

## Editorial Board

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**AIDS Hotline: 2780 2211**

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### ~ Calendar ~

8 Dec 2011 - 23rd CFA Meeting  
13 Jan 2012 - 77th ACA Meeting

## A Summary of the 75th ACA Meeting held on 8 July 2011



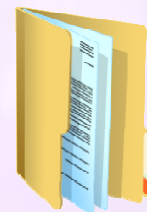
### An update on the epidemiology, estimation and projection of HIV/AIDS in Hong Kong

Members were briefed on the current epidemiological situation with reference to the sources of information obtained from reported cases; routine HIV testing (methadone clinics) and cross-sectional surveys such as PRiSM and CRiSP. The meeting was updated the primary sources of new infections which were stable for heterosexuals but significant rise in MSM since 2004. Prevalence among injecting drug users (IDU) remained very low and that cross-sectional surveys showed low prevalence among female sex workers (FSW) in Hong Kong. The meeting noted that many men were reporting visiting sex workers in Mainland China and that there was ongoing transmission mostly among cross-border heterosexual males. Epidemiological data had shown the need for even stronger programmes targeting at MSM, clients of female sex workers as well as wives of clients & MSM. Consideration should also be

given to sustaining strong programmes for IDU and sex workers in Hong Kong.

Members were introduced the approach to estimate new infections and predicted the impact of increasing condom use of MSM from 72% to 80% on ART demand and HIV prevalence. The number of people living with HIV in 2011 was estimated to be 4030.

Regarding the MSM epidemic, it was expected that it would grow slowly but steadily and suggested that focus be made on regular partnership among MSM. Consideration could be given to commissioning a research on regular partnership among MSM which could shed useful light on MSM epidemic scene.



## more about 75th ACA Meeting held on 8 July 2011



### Draft Recommended HIV/AIDS Strategies for Hong Kong 2012-2016

Members noted that several key factors had been taken into account when formulating the current Strategies: (a) regional and international developments, (b) local HIV/AIDS epidemiological patterns and trends, (c) lessons learned from implementation of the 2007-2011 Recommended Strategies, and (d) community stakeholders' views on programmes and policy directions.

Major international developments in Mainland China, US and Australia, major references on MSM strategies, regional influence on local epidemic, key facts of local HIV epidemiology, and major components of local programmes were highlighted for members' information.

The meeting noted the framework for Strategies 2012-2016 which was made of guiding principles, goals, objectives, targets, and priority areas for action and that the recommendations developed aimed at guiding the overall Hong Kong AIDS response. It was a product of objective, integrative and consultative processes with a public health oriented approach.

There had been significant expansion of preventive efforts especially those for the MSM community over the past few years, but rooms for improvement still existed to direct resources to areas and interventions which could move them to the next stage of reversing the epidemic. Better monitoring and evaluation were needed so that effective efforts should be scaled up with greater involvement of the communities mostly affected by HIV, with MSM as the most urgent priority, for HIV prevention, treatment, care and support. He outlined the priority areas for action as follows:

- ✧ Scaling up HIV prevention in priority communities
- ✧ Maintaining holistic and quality HIV

treatment, care and support

- ✧ Fostering an environment which supports safer sex, harm reduction and anti-discrimination
- ✧ Driving strategically informed and accountable interventions
- ✧ Enhancing partnership and capacity for an effective response within Hong Kong and the nearby region




The time table on formulation/finalization of the HIV/AIDS Strategies for Hong Kong covering the period from 2012 to 2016:

	Date
To draft Recommended HIV/AIDS Strategies (2012 – 2016) for Hong Kong	Q2 of 2011
ACA to discuss Draft Strategies	July 2011
To conduct stakeholders consultation for Draft Strategies	Q3 of 2011
ACA to discuss Second Draft Recommended HIV/AIDS Strategies (2012 – 2016) For Hong Kong	October 2011
To conduct public consultation for Second Draft Recommended Strategies	Q4 of 2011
ACA to endorse Recommended HIV/AIDS Strategies (2012 – 2016) For Hong Kong	January 2012



## Developing a common set of indicators for monitoring and evaluation of local AIDS programme



Data on the coverage and effectiveness of HIV prevention programmes was not universally collected by stakeholders and not readily combinable for informing the territory-wide response. In order to facilitate effective programmes to be taken to scale and permit resources currently dedicated to ineffective programmes to be redirected to more effective ones, a common set of indicators collaboratively defined and used by all organizations to uniformly report levels of behavior change and size of populations reached by programmes could be used for triangulation of regular community-based surveys supported by the Department of Health and AIDS Trust Fund.

A workshop “Developing community-based indicators for responses” had been conducted for NGOs and the communities of MSM, IDU and sex workers between 29 and 31 March 2011 to kickstart the process of defining a set of key indicators. The community indicators should be:

- ✧ small in number – too many would take too much time & effort (Probably no more than 3 or 4 for each key population);
- ✧ specific to each key population being monitored, IDU, MSM, and FSW
- ✧ related to most critical prevention/care needs for that population
- ✧ measurable in a comparable way across different NGOs and on a Hong Kong-wide basis
- ✧ able to evaluate the Hong Kong-wide response
- ✧ relevant to project management

The meeting noted that preliminary indicators had been defined at the March meeting. There had been a round of feedback to the community groups on their preliminary efforts. Methodologies and processes had been defined to achieve them as easy as possible. The preliminary indicators of different key populations were as follows:

### (i) For MSM

- ✧ Percentage of MSM using condoms in last anal sex with:
  - Partner with an emotional relationship
  - Repeating sexual partner
  - Casual partner
- ✧ Percentage of MSM receiving an HIV test result in the last year

### (ii) For IDU

- ✧ Percentage of IDU using condom in last vaginal sex with a regular partner
- ✧ Percentage of IDU receiving an HIV test result in the last year
- ✧ Percentage of IDU sharing needles with those outside their usual network in the last six months

### (iii) For FSW

- ✧ Percentage of FSW under age 24 with accurate knowledge of STIs
- ✧ Percentage of FSW seeking appropriate treatment last time they had suspected STI
- ✧ Percentage of FSW reporting condom use at last vaginal or anal sex with a regular client
- ✧ Percentage of FSW receiving an HIV test result in the last year

In order to standardize the indicators being considered, each indicator would have further details on definition, rationale, method of measurement, guidelines to interpret and use, strengths and weaknesses, challenges for implementation and sources for additional information. A standardized simple questionnaire would be developed for each population. Forms for data entry, collation and automatic outcome reporting would be developed by SPP in close consultation with the community sector.

## ACA visit

In order to let ACA members in particular new members to familiarize with the services provided by NGOs. ACA Secretariat has lined up a visit programme on 24 October 2011.



Red Ribbon Centre



Zi Teng



Midnight Blue



CHOICE

