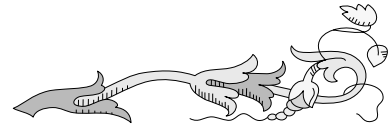


The Node *... where a leaf arises from a stem*



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

DEVELOPING A HONG KONG MODEL OF COMMUNITY PLANNING

The 2001 Community Planning Leadership Summit (CPLS) was a three-day national event in the United States. There were a total of over 1400 participants from all over the country. A Hong Kong delegation participated in the Summit and took the opportunity to visit the Centers for Disease Control in Atlanta. Hong Kong has been piloting its community planning process since 1999. Is there anything we can learn from the US model?

Let's address the history. In the US, community planning was first introduced in 1994 as a mechanism to facilitate the development of an effective HIV prevention programme. The process is led by the CDC. In the past, funding on HIV prevention has been routed through state health departments, which focused on counseling and testing. The community planning process was launched in an effort to channel available resources to the very sectors of the community where prevention service is most urgently needed. HIV care does not follow the same funding arrangement. This is the eighth year that the community planning process has been in place.

What are the basic principles of community planning? In reviewing the past, Dr David Holtgrave of the CDC's Division of HIV/AIDS Prevention (DHAP), rounded up the three bedrock principles during the opening plenary of CPLS, which are the foundation of effective HIV prevention programming:

- (a) community voices are essential in setting prevention priorities
- (b) funding should "follow" (actually lead) the epidemic
- (c) intervention should be based on sound science and public health practice.

There are many learning points from the Summit and the visit, many of these centering on the mode of operation of DHAP, and the sharing of experiences in programme evaluation and capacity building.

Prevention in Practice - Effective HIV prevention



demands a high level of commitment of technical staff, respect for professional expertise, versatility in programme design, and flexibility in working through the administrative framework. In the last decade, there have been substantial organizational changes in CDC in the HIV prevention efforts. Community planning currently occupies a central position in prevention programming. Some of the notable developments are:

- (a) Progresses have been made in expertise development in connection with HIV prevention. Behavioural science has become an important area of expertise and there is close relationship between CDC and the academic field on an operational level.
- (b) CDC works closely with Community-based organisations (CBO)s at state level. An elaborate system is in place to ensure that money is used effectively through a series of check-and-balance mechanisms, the provision of technical assistance, and the introduction of a framework for evaluation. This dynamic process is still undergoing many changes almost on a continued basis.
- (c) Scientific foundation is emphasized at all levels of programming. Research forms an important part of the programme.

Conduction of Evaluation - Evaluation is a complex area. A pragmatic approach has been introduced to address evaluation. As the ultimate goal of evaluation was achieving effectiveness, a lot of emphasis has actually gone into promoting evaluation and assisting agencies to conduct evaluation, rather than passively centralizing data from around the country. The template for evaluation is still under development, while studies have been conducted to evaluate the effectiveness of different programmes.

Capacity Building - Capacity building of funded agencies has evolved to become a regular "technical assistance (TA)" programme supported by CDC. A whole range of TA

providers are contracted to build capacity of agencies in providing HIV prevention service. These TA are in the form of very specific training activities, programmes or packages which can be accessed by agencies directly, or through referral of project officers. They cover defined areas of behavioural, social and policy interventions. The funding of TA comes separately from the money allocated to CBOs.

What (if any) is the relevance of these learning points for Hong Kong. Last year, the Coalition of AIDS Services Organisation set up a community planning process as proposed in the 1998 consultancy report.¹ The first planning cycle is about to end, which would lead to the recommendation of a list of specific prioritized activities. There are differences between the US model and the one emerging in Hong Kong, though (Table). The CPLS and the visit have, nonetheless, provided an opportunity to consider

- (a) how to develop an effective model for community

planning;

- (b) the means of bridging prioritized areas with HIV prevention activities and their funding;
- (c) the mechanism of providing technical assistance to service organisation;
- (d) the opportunity of building the evaluation component to all future prevention projects in the community.

In conceptualising the future development of Hong Kong's community planning process, CDC could be both the reference model and the source of technical advice on a long-term basis. Finally, CPLS and the visit have provided food for thoughts in some other areas. These include, firstly, prevention activities in hepatitis B and C, and their possible integration with HIV prevention; and secondly, the application of community planning in other health fields;

Table : Community Planning in USA and in Hong Kong.

