



2002, comma

ON 21 June, in the same afternoon that witnessed the England-versus-Brazil Soccer match, the Advisory Council on AIDS held its last meeting of the term 1999-2002, the fortieth meeting since 1990. Almost all members were present, with the exception of a few who happened to be out of town.

There're two main agenda items at this landmark meeting - firstly a review and evaluation of the work of the council in the last three years, and secondly, the discussion on the harm reduction strategy.

On the advice of the Council and committee chairs, the Secretariat reviewed the work of the Council, summarising that there had been four main categories of activities: deliberation of issues relating to HIV/AIDS, development of strategies, networking and monitoring of activities of the three committees – Scientific Committee on AIDS (SCA), AIDS Prevention and Care Committee (APCC) and Committee on Promoting Acceptance of People living with HIV/AIDS (CPA). Apart from the four meetings a year, members also participated in functions organised by various agencies, communicated with overseas and Mainland counterparts through conferences and reciprocal visits.

To better evaluate the processes and outputs of the Council, a questionnaire survey was administered by the Secretariat to collect views from members of ACA and the three committees. A report was presented, which is also published in this issue of

ACA Newsfile (refer to pages 31 to 34). It's noted that the most important issues deliberated by the Council were: (a) the advice on the implementation of universal antenatal HIV testing in Hong Kong, (b) initiation of the community planning process, and (c) means to improve programme effectiveness.

One concern that has been on the agenda repeatedly was the "how" of effective interfacing with Mainland. Understandably there are notable differences in the programme setup and societal responses in addressing HIV/AIDS, though we are within the same country. It was considered that technical forums rather than administrative linkages may be the better platforms. It's noted also that in fact quite a lot of activities have taken place between Hong Kong and Mainland over the years. Means to formalize these communications would be another strategy that people in the field shall consider. Finally, the impacts of interpersonal communication should not be underestimated. All in all, members remarked that the Mainland factor would certainly be one important agenda item for the Council's next term.

The Council then moved from programme review to harm reduction. The launching of the Harm Reduction Media Campaign (see last issue of the *ACA Newsfile*) by the Government provided a timely opportunity for the Council to revisit the subject. While *harm reduction* literally means the reduction of harm, the

term has gradually become an icon for strategies exemplified by a combination of: (a) substitution treatment, (b) outreaching injection drug users, and (c) discouraging sharing and the access to injection equipments. The Council was pleased to note that *harm reduction* has taken on a central role in international forums, including the United Nations system. Perhaps the true meaning of *harm reduction* rests with the willingness of all parties to acknowledge the role of others' programmes, the integration of *harm reduction* activities in existing drug rehabilitation and AIDS services, and the ability to translate strategy into locally relevant programmes.

By the end of July, the existing term of office would lapse. It's time to put a comma to activities in the last three years and make preparation for programmes based on strategies developed by the Council in the last few months. The Council, as remarked by some members during the meeting, has taken on a proactive role in evaluating its own work for the purpose of further enhancing the effectiveness of Hong Kong's collective programmes on AIDS. In closing, the chairman thanked all members for their valuable contributions of time, ideas and advice. The 'comma' after 2002 would soon be followed by a new phrase (phase?) of Hong Kong's AIDS programme development. The current term would end on 31 July 2002. Appointment to the new term would be made by the Government in due course. ⚡

Council News

Feedback Seminar

At the meeting of the Advisory Council on AIDS on 21 June 2002, it's resolved to hold a feedback seminar after the International AIDS Conference. The date and venue of the seminar would be announced later. The purpose of the Seminar is to enable members of the Council and the three committees to meet and share views on the latest development in HIV prevention and care strategies, sciences relating to the infection, and their application to the Hong Kong setting. ♂



APCC Meeting

THE AIDS Prevention and Care Committee (APCC) met for the last time of the term on 6 June 2002. The meeting reviewed the work of the committee in the last three years. The development of strategies on HIV prevention and care in specific settings and/or for different communities was conceivably one most important accomplishment of the Committee. There was suggestion that these strategies could be packaged as one volume for the easy reference of people working on HIV/AIDS in Hong Kong.

The Committee discussed about the launching of the new media campaign on harm reduction. There was debate on the 'correctness' of the Chinese translation, and the possible confusion that might arise if the wrong character was used. The need to promote the public's acceptance of the harm reduction principles was acknowledged. ♂



Eye-catching *harm reduction* poster in bus shelter, highlighting the important message of methadone treatment

Reported HIV/AIDS Statistics (updated 31 March 2002)

		HIV		AIDS	
		total	/ Q1 2002	total	/ Q1 2002
Gender	male	1469	34	499	8
	female	329	9	71	2
Ethnicity	Chinese	1248	34	446	10
	non-Chinese	550	9	124	0
Transmission	heterosexual	1026	23	376	7
	homosexual	340	5	98	1
	bisexual	87	2	29	1
	injecting drug use	46	2	9	0
	blood/bl products	68	0	19	0
	perinatal	14	0	6	0
	undetermined	217	11	33	1
TOTAL		1798	43	570	10

