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- The 14th CFA Meeting
on 25 June 2009**
- The 67th ACA Meeting
on 10 July 2009**

65th ACA Meeting

The 66th ACA meeting was held on 3 April 2009. There were three major items on the agenda. A summary of the discussion at the meeting is shown below.

(I) Consultation on Health Sector Response to HIV/AIDS among Men who have Sex with Men – Hong Kong Reflection

Members noted that the Consultation on Health Sector Response to HIV/AIDS among Men who have Sex with Men was held in Hong Kong from 18 to 20 February 2009 at the Mira Hotel. The Consultation was a joint meeting organised by World Health Organization Western Pacific Regional Office (WPRO), United Nations Development Programme (UNDP), Joint United Nations Programme on HIV/AIDS (UNAIDS) and Department of Health of HKSARG. The Technical Consultation was held following a Global Consultation in Geneva last September, and the first regional meeting of such to happen upon the efforts of WPRO. The goal of the Consultation was to define the contribution of the Health Sector in the provision of comprehensive services for prevention, care, support and treatment of HIV/AIDS among MSM.

Members were also presented the conclusions and recommendations of the Consultation made in

the last day of the meeting and the following highlights of the reflections and relevance for HIV prevention in Hong Kong after the Consultation:

- Compared to neighboring countries in the region, Hong Kong has been desirably having a relatively supportive legal environment for HIV prevention for MSM and the readily accessible public medical services including treatment for HIV infection.*
- The trends of increase of HIV among MSM appeared to have started off at a relatively similar time and rate across the region. The differences in the prevalence to date could partly be contributed by the level and impact of the response thus far, in addition to behavioural, social or other fueling factors. The latest local prevalence in 2006 (4.05%) is similar to the national average prevalence (4.9% in 2008) in China, and is lower than many Southeast Asia countries.*

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(iii) The need for enhancing sensitivities and skills of healthcare workers working with MSM, monitoring and evaluation of interventions, building capacity and securing resources and opportunities for community organizations' sustainability and development, quality improvement in expanded testing sites and measures to address stigma and discrimination towards MSM have also been raised.

(iv) The consultation has brought many local HIV workers closer to various international experts, agencies and other frontline workers in the region, facilitating experience sharing and networking among all participants.

(II) Update on HIV Epidemiology in Hong Kong

Members were updated on the HIV and AIDS statistics in 2008 from the voluntary reporting system. There were 435 HIV reports and 96 AIDS reports in 2008. Cumulatively, DH received 4047 HIV reports and 1030 AIDS cases as of 2008. The number of HIV report increased by 5% as compared with year 2007. Male accounted for 80% in cases reported in 2008. Sixty-one percent of cases in 2008 were Chinese ethnicity.

It was noted that men who have sex with men (MSM), which included homosexual and bisexual contact, accounted for 33% of HIV reports in 2008. MSM was accounting for an expanding proportion, from 25% in 2004 to 33% in 2008. 145 men with homosexual or bisexual contact were newly reported to be HIV infected in 2008. Most MSM cases were Chinese (86%) in 2008. Age group 30-39 was the commonest age at HIV report for MSM. However, the proportion of MSM aged 20-29 increased in recent years.

Injecting drug use (IDU) was the third commonest HIV route of transmission in 2008. About one tenth of cases reported infections through IDU. There were 40 reported infections through IDU in 2008. IDU cases were mostly male (95%). Chinese ethnicity only accounted for 18% in IDU cases. There were three cases of suspected transmission through blood/blood product infusion. Their history suggested that all received blood/blood product infusion outside Hong Kong.

The results of a pilot application of incidence testing indicated that there was increasing proportion of recent infection among cases acquired HIV infection through homosexual/bisexual routes, while there was no changes among those who acquired the infection through heterosexual route or drug use. The number of recent infection and its proportion among newly diagnosed MSM in recent years also showed an increasing trend of recent infection among MSM in all age groups except younger than 26 years old.

(III) Recommended Principles of Diagnostic HIV Testing

Members re-examined the *Guidelines on consent for HIV testing* issued in 1993 and reviewed the principles of informed consent, discussion (a preferred term for 'counselling' connoting detailed, professional advice) and confidentiality related to diagnostic HIV test. Given the international and local developments, there was a need to address the subject of HIV testing and its related issues in local context. They noted the principles that underpinned patient autonomy and applied to most medical procedures in the local context with a view to facilitating HIV testing. The principles were supposed to be applicable to both health care workers and personnel conducting community-based testing programmes.

The issues related to informed consent included (i) benefits of testing, (ii) concerns over testing, (iii) rapid HIV test, (iv) minors and lack of capacity, and (v) HIV testing of source after occupational exposure.

While the discussion meant pre-test discussion and post-test discussion, the confidentiality emphasised on the doctor-patient relationship and the disclosure of HIV status to the third party. Provider-initiated testing based on clinical symptoms and signs might focus on treatment and prognosis and community-based screening programme on early diagnosis and care, and HIV prevention. The need of informed consent, discussion and confidentiality applies to community-based testing programmes as well. For both public and individual health reasons, broad testing in the community should generally be encouraged nowadays.