USA	HONG KONG
1. Established for facilitating the effective allocation of funding to where prevention services are needed	Piloted to enhance the community's participation and to prioritise service needs in HIV prevention
2. In place for the eighth year	Pilot cycle being experimented
3. Pre-existence of a large number of CBOs (community-based organizations) involved in the development of HIV prevention services	Only a handful of AIDS NGOs providing HIV prevention services
4. Initiated by the CDC	Recommended by the Review consultants and initiated by the Advisory Council on AIDS
5. Guided and implemented by the CDC, with one co-chair of the committee from the health department	A process run exclusively in the community
6. Linking of planning with funding of prevention activities	Funding and prevention activities unlikely to be directly linked
7. Process run in yearly cycles to tie in with the budget requirement	The first pilot cycle would run for two years
8. Technical assistance provided by CDC, its affiliated agencies, consultants, and other organizations	Mechanism of technical assistance not yet developed

¹ External Review Team of the Advisory Council on AIDS. *Moving ahead together - expanding Hong Kong's response to AIDS. Hong Kong: Advisory Council on AIDS, 1998*

AIDS AND DEVELOPMENT



For the first time, HIV/AIDS was put up as an issue in one of the policy seminars during the Asia Development Forum. The Third Asia Development Forum was held between 11 and 14 June at the United Nations Conference Centre in Bangkok. Titling "Asia's future development", the Forum touched upon AIDS in its seminar on the dual burden of HIV/AIDS and tuberculosis, and their implications for development. Dr SS Lee, Director of Hong Kong's Red Ribbon Centre was one of the speakers at the seminar. He discussed the role of a positive legal framework for enabling behavioural changes, using injection drug users as the example. The other speakers were Anthony Pramualratana of the Thailand Business Coalition on AIDS, Waranya Teukul of Thailand's National Economic and Social Development Board, and Ying-Ru Lo of World Health Organization.

The Asia Development Forum is jointly organized by World Bank, Asian Development Bank, Asian Development Bank Institute and the United Nations' Economic and Social Commission for Asia and the Pacific (ESCAP). The first Forum was held in Manila in 1998, and the second in Singapore in 2000. There were 400 participants in this Third Forum.

JOINT FEEDBACK SEMINAR ON STRATEGIC PLANNING FOR AIDS PREVENTION AND CARE

Background

HIV/AIDS is a complex issue the response to which demands an effective integration of programmes on health and many other disciplines. The conventional means of providing a standard set of guidance by the government or an international agency may not be most appropriate. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has been actively pursuing a new means of responding through the process of strategic planning. Manuals have been developed that assist countries to go through the stages of situation assessment, needs analysis and then strategic formulation of plans that should be locally relevant.

In 1999, five provinces in China were selected to participate in the Strategic Planning process through the coordination of UNAIDS China Office, Ministry of Health and the other UN agencies. These provinces are Guangxi, Jilin, Shanxi, Guizhou and Hainan. The provinces were selected to reflect the variation in the severity of HIV situation and the



degrees of responses. A feedback seminar is organised by the UNAIDS to provide a forum for the provinces to share their experiences and also for the international community to better understand the needs identified so far.

Seminar Organisation

The Seminar is a one-day event held at the Nanning International Hotel on 18 April 2001 in Nanning, Guangxi. There is an optional visit to Pingxiang, a Guangxi city bordering Vietnam to enable participants to understand the activities that have been put in place through strategic planning. The visit spans through 19 and 20 April.

A total of about 60 participants join the Seminar. There are those from the provinces, Ministry of Health, UN agencies and bilateral organisations. The provinces represented are: Guangxi, Jilin, Shanxi, Guizhou, Hainan (the five pilot locations for Strategic Planning), Ningxia, Hunnan, Chungqing and Henan. The UN agencies present are: UNAIDS, UNDP, UNICEF, UNFPA, WHO. Bilateral agencies joining the forum are SCF (Save the Children Fund, United Kingdom), Ford Foundation (United States), DFID (United Kingdom), AusAID (Australia). MSF, another international agency is also present, so is S S Lee of Red Ribbon Centre, the UNAIDS Collaborating Centre based in Hong Kong.

Seminar Programmes

The Seminar begins with the welcoming address of Dr Chen Xianyi, Deputy Director of the Department of Disease Control, Ministry of Health, Dr Janus Annus, Vice-chair of the UN Theme Group of HIV/AIDS in China and WHO Representative, and Dr Gao Feng, Director of Guangxi Health Bureau.

The timetable is at appendix. The main programme is made up of three parts:

- (a) presentations by the five provinces on the progress in strategic planning;
- (b) recommendations by nine provinces/cities largely based on the needs identified through strategic planning; and
- (c) responses of the UN agencies, international and bilateral organisations.

The Seminar ends with the conclusions given by UNAIDS, Guangxi Health Bureau and the Ministry of Health. A reception is hosted by the Vice-governor of Guangxi shortly after closing.

