

IN THIS ISSUE

We have

- **Chinese Community Health Forum** on page 41
- **HIV /AIDS Statistics** on page 42
- **52nd ACA Meeting** on page 43
- **World AIDS Campaign** on page 44



53rd ACA Meeting
6 January 2006

Web site:

<http://www.aca-hk.com>

Time and again – the Dual HIV and Drug Use Epidemic

The Chairman and Secretary of the Hong Kong Advisory Council on AIDS attended the Chinese Community Health Forum held at Xi'an from 12 to 15 October 2005. Organised by the Chinese Medical Association this time, the meeting serves as a platform for exchange between health professionals from Mainland, Taiwan, Macau and Hong Kong on important health issues of common interest – one such is AIDS.

Prof. CHEN Char-nie, the ACA Chairman, was invited by the Organising Committee to talk on the experience of methadone treatment in Hong Kong. Started in 1970s for public security reasons well before HIV epidemic, the local methadone treatment programme (MTP) has proved to be a large scale, inexpensive, substitute drug treatment which prevents HIV among drug users. Professionals from the National Center for AIDS/STD Control and Prevention also presented their methadone treatment plan in response to its HIV epidemics, aiming to open over 1500 clinics and serve 300,000 drug users by year 2008. More than 100 clinics will be in operation in Mainland by the end of 2005.

Adoption of harm reduction for combating HIV/AIDS epidemic has received increasing attention internationally in recent years. This is indeed one main focus of AIDS session of the Xi'an Meeting, as judged from the

presentations and discussions. In Taiwan, HIV infection relating to drug use was very uncommon till some 2 years ago. Then the number of cumulative reported cases rose from 112 in 2003 (2.2% of all) to over 600 in year 2004. Exponential rise in HIV-infected drug users continues in 2005. As of September, injection drug use accounts for 24.7% of cumulative native cases. Needle/solvent-sharing is the cause behind the rapid explosion. The speculated underlying reasons are increased police chase-after drug users (making them afraid to go to pharmacy to buy syringe) and economic downturn in last few years. Based on HIV-1 subtyping findings, researchers in Taiwan suggested that the prevalent outbreak strain of CRF 07_BC is epidemiologically linked to Mainland China.

Methadone treatment and syringe exchange programmes are the key control measures Taiwan is going to use to tackle the big challenge. Understandably, drug abuse itself being a crime makes targeted HIV preventive (and treatment) interventions for drug users immensely difficult in Taiwan. Repeated lessons tell us that HIV strategy cannot be successful without an echoing and coherent drug policy. The low HIV prevalence among drug users in Hong Kong should not make us complacent but remind us of the importance of sustaining and continually improving effective and scientifically evident interventions.



Prof CN Chen(ACA Chairman) and Dr KH Wong(ACA Secretary) attended the Chinese Community Forum at Xi' an.



STATISTICS

HIV/AIDS STATISTICS IN HONG KONG (updated 30 June 2005)					
		This Quarter		Cumulative	
		<u>HIV</u>	<u>AIDS</u>	<u>HIV</u>	<u>AIDS</u>
Sex	Male	48	18	2120	641
	Female	22	2	527	102
Ethnicity	Chinese	52	17	1835	581
	Non-Chinese	18	3	812	162
Route of Transmission	Sexual Contacts	48	19	2059	660
	Heterosexual	28	13	1426	503
	Homosexual	17	5	522	126
	Bisexual	3	1	111	31
	Injecting drug use	3	0	95	13
	Blood/blood products recipients	1	0	70	20
	Perinatal	0	0	15	6
	Undetermined	18	1	408	44
	Total	70	20	2647	743



52nd ACA Meeting

The first ACA meeting in its sixth term of office was held on 7 October 2005. There were three main items on the agenda.

- (1) On proposed schema of operation for the Hong Kong Advisory Council on AIDS for 2005-2008, members discussed the proposed set of mechanisms for supporting the effective operation of the ACA and agreed the following terms of reference of the ACA:
 - (a) To keep under review local and international trends and development relating to HIV infection and AIDS;
 - (b) To advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong;
 - (c) To advise on the coordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

Members also noted the proposed two-tier system and agreed that a new committee, temporarily named Community Forum would be formed to underpin the ACA. Dr Susan FAN was nominated as the convener of the new committee. The objectives of the Community Forum are to enhance the quality of HIV prevention and care activities in Hong Kong and to promote acceptance of those infected and affected by HIV/AIDS.

