

IN THIS ISSUE

We have

- **61st ACA Meeting** on pages 5 & 6
- **Special Feature** on page 7
- **Preferred Terminology** on page 8

Schedule

- 62nd ACA Meeting on 11 April 2008
- 10th CFA Meeting on 18 March 2008

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

~ 61st ACA meeting ~

The 61st ACA meeting was held on 11 January 2008. There were five major items on the agenda. A summary of the discussion at the meeting is shown below.

(1) Presentation of the Report “HIV/AIDS in Hong Kong – Hitting a Moving Target Building Effective and Sustainable Responses to an Evolving Epidemic”

Dr Tim BROWN attended the meeting and presented his consultancy report with PowerPoint. He began with the three specific objectives of the consultancy:

- (i) To revisit the HIV/AIDS situation given the latest available epidemiological and behavioral information and adjust the estimation projection of HIV and AIDS figures, if required.
- (ii) To advise on the latest HIV/AIDS prevention efforts in terms of scope, strength, and impact, and to identify potential areas for improvement.
- (iii) To make recommendations on priority areas for the HIV prevention and care program in line with the strategic areas defined in the ACA's new strategic plan for 2007-2011.

He remarked that the reported HIV

infection data showed a continuing steady rise in the epidemic in Hong Kong over the years. The majority of new infections were transmitted through sexual routes, although an increasing proportion was being detected among injecting drug users. The ongoing rise stressed the need to sustain prevention efforts to maintain the currently low HIV prevalence in Hong Kong. Dr Brown highlighted the general recommendations made in the report as follows

- (i) to acknowledge that all partners in the response in Hong Kong have a role to play in both prioritization and monitoring and evaluation;
- (ii) To expand the capacity to gather the data needed to do prioritization and effective prevention;
- (iii) to undertake an integrated analysis process to determine the contributions of different populations to new infections and explore the impact of alternative future responses to the epidemic; and
- (iv) to establish the channels to provide the information as key inputs to the ACA, ATF, the FHB, the DH, the NGOs, and the affected communities.

(A feature on Dr Brown's second visit to Hong Kong is on page 7.)

to be continued...

Kung Hei Fat Choy

Wishing You Peace and Prosperity in the Year of the Rat!



...Continued

(2) AIDS Trust Fund Guiding Principles for Funding Applications to Medical and Support Services and Publicity and Public Education Applications

The AIDS Trust Fund (ATF) was established on 30 April 1993 with a sum of \$350 million to provide assistance to HIV-infected haemophiliacs and generally to strengthen medical and support services and public education on AIDS. ATF was administered on the advice of the Council for the AIDS Trust Fund. There are two modes of funding depending on the scale and duration of activities, namely the programme-based funding and project-based funding. In view of the latest recommendations by ACA, a set of guiding principles in relation to MSS and PPE programme applications was proposed to address the changing epidemic and community needs. Members discussed the proposed guiding principles and looked forward to the early implementation of the new funding mechanism.

(3) Family Planning Association of Hong Kong Youth Sexuality Study 2006

Members noted that over 4,400 youth were polled in the sixth youth sexuality survey carried out last year by the FPAHK. The Youth Sexuality Study, conducted every five years since 1981, reflects the changes in local youths in matters concerning their knowledge, attitude and behavior toward sex. The survey comprised three parts: two parts under a school survey covering students of Form One to Form Two (F.1-F.2), and Form Three to Form Seven (F.3-F.7) respectively, and a third part was a household survey on youths aged between 18 and 27. The Youth Sexuality Study's school survey employed a cluster sample involving 460 boys and 437 girls from Form One to Form Two, and 1,052 boys and 1,277 girls from Form Three to Form Seven of local secondary schools. Interviews in the school survey were conducted by FPAHK. The household survey, conducted by

AcNielsen (China) limited, adopted a systematic random sample of 611 male youths and 594 female youths aged between 18-27.

The results of the study were released under the six headings, namely Sexual Knowledge, Sexual Attitude, Dating Experience, Sexual Intercourse Experience, Pregnancy and Marriage and Family Formation. It was noted that the findings were still relatively conservative when compared to most western developed countries. Nevertheless, they indicated that the trend towards increased openness in sexual attitude and activity was continuing, without a clear improvement in sexual knowledge among young people.

(4) Report on World AIDS Day Activities 2007

Members noted that the theme and the major activities of the joint World AIDS Day Campaign in Hong Kong. To enhance collaboration among neighbouring cities, Members were kept fully briefed about the activities organised by Shenzhen CDC and Macau on the World AIDS Day.