Lessons Learned

Even though Hong Kong has not participated in the strategic planning system proposed by UNAIDS, the Seminar carries special meaning because:

- (a) of the fact that HIV/AIDS observes no political or geographic boundaries, and that an international dimension is needed in the development of Hong Kong's AIDS programmes;
- (b) Hong Kong has gone through an intensive review of its AIDS situation and programme in 1998 and is experimenting on community planning; these processes bear remarkable similarity to the strategic planning framework proposed by UNAIDS;
- (c) the Red Ribbon Centre in Hong Kong has been providing support to Mainland personnel on the development of effective response to HIV/AIDS.

While some of the discussion points may only be valid in the local settings, there are common lessons on the following themes - a systematic approach to programme planning, importance of capacity building, need for a sustainable programme, and the prevention-and-care continuum. Priorities have also been identified in some provinces, notably Guangxi, that put emphasis on vulnerable communities, including commercial sex workers, mobile population, drug users and youth. These priorities are not discussed here.

Systematic Approach to Programme Planning -

Strategic plan could be a misnomer as this in fact is a tool or methodology rather than a specific plan. The guiding principle of strategic planning is the adoption of a model that systematically evaluates the situation, identifies needs and works towards an effective programme aiming at optimal HIV prevention and the care of those infected. A scientific foundation and a vigorous review process involving agencies that work closely with people implicated are the key features of the process. One notable observation is that provinces engaging in strategic planning are more 'advanced' in terms of the readiness to commit to effective HIV prevention and care, as well as the multisectoral responses that have so far been achieved.

Importance of Capacity Building -

The same theme of building capacity comes up again and again during the seminar. Understandably there is no single model which can be applicable in all localities when it comes to HIV prevention and care. The sharing of experiences within China, documentation of 'best practices' and the reference to overseas responses are some of the solutions to the inadequacy of national and local capacity on AIDS. Technical exchanges on a professional level would be an effective way to better equip technical people on the expertise required to address HIV/AIDS.

A Sustainable Programme -

Todate, international support is still a common way of initiating HIV/AIDS programme in China. There is concern as to whether pilot

projects could achieve their original objectives of promulgating best practices. The identification of existing systems which can incorporate HIV prevention and care measures would be a useful strategy in the long run.

Prevention-and-Care Continuum -

Situation analysis almost invariably brings the provinces to the complicated issue of managing HIV positive individuals. So far very few clinicians have been involved when it comes to HIV care. This scarcity of response in the medical field, coupled with the limited resource in ensuring blood safety and suboptimal expertise in infection control practice, would become a real challenge to the Mainland in the coming years. It is estimated that some 600,000 people are living with HIV/AIDS in China. Even if only a fraction presents to the health service, it would mean considerable burden in terms of the demand for expertise.

Conclusion

Red Ribbon Centre is currently the interface between Hong Kong and the Mainland in their responses to HIV/AIDS. The planning of Hong Kong's programme is incomplete without addressing the role of the Centre in identifying and sharing international best practices, resource networking, and the building of capacity in HIV prevention and care. These add value to the domestic role of the Centre as a resource pool and technical unit. In this context, the Seminar is a good forum for understanding the needs of the Mainland on a provincial or even city level. In addition, the Seminar also strengthens our belief in developing a sustainable system founded on science.

THE INDONESIAN TIDE

Between 2 and 4 May 2001, the UN Regional Task Force on Drug Use and HIV Vulnerability held its first meeting of the year in Denpasar Bali, Indonesia. There was a joint session with another Task Force on Human Mobility.

Apart from addressing regional issues, one of the important meeting agenda was to work with the Indonesian experts to support their planning of harm reduction programmes for the country. Participants heard that financial support has been secured under the Project Acceleration Fund (PAF) of the UNAIDS to pilot the use of methadone as one means of reducing the risk of HIV spread in drug users.

In the last decade there have been repeated debates on the actual HIV situation in Indonesia. The large population spreading over the archipelago and the complex interaction between behaviours and HIV have added to the difficulties in effective surveillance. More recently, the low HIV rate of the past has given way to a new path of the epidemic. Drug users are bearing the blunt. Todate an estimated 100,000 Indonesians are living with the virus, of which some 70% are

drug users. Seroprevalence studies confirmed that about 50% of the drug uses in different cohorts were tested positive for the virus.