NOTE:

The "total" refers to the cumulative total number reported since 1984, under the voluntary HIV/AIDS Reporting System. "Q1" refers to the period January to March 2002. 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

Questionnaire Survey for Evaluating the work of the Advisory Council on AIDS and its Three Committees for the Term 1999 to 2002 – a report

Background

1. In May 2002, a questionnaire survey was administered by the Secretariat of the Advisory Council on AIDS (ACA) to evaluate the work of the Council

during its fourth term of office. The survey was initiated on the instruction of the chairman, covering the following aspects:

- (a) Opinions on the original terms of reference, and the effectiveness in meeting them;
- (b) Membership of the Council and committees;
- (c) The supporting role of the Secretariat;
- (d) Assessment of the output;
- (e) Any other comments.

2. The survey forms were distributed by mail to all members of the Council and the committees, requesting them to return the completed form in two-weeks' time. A total of 18 completed forms were received, equivalent to 26% of all members. The

ACA chairman and Secretariat staff did not participate in the survey. The distribution is: ACA (5), APCC (5), CPA (5), SCA (7). The number of years of affiliation

with the committees ranged from 2 to over 10 years.

Terms of Reference

Box 1: Scores on the effectiveness of the Council and Committees

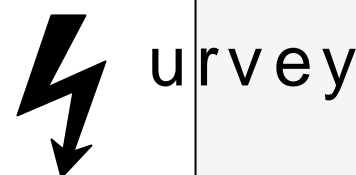
ACA											
Score											
Code	0	1	2	3	4	5	6	7	8	9	10
ACA1							1		3	7	2
ACA2							1	2	5	4	1
ACA3					1	1		6	4		1

APCC											
Score											
Code	0	1	2	3	4	5	6	7	8	9	10
APCC1			1					1	1	3	2
APCC2				1				2	5	1	
APCC3				1			1	4	2	1	
APCC4				1			1	3	2	1	1
APCC5				1		1	1	5	1		
APCC6					1	1	1	4	2		
APCC7			1			2	4	1	1		

CPA											
Score											
Code	0	1	2	3	4	5	6	7	8	9	10
CPA1					1	1		2	5	1	
CPA2			1			1	1	2	4	1	
CPA3		1				3	1	4	1		
CPA4		1				2		5		1	
CPA5		1				2	4	1	2		

SCA											
Score											
Code	0	1	2	3	4	5	6	7	8	9	10
SCA1							2	1	4	3	1
SCA2							1	1	4	5	
SCA3							3	3	3	2	
SCA4			1		1	1	3	3	1	1	

Box 2	no. (%) for each score			
	7	8	9	10
ACA	1 (10.0)	2 (20.0)	4 (40.0)	3 (30.0)
APCC	1 (12.5)	1 (12.5)	4 (50.0)	2 (25.0)
CPA	2 (22.2)	0 (00.0)	4 (44.4)	3 (33.3)
SCA	0 (00.0)	4 (40.0)	5 (45.5)	2 (20.0)



3. Respondents were either in agreement, or had no comments, on the terms of reference of the Council and committees. One member of the APCC proposed to include the promotion of workplace tolerance of people living with HIV/AIDS to the terms of reference of the Committee.

4. Members were asked to give a score (10 for highest and 0 for lowest) to each of the term of reference of the Council and committees. Most of the respondents scored a minimum of 5 for each item. The number of respondents for each of the score, and the relative percentage for each score in the respective term of reference are listed in Box 1. The terms of reference are listed on the back page of the this issue of ACA Newsfile.

Membership

5. On the current number of members, a majority of the respondents considered it optimal – ACA (90.9%), APCC (77.8%), CPA (90%), SCA (72.7%). There were remarks that the number was too many or too few for APCC and SCA. One considered the number too few for ACA, and another one considered the number too many for CPA.

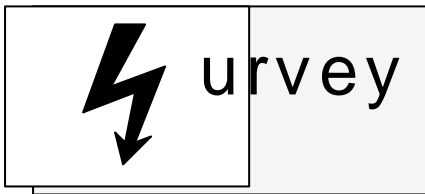
6. Most respondents considered the current composition optimal –

ACA (70%), APCC (88.9%), CPA (90%), SCA (81.8%). The following are the background of members proposed:

- (a) ACA – member from China (1); social science (1); personnel management (1); people living with HIV/AIDS (1); social work (1).
- (b) APCC – member from China (1); police (1); leaders in self-help and mutual support groups (1); people living with HIV/

- AIDS from vulnerable communities (1)
- (c) CPA – member from China (1); employer's representative (1); personnel management (1); media (1); Education Department (1).
- (d) SCA – member from China (1); nursing (1); hospital microbiologists (1); multidisciplinary expertise (1); a substantial number of people living with HIV/AIDS.

