

The **The Node** *... where a leaf arises from a stem*



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

A I D S

**is key issue
for**

**New Century,
On Par
with
Globalization,
Peace
and
Environment**

AIDS is one of the key issues shaping the world today and should rank as high on the list of human concerns as globalization, peace and the environment, said Dr Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

"AIDS is no longer simply a public health issue: it cuts across agencies, disciplines, and national boundaries," Dr Piot said. "There is no part of society in the hardest hit areas that is not in some way touched by the epidemic. We are talking not only about health, but about education, agriculture, the economy. AIDS threatens to roll back decades of hard-won development. Indeed, it has become a full-fledged development crisis."

Dr Piot was speaking at a symposium in London on 4 September 2000 entitled *We The Peoples: The UN In the 21st Century*. During the symposium, it was pointed out that AIDS is "rapidly becoming a social crisis on a global scale". The Secretary-General, building on the agreement reached by the UN General Assembly, called for a strategy that focused on young people aged 15 to 24 and on providing care to those living with HIV. He explicitly recommended action to reduce HIV infection rates among young people by 25% in the most affected countries before 2005, and globally by 2010. He also challenged countries to set specific prevention targets: "By 2005 at least 90% and by 2010 at least 95% of young men and women must have access to the information, education and services they need to protect themselves against HIV infection."

Grassy Plains of Mongolia

Professor Shao Yi-ming, Director of National AIDS Reference Laboratory in China paid his visit to Hong Kong in June this year. During his stay, he visited various units of the Special Preventive Programme, Department of Health to understand HIV/AIDS services in Hong Kong. He has high comment on our work. Incidentally, he was organising a training course on pre- and post-testing counselling and laboratory safety in Inner Mongolia. He invited us to be one of the speakers to share Hong Kong experience with different provinces in the Mainland.

With departmental approval, a nursing officer and I took an early flight on 25.8.2000 and started our journey to a never-before visit. Because of flight delay, we arrived at our destination: Li Shan Hu Holiday Village at about 9 PM. We finished our dinner hastily and did some preparation work before we went to sleep.

This Pre- and Post-testing Counselling and Laboratory Safety train-

ing course was held in the capital of Inner Mongolia, Hohhot. The venue provided a good lodging and studying environment. However, due to its isolated location, there were not many other activities. This had provided a good studying atmosphere for all the participants. The training course lasted for seven days and each day we started from 8 AM to 6 PM. Altogether there were fifty participants, including doctors and medical technologists coming from

different anti-epidemic stations and laboratories in different provinces of the Mainland. The speakers included professors and medical officers who had wide experience on AIDS prevention, counselling and laboratory work. As for guest speakers, apart from those coming from Hong Kong, Professor Alexandra Levine from the Southern California University was also invited.

The whole training course was divided into two parts. The first part centered on pre- and post-testing counselling, the second part on laboratory safety. In the first part, we shared the experience of counselling work of the Mainland staff towards sexually active individuals and intravenous drug users, the progress of AIDS diagnosis and surveillance studies on AIDS. I was mainly engaged in introducing and sharing the development and experience of HIV counselling service in Hong Kong and discuss the psychological state of the persons taking the test. Special emphasis was made on the technique in helping clients to re-

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THE RED RIBBON CENTRE EXPERIENCE

Presentation given at the HIV/AIDS Symposium at the IXth International Congress of World Federation of Public Health Associations at the International Convention Centre, Beijing, China on 4 September 2000

Hong Kong is a small special administrative region in the south east of China. With a population of 7 million, an area of about 1100 Km² and a cross-border passenger traffic of over 60 million annually, Hong Kong is characterised by its dynamicity in the Pearl River Delta Region. There are all the reasons here for concern about the spread of HIV, which sees no territory boundary. Currently the HIV rate is still low in Hong Kong, with an estimated prevalence of less than 0.1% in the adult population. Every year some 200 new cases of HIV infection are reported, and 60-70 AIDS cases are diagnosed. With each infection representing a human life, these numbers do create pressure on the AIDS programme, which is striving to turn the tide.

The challenge for Hong Kong has been to maintain the low HIV number, and to provide quality care to those infected. There are difficulties in sustaining the programme, the danger of complacency, doubt

of programme effectiveness, falling interest in the community. When interest faded, justification for resource allocation became inconspicuous. It is against this background that Hong Kong has been holding onto three approaches in facing up the challenge of HIV/AIDS - integration into existing systems, facilitation and enhancement of the community's response, and evidence-based policy development.