In a place where drug addiction is illegal, there are limited options for intervention. The Government is now seriously considering the prescription of methadone for promoting harm reduction. Officials (public health and narcotic control alike) and community workers took reference from the lessons of the Hong Kong model and that of Bangkok. A special meeting participated by professionals from Bangkok, Hong Kong and Indonesia became a main focus for sharing of experiences. People were reminded that there're differences in objectives, protocols, context and outcomes in the use of methadone internationally. There were however common lessons - that methadone cannot be the single answer; that the programme must be extended and sustained; that it must cover a sizable population; that it should be community-based; and that it should be a simple and user-friendly system.

The UN Regional Task Force is now working on a "best practice" case study series to assist Asian countries to build a regional knowledgebase on HIV prevention and care initiatives. The methadone programmes in Bangkok and Hong Kong would be included in this initiative.

On many occasions, HIV has been allowed to spread fiercely in drug users despite the knowledge that harm reduction does work. Tragically action is taken only after a sizable drug-taking population have become infected. The challenge now is: can we turn the tide in Indonesia?

WORLD TB DAY 2001: ACCESS TO TB CURE A HUMAN RIGHTS IMPERATIVE TB AND HIV LINKED, JOINT EFFORTS NEEDED

Among infectious diseases, tuberculosis (TB) is the second leading killer in the World, with 2 million TB-related deaths each year. It is also a leading killer of people living with HIV and it is highest in countries with the highest rates of HIV. There were an estimated 8.4 million new cases of tuberculosis in 1999, up from 8 million in 1997. This increase is due largely to a 20% rise in incidence in African countries most affected by AIDS. If these trends continue, some 10.2 million new cases could occur each year by 2005, according to joint UNAIDS/WHO press release prior to the World TB Day 2001 on 24 March 2001.

Globally, 12% of TB patients are infected with HIV. For those countries in Africa with high HIV prevalence, the estimate is 45%. HIV is also fuelling TB in parts of Asia, which has about 60% of all TB cases. Industrialized nations, once almost free of TB, are seeing a resurfacing of the epidemic. A danger facing all countries is the emergence of new strains which are resistant to many drugs and cannot be treated cheaply.

Joint efforts are needed to confront tuberculosis and HIV, according to Dr Gro Harlem Brundtland, Director-General of the World Health Organization. "Not only is reducing the TB and HIV burden a health imperative - it is fundamental to human rights. TB and HIV are both enhanced by poverty, homelessness, substance abuse, psychological stress, poor nutritional status, crowded living conditions," Dr Brundtland added.

"People with both diseases suffer double discrimination," said Dr Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). "HIV severely weakens the immune system, and makes people highly vulnerable to diseases such as TB. According to our latest figures, nearly two thirds of all people with HIV or AIDS were living in the countries with the highest TB burden in the world. The link between the two is inescapable, and TB is the first manifestation of AIDS in more than half of all developing country cases." "Effectively treating TB will not solve the worldwide AIDS crisis, but it will significantly reduce its burden." said Dr Piot.

TB, unlike HIV, can be cured, even in people with HIV infection. A simple strategy called DOTS cures most people with TB and the drug costs as little as US\$10-15 per patient. Untreated, a single person with contagious TB can infect between 10-15 people a year.

TB is an ancient disease, but it is not a disease of the past. Therefore, today's World TB Day is by no means a celebration. Instead, World TB Day is an occasion for countries around the world to raise awareness about the International health threat presented by TB. Last year, the UNAIDS Secretariat officially joined the "Stop TB" initiative, a broad partnership spearheaded by WHO to halt the spread of tuberculosis around the world.

REGIONAL SOLIDARITY AGAINST AIDS

The 57th Session of the Economic and Social Commission of the Asia and Pacific (ESCAP) of the United Nations was held in Bangkok between 19 and 25 April 2001. A special item was added to the agenda of the Ministerial Segment of the meeting on 23 April to address the growing problem of HIV/AIDS in the region.

The deliberation of the subject of HIV/AIDS began with an overview delivered by Mr Kim Hak-Su, the ESCAP Executive Secretary. Two eminent speakers reflected on the Zambian and Thai experiences. Mr Kenneth Kaunda, former President of Zambia challenged the national delegates to address HIV/AIDS as an urgent policy issue. Mr Anand Panyarachun, the former Thai Prime Minister, explained how the Thai tragedy was handled efficiently and effectively with political commitment and the adoption of prompt pragmatic strategies. Willingness to accept the presence of the problem was the first step towards effort to slowing down the pace of the epidemic. Today there are less than 30,000 new infections in Thailand per year, compared to that of 140,000 ten years ago. Though the size of the problem is still substantial, the Thai experience testifies to how a resource-poor economy can be capacitated to fight

the onslaught of AIDS.