Box 3: Main accomplishments of the Council/committees		
	Accomplishments	Number of respondents
ACA	(a) Supporting and facilitating the implementation of the community planning process	2
	(b) Recommending the HIV strategies for Hong Kong for 2002 to 2006	2
	(c) Keeping HIV situation and development under review	2
APCC	(a) Development of strategies	3
	(b) Supporting the community planning process	1
CPA	(a) Development of strategies	2
	(b) Supporting the community planning process with involvement of people living with HIV/AIDS	1
	(c) Involvement of the Equal Opportunities Commission	1
SCA	1. Recommendation of universal antenatal HIV testing strategy	7
	2. Development of surveillance programmes including unlinked and saliva testing	2
	3. Production of scientific guidelines	



The Secretariat

7. Members were asked to give a score of 0 to 10 to the effectiveness of the Secretariat. All respondents gave a score of 7 or above. (Box 2)

8. All except one respondent (see (a) below) felt that there should be no change in the way Secretariat support is provided. The number proposing no change – ACA (9), APCC (7), CPA (9), SCA (11). The following are other

comments:

- (a) one recommended that the Secretariat of the ACA should be provided by the Health and Welfare Bureau instead of the Department of Health;
- (b) one remarked that consistency was required for Secretariat support to APCC, while agreeing that no change was needed;
- (c) one member expressed that the secretaries for some subcommittees / task forces had changed too frequently.

Assessment of Outputs

9. Members were requested to list their perceived accomplishments

and shortcomings of the Council and committees.

10. The main accomplishments are listed in Box 3.

11. The main shortcomings are listed in Box 4.

Other Comments

12. Members were asked to state other comments that they felt important. The following four comments were received:

- (a) Informal gathering would be useful to promote interaction of members.
- (b) Opinions of non-medical people did not carry much weight in decision making (example: saliva testing for

drug users was not supported)

- (c) Chinese language documents should be made available.
- (d) More publicity on the work of the Council would be useful through, for example, “Meet the Press” session by ACA chairman. ⌘

Box 4: Main shortcomings of the ACA and committees

	Shortcomings	Number of respondents
ACA	(a) Lack of liaison with China	1
	(b) Too medically oriented without participation of other professionals	1
	(c) Inadequate linkage between policy and funding	1
APCC	(a) Lack of liaison with China	1
	(b) Insufficient feedback from the community	1
	(c) Decreasing number of APIs on TV recently	1
CPA	(a) Insufficient stress on available treatment for patients	1
	(b) Few people living with HIV/AIDS motivated to come out openly to promote public acceptance	1
	(c) Prompt reaction to AIDS related discrimination not keen	1
	(d) Insufficient promotion of integration and help	1
SCA	1. Lack of liaison with China	1
	2. More attention needed on surveillance and research on different aspects of HIV/AIDS	1
	3. More coordination with AIDS Trust Fund to provide input for research	1

Current
Terms of
Reference
of ACA,
APCC,
CPA and
SCA
1999-2002

Advisory Council on AIDS	ACA1	To keep under review local and international trends and development relating to HIV infection and AIDS
	ACA2	To advise Government on policy relating to the prevention, care and control of HIV infection and AIDS
	ACA3	To advise on the co-ordination of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong
AIDS Prevention and Care Committee	APCC1	To be responsible to the Advisory Council on AIDS
	APCC2	To formulate prevention strategies on HIV/AIDS with emphasis on vulnerability
	APCC3	To facilitate the development of relevant local model of HIV prevention and care activities
	APCC4	To involve the community on local HIV/AIDS prevention and care activities
	APCC5	To develop coordinated programme direction to enhance positive response from community
	APCC6	To promote quality treatment, care and support of people living with HIV/AIDS in both public and private sectors
	APCC7	To evaluate the effectiveness of AIDS prevention and care programmes in Hong Kong
Committee on Promoting Acceptance of People living with HIV/AIDS	CPA1	To recommend and coordinate strategies towards promoting understanding of HIV/AIDS and acceptance of people living with HIV/AIDS
	CPA2	To recommend to policy-makers measures conducive to acceptance of people living with HIV/AIDS
	CPA3	To mobilize the wider community in creating an environment of acceptance for people living with HIV/AIDS
	CPA4	To examine legal and ethical issues of HIV/AIDS and their impacts on societal acceptance and make recommendations to the ACA
	CPA5	To review steps taken pursuant to recommendations made by the Committee and to carry out functions that ACA may delegate to committee
Scientific Committee on AIDS	SCA1	To evaluate the HIV/STD surveillance system in Hong Kong
	SCA2	To develop and recommend technical and professional guidelines/protocols on HIV/AIDS prevention, management and control
	SCA3	To provide scientific and clinical input to the process of planning and development of services in HIV/AIDS prevention, management and control, and the training of health and community care workers
	SCA4	To recommend and coordinate researches on the clinical, scientific, epidemiological and sociological aspects of HIV/AIDS with special reference to Hong Kong