(5) Letter from Hospital Authority on HIV Testing in Mentally Incapacitated Patients in the Event of Staff Sustaining a Needle Stick Injury

Members were furnished with the latest guidelines and information on the subject and were aware of ACA's stance on the issue.

The next ACA meeting will be held on 11 April 2008.

“Revisit of an Old Friend AIDS Expert”

Dr. Tim Brown, a world-renowned HIV epidemiologist, addressed the ACA at its 61st meeting on 11 January 2008 during his consultancy visit to Hong Kong. Dr. Brown shared with Members his views on building effective and sustainable HIV responses in Hong Kong. He commented that despite the continued growth of HIV epidemic notably in the MSM community, there was good progress made in the last couple of years. The knowledgebase has been strengthened, the AIDS Trust Fund has implemented Special Project Fund for MSM prevention projects, and there have been growing participation of the community, just to name a few.

Dr. Brown acknowledged the ACA’s Recommended HIV/AIDS Strategies for Hong Kong 2007-2011 and considered three key concepts enshrined within it, namely prioritization, effectiveness and sustained quality treatment access. He proposed to expand local capacity to gather information needed to prioritize efforts and resources, to create an

Analysis unit to weave the information into a common understanding, and to link outputs to decision making processes for formulating strategies and planning programmes. He remarked that having integrated analysis of the epidemiologic, behavioural, programmatic, monitoring & evaluation and costing situation in a local context can lay a firm foundation for sustained effective response.

Dr. Brown is a long-lasting friend of the Hong Kong AIDS programme. His acquaintance with the ACA can be dated back to a decade ago, being one of the four consultants of the 1998 external review. In 2005, in response to the rising MSM infections, he was commissioned to review and make estimation and projection on the HIV/AIDS situation. He is currently an external Consultant of the Department of Health and Special Advisor of the Scientific Committee on AIDS and STI of the Centre for Health Protection. We look forward to Dr. Brown’s continual support to our AIDS response.



From left to right: Dr Tim Brown; Dr WONG Ka-hing; Prof CHEN Char-nie at the 61ST ACA Meeting held on 11 January 2008

07 UNAIDS' Terminology Guidelines

Summary of preferred terminology

Do not use this	Use this
HIV/AIDS	Use HIV unless specifically referring to AIDS. Examples include people living with HIV, the HIV epidemic, HIV prevalence, HIV prevention, HIV testing, HIV-related disease; AIDS diagnosis, children made vulnerable by AIDS, children orphaned by AIDS, the AIDS response. Both HIV epidemic and AIDS epidemic are acceptable.
AIDS virus	There is no "AIDS virus". The virus associated with AIDS is called the Human Immunodeficiency Virus, or HIV. Please note: the phrase HIV virus is redundant. Use HIV.
AIDS-infected	Avoid the term infected. Use person living with HIV or HIV-positive person. No one can be infected with AIDS, because it is not an infectious agent. AIDS is a surveillance definition meaning a syndrome of opportunistic infections and diseases that can develop as immunosuppression deepens along the continuum of HIV infection from primary infection to death.
AIDS test	There is no test for AIDS. Use HIV or HIV antibody test.
AIDS sufferer or victim	The word "victim" is disempowering. Use person living with HIV. Use the term AIDS only when referring to a person with a clinical AIDS diagnosis.
AIDS patient	Use the term patient only when referring to a clinical setting. Preferred: patient with HIV-related illness.
Risk of AIDS	Use risk of HIV infection; risk of exposure to HIV.
High(er) risk groups; Vulnerable groups	Key populations at higher risk (both key to the epidemic's dynamics and key to the response)
Commercial sex work	Sex work or commercial sex or the sale of sexual services
Prostitute	Use only in respect to juvenile prostitution; otherwise use sex worker.
Intravenous drug user	Use injecting drug user. Drugs may be injected subcutaneously, intramuscularly or intravenously.
Sharing (needles, syringes)	Use non-sterile injecting equipment if referring to risk of HIV exposure; use contaminated injecting equipment if the equipment is known to contain HIV or if HIV transmission has occurred.
Fight against AIDS	Response to AIDS
Evidence-based	Evidence-informed
HIV prevalence rates	Use HIV prevalence. The word 'rates' connotes the passage of time and should not be used here.
Acronyms and abbreviations	Please spell out all terms in full. For example PMTCT should be prevention of mother-to-child transmission, etc.

The summary of preferred terminology is extracted from the 07 UNAIDS' Terminology Guidelines.

Readers can visit the website: www.unaids.org to download the guidelines.