ACA NEWSFILE 香港愛滋病顧問局通訊

Publication of the Hong Kong Advisory Council on AIDS

Editor:

Dr S S Lee ACA Secretariat

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XXXXth Meeting of the Advisory Council on AIDS (ACA)

2:30pm 21 June 2002

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

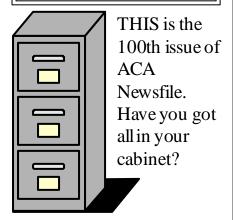
6pm 6 June 2002

XXVth Meeting of the Scientific Committee on AIDS (SCA)

to be advised

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

2:30pm 23 May 2002



World AIDS Campaign 2002-03

STIGMA & DISCRIMINATION is the theme of the two-year World AIDSCampaign 2002-2003.

Stigma and discrimination are the major obstacles to effective HIV/AIDS prevention and care. Fear of discrimination may prevent people from seeking treatment for AIDS or from acknowledging their HIV status publicly. People with, or suspected of having, HIV may be

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- # HIV elsewhere on page 17
- Why a conference on page 18

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THE *ACA Newsfile* celebrates its 100th issue by focusing on the concluding part of the new process of strategy development undertaken by the Council, and by bringing to readers' attention the emerging global perspectives in combating HIV/AIDS.

In the last six months, the Council and its Secretariat have been devoting time, energy and efforts to put forward a new strategy document for the coming six years. Some raised the use of the document, while others applauded the consensus achieved among the various parties and people working on HIV/AIDS. Afterall, as has been explained in the draft document, the AIDS programme in Hong Kong is actually a collection of activities organised by many agencies. The growth of this virtual programme requires the support of all who are involved. It's noted that the strategy development process is a continuous one that has lasted for years, with the input of everyone in the programme.

ACA Newsfile also brings the Global Fund (page 17) into focus. While Hong Kong is not a likely beneficiary of the new fund, there are lessons that we could all learn - the importance of effective allocation of resources, technical review, and the political commitment. With the same mindset, we reproduce the following announcment of the UNAIDS on the coming World AIDS Campaign (p. 15), and remind readers of the upcoming International AIDS Conference (p.17), and the debates of the Council about the need for a regional conference in Hong Kong. (p.18). Are you ready to consider the role of Hong Kong on a broader persepctive? - editor

tumed away from health care services, denied housing and employment, shunned by their friends and colleagues, turned down for insurance coverage or refused entry into foreign countries. Insome cases, they may be evicted from home by their families, divorced by their spouses, and suffer physical violence or even murder. The stigma attached to HIV/AIDS may extendinto the next generation, placing an emotional burden on children who may also

be trying to cope with the death of their parents from AIDS.

With its focus on stigma and discrimination, the Campaign will encourage people to break the silence and the barriers to effective HIV/AIDS prevention and care. Only by confronting stigma and discrimination will the fight against HIV/AIDS be won.

[from UNAIDS webpage at www. unaids.org]

Advisory Council on AIDS Secretariat



39th

Council Meeting

THE 39th Meeting of the Advisory Council on AIDS was held in the afternoon of 22 March 2002. Apart from a few outstanding issues arising from the last meeting, the main focus was to pave the way for the revision of the draft recommended strategies.

The first paper was titled "DerivingHIVepidemiology from the reporting system in Hong Kong". Dr Kelvin Low of the Council Secretariat introduced Members to the HIV/ AIDS reporting system in Hong Kong. Despite the limitations, this consistent mechanism has allowed Hong Kong to study the trend of the infections over the years. Data collected had lent support to the emphasis on the following priority areas, against the background of a generally low HIV prevalence: sexually transmitted infection (STI) patients, menhaving sex with men (MSM), injection drug users (IDU), and young people. The relevance of commercial sex and human mobility was however less direct.

In response to the inquiry on the potential of expanding the scope of the system to capture more useful information, it's noted that surveillance is a public health mechanism which need to be kept simple, consistent and regularised (in contrast to research projects which could be organised from time to time). The reporting system would need to be supplemented by other epidemiology instruments including seroprevalence monitoring, STI surveillance and

behaviouralsurveillance.

Dr Low's presentation was followed by an examination of the responses of the community and various agencies to the recommended strategies developed by the Council. Mr John Yip took Members through the various



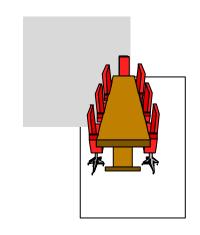
forums constructed to collect views on the early draft - meetings of the three committees, the open forum, and the written submissions by 13 organisations and individuals. All submissions were tabled for the examination of Council Members. These submissions and the collected views formed the basis for revising the strategy paper.

