on health issues. For example, meetings were held among the health authorities of Guangdong, Hong Kong, Macao and Hainan to discuss issues relating to communicable diseases. Moreover, a group of epidemiologists and HIV specialists in the Pearl River Delta Region has been meeting regularly since 1997 to track the AIDS epidemic and discuss issues of common concern.

DH operates the Red Ribbon Centre, which is an AIDS education, resource and research centre designated as an UNAIDS (Joint United Nations Programme on HIV/AIDS) Collaborating Centre for Technical Support. The Centre organises capacity-building programmes in support of HIV prevention, control and care activities in the Asia-Pacific region,

particularly in the Mainland, including a fellowship programme for Mainland AIDS workers, distribution of AIDS education materials, and workshop to network public health professionals from the Pearl River Delta region for improving the surveillance mechanism in the region.

(C) In the planning of the medical services for patients with HIV/AIDS, Government has taken into consideration the likely increase in infected persons over time. To make effective use of available resources and medical expertise, management of HIV infected persons has been integrated with existing health programmes such as STD. Furthermore, with the advent of new drug treatment regime, many patients are treated on a specialist outpatient basis. The Integrated Treatment Centre at Kowloon Bay provides treatment on an outpatient basis for both HIV infected persons and STD patients. A new centre will also be set up later this year in Fanling. ⌘

SOURCE: Home Page of the Government of the Hong Kong Special Administrative Region www.info.gov.hk



Meeting in Shenzhen

Dr Homer Tso, the Council chairman, joined Special Preventive Programme staff in a meeting in Shenzhen to review the HIV situation in the Pearl River Delta Region on 31 January 2002. (from left to right: Dr KH Wong, Dr TJ Feng, Dr Homer Tso, Dr SS Lee, Dr LC Li). The informal meeting was attended by public health specialists from Hong Kong, Shenzhen, Guangzhou and the Guangdong Province. ⌘

Richland Gardens Case Settled out of Court

The following is a press release issued by the Equal Opportunities Commission (EOC) on 25 January 2002. This hopefully brings an end to the unhappy incident (lasting for six years) arising from the setting-up of the Kowloon Bay Integrated Treatment Centre for treatment of HIV, STD and dermatology patients. Ms Anna WU is the Chairperson of the EOC and a member of the Committee on promoting Acceptance of People living with HIV/AIDS of the Advisory Council on AIDS. The subject has been debated many times by the Council and committees. Rev CHU Yiu Ming, another Council member, has been working closely with the residents in the last years, while serving as the chairman of a liaison committee. Other members, NGOs have also assisted in other ways to solve this complex problem. A study report has been examined by the Advisory Council on AIDS and this (bilingual) would soon be published as a comprehensive documentation of the incident.



AFTER commencing legal proceedings in November last year on behalf of five Plaintiffs associated with the Kowloon Bay Health Centre (the Centre), the Equal Opportunities Commission (EOC) has successfully negotiated an out of court settlement on their behalf. As part of the settlement, written apologies have been obtained from two defendants who are residents of Richland Gardens.

Commenting on the settlement, Ms. Anna WU, Chairperson of the EOC said, "We welcome the successful outcome and praise the Plaintiffs for their courage in speaking up against the treatment they received. It is important that persons who are treated unlawfully, whether because

they have a disability or are associated with persons with a disability, should be able to seek redress when they have been discriminated against or harassed. These incidents highlight the need for a body such as the EOC, as persons associated with stigmatised disabilities are vulnerable when it comes to public disclosure."

Ms. WU clarified that the EOC did not take legal action in this case lightly. "We will always attempt to conciliate complaints via our dispute resolution mechanism first. It is only when that doesn't work, or when a defendant does not wish to conciliate the dispute, and the complainant asks for legal assistance, that we will consider commencing legal proceedings on behalf of a complainant. In cases such as this, where important principles of law involving the public interest are involved, the EOC will take all steps that are necessary to ensure compliance with the law."

Ms. WU pointed out that the efforts of the EOC and its officers in dealing with the disputes after the



Centre was opened in May 1999 have been considerable. "As the acts complained of became more severe and targeted at the Centre and its users," she said, "the EOC set up a temporary office in the Centre to assist aggrieved persons, issued 10,000 letters to residents of Richland Gardens and neighbouring estates to explain the provisions of the Disability Discrimination Ordinance (DDO), also contacted various service organisations to explain the provisions of the DDO, arranged a number of public education programmes in the neighbourhood to advise persons of their rights to complain to the EOC, and commenced its own inquiry into the matters in September 1999."

"Furthermore", concluded Ms. WU, "last year the EOC successfully conciliated the complaints against four government departments in respect the erection of an illegal structure outside Richland Gardens and the erection of banners vilifying persons with AIDS. We are pleased that all our hard work has paid off. The community is now more aware than ever before that this type of behaviour will not be tolerated." ✂