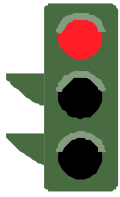
- (2) Regarding the homosexuality laws and HIV/AIDS in Hong Kong, Members examined relevant laws in Hong Kong and around the world. The public debate was opened by a 20-year old gay man who had challenged the various provisions in the Crimes Ordinance concerning homosexual offences in a Judicial Review for inequality and discrimination in December 2004. Mr. Justice Michael Hartmann ruled that the provisions in the Crimes Ordinance were

unconstitutional and discriminated against young homosexuals on 24 August 2005. Given the significant public concerns and legal principles involved, the Secretary for Justice filed an appeal on 30 September 2005 against the ruling of the judicial review in respect of Section 118 C of the Crimes Ordinance [Cap 200]. After discussion, Members agreed that more information about local MSM situation should be gathered before the ACA could discuss the issue further.



- (3) For drawing up of next HIV/AIDS strategies for Hong Kong 2007-2011, Members discussed the paper which set out the framework for the development of HIV/AIDS strategies in Hong Kong from 2007 and beyond. A new set of strategies would be needed to replace the current strategy document, which would become out-of-date by next year. They also agreed to take the following factors into account when putting up recommended strategies:-
 - (a) Progress on HIV/AIDS policies at global, regional and national level;
 - (b) Relevant documents from overseas, the Mainland, United Nations and World Health Organization;
 - (c) Current HIV epidemiology;
 - (d) Previous discussion and scientific publications of ACA;
 - (e) Views of stakeholders on policy directions
 - (f) Extent of implementation of the 2002-06 strategies

Members would continue to take the lead in the development of the strategies.



World AIDS Campaign 2005 and Beyond “Stop AIDS. Keep the Promise”

The choice of “Stop AIDS. Keep the Promise” arose from earlier campaign consultations undertaken in 2003. At that time, when Women and AIDS was chosen as the campaign theme, two other themes emerged: taking personal responsibility in the fight against AIDS, and accountability. Given the shift of the World AIDS Campaign to advocate for the fulfillment of the Declaration of Commitment on HIV/AIDS and subsequent policy commitments on AIDS, the newly-established Global Steering Committee recommended ‘Stop AIDS. Keep the Promise’ as the tag line of the transformed World AIDS Campaign.



The agreement by Heads of State and Representatives of Government to support the Declaration of Commitment on HIV/AIDS marked a milestone in the history of the AIDS epidemic. It sent a signal from governments that urgency would be needed in addressing the devastation of the HIV/AIDS global epidemic with leadership, honesty and action. While nations around the world have made previous commitments to fight AIDS in their own countries, this was the first time they gathered to recognize that AIDS was a global crisis requiring global action.

The Declaration set out specific commitments the international community would work to fulfill upon their return home – including prevention campaigns, reducing stigma, building health infrastructures, providing necessary resources, and ensuring treatment, care and respect for people living with HIV or

AIDS. In many cases, these commitments included specific deadlines, making the Declaration a powerful tool to guide and secure action, support and resources for all those fighting the epidemic, both within and outside government.

To fight AIDS, the Declaration turns again and again to the theme of partnership among all sectors of society – from governments and the United Nations system to business, labour, faith-based organizations, the media, and, importantly, people living with HIV or AIDS. The World AIDS Campaign will focus on that commitment to partnership and will call for the international community to be accountable to the promises they made within the UNGASS Declaration of Commitment and the subsequent ones they made in order to ensure the Declaration of Commitment is fully realized. These historic commitments to action in the fight against AIDS are not solely aimed at political leaders but at us all. Everyone has a role to play in fighting HIV and AIDS. We hope you will be inspired by these commitments and will support the World AIDS Campaign to ensure that everyone ‘Keeps the Promise’. As Kofi Annan, UN Secretary-General, said at the Special Session, “All of us must recognize AIDS as our problem. All of us must make it our priority.”

★ For more information, please visit the World AIDS Campaign website at www.worldaidscampaign.org

⌘ 堅守誠諾 共抗愛滋 ⌘