The Council discussed about the translation of the responses to the following proposed changes to the draft: (a) a section on the programme had been added, agreeing that this should not be a detailed description of all agencies and activities in Hong Kong; (b) the gender perspective was inserted to become one of the principles; (c) quantified indicators were not provided in the description of the targets; (d) the means of effectively interfacing the Mainland had been expanded toinclude community participations and the development of forums for networking; (e) a new

section would be appendiced to acknowledge the input of contributors in the community towards the development of the new strategies.

The Meeting then debated the pros and cons of holding a regional AIDS conference. It was resolved that the Council supported in principle that Hong Kong host a regional AIDS Conference in 2005. The arguments are listed in FOCUS on the last page of this issue's *ACA Newsfile*.

Before closing, the Chairman reminded Members that the next meeting (40th) would be the last one for the current term of office, which has been scheduled for 21 June 2002.



GFATM

IN a press release issued on 11 March, it was announced that a 17-member Technical Review Panel had been appointed to review the first round of applications for the new *Global Fund to fight AIDS*, *TB and Malaria*. The appointees were selected from 700 nominees from around the world. Professor Zhang Kong-lai from China is one of the Panel members.

AIDS, TB and Malaria are claiming 6 million lives a year. The Fund was set up following the call for action by the United Nations General Assembly Special Session on HIV/AIDS that met in June 2001 in New York.

Further information about the Fund can be found at www. global fundatm.org **X**

International AIDS Conference 2002



THE upcoming International AIDS Conference has received a record total of 10441 abstracts from researchers and people working on HIV/AIDS in 145 countries globally. This is 3000 more than that of the previous conference. Of these 19 have come from Hong Kong, and 86 from China. By continent North America had submitted the highest number of abstracts (2582).

There's a pretty even distribution of abstracts on clinical sciences and care (Track B), epidemiology (C), prevention sciences (D), social sciences (E), and advocacy and policy (G). There're about 1000 to 2000 abstracts from each of the above tracks. The highest number was from Track F (interventions and programme implementation, 2298 submissions) and the

lowest Track A (Basic sciences, 728 submissions).

More information about the Conference can be viewed at the website: www.aids2002.com **X**



Reported HIV/AIDS Statistics (updated 31 December 2001)

		HIV total / Q4 2001		AIDS total / Q4 2001	
	male				
Gender		1435	49	491	15
	female	320	13	69	1
Ethnicity	Chinese	1214	48	436	14
	non-Chinese	541	14	124	2
Transmission	heterosexual	1001	34	369	11
	homosexual	336	10	97	3
	bisexual	84	3	28	0
	injectingdrug use	44	1	9	0
	blood/blproducts	68	0	19	0
	perinatal	14	0	6	0
	undetermined	208	14	32	2
TOTAL		1755	62	560	16

NOTE:

The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. "Q4 2001" refers to the period October to December 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

The Why's and Why-not's of holding a regional conference

WHY: Hong Kong has a very low HIV prevalence. The programme is small and there is little to demonstrate in front of an international audience.

WHY NOT: It's exactly because of the small size of the problem and the limited response here that we should welcome an international forum to stimulate healthy development of the AIDS programme in Hong Kong, to take reference from other people's experience, and to promote the involvement of the academia.

WHY: There seems to be very little that we in Hong Kong can actually gain from organising a conference. WHY NOT: Hong Kong is part of China. We can in fact say that a regional conference is held in China where a great deal of attention is needed to expand the responses to HIV/AIDS. The international forum would also be an ideal for enabling counterparts in Hong Kong and the Mainland to meet and work together.

WHY: Very few people would be working on the Conference. It would be disastrous if there are only people who support it just for the 'glory' of it.

WHY NOT: It's a genuine challenge.

The process of organising the Conference would be more important than the Conference itself. The climax would have been gone on the day the Conference opens. Hong Kong would learn more and be stimulated to develop expertise in the three years leading up to the Conference.



WHY: We would be consuming a lot of human and financial resources by holding the Conference

WHY NOT: Since this is a regional (international) conference, there should be support from all over the world. Hong Kong of course needs to be prepared to back up the Conference. As for human resource, it's time to see how we can work together as one force!

WHY: Would Hong Kong become very vulnerable in front of an international audience and delegations. We might even be exposing our weakness. Some agencies might be forced to face HIV/AIDS.......

WHY NOT: Preparedness is important in any effective AIDS programme. By exposing to these challenges, we would in fact help Hong Kong refine its programme in preparation of future challenges.

The above reflects the points discussed during the 39th ACA Meeting, on the appropriateness of Hong Kong to host a large regional conference in 2005.