Given the controversy of the subject, members were of the view that there would be a need to collect feedback from the stakeholders, patients and members of the public before deliberations of the issues again.

The next ACA Meeting will be held on
10 July 2009

Consultation on Health Response to HIV/AIDS Among Men Who Have Sex with Men

Draft CONCLUSIONS AND RECOMMENDATIONS

The 'Consultation on Health Sector Response To HIV/AIDS Among Men Who Have Sex With Men' was held at Mira Hotel in Hong Kong from 18 to 20 February 2009. The following draft conclusions and recommendations were reached at the meeting:

Conclusions

Despite paucity of information and several knowledge gaps, available data clearly indicate widespread HIV transmission throughout the region where MSM and TG appear increasingly and disproportionately affected by the HIV epidemic.

In resource constrained settings, many national institutions in the region have limited capacity and resources to generate, collect, analyse and effectively utilize data and information to inform programme planning, allocation of resources, and advocacy initiatives.

Several countries in the region still maintain highly prohibitive legal frameworks regarding same sex sexual practices and gender norms, which inhibits effective and sustainable responses to the HIV epidemic among MSM and TG.

Full participation of civil society especially representatives from MSM and TG networks in the design, planning and implementation and evaluation of interventions is critical, but it is often confronted with restrictive legal and social environments, contributing to further marginalisation and invisibility of MSM and TG.

The lack of capacity and willingness of many health service providers to identify, assess and manage issues related to male and TG sexual health, including same sex behaviour, is recognized to be a severely limiting factor.

However, there is increased attention and commitment of some national health departments, national and international NGOs, donors, bilateral institutions, and international agencies to address and respond to the rapidly increasing spread of HIV among MSM and TG.

There are successful interventions in the region being implemented in a framework of promotion and protection of human rights; they rely on the concurrence of strong political commitment and ownership, active partnership between government and civil society, and the substantive participation of MSM, and increasingly TG.

There are several promising interventions currently under way in low and mid income countries in the region, but most are limited in scale and coverage; constrained by accessibility, quality of services, capacity of implementing partners and service providers, availability of resources, and legal and social barriers.

There are at present different understandings of labels with regards to a comprehensive package of services, such as 'minimum', 'comprehensive', 'essential', however, the meeting recognised the need for an endorsed, singly comprehensive regional reference package to better inform national responses.

In addition to the comprehensive package, the implementation of a 'highly active' range of interventions was recommended for settings with high HIV prevalence and incidence among MSM and TG.

As the evidence base for some of the interventions included in the packages is lacking or incomplete, there is an urgent need for additional research and evaluation of interventions in the region

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Continued Draft CONCLUSIONS AND RECOMMENDATIONS

Recommendations

Strategic information on MSM and TG including epidemiological and biological/behavioural surveillance data should be collected through existing systems; together with social/anthropological, and operations research.

Additional information is needed on HIV incidence among MSM and TG.

There is a need to strengthen and harmonise data collection and analysis, to promote sharing of data across countries in the region and achieve comparability of data, and UN agencies together with APCOM, and other partners could assist.

Strengthening the capacity of health providers to address all conditions related to male and TG sexual health, including same sex behaviour, is critical to scale up the provision of health services for the prevention and care of HIV among MSM and TG. The availability of centres of excellence which are better resourced could be an asset to provide guidance, supervision, and capacity building.

The participants of the consultation recommend establishing a broad based, regional MSM and HIV task force to strengthen advocacy initiatives and the active engagement of the health sector in the response to the HIV epidemic among MSM and TG. To operationalise the task force, it is recommended to create a permanent standing committee under the Asia Pacific Coalition on Male Sexual Health (APCOM) to facilitate broader partnerships with technical experts, donors, governments, civil society and UN agencies.

Promoting cost effective MSM interventions tools kits that are currently being developed should be supported.

Opportunities to promote enabling environments need to be identified, building upon the outcomes of this Hong Kong consultation. It was recommended that sub-regional and national consultations be held to define and promote an enabling policy environment, including addressing issues relating to legal, cultural and regulatory frameworks which will facilitate effective health sector services and rights based programming.

In order to prioritise the allocation of limited resources and maximize impact, targeted interventions should primarily focus on most vulnerable MSM and TG that are at a higher risk of HIV infection, based on the analysis of local situations.

It was recommended to convene a consultation with GFATM at global and national level to identify the technical assistance needs and channels of provision of quality TA to ensure optimal utilization of existing resources allocated for MSM and programming in national responses.

Evaluation and refinement of a Asia Pacific comprehensive package aiming at a “continuum of prevention, care, support and treatment for HIV among MSM and TG” should be accelerated through research.

In high HIV incidence settings, additional urgent prevention measures are needed and a “highly active intervention package (HAI)” should be developed in order to break the chain of transmission.

Specific recommendations for China, including Hong Kong SAR, and Macao SAR.

Continue to engage civil society in partnership with government institutions towards an enhanced health sector’s response to the epidemic of HIV among MSM and TG.

Continue to strengthen the quality and accessibility of HIV treatment, testing, care and support services for MSM and TG.

Improve strategic information, sentinel surveillance and research.