The main purpose of integration is to create maximum impacts. Back in the mid-1980s when the first cases of AIDS were diagnosed, four systems had been identified for HIV prevention. Firstly, the Government machinery of promoting public awareness through the screening of APIs (announcements of public interest) has become one most effective means of informing the public about HIV/AIDS. New APIs were screened every year between 1987 and 1996. Secondly, the Social Hygiene Clinics that looks after over 30000 new STD cases has become an important channel for condom promotion, HIV testing, and behavioural surveillance. Thirdly the network of Methadone Clinics looking after 7000 clients daily has become a natural outpost for arousing HIV awareness in drug users. Fourthly, voluntary blood donation

Study Tour

for

Mainland Officials, Professionals & Programme Planners

Ministry of Health and Ministry of Railway

solve questions and problems that they encountered. Apart from the talk, there were sessions arranged on the following two afternoons for role-play and case study. Together with experts from the Mainland, we guided the participants through these sessions. The participants were very interested in these sessions and showed positive response. Some of them raised difficult situational questions and the whole group worked together to achieve an acceptable solution by making analysis and deliberation.

The second part of the course concentrated on discussing laboratory safety problems. This was a good learning opportunity for us who are not conversant with laboratory situation. My lecture focused on safety issues in clinical practice and care, universal precautions and post-exposure management. The participants were active in open discussion.

Participating in this course has broadened our understanding of the various strategies adopted by various places in the Mainland with regard to AIDS prevention, monitoring, education and counselling. We also benefited from understanding the impact of different cultural backgrounds, pattern of HIV infection, social values, policy and availability of resources. All these contributed directly and indirectly to the mode of AIDS services of a particular place. Nevertheless, from the participants' serious learning attitude, enthusiasm and active participation, I hold the belief that all of them are striking towards the same goal: that is, how to reinforce and improve their present AIDS services.

has been established as effective system for supply of safe blood. Screening of donated blood for HIV was launched promptly in 1985.

In the last years, the development of HIV medicine has been a major challenge for Hong Kong. A small caseload, rising drug cost, and need for expertise have called for a new form of integration, one that requires the building of capacity in medical specialties. Provision of HIV care in the community is rarely a simple business. There is the added complexity of the "NIMBY" (not in my backyard syndrome), a phenomenon retarding the pace of service development.

Integration is a necessary but sufficient approach for an effective AIDS programme. Sustainability is at stake without the mobilisation of the community. The Red Ribbon Centre was set up to support the involvement of the community in all aspects of HIV prevention and care. Other projects have been conducted over the years aiming at the mobilization of the community, for example, the Charter project, Youth Funding Scheme on AIDS, and the Sculpture project. The future challenge lies in the design of programmes that address the mobile population crossing the Hong Kong - Mainland border.

Finally evidence-based policy development is crucial in ensuring that a sustained programme can be in place. This falls into the hands of members of a government-appointed Advisory Council on AIDS charged with providing policy advice. In 1998, the Council began to take a step-wise approach involving a review followed by strategy development. The next phase will be featured by a community planning process that would further enhance the participation of the community.

In conclusion, the Red Ribbon Centre is not merely a physical premise but a concept encompassing the key approaches of integration, community involvement and evidence-based policy development. Pragmatism and innovation are the key words in the processes of programme development. There have been failures and successes, which have all become good learning points in the Red Ribbon Centre experience.

From 1 August to 4 August, nine Mainland delegates from Ministry of Health and Ministry of Railway attended a four-day workshop which was held in Red Ribbon Centre - UNAIDS Collaborating Centre for Technical Support. Workshops, visits and meetings were included in the programme with introduction of the following topics by doctors and nurses of Special Preventive Programme:-

1. Overview of AIDS Programme in Hong Kong
2. Patient Care and Support Services
3. HIV/AIDS Surveillance Mechanisms and Findings in Hong Kong
4. Addressing HIV Prevention and Mobile Population

Moreover, field visits were arranged to different organisations. There were visits to Drug InfoCentre of Narcotics Division, Methadone Clinics and Pui Hong Self-help Association (formed by a group of voluntarily rehabilitated drug users offering help to drug users to lead a drug free life). In terms of the services on AIDS and Sexually Transmitted Diseases, field visits were arranged to the Integrated Treatment Centre, HIV counselling and testing service and a Social Hygiene Clinic. Other visits included the Action for REACHOUT and Equal Opportunities Commission. During the visits, the delegates and the receiving officers shared and exchanged their working experiences and views on drugs, HIV/AIDS and STDs prevention and control.

