

**Proceeding of the Sharing Session on Situation Analysis**  
**17<sup>th</sup> August 2000, Red Ribbon Center**  
**Facilitated by Loretta Wong and Winnie Ho**

**A. Objectives of the Sharing Session – Winnie and Loretta**

- Increase understanding on EPI profile, and its relevance to situation analysis;
- Develop common understanding/ expectations on the output of the situation analysis;
- Exchange expertise.

**B. Input session**

**1. Topic: “Overview of the planning process and the role of situation analysis”**

Takyin briefed the participants about the planning process in the next 12 months:

- Aug – Oct 2000                    Situation analysis
  - 7 work teams have been formed with the participation of more than 40 people.
  - 1<sup>st</sup> draft is expected to be ready in mid-Sept;
  - focus group discussion in late Sept;
  - open forum in mid-Oct.
  - it is expected that through the process, the work team will identify the information gaps and the key subject for the need assessment.
- Oct – Dec 2000                    Need assessment
  - based on the findings of the situation analysis, various work team will work out their methodologies to carry out the assessment work.
- Jan – Feb 2001                    Needs prioritization
- Mar – May 2001                    Intervention plan
- Jun – Jul 2001                    Evaluation of the CPP & report writing
- July 2001                            Celebration

**2. Topic: “EPI profile in the context of CPP – from epidemiological perspective” - (by Professor Wong Tze Wai, Department of Community & Family Medicine, the Chinese University of HK)**

Professor Wong gave a brief introduction on “Epidemiology”. He said that “Epidemiology” is a methodology to understand the distribution of diseases and the risk factors causing a disease, its coverage and development. There are three major types of methodologies used in “epidemiological studies”:

- Descriptive Epi: the purpose is to describe the situation so as to understand the time trend, geographical distribution and persons / groups at risk. There are three elements in this methodology i.e. time, place and person.
- Analytic Epi: the purpose is to find out the risk factors, and its ways of transmission, using various methods that involve comparison of “exposure” (e.g., high risk behaviour versus its absence) or comparison of those with illnesses (“cases”), and those without (“controls”).
- Intervention Epi: this is to study which intervention method works and which does not.

In order to estimate the size of a problem, one needs to know the numerator (no. of people who are infected with a particular disease), and the denominator (the size of the community under study). As it is impossible to find out a 100% true picture of a situation, it is then important to identify a representative sample in order to estimate the actual size of a problem. Regarding the situation analysis that is currently being implemented by various work teams, Professor Wong felt that we might not be able to find out the true size of the problem. However through the situation analysis exercise we could help identify various gaps and point out future direction in disease control and epidemiological research.

3. **Topic: “The Strengths and constraints of the present surveillance system in HK”** (by Dr SS Lee, Consultant Physician, Department of Health)

Dr Lee said that the term “surveillance” has two Chinese translations. The one rather commonly used is *surveillance*, however Dr Lee prefers *surveillance* as it better reflects the nature and purpose of “surveillance”.

According to the definition used by the World Health Organization, Dr Lee explained that the term “surveillance” contains four components i.e. collect data systematically, tidy up the data, analyse the data, and disseminate the information. Regarding how to implement the surveillance system, Dr Lee said that there are four types of activities:

- Case reporting: this only reflects the number of infection cases but does not tell the size of a particular size of the problem;
- Serosurveillance: in addition to blood testing, it also includes urine, saliva ... .In other countries, various sentinel sites are established to offer testing services. In Hong Kong, it is done according to various types of communities.
- Surveillance on sexually transmitted disease;
- Surveillance on behaviour.

To judge how good the existing HIV/AIDS surveillance system is in HK, Dr Lee felt that one should also consider how surveillance is done for other disease. He felt that one could not answer the question by taking things out of the context.

**C. Sharing session by various work teams representatives**

Team	Progress	Framework	Concerns
MSM (by Chung Lau)	<ul style="list-style-type: none"> <li>● 7 members (incl CPP Sect);</li> <li>● 2 meetings held.</li> </ul>	<ul style="list-style-type: none"> <li>● Definition of MSM (self define and define by society);</li> <li>● Qualitative + quantitative;</li> <li>● Socio cultural factors vs vulnerability to HIV infection.</li> </ul>	<ul style="list-style-type: none"> <li>● Information is outdated and very limited.</li> </ul>
IDU (by Edmond Tong)	<ul style="list-style-type: none"> <li>● 7 members (incl CPP sect);</li> <li>● 1 meeting held.</li> </ul>	<ul style="list-style-type: none"> <li>● Cross border travelling as an important factor to be studied.</li> </ul>	<ul style="list-style-type: none"> <li>● Original data may have biase in their approach.</li> </ul>
STD (by Maureen Boost)	<ul style="list-style-type: none"> <li>● 5 members (incl CPP sect);</li> <li>● 1 meeting held.</li> </ul>	Three major areas; <ol style="list-style-type: none"> <li>a. 3 sub-gps:                             <ul style="list-style-type: none"> <li>- attendees of Social Hygiene Clinic;</li> <li>- patients going to private practitioners;</li> <li>- people do not receive treatment.</li> </ul> </li> <li>b. Behavioural profile;</li> <li>c. Service inventory.</li> </ol>	<ul style="list-style-type: none"> <li>● Major concern on the availability of information e.g. very limited or no info on patients going to private clinic.</li> </ul>
SWC (by Billy Lee)	<ul style="list-style-type: none"> <li>● 7 members (incl CPP sect)</li> <li>● 2 meetings held</li> </ul>	<ul style="list-style-type: none"> <li>● new framework will include four sub-gps identified:                             <ul style="list-style-type: none"> <li>- Female sex workers;</li> <li>- Male sex workers serving female</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Limited info about this community.</li> <li>● Present info do not have much input from the people working in the industry.</li> </ul>