The meeting drove home the message of human sufferings when a young lady Geena Gonzales from the Philippines explained on stage her saga of living with HIV/AIDS. A short movie "Staying alive" was screened to inform delegates what HIV/AIDS is all about, in the dimension of poverty, social stigma, access to health care and marginalization. The exclamation of Mr Kim Hak Su rightly summed up the implications of HIV/AIDS in the Asia and Pacific. Calling it the biggest development issue, he expressed that HIV/AIDS is not defeated anywhere until it's defeated everywhere.

The ESCAP Session closed with a resolution to call for regional commitment to HIV/AIDS, an expanded response to the issue, as well as to mainstream HIV/AIDS into national social and economic development process. A resolution co-sponsored by a diverse spectrum of nations is not easy. The Australian delegate expressed his country's dissatisfaction that men having sex with men (MSM) and sex workers had not been included as the vulnerable communities in the joint resolution. It is still a long way to build a truly supportive environment for HIV prevention and care across national boundaries.

WHY THE DEBATE ?

When it comes to HIV prevention, the plight of behavioural intervention often dominates the scene. Understandably, we know that on a global scale HIV spreads largely through unprotected sex and needle-sharing in drug users. Silently, the virus is also being transmitted from infected mothers to their babies.

On 21 April, Professor Usa Thisyakorn of the Thai Red Cross AIDS Research Centre presented another success story of Thailand on HIV prevention. At the University of Hong Kong Centre of Infection Consensus Symposium, she told the audience how public donation in Thailand has been used efficiently to provide antiretroviral treatment to halt mother-to-child HIV transmission. At the Symposium, medical and health experts examined the evidence for introducing voluntary universal antenatal HIV testing, a programme which is still on the drawing board in Hong Kong.

Rightly titled “translating science into public health policy” the Symposium was the third in a series of meetings to address controversies in the prevention and management of selected infections. On preventing mother-to-child HIV transmission, participants were alerted of the following foundations of universal antenatal testing in the Hong Kong context - that

- (a) a robust testing system is available to diagnose HIV infection in the mother;
- (b) there is strong scientific evidence on the effectiveness of medical treatment to significantly minimize perinatal HIV transmission;
- (c) universal testing is acceptable to antenatal mothers in the community;
- (d) the necessary health infrastructure is in place for introducing the strategy; and that
- (e) it’s an affordable health programme.

In summing up, the symposium co-chairs S S Lee (Director of Red Ribbon Centre) and Homer Tso (chairman of Hong Kong Advisory Council on AIDS) concluded that the prevention of mother-to-child transmission is an effective public health strategy. The cost-effectiveness of universal antenatal HIV testing has been proven in other localities with a similar prevalence, the feasibility and acceptability of which are well-illustrated in the Thai model. Universal antenatal HIV testing is no longer something for just some countries, but a universal strategy for reducing mother-to-child HIV spread.



LIONS RRC FELLOWSHIP

A total of three fellows had visited Hong Kong in the year 2000/2001 under the Lions Red Ribbon Fellow Scheme, a scheme set up by the Red Ribbon Center and Lions Club International District 303 (Hong Kong and Macao). The third Lions Red Ribbon Fellow, Dr Liu Wei was in Hong Kong between 16 and 21 February 2001 . She is the Associate Professor of the Guangxi Center for HIV/AIDS Prevention and Control. During her stay in Hong Kong, she studied the HIV prevention and control in Hong Kong and was particularly interested in the HIV preventive work and treatment of drug abusers. She also gave a presentation on the HIV situation in Guangxi at a seminar held in Red Ribbon Center. Participants were alerted to the rising HIV prevalence among drug users in Guangxi and its possible impacts on the HIV situation in the neighbouring Guangdong province.

I CARE... DO YOU ?



“I care... Do you?” is the slogan for the second year of the two-year UNAIDS World AIDS Campaign which focuses on the role of men in the AIDS epidemic. The campaign aims to involve men, particularly young men, more fully in the effort against AIDS; to bring about a much-needed focus on men in national responses to the epidemic and to involve leaders both as politicians and in their personal lives in the response to the HIV epidemic. The Campaign is designed to provide material for national and local organizations to create their own campaign based on “I care... Do you?” while responding to local priorities. Several posters have been designed for this campaign and they have been posted on the UNAIDS website. The posters depict celebrities, people living with HIV/AIDS and people from different regions of the world working together to show their concern about HIV/AIDS. We are delighted to see that a poster, showing Miss Miriam Yeung Chin-wah, the UNAIDS Hong Kong Ambassador, with five youth, was selected for this campaign. Interested persons can visit their website at <http://www.unaids.org/wac/2001/posters.html>.