Apart from the visits, meetings were held with Kowloon Bay Health Centre Community Liaison Group, Hong Kong Advisory Council on AIDS and AIDS NGOs. All delegates expressed their expert opinions and considered worthwhile to attend.

This workshop enhanced information exchange and collaboration between Red Ribbon Centre and the Mainland on HIV/AIDS prevention and control. From the evaluation, it revealed that the delegates were satisfied with the workshop, they suggested to further strengthen the work of HIV/AIDS prevention and control in Hong Kong and Mainland through information exchange and collaboration in the future.

The Second Workshop on HIV Surveillance and Epidemiology in the Pearl River Delta Region

9 June - 10 June 2000

On 9 and 10 June 2000, Professionals and Community leaders from 12 cities (Dongguan, Foshan, Guangzhou, Hong Kong SAR, Huizhou, Jiamen, Macao SAR, Qingyuan, Shenzhen, Zhaoqing, Zhongshan and Zhuhai) in the Pearl River Delta Region met in Hong Kong to review the local and regional HIV situations, to update on surveillance methodology and to exchange views on the public health management of HIV/AIDS. It also aims to network public health professionals in the region for future collaboration.

The Workshop was participated by some 40 field delegates from 12 cities in the region, plus a total of over 80 participants, largely health professionals and community leaders in the audience.

The workshop was officiated by seven guests of honour including Dr Sun Gang, National Programme Officer from the UNAIDS China Office, Health officials and academics from the region.

It was followed by three plenary lectures. Professor James Chin, currently a clinical Professor of epidemiology at the School of Public Health, UC Berkeley, talked on "The Future of HIV/AIDS in the Pearl River Delta Region". Dr Tim Brown, Director of UNAIDS Collaborating center at the East-West Center at Honolulu, talked on "Modeling of HIV infection". Dr Roger Chan, Associate Professor the Center of Urban Planning and Environmental Management of the University of Hong Kong, talked on "Economic Development in the Pearl River Delta Region".

There were three roundtable discussion during the workshop. They include "Evaluation of HIV situation in the Pearl River Delta Region", "HIV/AIDS Management" and "Methodologies in Behavioral Surveillance". With the active participation through presentations and roundtable discussions, participants have arrived at the conclusions described in the following paragraphs.

Epidemiologically, HIV has taken root in the injecting drug user (IDU) communities in the Region, evidenced by the consisted rise in the prevalence detected in some cities. Sexual transmission has continued, though not amounting to an epidemic proportion. HIV prevalence in the general population has remained at a relatively low level. The inter-relationship between HIV and TB is a matter of concern.

On surveillance, majority of cities have in place regular mechanisms which address, in variable extents, the level of HIV infection in different target communities. Surveillance programmes have targeted risk-taking communities (sex workers, Sexually Transmitted Disease patients, drug users and personnel in entertainment industry) and those without apparent risks (antenatal mothers and blood donors). Besides, behavioural surveillance is emerging as a supplemental system that is being implemented on a routine basis in some cities.



As regards HIV management, experience is cumulating in attending to complex issues arising from the tension between (a) rendering personal care (b) implementing public health control measures, and (c) bringing in line with administrative policy. Two emerging complex issues are HIV prevention in health care system and partner notification.

Overall, the Pearl River Delta Region is facing following challenges. There is rapidly changing behavioural risks arising from extensive human mobility, disparity in wealth, and the dynamic economic development. Besides, there is a question of how to link intervention with surveillance in both serological and behavioural aspect. Thirdly, the issue of how to do public health planning in a low prevalence population where reliable tools in modeling are non-existent. Lastly, the problem of designing effective strategy for public health practice and clinical care, in the face of resource constraint, lack of expertise, pre-existing sub-optimal policy environment, and evolving needs of the community.

To move forward, delegates from the 12 cities are committed to strengthening the ties to better the HIV prevention, care and control programmes in the common Region. Specifically, it is recommended to:

- * regularly update the seroprevalence data of the cities using a common framework, which addresses both risk-taking communities and those without apparent risk
- * create a common framework for analyzing selected data collected by each city in behavioural surveillance
- * establish protocols on HIV management embodying principles developed by consensus in the Region
- * report the ideas generated in the Workshop through the publication of proceedings
- * promote professional exchanges among delegates in the 12 (or more) cities on a regular basis