		<ul style="list-style-type: none"> <li>clients;</li> <li>- Male sex workers serving male clients;</li> <li>- Male clients.</li> </ul>	
Youth (by Rigo Tang)	<ul style="list-style-type: none"> <li>● 9 members (incl CPP sect)</li> <li>● 2 meetings held.</li> </ul>	<ul style="list-style-type: none"> <li>● EPI profile</li> <li>● Definition of youth &amp; risky behaviours</li> <li>● China factors</li> <li>● Youth knowledge on HIV/AIDS</li> <li>● Service inventory</li> <li>● Gap analysis &amp; recommendation</li> </ul>	<ul style="list-style-type: none"> <li>● Definition of “youth” under CPP is people under age 20. However, most existing papers focus on “marginal youth”, thus there will be difficulties in interpreting the data.</li> </ul>
Travellers (by Joe Lau)	<ul style="list-style-type: none"> <li>● 6 members (incl CPP sect). With collaboration with Travelers Task Force of the APCC.</li> </ul>	<ul style="list-style-type: none"> <li>● The framework is attached. In addition, % of target population taking HIV antibody testing will be included into the framework.</li> </ul>	<ul style="list-style-type: none"> <li>● No travelers representatives in the CPC, thus worry about the communication gap between the work team and the CPC;</li> <li>● Some data collected at this stage has not been openly released yet, thus worry about the issue of confidentiality.</li> <li>● Data concentrates a lot on HK-China traveling.</li> </ul>
PWA (by Alan)	<ul style="list-style-type: none"> <li>● 10 members (incl CPP sect);</li> <li>● 1 meeting held;</li> <li>● has worked out a questionnaire to find out what should be included in the framework.</li> </ul>	<ul style="list-style-type: none"> <li>● Will include medical treatment, care, and counselling services.</li> </ul>	<ul style="list-style-type: none"> <li>● Very limited/ outdated info about PWA.</li> </ul>

**Recommendations/ Feedbacks from the participants:**

1. **On estimation of the size of the “denominator”** – SS Lee felt that it would be difficult for the work teams to estimate population size of the prioritized communities. Despite this, he felt that it would be good to determine the range of the community size.
2. **On outdated/ insufficient/ in-accurate information** – Joe Lau suggested that if there is not much information available for the situation analysis, the SWC group could conduct more focus group discussion to compensate the lack of quantitative / inaccurate/ outdated information. Takyin added that the secretariat has prepared a list of reference materials for all sectors. Members are encouraged to go through the list and exchange materials among various sectors.
3. **On information about PWA** - Joe Lau said that there has been a research done on PWA and would not mind sharing it with the PWA work team. However, as the data has not been released to the public, so he would appreciate the team keeping the information confidential.
4. **On SWC situation analysis** - Professor Wong commented that “existing service” should be included into the situation analysis. He also questioned if transsexuals and migrants

communities would be included in the SWC's situation analysis. Billy Lee replied that as far as her knowledge, there are not that many transsexuals around. Even so, they are not necessarily sex workers.

5. ***Request for SWC STD/HIV statistics*** - Billy Lee felt that there has not been any proof to say that sex workers are “high risk” to HIV infection. She therefore requested the Department of Health to provide statistics about the number of sex workers infected with HIV and STD. SS Lee replied that the existing surveillance system does not include the information of the profession of the clients.

- End -

**Abbreviation:**

MSM – Men who have sex with men

IDU – Injecting drug user

STD – Sexually transmitted disease

SWC – Sex workers and clients

PWA – People with HIV/AIDS

**List of Participants:**

Sylvia Tai, Alan, Chung Lau, Edmond Tong, Greg, Homer Tso, Joseph Lau, Lourdes Fong, Maureen Boost, Queenie Yu, Sue Lo, Chan Suk-Yan, Wong Tin-Yau, Tony Pang, Mary Yip, Yeung Kok-hon, Billy Lee, Fei Kei, Tim Lee, Dr. SS Lee, Professor Wong Tze Wai, Takyin Ho, Rigo Tang, Loretta Wong, Winnie Ho (total 25 people).

S:/e/cpc/situation analysis workshop summary 000817